

Clearinghouse User Guide, v. 8



Cutting edge commercial healthcare billing.

September, 2016

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GENERAL INFORMATION

SYSTEM REQUIREMENTS

BROWSER

- Internet Explorer (10.0 and higher)
- Chrome (40.0 and higher)
- Firefox (32.0 and higher)

BROWSER SETTINGS

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

VIEWING ERAS

To download and view ERAs in the clearinghouse, you will need Adobe Reader for PDF. 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

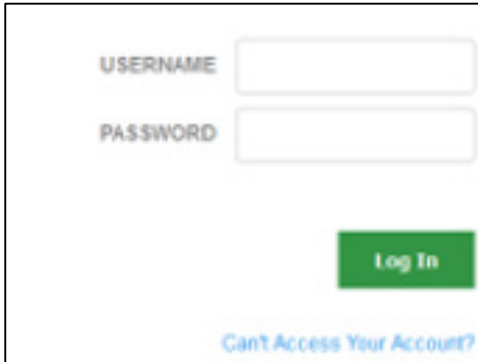
233Mhz processor or higher. Pentium processor recommended.

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 *.providersportal.com.

PASSWORD RETRIEVAL

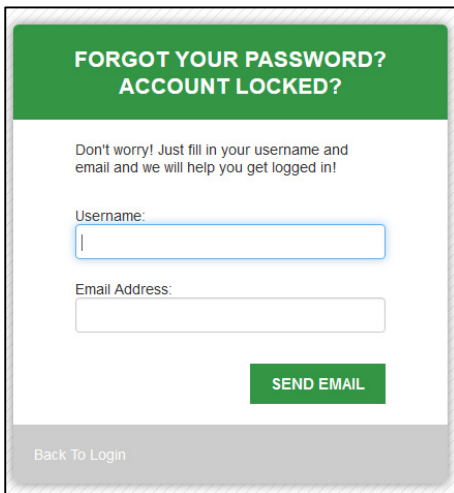
If you forget your password and you can no longer log in, you can click the **Can't Access Your Account?** link below the Login button.

A screenshot of a login form. It features two input fields: 'USERNAME' and 'PASSWORD'. Below the 'PASSWORD' field is a green 'Log In' button. At the bottom of the form, there is a blue link that reads 'Can't Access Your Account?'.

'Can't Access Your Account?' location when logging in

This link opens a new page where you can reset your password. Enter your username and email address, then click **Send Email**. If you associated an email address with your username when you created your account, a secure email is sent to you.

Note that the password reset process does not work unless an email is associated with your username. You can do this in Management.

A screenshot of a page titled 'FORGOT YOUR PASSWORD? ACCOUNT LOCKED?'. The page has a green header with the title. Below the header, there is a message: 'Don't worry! Just fill in your username and email and we will help you get logged in!'. There are two input fields: 'Username:' and 'Email Address:'. Below these fields is a green 'SEND EMAIL' button. At the bottom left, there is a link that reads 'Back To Login'.

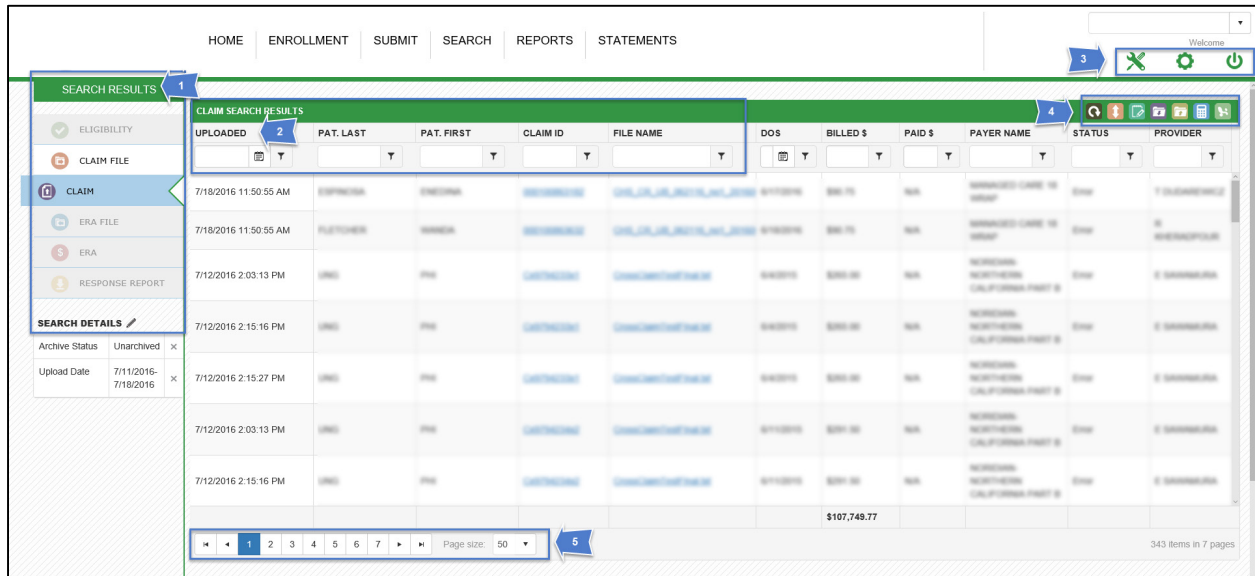
Forgot Password page

Once you receive the secure email, click the link and enter your new password twice. This changes your password and unlocks your account if you are locked out due to failed login attempts.

INTERFACE OF SEARCHES AND REPORTS

Most information related to claims, reports, ERAs, and eligibility has the same look and feel. The information is displayed similarly, making it easier to locate no matter what page you are on or what information you need.

The following sections outline key information and tools on each page.

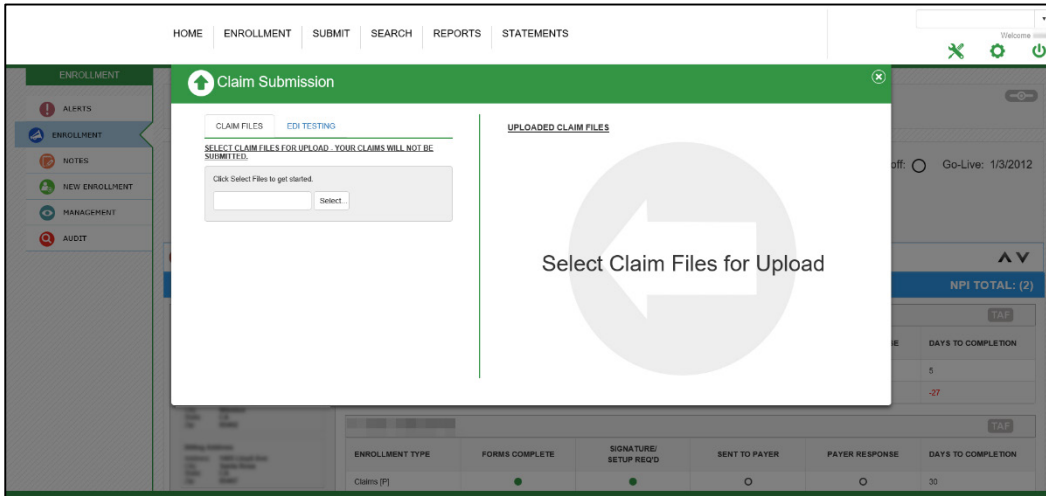


1	The title of the page, the search being run, and the search details. Click the pencil next to Search Details to open a window and edit the search options.
2	The information grid related to the search criteria. Click the column headings to sort and the filters to refine the search by column.
3	From left to right, Toolbox, Management, and Logout.
4	The Shoulder icons. Use these icons to perform the same action (for example, archive or unarchive) on a group of claims, batches, or ERAs. Use the CONTROL or SHIFT keys to select multiple line items. You can also export search results to Microsoft™ Excel™.
5	Pagination for the information grid. Displays 10, 20, 50, 100, or 500 items per page.

POP-UP WINDOWS

Pop-up windows sometimes display on the website. To close any pop-up window, click the 'x' in the top right corner, or click the dim area of the website behind the pop-up window.

If you cannot see the 'x' or the dimmed area, zoom out to view the page at an optimum level.



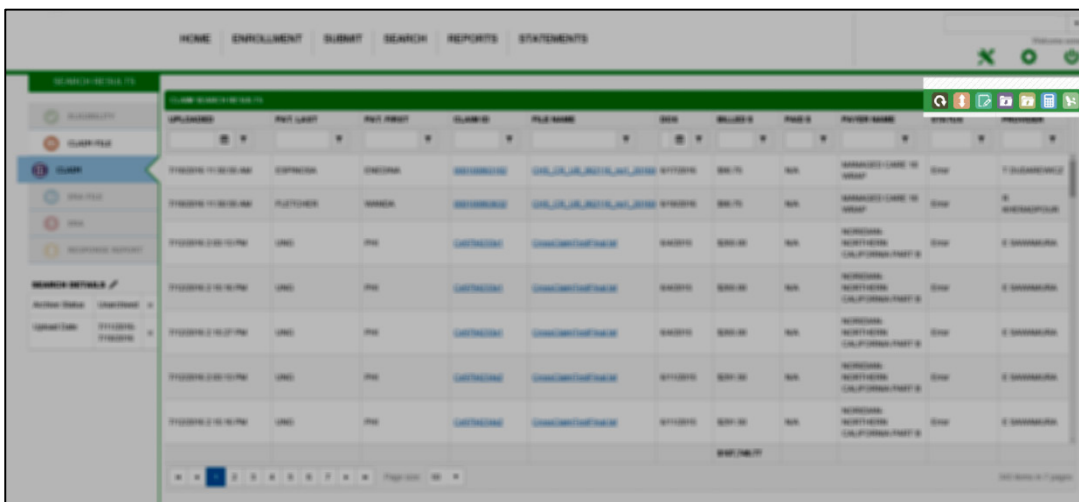
Claim Submission pop-up window with dimmed website behind

SHOULDER ICONS

You can use the shoulder icons to modify most information. If you don't recognize an icon, be sure to consult the [Icon Definition Key](#).

LOCATION

The shoulder icons are located to the top right of the [information grid](#) and below the management and logout icons. These icons can change, depending on the type of search results you are viewing.

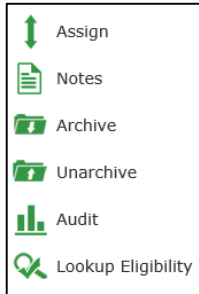


Shoulder Icons

RIGHT-CLICK MENUS

To access additional features, you can right-click items on many pages. The right-click menus on any page have the same features as the shoulder icons on the same page. Use the right-click option to manage an individual item rather than a group of items.

Right-click menu items can change, depending on the shoulder icons on the page. This guide defines the right-click menus in each section.



Right-click menu from the Claim Search Results page

SORTING THE GRID

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

UPLOADED	PAT. LAST	PAT. FIRST	CLAIM ID	FILE NAME	DOS	BILLED \$	PAID \$	REFER NAME	STATUS	PROVIDER
7/12/2016 11:50:35 AM	00770000	00770000	0000000000	0000000000	6/17/2016	\$30.75	N/A	0000000000	Clear	0000000000
7/12/2016 11:50:35 AM	00770000	00770000	0000000000	0000000000	6/18/2016	\$30.75	N/A	0000000000	Clear	0000000000
7/12/2016 2:05:11 PM	0000	0000	0000000000	0000000000	6/4/2016	\$201.00	N/A	0000000000	Clear	0000000000
7/12/2016 2:55:16 PM	0000	0000	0000000000	0000000000	6/4/2016	\$201.00	N/A	0000000000	Clear	0000000000
7/12/2016 2:55:27 PM	0000	0000	0000000000	0000000000	6/4/2016	\$201.00	N/A	0000000000	Clear	0000000000
7/12/2016 2:05:13 PM	0000	0000	0000000000	0000000000	6/11/2016	\$201.00	N/A	0000000000	Clear	0000000000
7/12/2016 2:55:16 PM	0000	0000	0000000000	0000000000	6/11/2016	\$201.00	N/A	0000000000	Clear	0000000000
						\$167,348.77				

Claim File Quick Search information grid.

SORTING MULTIPLE COLUMNS

To sort multiple columns, just click the columns you want. Sorted columns display in gray.

The screenshot shows a web application interface with a navigation menu (HOME, ENROLLMENT, SUBMIT, SEARCH, REPORTS, STATEMENTS) and a search results section. The search results are displayed in a table with the following columns: UPLOADED, PAT. LAST, PAT. FIRST, CLAIM ID, FILE NAME, DOS, BILLED \$, PAID \$, PAYER NAME, STATUS, and PROVIDER. The columns for PAT. LAST, PAT. FIRST, CLAIM ID, FILE NAME, DOS, BILLED \$, PAID \$, and PAYER NAME are highlighted in gray, indicating they are sorted. The table contains several rows of data, including patient names like CRYSTAL, MELBA, AVI, SONIA, ISAAC, ANN, and PEDRO. A sidebar on the left shows search filters and details. A text label 'Sort multiple columns' is positioned to the right of the table.

Results are sorted hierarchically according to the following criteria:

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

To clear a sort on multiple columns, refresh the page in your internet browser.



FILTERS

You can filter search results or report results. At the top of the column, enter the information you want to filter, then click the filter icon to the right of the field.

The screenshot shows the same web application interface as above, but with filter icons (funnel symbols) added to the top of several columns: UPLOADED, PAT. LAST, PAT. FIRST, CLAIM ID, FILE NAME, DOS, BILLED \$, PAID \$, PAYER NAME, and STATUS. The table data is similar to the previous screenshot. A text label 'Filter options' is positioned to the right of the table.

EXPORTING GRIDS

You can export most grids to an Excel spreadsheet. To convert the displayed grid information to a spreadsheet, click the appropriate [shoulder icon](#) (see below). Note that some grids do not permit the Export All option.

 <p>Export Grid</p>	Exports only the information displayed on the grid as it displays.
 <p>Export All</p>	Exports the information displayed in the grid, as well as any expandable information nested within.







QUICK REFERENCE









You can use the following processes 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](#)
- ERA of one claim for secondary insurances
- [Payer IDs for claim or eligibility submission](#)


ICON AND SYMBOL DEFINITIONS

The following table outlines information about icons. Icons have the same function no matter where they appear. If an icon displays in gray, it is disabled and cannot be clicked or activated.











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 claims to a user of choice.
	Adds a note to the selected claims.

GENERAL ICONS	
	Archives the selected items.
	Unarchives the selected items.
	Creates an audit report for the selected claims.
	Unarchives the selected corresponding Response Reports – also known as an 835 re-queue.
	Downloads the selected corresponding Response Reports.
	Downloads all the unarchived files in the Response Reports search results.
	Opens the window to update your search criteria or opens the window to fix your claim scrubber errors.
	Removes the specific search criteria or report filter.




SEARCH ICONS	
	Eligibility
	Claim File
	Claim
	ERA File
	ERA
	Response Report
	Saves the search along with the criteria you created.
	Allows you to use a saved search as a template so that you can add search parameters to create a new, similar search.
	Denotes a favorite search. Click to remove favorite status.

	Denotes a non-favorite search. Click to make a default favorite search.
---	---

CLAIM FILE EDITOR ICONS

	Removes the claims that can't be fixed.
	The file is unlocked and can be edited by any user that has access to the claim file editor. Click to lock the file to everyone except the user who locked it or a user with administrative rights.
	If changes were made to the file, sends the file back to the scrubber to rescrub corrections. If no changes were made, this icon navigates 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 claims to a 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.

HOME PAGE

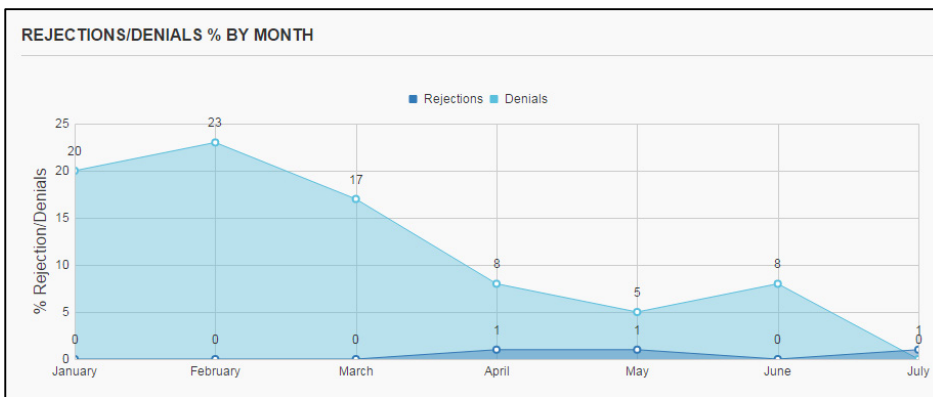
The Home page gives a general overview of claims, rejections, denials, outstanding claims, and claim assignments.

ANNOUNCEMENTS

Information on delays, downtime, or other known issues is displayed in the Announcements area. Any user can see this information. Announcements can also come from the admin of the account and the vendor or trading partner for the account.

REJECTIONS/DENIALS % BY MONTH

The Rejections/Denials by Month graph compares the levels of rejections and denials for each month. To display the denied or rejected data, click the circle for the month that you want. Click inside the box to hide or display data from the graph.



Graph view of Rejection/Denials % by Month

CLAIM ASSIGNMENTS

The Claim Assignments page displays a list of claims that have users assigned to work or follow up on them. If you are an admin for the account, a dropdown menu displays above the assignments. From the dropdown menu, you can select any user and view the user’s assignments. If you are not an Admin for the account, only the claims assigned to you display on the Claim Assignments page.

You can use the navigation controls at the bottom of the section to page through the list. You can also reduce the number of items that display per page.






Click the Claim ID of any claim to open the Claim View.






CLAIM ASSIGNMENTS					
kleclair					
ACCOUNT	ASSIGNED TO	ASSIGNED DATE	DUE DATE	PATIENT NAME	NOTES
000100377626	kleclair	6/27/2013	5/1/2013	VARGAS, MARIA	Please follow-up.
000100058115	kleclair	6/28/2013	6/27/2013	COOPER, WAYNE	Please review error.
000100059116	kleclair	6/28/2013	6/27/2013	COOPER, WAYNE	Please review error.

Claim Assignments

CLAIM VIEW

The Claim View displays the information that was submitted on a claim, as well as the status, history, notes, and ERAs.

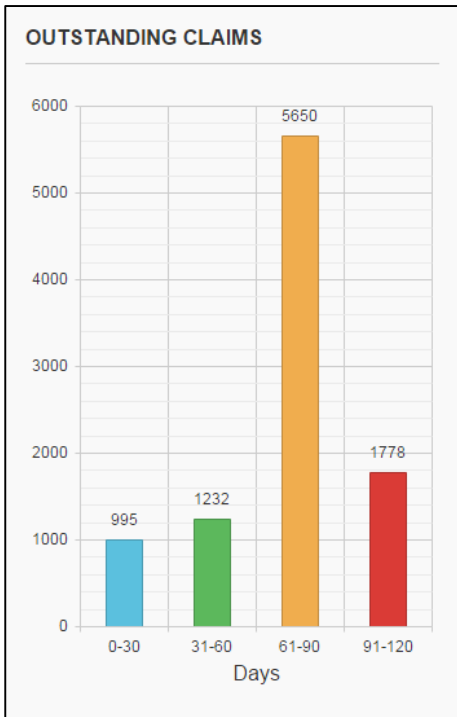
 Summary	A general overview of claim information. This summary has the latest status of the claim, general information that was submitted on the claim, subscriber information, and claim history (including dates.)
 Charge Details	The procedures and diagnoses that were submitted on the claim, with accompanying information on charges. Also displays the place of service / facility type code for the claim.
 Provider Info	The information on claim providers. The facility address is also listed.
 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. From the shoulder icons , you can download a spreadsheet or PDF of the audit.

 <p>Notes</p>	<p>Notes that are attached to the claim. You can add new notes in this view.</p>
 <p>Assign</p>	<p>Assignments for this claim. To mark assignments as complete, click Mark Complete or Mark All Complete. If you are an admin for the account, you can create a new assignment.</p>
 <p>Archive</p>	<p>Archives the claim from this view with an optional note.</p>
 <p>Unarchive</p>	<p>Unarchives the claim from this view.</p>
 <p>View ERA</p>	<p>Downloads the ERA (if there is one) for the claim in a PDF format.</p>

OUTSTANDING CLAIMS

Outstanding claims shows a graph of claims that have not received an ERA and are not archived. If the clearinghouse does not receive ERAs from a particular payer, the claims for that payer display as outstanding, unless you archive them. The date range is determined by the date the claim was uploaded.

Click any bar in the graph to display the list of claims it represents.

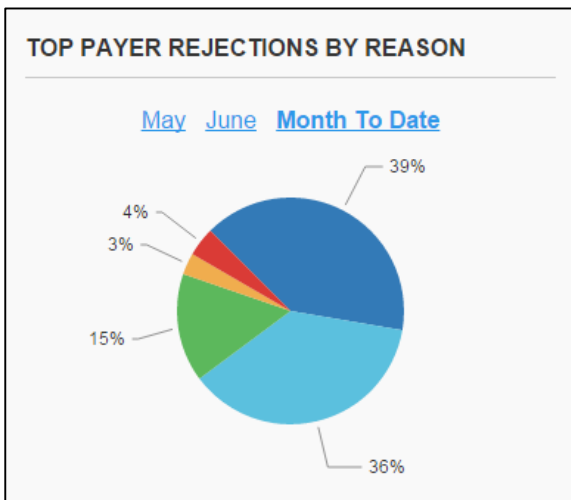


Outstanding Claims graph

TOP PAYER REJECTIONS BY REASON & TOP PAYER DENIALS BY REASON

Both charts show the most common reasons for payer rejections or denials. Hover over any portion of the pie chart to view a tooltip of the reason, claims, and total dollar amount for that portion.

The date is determined by the clearinghouse received date for the rejections and the check EFT date for the denials. If a rejection or denial was received in the selected months, it displays in the pie chart. Click the links to change the Month to Date display.







Top Payer Rejections by Reason

Click any portion of the chart to drill down to the claims for the Rejections or Denials report for the date range in [Report Results](#).


ENROLLMENT

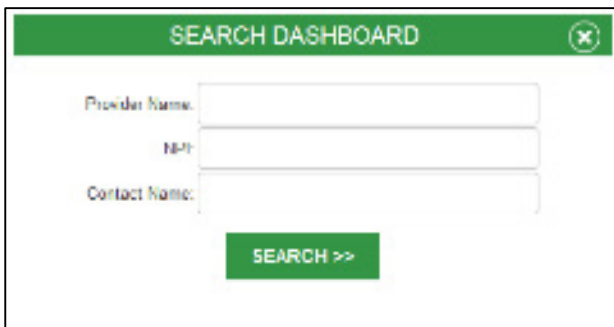
Enrollment shows the pending, rejected, completed, and total enrollment counts. Enrollment information may only be available if you handled new enrollments in 2015 or later.

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 displays on the top right of the enrollment page.

	PENDING	Enrollments that are waiting to be completed.
	REJECTED	Enrollments that are rejected by the insurance for incorrect information or other reasons.
	COMPLETED	Enrollments that are accepted by the insurance and approved. This is an indicator that claims can be submitted.
	TOTAL	All enrollments, regardless of status.

SEARCH ENROLLMENTS

 To quickly search enrollments by NPI, Tax ID, or contact name, click the Search icon at the top of the page. The NPI field must contain the entire 10-digit number, however you can enter part of a name. The enrollments display in the Search results with the Tax IDs associated with them. Click any tax ID to open the enrollments.



Enrollment search dialog

DOWNLOAD PROFILE

To download the profile associated with the clearinghouse account, click the blue paperclip icon. This lets you see what was submitted when the account was set up.



Paperclip Icon to Download Profile

DOWNLOAD TAF

The Transfer Authorization Form (TAF) allows the clearinghouse to sign enrollment documents on the client's behalf. To download a TAF, click **TAF** at the top right of the enrollment statement for the payer.

IMPLEMENTATION STATUS

The implementation status of the client is located to the right of the enrollment dashboard. It displays the go-live date as well as the kickoff completion status. The color codes for enrollment status and dashboard are the same.

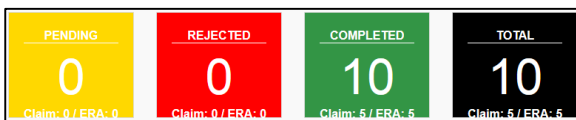
To view kickoff notes, right-click the status circle and select Notes.



Implementation Status

FILTERING

To filter enrollment results, click any dashboard item in any category. For example, to show only enrollments that are currently pending, click the Pending box. To reset the filter, click Total.



Summary and filtering

ENROLLMENT STATUS

Enrollment statuses display below the dashboard. By default, all enrollments display.

TAX ID	ENROLLMENT TYPE	FORMS COMPLETE	SIGNATURE/ SETUP REQ'D	SENT TO PAYER	APPROVED	DAYS TO COMPLETION
TNXBC - BCBS - TENNESSEE, INCLUDES TENNCARE SELECT & BLUECARE	CLAIMS [?]	●	●	○	○	45
	ERA	●	●	○	○	45
TNMCR - MEDICARE - TENNESSEE, PART A, CAHABA	CLAIMS [?]	○	○	○	○	40
	ERA	○	○	○	○	40
36273 - AARP UNITED HEALTHCARE SUPPLEMENTAL PLAN ONLY	CLAIMS [?]	●	●	●	●	N/A
	ERA	●	●	●	●	UNKNOWN
60054 - AETNA / US HEALTHCARE (ALL PLANS)	CLAIMS [?]	●	●	●	●	N/A
	ERA	●	●	●	●	UNKNOWN
27514 - AMERIGROUP TENNESSEE	CLAIMS [?]	●	●	●	●	N/A
	ERA	●	●	○	○	UNKNOWN

Enrollment status

Enrollments display in sections for 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.

SORTING

To view enrollments or payers at a glance, use the arrows to collapse or expand the window panes.

Collapsed enrollments

ENROLLMENT MILESTONES

The following milestones occur in order during the enrollment process:






Enrollment Type	The type of enrollment to be processed. This can be for ERAs, claims (P for professional, I for institutional, and D for dental), or eligibility.
Forms Complete	The initial enrollment forms and information is completed for the enrollment.
Signature / Setup Required	Any extra setup that is required by the clearinghouse or the provider.
Sent to Payer	The enrollment forms and any extra information is sent to the payer for review and processing.
Approved	Enrollment approved by the payer (depending on the status color).
Days to Completion	<p>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.</p> <ul style="list-style-type: none"> • 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.

STATUS COLOR KEY


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

▶ TNXBC - BCBS - TENNESSEE, INCLUDES TENNCARE SELECT & BLUECARE					
ENROLLMENT TYPE	FORMS COMPLETE	SIGNATURE/ SETUP REQ'D	SENT TO PAYER	APPROVED	DAYS TO COMPLETION
CLAIMS [P]	●	●	○	○	45
ERA	●	●	○	○	45

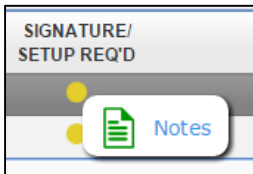
Two enrollments for one payer

	GREEN	The milestone is complete.
	YELLOW	The milestone is pending and requires action by the provider, payer, or the clearinghouse.
	RED	The enrollment is rejected and the enrollment process cannot go further.
	BLACK	No enrollment is required.
	NO COLOR	Enrollment is not yet started.

IMPORTANT ENROLLMENT NOTES

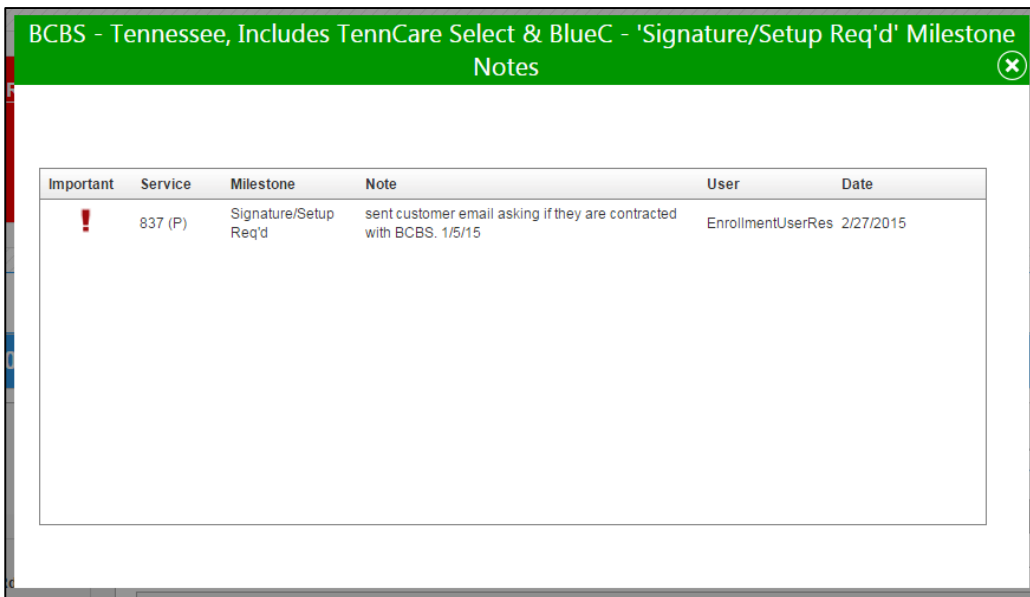
 Enrollments that require provider action have a shield with an exclamation point inside. Click the icon to view the Notes page.

You can also view the Notes page by right-clicking the pending (yellow) circles for that enrollment milestone and then clicking notes.



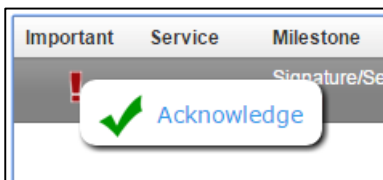
Right-click menu for enrollment milestones

A small window displays with the notes for the enrollment milestone.



Notes

To acknowledge an important note, right-click on the note and select Acknowledge. This indicates that the note has been taken care of and is also a good way to monitor and track items.



Acknowledging a note

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 on the left of enrollment status is the contracted information that goes out with the enrollment. If this information is incorrect, please contact your enrollment specialist.

You can collapse both enrollment status and NPI information. To view the information at a glance, you can also collapse or expand the window pane.

CHANGING CONTACT INFORMATION

You can update the NPI primary contact information if it is not accurate or has changed. Click the Edit Contact portion next to the Contact Info header. The Update NPI Contact window displays. Update the contact information and click Save.

You cannot change the facility and billing address. To edit this information, please call your enrollment specialist.

The screenshot shows a web interface for a provider. On the left, there is a sidebar with the following information:

- DEMO PROVIDER**
NPI#: 1122334455
- Facility Address**
Address: 890 Demo Facility
City: Santa Rosa
State: CA
Zip: 95407
- Billing Address**
Address: 1234 Demo Street
City: Santa Rosa
State: CA
Zip: 95407
- Contact Info** (with an [Edit Contact](#) link)
Primary Authorized Signer
Contact: Demo Name
Title: CEO
Phone: (111) 222-3333 ext
Fax:
Email: DemoEmail@demo.com

On the right, the main content area shows:

- 25133 - COVENTRY - CARELINK HEALTH PLAN
- ENROLLMENT TYPE FORMS COMPLETE

Overlaid on top of this is a modal dialog box titled "Update NPI Contact" with a green header. The dialog contains the following fields and options:

- A blue message: "Alllllrrightttttty then, Lets update this contact shall we?"
- Contact Name: Demo Name
- Contact Title: CEO
- Phone: 1112223333 Ext: 444
- Fax: 0
- Authorized Signer:
- Contact Type: Primary (dropdown menu)
- Email: DemoEmail@demo.com
- Buttons: CANCEL and SAVE

Editing contact information

NOTES

The notes page has important notes, acknowledged notes, and regular notes for all enrollments. When you need to know what needs to be done or what is occurring with enrollments, go to the Notes tab.

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

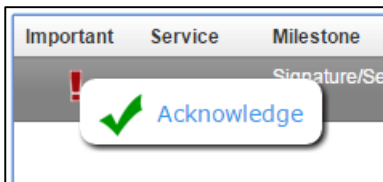
FILTERING NOTES

To search or filter for specific notes, populate the fields below the columns. To display only the important notes that require attention, check the box below Important.

You can also select the calendar icon beside each field to filter on the note creation date.

ACKNOWLEDGING NOTES

To acknowledge an important note, right-click on the note and select Acknowledge. This indicates that the note has been taken care of and is also a good way to monitor and track items.



Acknowledging a note

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.

SUBMIT

You can submit claims, test files, and eligibility on the Submit page.

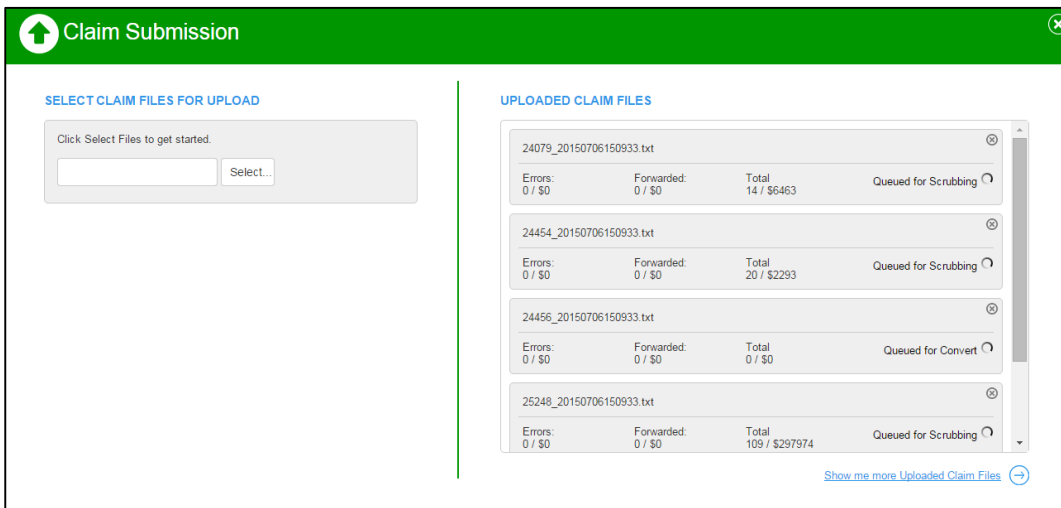
Open the Submit window by clicking Submit or by selecting one of the dropdown options.

SUBMIT CLAIM FILES VIA CLAIM FILES

When selecting an option for submitting claims, a new window displays above the webpage. Click Select. You can upload multiple files by holding down SHIFT or CONTROL while clicking the files to upload.

Once you select the files, they upload and display on the right. The clearinghouse scrubs your files in real time. If your files contain errors, Ready to Edit displays in red. If the files are resolved, Resolved displays in green.

To display previously uploaded claim files using the default [Quick Search](#), click Show Me More Uploaded Claim Files.



*Claim
Submissio
n*

To address errors in the Claim File Editor, click the file names for Ready to Edit files.

CLAIM FILE EDITOR

The Claim File Editor displays claim errors. The Note column indicates if the errors cannot be edited. Typically, this is because another error needs to be corrected first.

To run reports for this claim file, click the Reports dropdown to the left of the [shoulder icons](#).

To view the claims for each error, click the arrow to the left of the error severity. This displays options for the claims that received the error.

To display the [Claim View](#), click the Claim ID. Depending on the range of the error firing, you can select multiple claims to override, edit, assign, or remove. You can click the black pencil icon to correct any error.

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.

The screenshot shows the Claim File Editor interface. At the top, there's a 'READY TO EDIT' status. Below that, a summary row shows: 24454.txt, CLAIM TYPE: Institutional, TOTAL \$ BILLED: \$2,293.00, TOTAL \$ PAID: \$0.00, and UPLOADED: 7/6/2015. A 'View:' section has 'Errors' selected. The main table lists errors with columns: SEVERITY, ERROR, NOTE, STATUS, and RULE ID.

SEVERITY	ERROR	NOTE	STATUS	RULE ID
▶ WARNING	OTHER PAYER CLAIM ADJUDICATION DATE (2330BIDTP1573) MUST NOT APPEAR BECAUSE SUBSCRIBER PAYER BILLING SEQUENCE EQUAL TO P.	ERROR CANNOT BE CORRECTED AT THIS TIME	UNCHANGED	2466
▶ FATAL	OTHER PAYER PAID AMOUNT NOT ALLOWED WHEN BILLING PRIMARY PAYER.	ERROR CANNOT BE CORRECTED AT THIS TIME	UNCHANGED	2271
▶ WARNING	CONDITION CODE 'AR' REQUIRED FOR CODES 90652, 90655, 90656, 90657, 90658, 90659, 90660, 90670, 90724, 90732, G0008, G0009, G9141, Q2034 OR Q2035		UNCHANGED	2253
▶ WARNING	INVALID CPT CODE 90658. FILE WITH APPROP CODE FROM RANGE Q2035-Q2039		UNCHANGED	2438
▶ WARNING	TOTAL CLAIM CHARGE AMOUNT (210) DOES NOT EQUAL THE SUM (192) OF OTHER PAYER PAID AMOUNT (138.78) + ADJUSTMENT AMOUNTS (53.22) - PRIMARY PAYER	ERROR CANNOT BE CORRECTED AT THIS TIME	UNCHANGED	2368

Claim File Editor

By default, the Claim File Editor displays the Errors view. If you select the Claims view, you can click the arrows to the left of the claims to view errors.

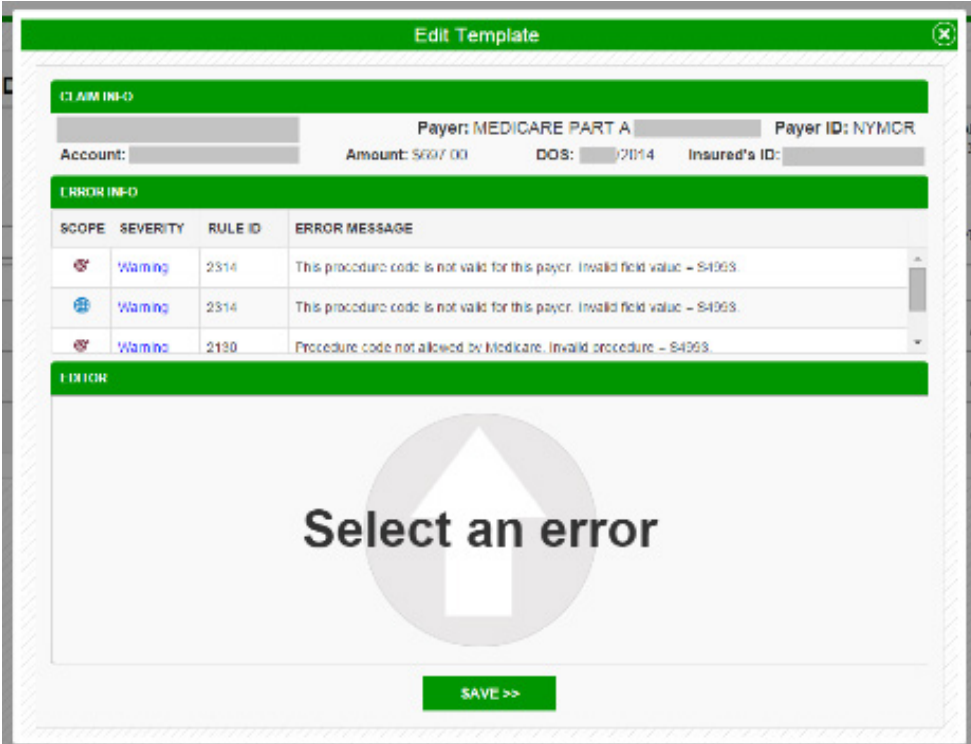


The [shoulder icons](#) offer additional features. Please review the [table of Claim File Editor icons](#) for these features.

EDITING AN ERROR OR CLAIM

If an error can be edited, you can open the Edit Template window. Click the pencil icon to the right of the claim or error. Select the claim or error to display the fields that can be changed.

Once you fix your errors, click SAVE and close the window. The claims or errors that were changed are notated as such.



Editing a claim with errors

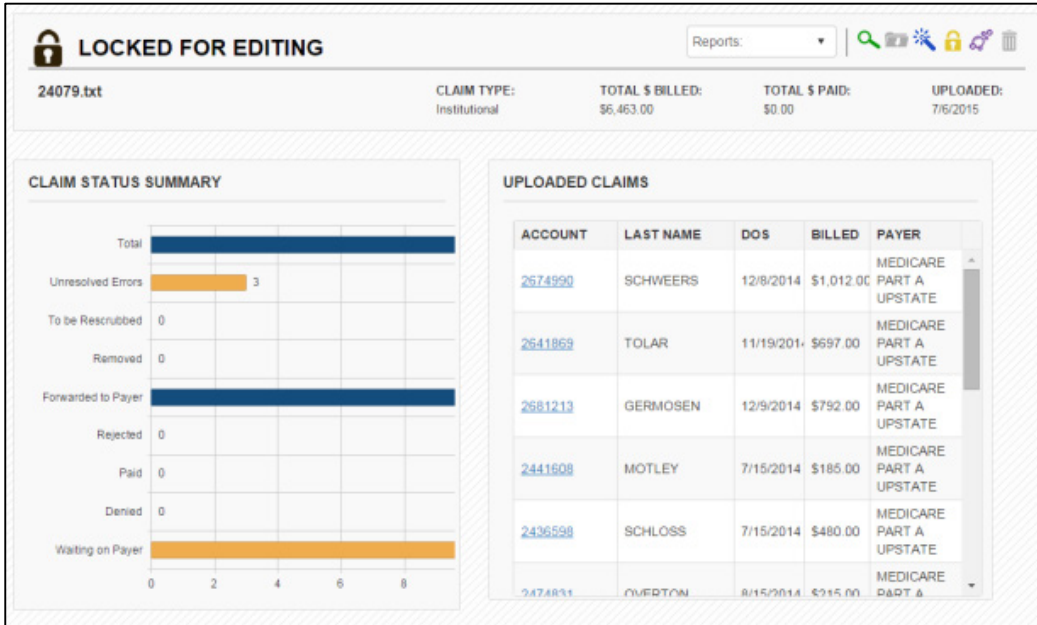
RESCRUBBING THE FILE

You must rescrub your 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.**

SUMMARY

When you can edit a claim or error, the Claim File Editor displays the Errors page. On the left, the Summary page displays a brief history with file and claim information.

Click any of the bars to display the claims in that category.



Summary of a batch

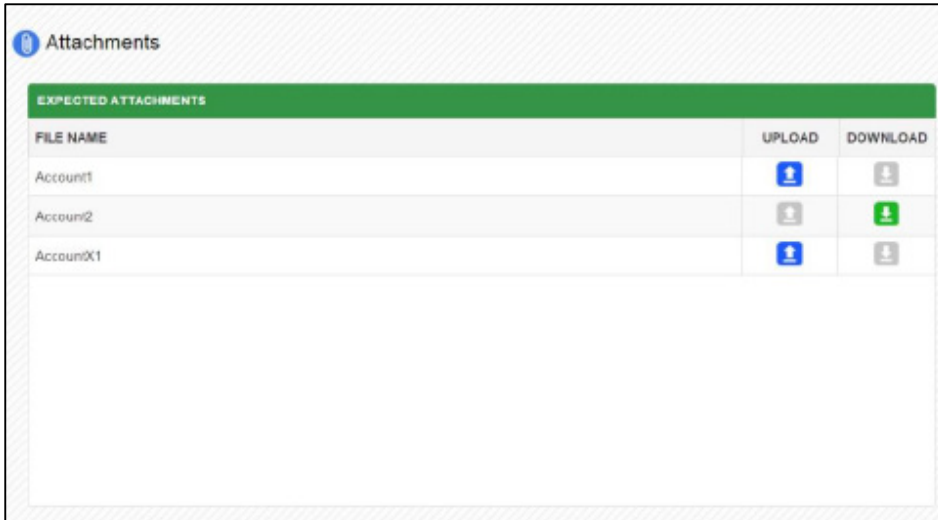
ADDING CLAIM ATTACHMENTS

In the [Claim View](#) under the Attachments tab, you can upload attachments and send them to the payer. To add an attachment to a claim, open the claim in [Claim View](#) and click Attachments.

Attachments are available to claims that meet the following requirements:

- The claim must have at least one PWK segment in the electronic EDI file.
- The claim must be forwarded to the payer, and not in the scrubber.
- The claim must not be rejected by the payer.
- You must have the Attachments module enabled using the EM.

If one or more of these requirements is not met, an error message displays on the Attachments tab. If these requirements are met, you can upload and download attachments. Attachments are forwarded to the payer shortly after being uploaded.

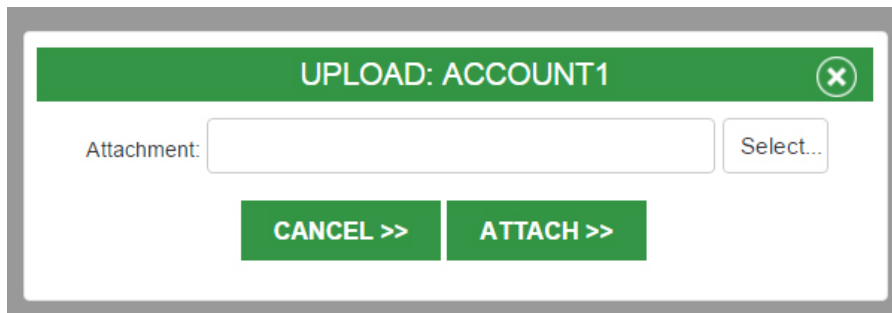


EXPECTED ATTACHMENTS		
FILE NAME	UPLOAD	DOWNLOAD
Account1		
Account2		
Account01		

Attachments in Claim View

Note that you can only upload one attachment to each PWK segment. Your file must be in PDF or TIF file format.

When you click the Upload icon, the dialogue displays with the name of the file.



UPLOAD: ACCOUNT1
✕

Attachment: Select...

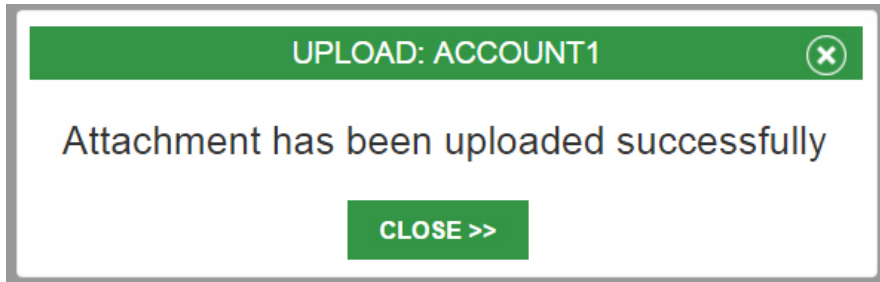
CANCEL >>

ATTACH >>

It must match the name in the File Name column and the PWK segment. After you upload a file, extra PWK segments cannot be removed. (This can be done in the practice management system.)

If you haven't uploaded an attachment for a specific PWK segment, a blue upload icon displays in the Upload column. If you have uploaded an attachment, a green download icon displays in the Download column.

When your attachment uploads successfully, a confirmation message displays.



SUBMIT TEST FILES

To submit Test files, hover over Submit. Select Claims and click EDI Testing.

You can use EDI Testing to submit files that need to be tested with the clearinghouse EDI team. When you upload files to the EDI Testing section, they are sent through clearinghouse scrubber edits. Within 48 hours, a report is created that you can view in the EDI Testing section of the Toolbox. By providing useful information before the claim is submitted to the payer, this process can save you time.

From the Submit > EDI Testing mini-window, you can upload EDI Testing files. Once all the required fields are populated, click SUBMIT.

After you submit your Test files, you can click **Show me my test files** to review them. You can also hover over the [Toolbox](#) and select [EDI Testing](#).

A screenshot of the "Claim Submission" dialog box. The title bar is green with a home icon and the text "Claim Submission". Below the title bar are two tabs: "BATCH" and "EDI TESTING". The "EDI TESTING" tab is active. The main content area is titled "SELECT A TEST FILE FOR UPLOAD" and contains a form with the following fields: "Test File:" with a text input and a "Select..." button; "Description:" with a text input; "Transaction Type:" with a dropdown menu showing "837P"; "Testing Type:" with a dropdown menu showing "4010-5010 Gap Analysis"; and "Ref ID:" with a text input. A "Submit" button is located at the bottom right of the form.

Submitting EDI Testing files dialog

VIEWING EDI TESTING FILES

To view EDI Testing files and test reports, navigate to [Toolbox > EDI Testing](#)

CHECK ELIGIBILITY

To check Eligibility, hover over Submit and select Eligibility. From the mini-window, select one of the favorite payers or check the Show All Payers option.

In [Management](#), you can pre-set favorite payers and provider information in the default settings. Only administrative users have access to update those settings.

Once you select a payer, the eligibility requirements display. Required fields have a red asterisk.

The left column is for Provider Information, the middle column is for Subscriber Information, and the right column (if applicable) is for Dependent Information.

To run eligibility, click the check mark at the top right of the Subscriber column.

Eligibility dialog

VIEWING ELIGIBILITY RESULTS

When you run an eligibility transaction, the response displays in a dialog. You can find these responses in your searches for future reference.

After you view eligibility results, you can archive, print, or edit them (to resubmit the transaction.) To create a new eligibility request from this view, click the 'NEW' button to the right of 'EDIT'.

ELIGIBILITY RESPONSE ✕

ARCHIVE
PRINT
EDIT

Last	First	M		Payer
<input type="text"/>	<input type="text"/>	<input type="text"/>		Blue Cross of California
Status Active Coverage - Health Benefit Plan Coverage				Provider ID <input type="text"/>
				Transaction ID <input type="text"/>

REQUEST DETAILS

Provider NPI <input type="text"/>	Payer ID 00039	Provider City Not Given	Subscriber First Name <input type="text"/>
Subscriber Last Name <input type="text"/>	Subscriber Date Of Birth 11/9/1975	Service Type Health Benefit Plan Coverage	Member Identification Number <input type="text"/>

RESPONSE DETAILS

Coverage (14)	Financial (43)	Exclusions (8)
Subscriber Dependent Member ID <input type="text"/>		DOB 11/9/1975
Dependent ID <input type="text"/>		Relationship <input type="text"/>
		Gender F
		Address <input type="text"/>

TITLE	VALUE	%	AMOUNT	IN PLAN	AUTH REQ
Coverage	Active Coverage / Family				
Service Type	Health Benefit Plan Coverage				
Insurance Type	Preferred Provider Organization (PPO)				
Plan Coverage Description	PRUDENT BUYER INCENTIVE				
Coverage	Active Coverage			Not Applicable	
Service Type	Physician Visit - Office: Well				
Benefit	3/1/2015 - 4/30/2015				
Coverage	Active Coverage			Not	

Eligibility Response dialog

SEARCH

You can find any information that you submit in the Search feature.

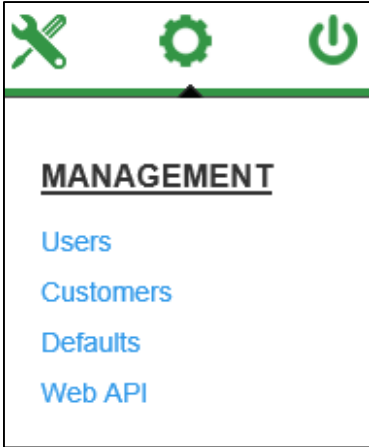
QUICK SEARCH

To search the clearinghouse, select an option from the Search menu. This is often referred to as a "Quick Search."

You can perform a "Quick Search" on:

- Eligibility
- Claim File
- Claim
- ERA File
- ERA
- Response Report

Your current default Search settings are used to return results.



To access default Search settings

From the Search results, use the filters at the top of each column to narrow your search. Enter the information you want to filter, then click the filter icon to the right.

A screenshot of a search results page in a web application. The page has a navigation bar at the top with links for HOME, ENROLLMENT, SUBMIT, SEARCH, REPORTS, and STATEMENTS. Below the navigation bar is a "SEARCH RESULTS" section. On the left side of this section, there are several filter icons and a search input field. The main part of the page is a table with the following columns: UPLOADED, PAT. LAST, PAT. FIRST, CLAIM ID, FILE NAME, DOS, BILLED \$, PAID \$, PAYER NAME, STATUS, and PROVIDER. Each column has a small filter icon to its right. The table contains several rows of data, each representing a transaction. The first row shows a transaction with a date of 7/20/2016, patient name ESPINOZA, LINDA, claim ID 80200000, and a status of "Error".

Search results

ELIGIBILITY QUICK SEARCH

From the Search menu, click Eligibility. The Eligibility Quick Search returns a list of eligibility transactions by transaction date.

Click any transaction ID to display the Eligibility Response with the eligibility information. You can archive, edit, or print the transaction for proof of eligibility.

You can right-click on 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	Looks up a claim using the patient information from the eligibility transaction.
Lookup ERA	Looks up an ERA using the patient information and date of service from the eligibility transaction.

CLAIM FILE QUICK SEARCH

From the Search menu, click Claim File. The Claim File Quick Search returns the files or batches that were submitted through the clearinghouse. This is 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 on any claim file.

RIGHT-CLICK MENU	
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 .
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.

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

CLAIM QUICK SEARCH

From the Search menu, click Claim. 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 page	The file name.
Select multiple claims	Hold SHIFT or CONTROL while clicking the claims.

You can right-click on 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 eligibility transactions using date of service.

ERA FILE QUICK SEARCH

From the Search menu, click ERA File. The ERA File Quick Search shows the ERAs received.

To...	Click...
Download the ERA file	The CHK/EFT #. The file downloads with the report settings you selected in the ERA Details panel.
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 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 on 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. This re-queues an ERA that needs to be downloaded again to your practice management system.
Download RR	Downloads the corresponding 835 from the Response Reports and archives it in the Response Reports.
Lookup Eligibility	Looks up previous eligibility transactions using date of service.

ERA QUICK SEARCH

Clearinghouse User Guide

From the Search menu, click ERA. 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 CONTROL 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 on any ERA.

RIGHT-CLICK MENU	
Lookup Eligibility	Looks up previous 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

From the Search menu, click Response Report. The Response Report Quick Search shows all the original files received from payers. You can download any file type that has 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.

Click the file name of the report to download and set it as archived with a time-stamp and the user name. The X12 version of ERAs are categorized under the report type of 835.

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

MY SAVED SEARCHES

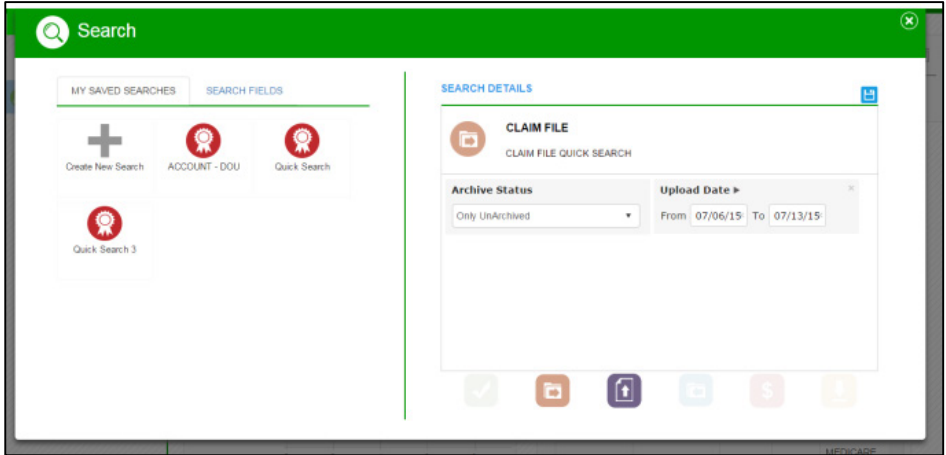
You can create customized searches and save them for later. To open My Saved Searches, click Search (the top level on the Search menu). You can also click the pencil icon on the left side of the page, next to Search Details.

SEARCH DETAILS 		
Archive Status	Unarchived	×
Upload Date	9/15/2016-9/22/2016	×

Open a saved search

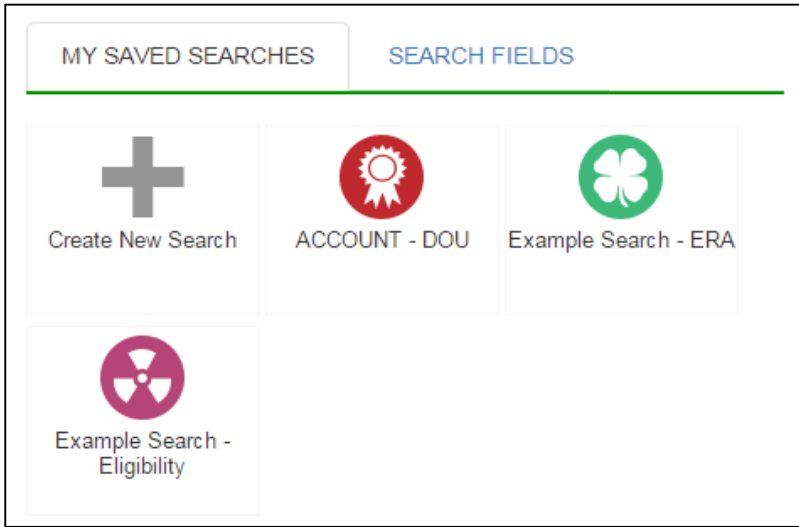
The Search dialog displays.

The My Saved Searches tab on the Search dialog shows your favorite search, or the last search you performed. To mark a search as your favorite, select it and click the star in the top right corner of the window. You can have only one favorite search.



Search dialog

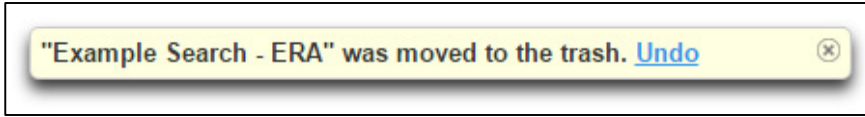
The ACCOUNT – DOU (Date of Upload) search is available to all users and cannot be removed. It gives you search options for claims based on the Claim ID and the date of upload.



My Saved Searches

Clearinghouse User Guide

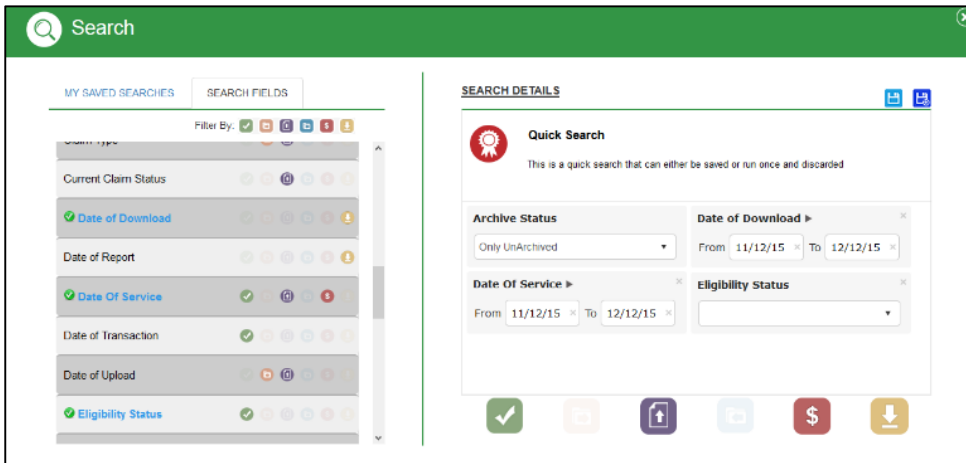
To remove a search, click and drag it off the page. An undo button displays in case you did this by mistake.



After removing a search







CREATING A SAVED SEARCH

To create a saved search, click Create New Search. The Search Fields tab opens.








Creating a new search

Click the fields you want to add to the Search Details. To sort fields by category, click the icons at the top of list of fields.


SEARCH FIELD CATEGORIES	
	Eligibility
	Claim File
	Claim
	ERA File
	ERA
	Response Report

When you add a field, it displays in Search Details on the right side of the Search dialog. Click the 'x' to the right of any field to remove it.

The following options display in Search Details:

SEARCH DETAILS OPTIONS	
	Saves the search along with the criteria you created.
	Allows you to use a saved search as a template so that you can add search parameters to create a new, similar search.
	Denotes a favorite search. Click to remove favorite status.
	Denotes a non-favorite search. Click to make a default favorite search.
	Saves the search along with the criteria you created.

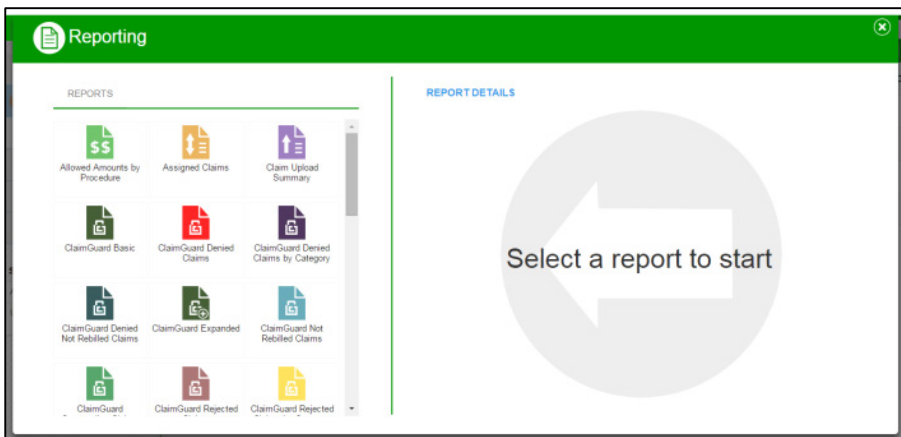
To modify a search, click the icon and search title. Once you add the fields you want, click the blue Save icon to the right of Search Details.

To make a modified a search and save it as a new search, click **Save this search as new search** on the top  right of the Search Details.

REPORTS

Reports are similar to searches, but they retrieve specific information or responses that payers send to the clearinghouse.

Reports are organized in alphabetical order. When you run a report, the information displays in the same way as [Quick Search](#) and has much of the same functionality. After running a report, you can click the pencil icon on the left to modify the report criteria.



Reporting dialog

REPORT RESULTS

The information returned displays as Report Results. To display the claims associated with a report, click the arrow to the left of the description. To open the [Claim View](#), click the Claim ID. Use the appropriate [shoulder icon](#) to export the claim list or report to Excel. The report [paginates](#) automatically.

You can modify report details such as date range on the left of the page.

REPORT RESULTS		ALLOWED AMOUNTS BY PROCEDURE RESULTS						
DATA		PAYER NAME	CODE	MOD	MIN \$	MAX \$	AVG \$	COUNT
REPORT DETAILS		▶ PARTNERSHIP HEALTHPLAN OF CALIFORNIA	99213		\$24.00	\$45.82	\$25.35	554
ERA Check 05/14/15 -		▶ PARTNERSHIP HEALTHPLAN OF CALIFORNIA	99214		\$37.50	\$48.26	\$38.44	377
Issue Date 06/13/15		▶ NATIONAL GOVERNMENT SERVICES #06001	99214		\$190.00	\$198.00	\$197.97	306
		▶ NATIONAL GOVERNMENT SERVICES #06001	99213		\$137.00	\$137.00	\$137.00	226
		▶ STATE OF CALIFORNIA - DEPARTMENT OF HEALTH CARE SERVICES	00018		\$98.16	\$144.71	\$102.00	182
		▶ STATE OF CALIFORNIA - DEPARTMENT OF HEALTH CARE SERVICES	00001		\$62.09	\$107.56	\$127.71	181
		▶ STATE OF CALIFORNIA - DEPARTMENT OF HEALTH CARE SERVICES	81025		\$2.16	\$4.32	\$4.30	163
		▶ CaPERS	99213		\$63.86	\$63.86	\$63.86	150
		▶ PARTNERSHIP HEALTHPLAN OF CALIFORNIA	99212		\$18.10	\$34.55	\$21.88	95
		▶ BLUE SHIELD OF CALIFORNIA	99213		\$85.61	\$85.61	\$85.61	86
		▶ PARTNERSHIP HEALTHPLAN OF CALIFORNIA	96372		\$0.14	\$18.00	\$15.80	79
		▶ CaPERS	99214		\$93.22	\$93.22	\$93.22	68
		▶ PARTNERSHIP HEALTHPLAN OF CALIFORNIA	90471		\$4.41	\$4.46	\$4.46	62
		▶ PARTNERSHIP HEALTHPLAN OF CALIFORNIA	Z1034		\$60.48	\$77.83	\$72.54	59

Report Results

STATEMENTS

Patient Statements are created with BillFlash. To automatically log in to BillFlash from the clearinghouse, click Statements.

For additional information about how to use BillFlash, log in to BillFlash and open the BillFlash Learning Center <https://www.billflash.com/help-learning-center.aspx>



BillFlash

TOOLBOX



From the Toolbox, you can access billing code lists, EDI Testing results, and a link to the clearinghouse Payer List. To open the Toolbox, hover over the wrench/screwdriver icon in the top right.

EDI TESTING

From the EDI Testing page, you can view previously uploaded test files and download the reports associated with them.

ID	CUSTOMER NAME	STATUS	VERSION	TYPE	PROCESS	REQUESTED BY	REQUESTED WHEN	REFERENCE ID	DESCRIPTION	ARCHIVED
27567		Test Pending	9010	817P	KOD-10		10/15/2015 12:01:07 PM		Trix Test batch	Unarchived
27566		Report Available	9010	827I	Submission Testing		10/16/2015 11:40:14 AM		HUMANIZ Test	Unarchived
27565		Report Available	9010	817P	KOD-10		10/15/2015 9:29:05 AM		Medicaid	Unarchived
27564		Report Available	9010	837P	KOD-10		10/16/2015 8:08:48 AM		Test batch from eCW	Unarchived
27563		Test Pending	9010	817P	KOD-10		10/14/2015 1:31:28 PM		eCW TEST BATCH	Unarchived
27562		Report Available	9010	837P	KOD-10		10/14/2015 12:09:02 PM		Test batch from eCW	Unarchived
27561		Test Pending	9010	827I	KOD-10		10/14/2015 11:41:29 AM		Test batch from eCW	Unarchived
27560		Report Available	9010	837I	KOD-10		10/13/2015 12:10:00 PM		PRG Test 4 lines, a charm fingers crossed	Unarchived
27559		Report Available	9010	827I	KOD-10		10/13/2015 11:15:12 AM		175 Test 3 UB IHD	Unarchived
27558		Report Available	9010	837I	KOD-10		10/13/2015		PRG Test 209 44	Unarchived

EDI Testing

You can also upload test files from this page. You can filter for specific information using the columns in the grid and the fields below each column title.

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.

You can right-click on the following:

RIGHT-CLICK MENU	
Download Test	Downloads the test file that was originally submitted.
Download Report	Downloads the report for the test file if it is available.
Archive	Archives the file. You can still search if the Archive Status includes Archived files.

RIGHT-CLICK MENU	
Unarchive	Unarchives the file and includes it in Unarchived searches.

PAYER LIST

To view the dropdown menu for the payer list, hover over the Toolbox icon. Click to open a new window that displays the Payer List.

Check to make sure that 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 Support and ask them to add the payer to the payer list for electronic claim submission.

Payer Name	Payer ID	Enrollment Required	Enrollment Substitution	SEP Professional	STO Institutional	STO Dental	STO ERA	STO Eligible	Additional Information
236 National Benefit Fund	2362	STO	Click here	✓	✓	✓	✓	✓	Enrollment applies to ERA only and is not necessary prior to sending claim.
236 National Benefit Fund	7612	None					✓		
236 Medical Network - Albany, GA	2076	None		✓	✓	✓			
236 Century Health & Benefits, Inc.	7429	None					✓		
A.S.T. Benefit Plan Administrators	6584	STO	Click here	✓	✓	✓	✓	✓	
AAC Benefit Plan Administrators	7230	None		✓	✓	✓			
AARP	AARP	None						✓	
AARP (Enhanced)	0351	None						✓	
AARP Dental Insurance Plan	AARF	STO	Click here	✓	✓	✓	✓	✓	
AARP Medicare Complete	6726	STO	Click here	✓	✓	✓	✓	✓	Enrollment applies to ERA only and is not necessary prior to sending claim.
AARP United Healthcare Supplemental Plan Only	3073	STO	Click here	✓	✓	✓	✓	✓	Enrollment applies to ERA only and is not necessary prior to sending claim.
ABAA Medical Corp. (Inet St. & Secure Networks ONLY)	3079	None		✓	✓				Applicable to providers in Southern Calif. Please contact the ICD Dept for South-Ar Management 310.630.1200 or email support@icd.com

Payer list

CODE LISTS

The code list can help you to review and understand your claims better. You can use the shoulder icons to export each section of the code list.

The code list contains the following information:

- Diagnoses ICD-9 & ICD-10
- Modifiers
- Places of Service
- Remittance Remark Codes
- Reason Codes
- Revenue Codes
- Taxonomy Codes

MANAGEMENT



From Management, you can modify all account and user settings. You can also search, find default reports, and submit eligibility. To access Management, click the gear icon in the top right.

USERS

If you are a Customer Admin of the account, you can use the Management page to manage users. If you are not a Customer Admin, the user information does not display.

The Management page displays all users of an account. It also displays user emails and the most recent activity.

The screenshot shows the 'MANAGEMENT' page with a sidebar containing 'USERS', 'CUSTOMERS', and 'DEFAULTS'. The main content area is titled 'SHOWING USERS FOR: CLAIM/ELM/DIR WEB CE - TL51LR 3'. Below this is a table with columns: USERNAME, ROLES, EMAIL, ACTIVE, LOCKED, and LAST ACTIVITY. The table lists several users with their respective roles and last activity dates.

USERNAME	ROLES	EMAIL	ACTIVE	LOCKED	LAST ACTIVITY
janet@...	[Icons]	[Redacted]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7/13/2015 3:04:42 PM
carol@...	[Icons]	[Redacted]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6/9/2012 9:02:47 PM
wayne@...	[Icons]	[Redacted]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7/13/2015 12:04:51 PM
holtes@...	[Icons]	[Redacted]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7/17/2015 6:10:34 PM
carment@...	[Icons]	[Redacted]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7/19/2015 2:26:47 PM
colagent@...	[Icons]	[Redacted]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7/15/2015 6:56:21 PM
clisen@...	[Icons]	[Redacted]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10/9/2013 8:49:07 PM
CMCFEAdmin	[Icons]	[Redacted]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6/9/2015 5:56:48 PM
carol@...	[Icons]	[Redacted]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7/13/2015 4:03:11 PM

Users list in Management

EDITING USERS

Only Customer Admins can edit users. Click any user name to open the Edit User window. You can modify the user's information, role, password, and rights. You can also make inactive any user who no longer needs access to the clearinghouse.

When creating a new user, select Use as Default to set default rights. Click Save.

The screenshot shows the 'EDIT KLECLAIRE' dialog box. It has a title bar with a close button. Below the title bar is a 'USER INFORMATION' section with fields for 'Active' (checked), 'Administrative Roles' (with a role icon), 'E-Mail', 'Password', and 'Confirm Password'. Below this is a 'USER ACCESS RIGHTS' section with a table of permissions.

	TITLE	GROUP	INFO	ENABLE	DISABLE
<input type="checkbox"/>	Analytics	Reporting	[Info]	ENABLED	DISABLED
<input type="checkbox"/>	EDI Testing	Tab Control	[Info]	ENABLED	DISABLED
<input type="checkbox"/>	Eligibility	Eligibility	[Info]	ENABLED	DISABLED
<input type="checkbox"/>	Home Screen	Tab Control	[Info]	ENABLED	DISABLED

Edit User dialog

CREATING A NEW USER

To create a new user, click the [shoulder icon](#) on the top right. The Add New User window opens. User rights are set to the default. To add the new user, click Save. Once you save the new user, you can change the default user rights in the middle section. Click Save again.

USER INFORMATION					
Active:	<input checked="" type="checkbox"/>	Admin Roles:		E-Mail:	example@email.com
First Name:	<input type="text"/>	Last:	<input type="text"/>	Password:	<input type="text"/>
				Confirm Password:	<input type="text"/>
USER ACCESS RIGHTS					
<input type="checkbox"/>	Patient Statements	Tab Control		ENABLED	DISABLED
<input type="checkbox"/>	Payer Enrollment	Tab Control		ENABLED	DISABLED
<input type="checkbox"/>	Reporting	Tab Control		ENABLED	DISABLED
<input type="checkbox"/>	Search Claims	Workflow Management		ENABLED	DISABLED
<input type="checkbox"/>	Search Eligibility	Workflow Management		ENABLED	DISABLED

New User dialog

RIGHTS





User rights grant or limit access. You can create certain types of users for specific tasks.

USER ACCESS RIGHTS					
<input type="checkbox"/>	Eligibility	Eligibility		ENABLED	DISABLED
<input type="checkbox"/>	Messages	Admin		ENABLED	DISABLED
<input type="checkbox"/>	Patient Statements	Tab Control		ENABLED	DISABLED
<input type="checkbox"/>	Payer Enrollment	Tab Control		ENABLED	DISABLED
<input type="checkbox"/>	Reporting	Tab Control		ENABLED	DISABLED
<input type="checkbox"/>	Search Claims	Workflow Management		ENABLED	DISABLED
<input type="checkbox"/>	Search Eligibility	Workflow Management		ENABLED	DISABLED
<input type="checkbox"/>	Search ERAs	Workflow Management		ENABLED	DISABLED
<input type="checkbox"/>	Search Response Reports	Workflow Management		ENABLED	DISABLED
<input type="checkbox"/>	Universal Worklist	Eligibility		ENABLED	DISABLED

Rights view when editing a user

To enable or disable rights for a user, click the ENABLED or DISABLED option next to each option. For instance, if you want to deny a user access to Reports, click the DISABLED button to the right of that option. ENABLED options display in dark green while DISABLED options display in red.

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.

RIGHTS EXPLANATIONS

To view an explanation of each right, hover over the Info column. The following table explains each right.

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.
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.

CHANGING LOGIN PASSWORD

You can change your password in Management > Defaults > Password. Click SAVE.

Only Customer Admins can change passwords for other users. From the Users tab in Management, click the user name and change the password.

DEFAULT SETTINGS

The default settings for all reports and searches are in Management > Defaults. You can change the defaults to your preferred settings.

DATE TYPES

Rolling	Selects a range based on the current date. You can set a range up to 90 days in the past and up to 5 days in the future (95 days in total).
Week to Date	Selects the last 5/7 days.
Month to Date	Selects the last 30 days.
Quarter to Date	Selects the last 120 days.
Last Week	Selects all the days in the last full week. Does not include the current week.
Last Month	Selects all the days in the last full month. Does not include the current month.
Last Quarter	Selects all the days in the last full quarter. Does not include the current quarter.
Yesterday	Selects yesterday.

ERA REPORT SETTINGS

In ERA Report Settings, you can set the default style and type of report for ERAs that you download as PDFs.

ERA Report Settings

DATE DEFAULTS SETTINGS

In Date Defaults settings, you can change the default date range for searches and other date types. The Date Defaults settings apply changes to the date range, date of service, date of upload, date of check, etc. You can also change the date type to yesterday, last month, month to date, rolling, etc.

SETTINGS

Field Defaults

Field: Check EFT Date

Type: Rolling

Report Range

Total Days: 30
Date Range: 5/14/2015 - 6/13/2015

SAVE

Date Defaults Settings

REPORTS SETTINGS

In Reports settings, you can change the date types for each report. Reports settings also has settings for the type of date on the report (for example, EFT Check Date for Allowed Amounts by Procedure).

SETTINGS

Report Date Field Defaults

Report: Allowed Amounts by Procedure

Field: ERA Check Issue Date

Type: Rolling

Report Range

Total Days: 30
Date Range: 5/14/2015 - 6/13/2015

SAVE

Reports Settings

QUICK SEARCH SETTINGS

In Quick Search settings, you can change the default date ranges for each of the four quick searches. It also displays your current Quick Search settings.

Quick Searches Settings

CUSTOMER SETTINGS (ELIGIBILITY)

Note: You must have administrative rights to access these settings.

When you add default customer settings for eligibility, the settings become the default provider information. The settings auto-populate and save time when checking eligibility, particularly for multiple patients.

To save the information in this form as the default settings for eligibility, click Save Customer Defaults. You can change these settings at the payer level later.

FIELD NAME	SETTING
City	Petaluma
Entity Identifier Code	Provider (1P)
First Name	
FTD	660437840
Last or Organization Name	Petaluma Health Center
NPI	1568656268
State	CA
Zip	94954

Eligibility Customer Settings

PAYER SETTINGS

ELIGIBILITY

You can adjust individual eligibility payer settings in this section. You can 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 or change that information in the default settings. When setup is required for a payer, the payer name displays in red in the dropdown. 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 website displays below the form.

FIELD NAME	CURRENT SETTING	PAYER SETTING	CUSTOMER SETTING
Eligibility Identifier Code	Provider	IP	IP
PTID			
ID/IDN			
PI			

Payer Website:
<https://www.health.com/public/eligibility.aspx>

SAVE PAYER DEFAULTS

Eligibility Payer Settings

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