

QUICK START GUIDE

PROVIDER PORTAL

847.222.1006 MEDVISION-SOLUTIONS.COM



Table of Contents

| INTRODUCTION | 3 |
|---|----|
| ELIGIBILITY | 4 |
| MEMBER VERIFICATION SCREEN | |
| ELIGIBILITY DISCREPANCY | 5 |
| AUTHORIZATION/REFERRAL | 7 |
| AUTHORIZATION REQUEST SUBMISSIONS | 8 |
| REVIEWING A REFERRAL / AUTHORIZATION AFTER SUBMISSION | 20 |
| CLAIMS | 21 |
| CLAIMS CLAIMS SEARCH / STATUS SCREEN | 21 |
| PAYMENT PROCESSING | 24 |
| CLAIM EOB | 24 |
| CUSTOMER SERVICE | |
| ADDING CUSTOMER SERVICE REQUESTS | 27 |
| SEARCHING CUSTOMER SERVICE REQUESTS | |
| INFORMATION | |
| CODE REFERENCE - CPT | |
| CODE REFERENCE - ICD | |
| CODE REFERENCE - MODIFIER | |
| ABOUT MEDVISION | |



INTRODUCTION

The Provider Portal is a robust tool which allows providers to submit and view data, as well as communicate directly with the organization. Within the portal, providers can perform key tasks including entering authorization requests, printing EOBs and performing eligibility verification. The portal also allows providers to create their own customer service requests, submit documentation, generate membership utilization reports, and communicate directly with their organization using a secure channel. Each of these functions serve to make your provider staff happier and more efficient, while reducing their need to make phone calls to the organization.



ELIGIBILITY

From the **Eligibility** module, users are able to verify member eligibility that is present in the IPA/medical group system. This may be useful if you are unable to find your member and wish to see if they exist in the system. From this module, you may at this point also notify the IPA/medical group of any eligibility discrepancies if you believe the member is in fact eligible.

| Authorization/Referral |
|-------------------------------|
| Claims |
| Communication |
| Customer Service |
| Eligibility |
| Eligibility Discrepancy - New |
| Member Verification |
| Information |
| PDR |
| Payment Processing |
| Security |

MEMBER VERIFICATION SCREEN

From this screen, users are able to verify member eligibility.

Step 1: QuickCap Portal -> Left Panel -> Eligibility -> Member Verification

Step 2: The Eligibility - Member Verification screen will display as shown below.

| Eligibility - Member Verification | | | | |
|--|-------------------|------------------|------------|---|
| | * Member ID: | | | |
| | (OR) | | | |
| * Last Name: Doe | | Health Plan: | | ¥ |
| First Name: | | * Date of Birth: | 01-01-1982 | |
| SSN: | | Service Date: | | |
| * Gender: Female V | | | | |
| Verify Eligibility Report Eligibility Disc | repancy Clear All | | | |

Step 3: Users can search for members in two different ways:



- Search by entering the **Member ID** for the specific person.
- Search by entering the Last Name, Date of Birth, and Gender of the member; all three fields must be completed.
- Users can search by the **Heath Plan** or **Service Date** if they want to be more specific. Regardless, it is mandatory to enter the member's last name, date of birth, and gender.

Step 4: Click the **Verify Eligibility** button. If the member exists in the system, their details will be displayed as shown below. You will be able to see demographics, plus benefit, eligibility, PCP and family information.

| Details | Member ID | Name | Gender | Date of Birth | Member | SSN <u>Health</u> | Plan Prov | ider ID | Name | 1 | Other Coverage? | Resp. Code | Policy # | Subscrib | er SSN | HP Status | PCP Statu |
|-------------|--------------|---------------|-------------|-----------------|----------|-------------------|-----------|------------|---------------|--------|-----------------|--------------------|----------|----------|---------|-----------|-----------|
| 🕒 🖸 | 555444 | DOE JANE | F | 01-01-1982 | | BC | 9999 | 999 | Smith Michea | al N | lo | | | | | Active | Active |
| Member [| Details Memb | er ID: 55544 | 4, Name: D | OE JANE, DOB: 0 | 1-01-198 | 2, Age: 33.8, 0 | ther Memb | er ID: and | Status: VERIF | IED | | | | | | | |
| Address | | 4 | Address 2 | City | | State | Zip | P | hone | Work | Phone | Extension | | Fax | Email | Langu | age |
| 321 FIRST 9 | STREET | | | CHI | CAGO | IL | 60004 | | | 847-55 | 5-1234 | | | | | | |
| Eligibility | Details | | | | | | | | | | | | | | | | |
| РСР | | Provider Nam | e | | | F | rom Date | | Т | o Dat | e Orga | nization | | | | | |
| 999999 | | Smith Micheal | | | | (| 1-01-2014 | | | | Media | al Organization, 1 | inc. | | | | |
| Health Pl | an Details | | | | | | | | | | | | | | | | |
| HP Code | Heal | th Plan Name | | LOB | | | Co | overage Fr | om | (| Coverage To | Other Cover | age | | Resp Co | de | Policy |
| BC | TEST | HEALTH PLAN | I | GMC - I | IEDI-CAL | | | 01-01-2014 | | | | No | | | | | |
| Benefit O | ode Details | | | | | | | | | | | | | | | | |
| Benefit Co | de Benefit D | escription | | | Copay | From Date | To Date | Benefit I | Notes | | | | | | | | |
| 01 | ANTHEM E | LUE CROSS ME | EDI PLAN 01 | | \$0.00 | | | | | | | | | | | | |

• To view additional details about the member, click the **Details** icon. More member information will be visible as shown in the figure above.

ELIGIBILITY DISCREPANCY

From this screen, users are able to add eligibility discrepancies for members and search for existing member eligibility discrepancies. The **Eligibility Discrepancy** screen is where providers can communicate regarding any member eligibility matters. Providers can easily add member information for those who do not exist in the system along with Proof of Eligibility or update current eligibility. Once it is reviewed by the IPA/medical group, they will send a determination back to you notifying you if they've added the member to the system, or have determined the member is still ineligible.

Step 1: QuickCap Portal -> Left Panel -> Eligibility -> Eligibility Discrepancy

Step 2: The Eligibility Discrepancy screen will display as shown below.

| Report Eligibility | / Discrepancy | | | | 4 <u>Close</u> |
|-----------------------|--------------------------|---------------|-----|------------------|----------------|
| *Type: | Member Not Exists | *Member ID: | | *Gender: | Male 🗸 |
| *Last Name: | | First Name: | | *DOB: | |
| *PCP Last Name: | | *Health Plan: | | *Effective Date: | |
| Benefit Code: | | | | | |
| Proof of Eligibility: | Browse No file selected. | Notes: | | | |
| | [Max file size 128M] | | | | |
| | | | | | |
| | | | | | |
| | | Save Re | set | | |
| | | Jave Ke | | | |



Step 3: The first section in this screen is **Add/Edit Eligibility Discrepancy**. Users add eligibility discrepancies for members in this area.

- Select the type of discrepancy being reported (Member not Exists, Update Eligibility) in the **Type** field.
- Enter all of the details of the member. Any field with a red asterisk is required to save the discrepancy.
- Any supporting documentation that needs to be submitted as proof of eligibility can be uploaded in the **Proof of Eligibility** field. Click the **Browse** icon to search for the file on your computer. *Note:* The document size should not be more than 120 MB.
- Click the **Save** button to add the Eligibility Discrepancy.

Step 4: On the right of the screen is **Search Eligibility Discrepancy**. From this section, users are able to search for any existing eligibility discrepancies for their members.

• Complete any of the available search fields based on the needed criteria and click the **Search** button. The search results will be displayed as shown below.

| | | | | · | nealul Pidii: | | PCPI | otatus: Penu | ing | Searc | Ciear All |
|------|-------------------|-----------|------------|-------------|---------------|------------|------|--------------|------|---------------------|-----------------|
| Edit | Туре | Member ID | First Name | Health Plan | РСР | Eff. Dt | Note | Status | View | Created By | Created Date |
| 2 | Member Not Exists | 555444 | | Commercial | jane | 01-01-2015 | | Pending | | Deanna McQuillan | 09-13-2015 |

Step 5: Users can export the search results in Excel by clicking the Export icon.

Step 6: To edit an existing Eligibility Discrepancy, click the **Edit** icon and update the information. Click the **Update** button to save the updated Eligibility Discrepancy.

| 📦 Eligibility Discrep | ancy | | | | |
|---------------------------|--|-----------------|----------|---------------|------------|
| Add/Edit Eligibility Disc | repancy | | | | |
| *Type: | Member Not Exists 🖌 | *Member ID: | 555444 | *Last Name: | doe |
| *DOB: | 01-01-1982 | *Gender: | Female 🗸 | First Name: | |
| *Effective Date: | 01-01-2015 | *PCP Last Name: | jane | *Health Plan: | Commercial |
| Benefit Code: | | | | Status: | Pending 🗸 |
| Notes: | | | | | Update |
| Proof of Eligibility: | Browse No file selected. [Max file size 120M] | | | | Cancel |



AUTHORIZATION/REFERRAL

From the **Authorization/Referral** module, users are able to submit referral requests, as well as view and search for requested authorizations.

| Authorization/Referral |
|---------------------------|
| New Auth Entry |
| View/Search Authorization |
| Claims |
| Customer Service - New |
| Eligibility |
| Information |
| Payment Processing |
| Reports |
| Security |
| Training Videos |
| Communication |



AUTHORIZATION REQUEST SUBMISSIONS

This module will allow you to submit your own referral requests electronically and directly to your IPA/medical group. Please follow the steps below to accomplish this task.

Step 1: QuickCap portal -> **Authorization/Referral** -> **New Auth Entry.** The **New Auth Entry** screen will open as below.

| C | | | | | | | 10 1 1 | | | | |
|-----------------------------------|--------------------|--------------|--------------------|-----------|-----------------|---------------------------------------|--------------------------------------|-----------------|---------------|------------------------------------|------------|
| Authorization | | | | | | Authorization Dat | e/Details | | | | |
| Member ID: | | q | DOB: | | ige: Sex: | *Priority: ROUTIN | NE I | * Requested | Dt: 07-21-201 | 5 | |
| Name: | | | Address: | | iger sexi | *POS: 11 - OF | | | Dt: 07-21-201 | | |
| HP: | | | Benefit: | Ffft | dt: | | | | | | |
| PCP Name: | | | | Efft | dt: | | | | | | |
| | | | | Linc | | | | | | | |
| Basic Details | Additional Details | | | | | | | | | Medicatio | on 🔍 Other |
| - Requesting Pro | ovider Information | | | | | - Referring to Prov | vider Information | | | | |
| Speciality: | | | Contract: | | | Same as Rem | uesting Provider? | | | | |
| * Prov ID: | | Q | | undefined | | * Referring To: | desting rovider. | Q | Contract: | | |
| | undefined | | Acq 1100. | andonned | | | | | | | |
| | undefined | | - | | | Specialty: L | undefined | | Provider: | undefined | |
| Phone: | | | Fax: | | | Fac Prov: | None Selected | | Fac-Prov ID: | | Q |
| | | | | | | | | | | | |
| - Diagnosis | | | | | | | | | | | 1 |
| * Diag 1: | | | Diag 2: | Q Diac | | Diag 3: | Q Diag description | Diag 4: | | Q Diag description | 0 |
| | | | | | | | | | | | • |
| • Service Code | Service Package | Ser | vice Category: | | | Q | - Clinical Indicat | ion For Request | | | |
| | | (Press enter | to add service det | tails) | | | | | | | |
| Service Code 🗢 | Service Desc | Diag Ref | Modifier | Qty | Unit Type | Notes | (include pertinen medical records | | | ysical findings, and attach all re | elevant |
| | | | None Selected | | None Selected 👻 | | | | | | |
| | | | None Selected | | None Selected 👻 | | - | | | | |
| | | | None Selected | | None Selected 👻 | | - | | | | |
| í | i — i | | None Selected | -ii | None Selected 👻 | , | - | | | | |
| • | | , | | | | , | F | | | | |
| + Add | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | dd for same Member | | | | | |



Step 2: The first section is on the top-left and contains member information. Users can enter the member's information in one of two ways:

- 1. Enter the **Member ID** for the specific member. The system will being suggesting members once the user has entered part of an ID. Users can then select the correct ID to add the member's information to the screen.
- 2. Users can click on the Magnifying Glass icon to search for the member. The Member Lookup screen will open. From this screen, users can search using either exact parameters or a combination of Member ID, Health Plan, First Name, Last Name, and DOB to find the record. This section will also show you all members in the system that fit the criteria specified. Double click the correct record to add it to the authorization request.

Note: Some health plans or IPA/medical groups use a prefix and/or suffix for Member IDs – mostly with commercial plans. If you are unable to pull up the member using their ID, please try again without the prefix or suffix. For example, if XOH00001 fails, try entering 00001 instead.

| Member ID: 9654 Q DOB: Age: Sex: Name 96549680F- (WJMMXV /SKV /BC / /) < |
|--|
| PCP Name 96547009D- (TVVWGUEQ /NLHWMJ /SCFH / /) Efft dt: 96548198D- (PMCKPFW /BIPETN /SCFH / /) 96548894E- (PTNRCK /JF NGRI /SCFH / /) Auto - Suggest |
| - Authorization - Authorization Date/Details |
| Member ID: ODB: Member Lookup |
| HP: Benefit: PCP Name: Member ID: 9654 HP Code: None Selected DOB: MM-DD-YYYY |
| Basic Details Additional Details Last Name: First Name: Member Search Window Window |
| Speciality: C Member Lookup |
| * Prov ID: Q Re Member Id Member Id Name HP Code Provider Id DOB |
| Office: undefined 96540015EM0 FVPDWDVJ LG AHOC 7050 5/19/2006 12: |
| Phone: 96540022F MDQT UKUTW SCFH 1523 9/17/2011 12: 96540188E KIIW KGIWMC SCFH 18 2/12/2009 12: |



Step 3: The details for the selected member will be populated on the screen as pictured below. NOTE: the system will default the **Requesting Provider** information field to match your organization's.

| - Authorization | | | - A |
|--|--------------------------|----------------------------------|------------|
| Member ID: 888222 Q DO | B: 04-04-1980 Phone: | Age: 35.4 Sex: M | *P |
| Name: JONES MIKE | Address: 8787 A | RNOLD COURT, WHEELING, IL, 60090 | |
| Health Plan: HP2107 | Benefit: BC_210 | 7 Efft dt: 08-20-2015 | |
| PCP Name: MURRAY BILL | | Efft dt: 06-01-2015 | |
| | | | ^ |
| Basic Details Additional Details | | | |
| - Requesting Provider Information MURRAY | BILL | | - |
| Speciality: INTERNAL MEDICINE | Contract: | CONTRACT FEE FOR SERVICE | |
| * Prov ID: 777888 | Q Req Prov: | MURRAY BILL | *1 |
| Office: 456 ELMWOOD COURT, A | RLINGTON, CALIFORNIA, 98 | 765 | |
| Phone: 8472221006 | Fax: | 8474442000 | |
| | | | |
| - Diagnosis | | | |

Step 4: The section to the right of the **Member Details** is the **Authorization Date/ Details**. The **Requested Date** field is non-editable and will always default to the date of submission.

• The **Service Requested Date** - displayed in the **Service Req. Dt** field below - should be entered as the date that the service will be performed, scheduled for, or for the authorization to become effective. This date will be approved by internal staff and is subject to their discretion and potential change.

| 🗕 Authoriza | - Authorization Date/Details | | | | | | | | | | |
|-------------|------------------------------|-----------------|------------|--|--|--|--|--|--|--|--|
| *Priority: | ROUTINE | * Requested Dt: | 07-21-2015 | | | | | | | | |
| *POS: | 11 - OFFICE VISIT | Service Req Dt: | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |



Step 5: The user is then can select the Priority and the Place of Service for the request.

| – Authoriza | tion Date/Details | | | |
|-------------|-------------------|-----------------|------------|------------------|
| *Priority: | ROUTINE | * Requested Dt: | 07-21-2015 | |
| *P05: | ۹ م | Service Req Dt: | 07-21-2015 | |
| | ROUTINE | | | |
| | APPEAL | | | |
| | URGENT | | | |
| | RETRO | | | Medication Other |

- Within the **Priority** dropdown menu, two options which will trigger a popup screen to appear.
 - **Urgent**: If selected, the **Required Information for Urgent Requests** screen will open. Enter the necessary information and click the **Add** button to complete this step.

| | us care of the patient in the provider's be | eserved for requests that are potentially life threatenin est professional judgement. Please explain reason for |
|--------------------------------|---|--|
| * Person Requesting: | * Phone Number: | * Fax Number: |
| Email Address: | | |
| Address: | | al |
| Reason for equest/Comments: | | |

• **Retro**: If the services have already been provided, users should select **Retro**. A new field, **Retro Date**, will appear and require date entry.





Step 6: The **Basic Details** tab displays the **Requesting Provider Information**. This will default for the provider that is logged into the system. This screen includes **the Specialty, Contract Type, Provider ID, Requesting Provider Name**, and the contact information.

| Basic Details | Additional Details | | | |
|------------------|-------------------------|-------|-------------------------------|--|
| - Requesting Pro | ovider Information | De Pi | Provider Name | |
| Speciality: | PEDIATRICS | | Contract: CONTRACT CAPITATION | |
| * Prov ID: | 68 | Q | Reg Prov: Provider Name | |
| Office: | Provider Office Address | | | |
| Phone: | | | Fax: | |
| | | | | |

 If the requesting provider needs to be changed, users can search for a new provider by clicking the Magnifying Glass icon on the right of the Provider ID field. The Provider Search screen will open as shown below. Search the provider by entering any of the available information.

| Provider Search | | | | | 4 <u>Close</u> |
|---------------------|-----------------|---|-------------------------|---------------|----------------|
| Provider Type - ID: | None 👻 - 58 | | Last Name/Organization: | | |
| First Name: | | | Zip: | | |
| Specialty: | None Selected | • | Organization Tax ID: | | Q |
| Provider Contract: | None Selected | • | Provider Class: | None Selected | • |
| Address1: | Contains 👻 | | | | |
| Company: | None Selected 👻 | | Sear | ch Clear All | |
| | | | | | |

- Click the **Provider ID** indicated in orange to populate the details of the requesting provider on the authorization request.
- 2. If the provider has multiple offices, users can select the correct office from the dropdown menu.



Step 7: The next section, **Referring to Provider Information**, allows users to enter the information for the provider that member is being referred to.

| Referring to Pr | ovider Information | | | |
|-------------------------------------|---------------------|--------------|-----------|---|
| Same as Re | equesting Provider? | | | |
| * Referring To: | | Ontract: | | |
| Specialty: | undefined | Provider: | undefined | |
| Fac Prov: | None Selected | Fac-Prov ID: | | ۹ |

There are multiple options for selecting a Referring to Provider. Please read and understand each selection below for optimal use and understanding of the system:

- 1. For self-referrals, select the "Same as Requesting Provider" checkbox. This will auto-populate the information from the Requesting Provider screen.
- 2. If you are referring to a specialty only, meaning you do not have a provider name, please select the specialty from the **Specialty** field. Then, the system will populate all providers in the IPA/medical group's system into the **Provider** pull-down menu to the right of it. You may then either select a provider from that list, or may always select **Unassigned Provider**, which defaults at the top of each specialty.
- To search for a Referring To Provider using information such as city, first name, last name, organization name or other, click the Magnifying Glass icon beside the Referring To field. The Provider Search screen will populate as shown in the above section. Users can search for the specific provider. Click the correct Provider ID to enter the details of the referring provider on the authorization request.

Once your provider is selected, the information will appear in the section such as below:

| Referring to P | rovider Information | | | | |
|------------------------------------|------------------------|--|--------------|--------------------------|---|
| Same as R | equesting Provider? | | | | |
| *Referring To: | 777888 | Q | Contract: | CONTRACT FEE FOR SERVICE | |
| Specialty: | INTERNAL MEDICINE | | Provider: | MURRAYBILL | |
| Office: | 456 ELMWOOD COURT, ARL | 56 ELMWOOD COURT, ARLINGTON, CALIFORNIA, 98765 | | | |
| Phone: | 8472221006 Fax: 8 | 474442000 | Not | es: | |
| Fac Prov: | None Selected | | Fac-Prov ID: | | ۹ |

• Then, select the **Referring Office** from the dropdown menu.



Step 8: Optional. Users can enter **Facility Provider Information** for the request, if needed. You may either search by selecting from the pull-down menu **Fac Prov**, or may search using the magnifying glass to the right of the **Fac-Prov ID** field.

Step 9: The next section, Diagnosis, is where users will enter all diagnosis details for a request.



- Enter all ICD codes related to the request in the **Diagnosis Code** field.
 - If the user knows the ICD code, they can enter it into the field and press tab on their keyboard to move to the next diagnosis code. The system will populate the description to the right in the Diag. Description field. The system will also auto suggest codes if codes are only partially entered.
 - To search for the diagnosis code by part of the code or a descriptive word, click the Magnifying Glass icon by the Diagnosis Code field. The Diagnosis Search screen will populate, as shown below.

| | Diagnosis S | Search | | | | | | | | | d Clos |
|------|-------------------------|--------------------|-----------------|-----------------------------|---|---|----------------|---|---------|------------------------|---------|
| E | Diagnosis Cod Versio | e: 10 n: ICD-9 | Ţ. | ſ | Diagnosis Code 2: 10 | lapping | Description | : Contains 👻 | Searc | h Clear | All |
| Ŧ | Diagnosis Co | | ignosis de 2 | Description | Medium Description | Long Description | | | Version | Description Details | |
| Ξ | <u>10</u> | 10 | | CONJUNTIVA OPERATIONS | PRIMARY TB COMPLEX UNS EXAM | PRIMARY TUBERCULO EXAMINATION | US COMPLEX UNS | PECIFIED | ICD-9 | 13 | |
| Ξ | <u>10.</u> | 10 | | н | н | н | | | ICD-9 | 13 | |
| Ę | <u>10.0</u> | 100 |) | INCISE/REMOV CONJUNCT FB | INCISE/REMOVAL CONJUNCT FB | REMOVAL OF EMBEDD | ED FOREIGN BOD | Y FROM CONJUNCTIVA | ICD-9 | 13 | |
| Diag | gnosis Code | Diagnosi Code 2 | s Des | cription | Medium Description | Long Description | n, | Short Disclosure | | | Version |
| 80 | <u>rxzz</u> | 08CTXZZ | | RPAT MATTER LT | EXTIRPATION MATTER LT CONJUNCTIVA EXTERNAL | Extirpation of Matt Conjunctiva, Exter | | | 245 | | ICD-10 |
| 8CS | <u>SXZZ</u> | 08CSXZZ | | RPAT MATTER RT | EXTIRPATION MATTER RT CONJUNCTIVA EXTERNAL | Extirpation of Matt | | Best code alternative ba Index/Tabular files and (| | | ICD-10 |

- From the **Diagnosis Search** screen:
 - \circ $\;$ Enter either the diagnosis code or description to search for the code.
 - Select the version of the code. ICD 9 codes will default. However, users can search for ICD 9, ICD 10, or for both codes.
 - Users can view the mapping between versions by selecting the Show Mapping checkbox.
 - Click the **Search** button.
 - Click the + icon to the left of each code to view the mapping.
 - Select the desired code by clicking on the correct **Diagnosis Code** shown in orange.

Note: Users can add 12 distinct diagnosis codes.



| CPT/HCPCS Code 🔷 | Service Desc | Diag Ref | Modifier | Qty | Unit Type | Notes |
|------------------|-----------------|----------|---------------|-----|-----------------|--------------|
| 99201 | OFFICE/OUTPATIE | 1 | None Selected | 1 | None Selected 👻 | SAMPLE NOTES |
| | | 1 | None Selected | 1 | None Selected 👻 | |
| | | 1 | None Selected | 1 | None Selected 👻 | |
| | | 1 | None Selected | 1 | None Selected 👻 | |
| | | 1 | None Selected | 1 | None Selected 👻 | |

Step 10: The next section is used to enter the CPT/HCPCS codes for the requested services.

| | | (Press ente | r to add service det | ails) | | |
|----------------|-------------------|-------------|----------------------|--------|-----------------|-------|
| Service Code ≑ | Service Desc | Diag Ref | Modifier | Qty | Unit Type | Notes |
| 99213 | OFFICE/OUTPATIE | 1 | None Selected | 1 | None Selected 🗸 | |
| | | | None Selected | | None Selected 🗸 | |
| | | | | | | |
| | | (Press ente | r to add service det | tails) | | |
| Service Code 🗢 | Service Desc | Diag Ref | Modifier | Qty | Unit Type | Notes |
| | OFFICE/OUTPATIENT | 4 | None Selected | 1 | None Selected | |
| 99213 | OFFICE/OUTPATIENT | 1 | None Selected | 1 | None Selected | |

- The option for CPT/HCPCS Code defaults for entry; users can select Service Package if it is • enabled. This will be described further below.
- To utilize the **CPT/HCPCS Code** option, users can enter the service code or search for the service code by clicking F2 on the keyboard to search by part of a code or by word description.
- If Service Package is selected, users can select the package from the dropdown menu. ٠ Service Packages may consist of multiple codes that are affiliated or groups of codes that would all be acceptable for approval. This can be used to identify certain services such as Office Visits or Consultation visits.
- After the code is entered, the description will auto populate into the **Service Desc** field. •
- Users can enter the **Diagnosis Reference**. The system will default automatically to 1, which indicates that the code is linked to the first ICD code from the **Diagnosis** section. Users can change the digit corresponding to which diagnosis code the service should reference.
- Users can enter a quantity for the service and select the unit type. If none is selected, it will default to **None** and for 1 for the **Quantity**.
- Users can add any modifiers if needed. Modifiers can be selected from the dropdown menu • or manually enter the code.
- Press **tab** on the keyboard to go to the next CPT (service) line.



Step 11: The next section is **Clinical Indication for Request**. In this section, users can add the member's past medical history, physical findings, service notes being requested, or attach all relevant medical records and test results.

| - Clinical Indication For Request |
|---|
| (include pertinent past medical hx. treatment, physical findings, and attach all relevant medical records and test results etc.) |
| |
| |
| |

Step 12: The second information tab is **Additional Details.** Within this tab, three more sections will appear.

Step 13: The first section is **Documents**. Users can upload and attach documents to the referral request. Users are also able to fax documents to the organization. To upload documentation and submit it electronically with the referral request:

- Select the **Category** and **Priority** of the document.
- Click Browse to find the file from the computer directory
- Upload documents in the following formats: .doc,.docx,.xls,.xlsx,.pptx,.xps,.psd,.htm,.pdf,.tiff, .rtf, and text.
- Click the Add Additional Documents button to add multiple documents.
- Once users click **Save**, the document will send with the referral automatically.
- The FAX (Fax Cover Page) allows users to fax the documents.

Note: This may not be enabled for all organizations. Please contact the **Systems Administrator** at the group for more information.

• To properly link the documentation to the request, the cover page must be submitted with the authorization request. If not, it will cause delay or the documentation not to be processed.

Step 14: This section is optional. Users have the ability to upload the **Continuity of Care Document**

(CCD). Click the icon and the CCD Data Upload screen will open.

^{2.} FAX

Click here to print a FAX Cover Page for this auth to fax with the additional documentation. (You MUST use the cover page linked above when faxing us documentation for this authorization. If you use any other cover page, or no cover page at all, the authorization will not be processed or the process will be delayed.)



| 🔿 CCD Data: Upload | | (Close |
|--------------------|--------------------------------|------------------------------|
| | | Please upload XML file only. |
| *Member: | | Q. |
| CCD Data: | ◉ Upload File ○ Paste XML Data | |
| *Upload File: | Browse No file selected. | |
| | [Max file size 128M] | |
| | Save Reset | |

- On this screen, the member's name will auto populate. Users can also search the member by clicking the **Magnifying Glass** icon.
- Select the CCD Data type. Users can upload the XML file or paste in the XML Data.
- To upload the file, click **Browse**. To manually enter the XML data, paste the XML data in the text field.
- Click the **Save** button.

Note: Users can upload or enter XML data only.

Step 15: After verifying the data entered, users can save the request.

- To submit the referral request, click **Save**.
- To submit the referral request and add another request for the same member, click **Save and Add for Same Member**.



Note 1: When an authorization or referral request is submitted, users will receive a notification detailing the authorization request number with the status. Then on the **Authorization** screen, the recently submitted authorization number will be displayed automatically on the header portion.

Note 2: Users will also be unable to modify any authorization once it has been submitted to the IPA/medical group. If you wish to request a change, you must do one of three things:

- Use the communication link that is provided on the authorization itself. This button is
 pictured below and is the envelope next to the word Authorization. This opens up an internal
 communication tool which looks similar to an email. This is secure and you may send
 information to and from the IPA/medical group using any sensitive information needed. To
 send to the UM department, simply begin typing "UM Department" and this entry will
 appear for you. You only need to click on it to be sent.
- 2. Use the customer service module described in another section, or
- **3.** Call the IPA/medical group.



| 🗕 Authorization 🖂 | 20140722T8800001 | Requested | |
|-------------------|------------------|-----------|------|
| Member ID: | Q DOB: | Age: | Sex: |
| Name: | Address: | | |
| Health Plan: | Benefit: | Efft dt: | |
| PCP Name: | | Efft dt: | |

Step 16: Users have the option to **Print Auth** on the lower section of the screen once it is saved. This feature allows users to print authorization requests. The popup window gives options to print and export the request.

| CPT/HCPCS Code | e O Service Packag | ge | | | | | – d | linical Indication | For Request | | | |
|--|---|--|--|--|--|---|--|--|--|----------|-----------|-----------------|
| CPT/HCPCS Code 4 | Service Desc | Diag Ref | Modifier | Qty | Unit Type | Notes | | | | | | |
| 99214 | OFFICE/OUTPATIENT | 1 | None Selected | | one Selected | | | ude pertinent pa /ant medical rec | | | | ngs, and attach |
| | | 1 | None Selected | 1 No | ne Selected 🗸 | | | | | | | |
| <u> </u> | 1 | 1 | None Selected | 1 No | ne Selected 🗸 | | | | | | | |
| | 1 | | None Selected | 1 No | ne Selected 🗸 | | | | | | | |
| | 1 | 1 | None Selected | 1 No | ne Selected 🗸 | | | | | | | |
| < | | | | | | | > | | | | | |
| OAdd | | | | | | | | | | | | |
| | | | | | | | | h. 14 | | | | |
| | | | | Save Save & A | Add for same Memb | per Print Auth | Go to Searc | h Member Page | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | Localities Floored | laure - | | | | | | |
| | | | | | Mozilla Firef- | ox | | | | | | - • 💌 |
| | | | | | Mozilla Firef | юж | | | | | | - • 💌 |
| | | | | | | | | | | | | _ |
| | | | lote: To navi | gate differen | | | pecific pag | e number. | Piease cli | ck on Cl | ose butte | _ |
| | | | | | | | pecific pag | e number. | Please cli | ck on Cl | ose butte | _ |
| 1 () (| d) () | | | | | | pecific pag | e number. | Please cli | ck on Cl | ose butte | _ |
| | d | | | gate differen | | | pecific pag | e number. | Please cli | ck on Cl | ose butte | _ |
| t 🔊 Fi | a) (| | | gate differen | | | pecific pag | e number. | Please Cli | ck on Cl | ose butte | _ |
| | d | | | gate differen | | | pecific pag | e number. | Please Cli | ck on Cl | ose butte | _ |
| | d | | | gate differen | | | pecific pag | e number, | Please Cli | ck on Cl | ose butte | _ |
| | d | 00 | 1 of 1] T [1 | gate differen | : p.ages,, piea | ase onter s | | e number. | Please Cir | ck on Cl | ose butte | _ |
| | | PHYSI | 1 of 1] T [1 | gate differen 10% = EDICAL GI | : p.ages,, piea | se enter s |)3E | e number. | Please Ci | ck on Cl | ose butte | _ |
| | | PHYSI | 1011 T | gate differen 10% = EDICAL GI | t pages, plea | se enter s |)3E | e number. | Please cli | ck on Ck | ose butti | _ |
| tain Report | /n | PHYSI F Kanto Class | | gate differen 20% = EDICAL G con (24 MbH2 Entrypo ant read | ROUP OF PARMER 07/2 | SAN JD |)SE 6) 927 3627 Jacob Carlos | this many in 5 | ediacteure k | | ose butte | _ |
| WAENING, Thi prolitiked Fai | /h s beneficien con e la estration con | PHYSI PHYSI E Kanto Gara Ita Jovecki I Fondeliko oraz | CIANS M SX 2000 Kon Ju Isola are without The Charles are without | gate different offs = EDICAL G con 124 Motif2 Frit you are read of the fixed ar can | ROUP OF PAR MORE 677 g | SAN JD | SE of second controls of the Second controls of the Second controls | thi more A Februari Jav Ti | edischer eine | | ose butto | _ |
| WASNING, TH prohibited Fails is backed as rea proposed on a co | Zn a batantaster com në la maltatin com antret ka antretas signetet parta | PHYSI - Kanta Gasa ata Jawaha Gasa ata Jawaha Gasa ata Jawaha Gasa | I OF 1 T I CLANS M 5/5 #HO Son Jo Footb Information - Solves are within - The Mounty for | gate different 2016 = EDICAL GI EDICAL GI EDIC | : pages, plea ROUP OF partwrr, 927 g les, by wy one is eard in pendi widered philogree of estimation | SAN JD Statut i s seco that i s seco | SE of second controls of the Second controls of the Second controls | thi more A Februari Jav Ti | edischer eine | | ose butto | _ |
| WASNING, TH prohibited Fails is backed as rea proposed on a co | /h s beneficien con e la estration con | PHYSI - Kanta Gasa ata Jawaha Gasa ata Jawaha Gasa ata Jawaha Gasa | I OF 1 T I CLANS M SX #HO Son JA I Solar an within The Market within The Market of I | gate different 2016 = EDICAL GI EDICAL GI EDIC | : pages, plea ROUP OF partwrr, 927 g les, by wy one is eard in pendi widered philogree of estimation | SAN JD Statut i s seco that i s seco | SE of second controls of the Second controls of the Second controls | thi more A Februari Jav Ti | edischer eine | | ose butto | _ |
| WASNING, TH prohibited Fails is backed as rea proposed on a co | Zn a batantaster com në la maltatin com antret ka antretas signetet parta | PHYSI - Kanta Gasa ata Jawaha Gasa ata Jawaha Gasa ata Jawaha Gasa | CLANS M CLANS M SE #860 Son Jo Footb Information Information Information Information Information | gate different D0% = EDICAL GI Anno, CA Monta Entry to any model In all index models In any theorem and acc In any theo | ROUP OF PAR MINE 07.00 In State of the State of State of the State of State | SAN JD Star JD Star Jones Hatt It is seen that | SE of second controls of the Second controls of the Second controls | thi more A Februari Jav Ti | edischer eine | | ose butto | _ |
| WASNING, TH prohibited Fails is backed as rea proposed on a co | Zn a batantaster com në la maltatin com antret ka antretas signetet parta | PHYSI - Kanta Gasa ata Jawaha Gasa ata Jawaha Gasa ata Jawaha Gasa | CLANS M CLANS M SE #860 Son Jo Footb Information Information Information Information Information | gate different 2016 = EDICAL GI EDICAL GI EDIC | ROUP OF PAR MINE 07.00 In State of the State of State of the State of State | SAN JD Star JD Star Jones Hatt It is seen that | SE of second controls of the Second controls of the Second controls | thi more A Februari Jav Ti | edischer eine | | ose butto | _ |
| WASNING, TH prohibited Fails is backed as rea proposed on a co | Zn a batantaster com në la maltatin com antret ka antretas signetet parta | PHYSI - Kanta Gasa Its accords (feedbilly or op- close of accords) | CLANS M CLANS M SE #860 Son Jo Footb Information Information Information Information Information | gate different D0% = EDICAL GI Anno, CA Monta Entry to any model In all index models In any theorem and acc In any theo | ROUP OF PAR MINE 07.00 In State of the State of State of the State of State | SAN JD Star JD Star Jones Hatt It is seen that | SE as and content of in State and f in the radius is St the radius is St | del mante i S Balandi Iva II Giorna Perce | edischer eine | | ose butto | _ |
| Varians Report | /h a domanteation conto ne fo molinario nonf analysis for antiopian angueste i paralysis no deal molo innt, plana deal molo innt, plana | PHYSI E Santa (Jaco alta acovector (free field) on the picture of an other picture of a | CIANS M CIANS M SE 200 En Jo Foot Hometon Foot Hometon Foot Hometon Foot Hometon Capathent M (5 AUTHO | gate different D0% = EDICAL GI Anno, CA Monta Entry to any model In all index models In any theorem and acc In any theo | Contract of the second | SAN JD SAN JD SAN JD SAN SAN HAN In South San San San San San San San San San San San San San San | SE S 937 3627 Se and content of a Side and for in the reduct is Side in the reduct is Side the reduct is Side | ublimment B Bedread Jaw Ti Instantiation Percentiation Instantiation Percentiation Instantiation Percentiation | ediadoune B is Besaulte is 18 is identification 1911-11 - Lyne | | ose butto | _ |
| VARANNO, Tri palitiked Fak is toocid as very requestion at according to the according to th | /h a damanfaalan com na fo nadintain com aasted foo adhoring nagaalat goodan, pisan dad mobilent, pisan dad mobilent, pisan na 2 West Manu Shired | PHYSI E Santa (Jaco alta acovector (free field) on the picture of an other picture of a | I of 1 T 1 CLANS M CLANS M CLANS M CLASS ##00 Kon Ja Partition for mala The Manager I and Manager Automatic Automatic Automatic Classification Cla | gate different 2016 = EDICAL GI EDICAL GI EDIC | Continue of the second se | SAN JD SAN JD Stat. AAX 444 Hattin a seed that in a seed that in a seed that in a seed that is a seed to be seed to be see | SE space active in State and for reader of this bar reader of this bar in the reduce is 201 State act REQ Full movement | OM COMPANY R Folged Lev T Folged Lev T Folget Strep OF STED THE STED THE STED | ediactive no e is Tanasagu 4 il e isteradar 14 il e isteradar 14 il e isteradar 14 il e isteradar 14 il e isteradar | | ose butto | _ |
| Viation Report | /h a damanfaalan com na fo nadintain com aasted foo adhoring nagaalat goodan, pisan dad mobilent, pisan dad mobilent, pisan na 2 West Manu Shired | PHYSI E Santa (Jaco alta: Jourdally in the products of | CLANS M CLANS M SX 2300 Kon JA Codd Information Indexes with a Constant of Con- Constant of Con- Constant of Con- Constant of Con- Constant of Con- Constant of Con- Con- Constant of Con- Con- Constant of Con- Con- Constant of Con- Con- Con- Con- Con- Con- Con- Con- | gate different 00% = EDICAL G EDICAL G 0 with inviden can on flants and wa Flants and wa | Continue of the second se | SAN JD SAN JD SAN JD SAN JD SAN JSAN Hat has seen for the seen for the | SE SJ 577 2657 to a first conference in Statics PEQ Anthermodulus Requested | ublimment B Bedread Jaw Ti Instantiation Percentiation Instantiation Percentiation Instantiation Percentiation | ediactorare la la menografi della colonadari della colona | | ose butto | _ |

- **Export Options:** There are several options that the reports can be exported to:
 - Crystal Reports (RPT)
 - o PDF
 - Excel 97 2003



- Excel 97 2003 Data Only
- Excel Workbook Data Only
- Word 97 2003
- Word 97 2003 Editable
- Rich Text Format (RTF)
- Character Separated Values (CSV)
- o XML

| Export File Forma Cryst Page I | t: I Reports (RPT) Crystal Reports (RPT) PDF Microsoft Excel (97-2003) Microsoft Excel (97-2003) Data-Only Microsoft Excel Workbook Data-only Microsoft Word (97-2003) Microsoft Word (97-2003) - Editable Rich Text Format (RTF) Character Separated Values (CSV) | | |
|---|--|--|--|
| | XML | | |



REVIEWING A REFERRAL / AUTHORIZATION AFTER SUBMISSION

After submitting the authorization, users are able to view the request by clicking back on the left module panel and selecting the **View/Search Authorization** module.

| Authorization/Referral | 14 | Authorization/R | eferral-Sta | tus Searc | h | | | | | | No. | of Requ | ested A | uthorization | (s): 500 |
|--------------------------------|------|-------------------|-----------------------|-------------------|-------------|-------|---------|---|---|------------------|--------------------|------------------|-------------|-----------------------|----------|
| New Auth Entry | | | | | | | | | | | | | | | |
| Auth Import | | | Henbe | w ID; | | | | Last Name: | | | First | Names | | | |
| Auth/UM Workfore - Impetient | | | Hember | SSR | | | | DOB | | 3 | A | uth. No: | | | |
| Auth/LPH Workflow - Outpattent | | Request/Re | ceive Date Fr | interest interest | | | | Request/Receive Date To: | | 3 | Healt | th Planc | None Select | ed | |
| Batch Printing | | | Auth. Date Fr | rom: | | | | Auth. Date To: | | 3 | Place of 5 | ienvice | - + Nor | e Selected | |
| Submit Referral Request | | Reques | ting physiciae | e ID: | | | | Status | | | Priority/Serv | ACPS IN: | None Select | ed | |
| Nex/Search Authorization | | | equesting On | | | | | Referring To physician ID: | | TR. | Referring To | | 0.000 | | 4 |
| Request (Old Form) | | 1 | | med: None1 | | 3 | | | | 17 - C | | | | | |
| Quick Review | | | Assig | ned: None: | selected • | | | Created By: | and the second second second second | | Cor | mpany: | None Select | | |
| Extension Requests | | | | | | | | | Add Referral | | | 50 | arch | Clear All | |
| Auth Auto Adjudication Set | | | | | | The | e numbe | or of Authorization(s) that | t match your searc | h criteria are : | 1647. | | | | |
| Auth Auto Adjudication | | | | | | | _ | | | | | | | | _ |
| Auth Auto Routing Set | | Authorization No. | Created.Rv Created | the distant to | Hember3d | 3 511 | 10042 | i anna an a | ko | Stanger | Mace.of Service | 005 | Dab | Hode Of | 1 to an |
| Auth Auto Routing | | Status | Date | Provident Data | Hember Bann | 253 | 208 | Betaventieu.Phosicien | Referring In Physicae | the setth PSam | Reported | Ansoci Fax No | ADD COMPANY | e Hode Of Dispatch | Company |
| Service Category Packages | - 11 | | | - CATTLE | | _ | | | in the second | | NOTICE | | | _ | |
| Analysis | | | | | | | | | | | | | | | |
| Benefit Plan | | | | | | | | | | | | | | | |
| Credentialing | | | | | | | | | | | | | | | |
| Claims | | | | | | | | | | | | | | | |

Step 1: Use any of the search criteria fields available to search for the specific referral or authorization request. Click on the **Search** button to populate the results.

Step 2: After the referral/authorization request populates, click on the link to view the request.

Step 3: The user will be redirected to the **Authorization Detail** screen. Users can review the request; internal users can update the statuses.



CLAIMS

From the Claims module, users are able to submit claims for payment. Users can also view and search for previously submitted claims.

| Authorization/Referral |
|------------------------|
| Claims |
| Search |
| Customer Service - New |
| Eligibility |
| Information |
| Payment Processing |
| Reports |
| Security |
| Training Videos |
| Communication |

CLAIMS SEARCH / STATUS SCREEN

From this screen, users are able to view and search for submitted claims. You will as a default see all of your organization's claims listed at the bottom. You may further use any of the filters available to see only the claims you are searching for.

Note: For sections with ID, you may click on the magnifying glass to pull up other options to search for those specific entities.

Step 1: QuickCap Portal -> Left Panel -> Claims -> Claims Search/Status

Step 2: The **Claim Search** screen will display. On this screen, there are three subsections to search claims by.

| Claims Search | | | | | | Hide Sear | ch Options | ∉ <u>Bac</u> |
|------------------------------------|---|-----|--------------------|------------------------|---------------|---------------------|------------|--------------|
| Search Claim No. | | | | | | | | |
| Reference Claim # | From: | To: | Authorization No.: | | | Provider Claim No.: | | |
| Search Member | | | | | | | | |
| Member ID: | 9 | | Company: | None Selected 👻 | | | | |
| Optional Additional Details | | | | | | | | |
| Provider ID: | 9 | | Organization ID: | |] Q | Diag Code: | | Q |
| Service Code: | 9 | | Check No.: | | | Billed Amount: <= | | |
| Date of Service From: | | | To: | | | Date Paid: | | |
| Date Received: | | | Show Claims: | Paid Pending | Both | Group By: No | ne 👻 | |
| Outcome: | = (Equal To) + ALL 1 - HOME 2 - HOSPITAL 3 - SKILLED N | | | | | | | |
| | | | Claim Search | Report Eligibility Dis | crepancy Clea | ar All | | |



Step 3: Based on the criteria users have input, the search results will display in Claim Details section.

| Clain | n Details | | | | | | | | | Notes:** | All blue text | t is clickable, | N/A = Not Applicable. |
|-------|------------------|-------------------------------|------------------|------------------|-----------------------|--------------------|-------------------------|---|--------------|--------------------------------|----------------------|-----------------|-----------------------|
| Ξ | <u>Claim No.</u> | <u>Service</u> <u>Date</u> | Received Date | <u>Auth. No.</u> | Place Of Service | <u>Member</u> | <u>Provider</u> | <u>Organization</u> | Payee | <u>Billed</u> <u>Amount</u> | <u>Net</u> Amount | Company | Outcome |
| ÷ | 20150913T8800001 | 09-01-2015 | 09-13-2015 | | 11 OFFICE VISIT | 555444 DOE JANE | 999999 Smith Micheal | 778899 Medical Organization, Inc. | Organization | \$95.00 | 24.00 | QUICKCAP | TEMPORARY |

Step 4: To view the service details of the claim, click the (+) icon. The details of the service will open.

Step 5: To view more details about the claim, click anywhere on the row. The **Claim Details** screen will display as shown below.

| m Details | | | | | | | | | | | | | Notes | :** All I | olue t | ext is clickable, I | N/A = Not App |
|--------------------------|-------------------------------|------------------|------------------|-------------------|--------------------------------|---------------|-----------------|-----------|-------------------------|--------|--------|--------------|------------------------------|-----------|------------------|------------------------|---------------|
| Claim No. | <u>Service</u> <u>Date</u> | Received Date | <u>Auth. No.</u> | Plac Serv | e Of <u>vice</u> <u>Mem</u> | er <u>Pro</u> | <u>vider</u> | <u>(</u> | <u>Orga</u> | nizati | ion | Payee | <u>Bille</u> <u>Amour</u> | | <u>N</u> noui | | Outcome |
| 20150913T8800001 | 09-01-2015 | 09-13-2015 | | 11 OFF VIST | | | 99 h Micheal | | 77889 Medic Organ | | , Inc. | Organization | n \$95. | .00 | 24 | 00 QUICKCAP | TEMPORARY |
| Service Date | Service | Code | Modifier(s) | Diag. Code | Financial Res | Adjust Descr | Paid Date | Check No. | Qty | Billed | CoPay | Coinsurance | Deductible | Adjust | Net | Admin. Fee/Withhold | Status |
| 09-01-2015 99213 OFFI | | NT VISIT EST | | 339.83 | ІРА | | | | 1 | 95.00 | 0.00 | 0.00 | 0.00 | 0.00 | 24.00 | 0.00 | MANUAL HOLD |

Step 6: If there is an associated authorization, the number will populate in the **Claim Details**. To view more information for the authorization, click on the **Authorization Number**. The **Authorizations** screen will display as shown below.

| thorization Details | | | | | | | | | | | | | | |
|--|----------|-------------------------------|---------------|---------------------------|---------|---------------------------------------|--------------------|---|---|-----------------|-------------------|---------|--------|-------------|
| Auth. No. | R | Request/Receive Date | Authorization | <u>Expiration</u> Date | Date 0 | <u>Places</u> <u>Of</u> Gervice | <u>Member</u> | Provider | Request Provider | <u>N</u> Ame | et ount Status | Records | CCS | Company |
| 20150810T8800002 (Show Claims Info | 2 | 08-10-2015 | 08-10-2015 | 08-20-2015 | | 11 OFFICE VISIT | 555444 DOE,JANE | 999999 Smith Micheal (CONTRACT CAPITATION) ANESTHESIOLOGY | 112233 Smith John 778899 Medical Organization, Inc. (CONTRACT FEE FOR SERVICE) ANESTHESIOLOG | | 80.00 DENIED | No | | QUICKCAP |
| Service Code | Descript | tion | | Modifier | Diagnos | sis | | | Financial Resp. | Adjust | Descr. | Qty | Net | Adjust |
| 99214 | OFFICE/ | OUTPATIENT VIS | IT EST | | 10.1-CO | NJUNCTI | VA INCISION | OTHER | IPA | Paid thr | ough settlement | 1 | \$8 | 0.00 \$0.00 |
| Old Status SYSTEM HOLD | | Status Changed SYSTEM HOLD | | Changed By IPA IPA | | Request 08-10-20 | t/Review Da | ate | Comments | Ass | signed To | Assi | gned B | Y |
| DENIED | | DENIED | | AUTO | | 08-10-20 | 15 | | | | | | | |
| | | | | | | | | | 112233 | | | | | |



| ider Details | |
|--|--|
| Provider ID : 999999 | Name : Smith Micheal |
| Address : Medical Organization, Inc. | City : Chicago |
| State : IL | Zip: 123456 |
| Phone : | Fax : |
| Organization Name : Medical Organization, Inc. | NPI: |
| Provider Class : BOTH (PCP+SPECIALIST) | Provider Contract CONTRACT CAPITATION |
| Effective From : 01-01-2015 | Effective To : |

Step 7:

To view the provider details, click on the Provider ID. The **Provider Details** screen will display as shown below.

Step 8: To view and print the claim in CMS 1500 format, click the **Print CMS 1500** button.

| DATE RECEIVED | | | |
|---|--|---|--------------|
| SEPTEMBER 13, 2015 00 | | BALTH PLAN | 1 |
| 回殺者 | | | œ |
| | BLUE C | ROSS OF CALIFORNIA 21555 OXNA | RD STREE |
| HEALTH INSURANCE CLAIM FORM | WOODLA | ND HILLS, CA 91367 | AR |
| APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12 | | | 0 |
| PICA | | | PICA |
| 1. MEDICARE MEDICAID TRICARE CHAMPV | REALTH PLAN REX LING | 1a. INSURED'S LD. NUMBER (For Program | in Item 1) |
| (Medicare#) (Medicaid#) (ID#/DoD#) (Member I | (iD#) (iD#) (iD#) X (iD#) | 555444 | |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) | 3. PATIENT'S BIRTH DATE SEX | 4. INSURED'S NAME (Last Name, First Name, Middle Initial) | |
| DOE, JANE 5. PATIENT'S ADDRESS (No., Street) | 6. PATIENT RELATIONSHIP TO INSURED | DOE, JANE 7. INSURED'S ADDRESS (No., Street) | |
| 321 FIRST STREET | | 321 FIRST STREET | |
| | Sell X Spouse Child Other | | STATE |
| CHICAGO | 8. HESERVED FOR NUGS USE | CHTCAGO | IL O |
| ZIP CODE TELEPHONE (Include Area Code) | | ZIP CODE TELEPHONE (Include Ama | Cordea |
| 60004 | | 60004 | Wall |
| 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) | 10. IS PATIENT'S CONDITION RELATED TO- | 11. INSURED'S POLICY GROUP OR FECA NUMBER | Q |
| a. OTTER INCORED O WINNE (Lata Native, Fast Harite, Woulde Hilliag) | TO TO PATIENT S CONCITION RELATED TO: | 01 | N N |
| a. OTHER INSURED'S POLICY OR GROUP NUMBER | a. EMPLOYMENT? (Current or Previous) | | ¥ |
| | YES X NO | a. INSURED'S DATE OF BIRTH SEX | FX NOLLEW |
| b. RESERVED FOR NUCC USE | b. AUTO ACCIDENT? PLACE (State) | b. OTHER CLAIM ID (Designated by NUCC) | |
| | YES X NO | | AND |
| C. RESERVED FOR NUCC USE | c. OTHER ACCIDENT? | C INSURANCE PLAN NAME OR PROGRAM NAME | |
| | YES X NO | TEST HEALTH PLAN | E |
| d. INSURANCE PLAN NAME OR PROGRAM NAME | 10d. CLAIM CODES (Designated by NUCC) | d. IS THERE ANOTHER HEALTH BENEFIT PLAN? | PATIENT |
| | | YES NO If yes, complete items 9, 9a, a | |
| READ BACK OF FORM BEFORE COMPLETING | & SIGNING THIS FORM. | 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I | authorize |
| PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE 1 authorize the to process this claim. I also request payment of government benefits either | release of any medical or other information necessary to myself or to the party who accepts assignment | payment of medical benefits to the undersigned physician or services described below. | supplier for |
| below | | | |
| SIGNED SIGNATURE ON FILE | DATE | SIGNED SIGNATURE ON FILE | + |
| and the second se | and the second | and a second | |



PAYMENT PROCESSING

From the **Payment Processing** module, users are able to generate Explanation of Benefits (EOBs) for members that claims have been submitted and paid for.

| Authorization/Referral | |
|------------------------|--|
| Claims | |
| Communication | |
| Customer Service | |
| Eligibility | |
| Information | |
| PDR | |
| Payment Processing | |
| Claims EOB | |
| Security | |

CLAIM EOB

From this screen, users are able to generate EOBs for paid claims.

Step 1: QuickCap Portal -> Left Panel -> Payment Processing -> Claims EOB

Step 2: The Claims - Explanation of Benefits screen will display as shown below.

| Claims - Explanation of Bene | fits | | |
|------------------------------|-------------|-----------------|---|
| Member Name: | | | <u>a</u> |
| *Organization Name: | | | <u>a</u> |
| Check No: | | Retrieve Checks | *Click Retrieve Checks if you do not know the check number. |
| *Paid Date From: | То: | | |
| | Display EOB | | |

Step 3: Enter the specific member's name that you want to generate the EOB for.

Note: Users can skip this search criteria if they want to generate EOBs for multiple members from an organization.



Step 4: Enter the correct organization name or search the organization by clicking the magnifying glass icon. The **Organization Search** screen will be displayed as below. Only organizations that users are affiliated with will show in the search screen.

| 🚯 Organizat | ion Search | | | | | | | | | | d Close |
|-----------------|----------------------------|------------------|---------------|------------------|---------|-------|--------|-------|----------|-----|------------|
| Organization | ID: | Nan | ne: Medical O | rganization, Inc | | | Tax | ID: | | | |
| N | PI: | Catego | ry: | | Q | | Search | C | lear All | | |
| Organization ID | Name | Category | Tax ID | Address1 | City | State | Zip | Email | Phone | Fax | NPI |
| <u>778899</u> | Medical Organization, Inc. | 2 - Primary Care | 7894561230 | 123 Main Road | Chicago | IL | 60614 | | | | 7894561230 |

- Search the organization by entering any of the available information.
- Select the organization by clicking the Organization ID.

Step 5: Enter the check number that the EOB was paid with. If the user does not know the check number, they can search for the check by clicking the **Retrieve Check** button. The **Check No Search** screen will display as shown below.

| Check No Search | | di <mark>Close</mark> |
|-------------------------------------|---------------------|-----------------------|
| Check No.: From Date: 03-13-2015 | To Date: 09-13-2015 | Search Clear All |
| Prefix Check No | Paid Date | Amount |
| 1 <u>948230</u> | 09-13-2015 | \$24.00 |
| 2525 <u>1</u> | 09-02-2015 | \$21.00 |
| | | |

- Search the check by entering either the check number or by entering date ranges. To search for all checks ever paid, leave the fields blank and click the **Search** button.
- Select the check by clicking on the **Check No**.

Step 5: By entering the check number, the **Paid Date** field will be populated with the dates automatically. Click the **Display EOB** button and the EOBs will be generated as shown below.



| ain Report | | | | | | | | | | |
|---|--------------------|------------|---------|--------|--------|----------------|-----------|-----------|-----------------------------|-------------|
| | | | Quick | (Can | | | | | | 09/13/2015 |
| | 555 | | | - | CHICA | | | | | Page 1 of 2 |
| | | | | | | | | | | Fage 1012 |
| | EX | PLAN | ATION | OF B | ENEF | ITS | | | | |
| ORGANIZATION: 778899 | Medical Organiz | ation, Inc | | | | | | | K NO: 94823 DATE: 09/13/ | |
| PROVIDER: 999999 | Smith, Micheal | | | | | | | | | |
| MEMBER: 555444 CLAIM #: 20150913T8 | DOE JANE 300001 | | | | | | | | | |
| SERVICE CODE & DESCRIPTION | MOD SVCDATE | BILLED | CNTRCT | COPAY | ADJUS | TW/H INT | NET | ADJUSTMEN | T CODE & DI | SCRIPTION |
| P-99213 - OFFICE/OUTPATIEN | 9/1/2015 | \$95.00 | \$24.00 | \$0.00 | \$0.0 | 0\$0.00 \$0.00 | \$24.00 | | | |
| AUTH #: PROV ACCT: HEALTH PLAN:BLUE CROSS | CLAIM TOTAL: | \$95.00 | \$24.00 | \$0.00 | \$0.0 | \$0.00 \$0.00 | \$24.00 | | | |
| | | BILL | ED CNT | RCT CO | OPAY | ADJUST W | /H IN | T NET | NET + INT | |
| ORGA | NIZATION TOTAL: | \$95 | .00 \$2 | 4.00 | \$0.00 | \$0.00 \$0 | .00 \$0.0 | 0 \$24.00 | \$24.00 | |

- To print the report, click the **Print** icon.
- To export the report, click the **Export** icon. An **Export** dialogue box will be populated as shown below.

| BIL | Export | | | × | טנס |
|--------------|--------|-----|---|-------|-----|
| \$95 \$95 | File I | | | _ | |
| | Pag | PDF | Crystal Reports (RPT) | | |
| | | ~ | Microsc (97-2003) | | \$ |
| | | | Microsoft Excel (97-2003) Data-Only Microsoft Excel Workbook Data-only | | |
| | | | Microsoft Word (97-2003) Microsoft Word (97-2003) - Editable | | |
| | | | Rich Text Format (RTF) Character Separated Values (CSV) | xport | |
| | | | XML | | |

- Select which file format to save the report in.
- Click the **Export** button. The report will be exported in the selected file format.



CUSTOMER SERVICE

From the Customer Service module, users are able to add and view existing customer service requests for their organization. This module provides a request tracking system without the back and forth of telephone calls. You may log information requests or complaints regarding claims, authorizations, provider services, member services, and IT services, among other options. The customer Service Request link will be found under the Customer Service Module link, as pictured below.

| Customer Service Request | Customer Service |
|--------------------------|--------------------------|
| Customer Dervice Request | Customer Service Request |

ADDING CUSTOMER SERVICE REQUESTS

From this screen, users are able to add customer service request into the portal. Once an external user submits a request, internal users will then be able to review and process as needed.

Step 1: QuickCap Portal -> Customer Service -> Customer Service Request. The Customer Service Request screen will open.

| ۵ 🏟 | Customer Service Req | uest | | | | | | |
|------|----------------------|--------------|----------------|----------------------|------------------------|--|----------------------------|----------|
| | | | | Show: | row(s) Request From: | To: Problem: | | |
| | | | | | Call Regarding: All | ▼ Reason: All ▼ Priority: All | | |
| | | | | | | Reference No: Status: All | Search | Clear Al |
| Add | | | | | | | | |
| Edit | Reference No. | Request Date | Call Regarding | Claim No. / Auth No. | Reason | Problem/Description | Priority | Status |
| | 20150820-0038 | 08-20-2015 | Claims | 20150820T3300009 | Other | Just wanted to upload an attachment for my member and claim! This is for claim 20150820T3300009 | Medium | OPEN |
| 2 | 20150819-0037 | 08-19-2015 | Claims | 120030351 | Claim Status Call, I 💁 | HI BEN, THIS PROVIDER CALLED. CAN YOU PLEASE HELP THEM | Medium | OPEN |
| 2 | 20150818-0035 | 08-18-2015 | Authorization | 20150818T8800011 | Authorization Status 💁 | | Medium | OPEN |
| 2 | 20150818-0033 | 08-18-2015 | Authorization | 20150818T8800011 | Authorization Status 💁 | | Medium | OPEN |
| | 20150818-0032 | 08-18-2015 | Claims | 151700464 | Check Not Received | TEST | Medium | OPEN |
| | 20150818-0031 | 08-18-2015 | Claims | 151700464 | Claim Status Call | CHECKING ON MY CLAIM STATUS | Medium | OPEN |
| 2 | 20150816-0030 | 08-16-2015 | Authorization | | Authorization Status 💁 | | Low | OPEN |
| 2 | 20150808-0027 | 08-08-2015 | Other | | Other Reason | | Medium | OPEN |
| | | | | | | | | |

Step 2: Click the Add button shown to the left in the below screenshot.

Step 3: The **Customer Service Request – Add** screen will populate. Users can fill in the information below to submit a request. The fields with asterisks are required.

- **Call Regarding:** This dropdown menu allows users to select the purpose of the call. For example, the call could in regards to claims or authorizations.
- **Priority:** This allows users to select the severity between **low, medium,** and **high**.
- **Pref. Comm:** This field represents the best way to contact back incase follow up is needed. The selection includes **Fax, Email,** and **Phone.**
- **Reason:** This field indicates what the user was calling in regards to. Depending on the field selected above from the **Call Regarding** field, the **Reasons** will change.
- **Problem/Description:** Users can add a description to explain further the purpose of this request. This information will assist the representative reviewing the request.
- Attachment: Users can attach any documents that would aid the representative in completing the request.



| Customer Service | Request - Add | | | | |
|---|--|--|--------------------|------|---|
| *Call Regarding: *Pref. Comm: Fax: @ Reason: | · · | | | | Priority: Medium Email: Phone: 555-5555 Ext.: |
| Problem/Description: | <u></u> | | | | |
| | (Select Reason or Enter Problem/Descripti File attachment Browse No file selected. [Total file size can not exceed: 128M] | | Rer Attach more | move | |
| | Save | | | | |

Step 4: Press **Save** to submit the request. A customer service request reference number will be given upon saving the request. This can be used later to check for updates.

| Cu | stomer service | request sa | wed successfully |
|----|----------------|------------|------------------|
| | Reference N | umber: 20 | 150831-6892 |

SEARCHING CUSTOMER SERVICE REQUESTS

External users can check in the portal to view statuses of previously submitted requests.

Step 1: QuickCap Portal -> Customer Service -> Customer Service Request. The Customer Service Request screen will open.

Step 2: Enter information in any of the below fields to populate the search results specific to your organization.

| Show: row(s) | Request From: | | To: | | | Problem: | | |
|--------------|-----------------|-------|---------------|-----|---|-----------|----------|----------------|
| | Call Regarding: | All 🗸 | Reason: | All | ~ | Priority: | All 🗸 | |
| | | | Reference No: | | | Status: | All 🗸 Se | arch Clear All |
| | | | | | | | | _ |
| | | | | | | | | |

Step 3: Press **Search** to show the results. Click the **Reference Number** associated to the request to open the entire request. Users can update or add information to an existing request at this time.





INFORMATION

From the Information module, users are able to search and view the code references for ICD codes, CPT codes, and modifiers. This provides you with a quick and easy way to see if these codes exist within the IPA/medical group, and to help you potentially during your authorization submission or claim submission purposes.

| Au | thorization/Referral |
|------|-------------------------|
| Cla | iims |
| Co | mmunication |
| Cu | stomer Service |
| Elig | gibility |
| Inf | formation |
| Co | de Reference - CPT® |
| Co | de Reference - ICD |
| Co | de Reference - Modifier |
| PD | R |
| Pa | yment Processing |
| Se | curity |

CODE REFERENCE - CPT

From this screen, users are able to search and view CPT codes.

Step 1: QuickCap Portal -> Information -> Code Reference-CPT

Step 2: The CPT Search screen will display as shown below.

| Description: Contains 🗸 | Find CPT Clear All |
|-------------------------|-----------------------|
| | Description: Contains |



Step 3: Users can search for codes either by entering the CPT Code or by entering the Description.

Note: It is necessary to enter data in at least one field. It is better to search with less specific descriptions as the search function will find more possible matches.

Step 4: Click the **Find CPT** button. The search results will display as shown below.

| CPT Code | Description | Medium Description | Long Description GuideLine | s NCCI Edits |
|-------------|---------------------------------|---|--|-----------------|
| 10100 | DRAINAGE OF INFECTED NAIL | DRAINAGE OF INFECTED NAIL | DRAINAGE OF INFECTED NAIL | View |
| 10101 | DRAINAGE OF INFECTED NAIL(S) | DRAINAGE OF INFECTED NAIL(S) | DRAINAGE OF INFECTED NAIL(S) | View |
| 1010F | SEVERITY ANGINA BY ACTVTY | SEVERITY OF ANGINA ASSESSED BY LEVEL OF ACTIVITY | Severity of angina assessed by level of activity (CAD) | View |
| 1011F | ANGINA PRESENT | ANGINA PRESENT | Angina present (CAD) | View |

• To view more details regarding the CPT code, click the **CPT Description Details** icon. The **CPT Description** screen will populate as shown below.

| CPT Desc | riptio | n | | | | | | 4 <u>Clo</u> |
|--------------------------------------|---|---------------------------|--------------|----------------|--------------|-------|----------------|--------------|
| CPT Description | | | | | | | | |
| Code: | 101 | 00 | | | | | | |
| Short Desc: | DRA | DRAINAGE OF INFECTED NAIL | | | | | | |
| Medium Desc: | DRAINAGE OF INFECTED NAIL DRAINAGE OF INFECTED NAIL | | | | | | | |
| Long Desc: | | | | | | | | |
| Hierarchy: DRAINAGE OF INFECTED NAIL | | | | | | | | |
| | | | | | | | | |
| Code Tip: | | | | | | | | |
| uideline Docum | ents: | | 62.7 | 5 m | | | | |
| Service Gro | oup | Service From | n Service To | Specialty | Gender | Notes | Health Plan(s) | File Name |
| PT Guidelines: | | | | No Document(| s) Found. | | | |
| | PT Cod | e | Specialty | | Document Nan | ne | | 1 |
| | | | | No Guideline(s |) Found. | | | |

• To view the NCCI Edits, click the **View** link for the specific row. The NCCI Edits screen will be populated in a separate screen.



CODE REFERENCE - ICD

From this screen, users are able to search and view ICD codes.

Step 1: QuickCap Portal -> Left Panel -> Information -> Code Reference-ICD

Step 2: The ICD Search screen will display as shown below.



| ICD Search | |
|-----------------------|--|
| ICD Code: Version: | Description: Contains Show Mapping Find ICD Clear All |

Step 3: Users can search for codes either by entering the ICD Code (ICD-9 or ICD-10) or by entering the description.

Note: It is necessary to enter data in at least one field. It is better to search with less specific descriptions as the search function will find more possible matches.

Step 4: Users are able to select an ICD-version in the Version field. This allows the system to search by ICD-9, ICD-10, or include both in the search results.

Step 5: User should select the **Show Mapping** button if they would like to have the comparable ICD code map between ICD-9 and ICD-10.

Step 6: Click the Find ICD button. The search results will display as shown below.

| | ICD Code De | escription | Medium Descript | Medium Description | | Long Description | | | |
|---------|----------------|-------------------------|-----------------------------------|--------------------|----------------------------------|--|---|--------|--|
| 10. 🗟 H | | н | | н | | | | | |
| * | | CISE/REMOV NJUNCT FB | INCISE/REMOVAL C | CONJUNCT | REMOVAL OF EMBEE | DED FOREIGN BODY FROM CONJUNCTIV | A BY INCISION | ICD-9 | |
| Dia | gnosis Code | Diagnosis Code 2 | Description | Mediun | Description | Long Description | Short Disclosure | Versio | |
| 08C | TXZZ | 08CTXZZ | EXTIRPAT MATTER LT CONJUNCTIVA | | TION MATTER LT CTIVA EXTERNAL | Extirpation of Matter from Left Conjunctiva, External Approach | | ICD-10 | |
| 08CSXZZ | | 08CSXZZ | EXTIRPAT MATTER RT CONJUNCTIVA | | TION MATTER RT CTIVA EXTERNAL | Extirpation of Matter from Right Conjunctiva, External Approach | Best code alternative based on clinical review of Index/Tabular files and Official Coding Guidelines | ICD-10 | |

Step 7: Click the **(+)** icon to view the mapping details.

Step 8: To view more details about the ICD code, click the **ICD Description Details** icon. The **ICD Description** screen will populate as shown below.

| Code: | 10.0 | |
|-------------|---|--|
| Short Desc: | INCISE/REMOV CONJUNCT FB | |
| Long Desc: | REMOVAL OF EMBEDDED FOREIGN BODY FROM CONJUNCTIVA BY INCISION | |
| Hierarchy: | INCISE/REMOVAL CONJUNCT FB | |

CODE REFERENCE - MODIFIER

From this screen, users are able to search and view modifier codes.

Step 1: QuickCap Portal -> Left Panel -> Information -> Code Reference-Modifier

Step 2: The Modifier Search screen will display as shown below.



| 🚸 Modifier S | Search | | | | |
|----------------|--------------------|--------------|-------------------------|--|--|
| Modifier Code: | | Description: | Find Modifier Clear All | | |
| Modifier Code | Description | | | | |
| 20 | MICROSURGERY | | | | |
| 22 | UNUSUAL SERVICES | | | | |
| 23 | UNUSUAL ANESTHESIA | | | | |
| 26 | PROF. COMPONENT | | | | |
| 30 | ANESTHESIA | | | | |

• Users can search either by entering the Modifier Code or by entering the description. Users can also search by directly clicking the **Find Modifier** button.



ABOUT MEDVISION

MedVision creates innovative, cost-effective, and intuitive software systems that enable organizations to operate efficiently in care coordination and population health management business processes. QuickCap[™] v7.0, is a complete health benefits software solution that leverages advanced technology to automate workflow, enable superior analytics, integrate business processes and improve patient outcomes, while reducing operating costs.

About This QuickStart Guide

All content and information presented herein is the exclusive property of MedVision, Inc. (MedVision). Each Quick Start Guide is an active document and every effort is made to ensure consistency with the released product. While every precaution has been taken in preparing this guide including research, development and compilation, MedVision assumes no responsibility nor liability for errors or omissions as variations may be observed from the time of publishing compared to application release dates.

No material from this content may be copied, modified, reproduced, republished, uploaded, transmitted, posted or distributed in any form without prior written permission from MedVision other than for the express training purpose use of Licensee's employees. Unauthorized use of this material may violate copyright, trademark and other applicable laws, and could result in criminal or civil penalties.

Copyright © 2015 MedVision, Inc.

For More Information, please contact us using the below:

MedVision, Inc.

3032 N. Arlington Heights Rd., Suite 307 | Arlington Heights IL. 60004 | 847-222-1006 support@quickcap.net | www.medvision-solutions.com