

QUICK START GUIDE

PROVIDER PORTAL

847.222.1006 MEDVISION-SOLUTIONS.COM



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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	_
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- **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.

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