



# EDI Services

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# The QuickCap Home Screen

The QuickCap home screen has the following major parts: the left pane and the right pane. The left pane shows the list of modules in QuickCap. The right pane shows the content for the specific submodule that you click in the left pane.

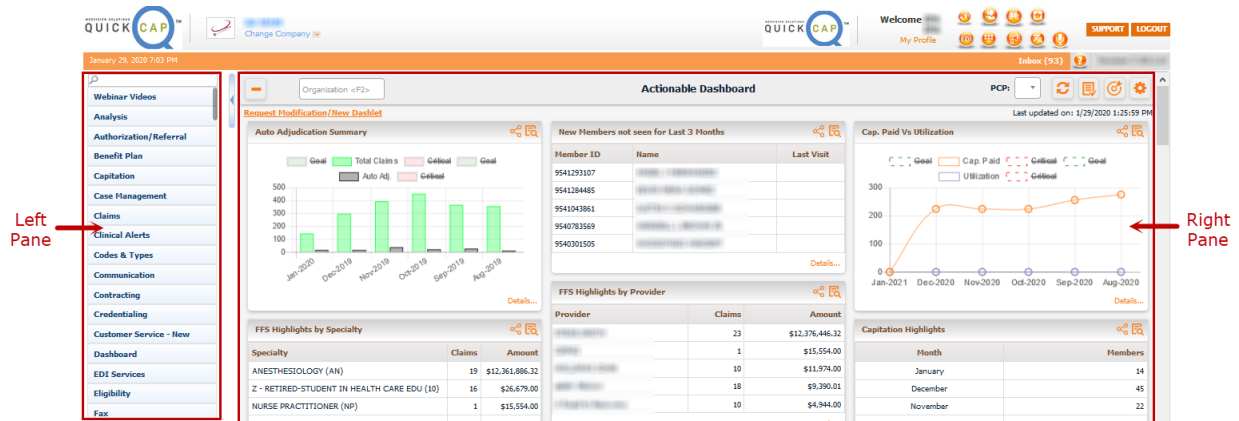


Figure 1 The QuickCap home screen

## Introduction

With the 837P Upload submodule, you can upload professional claims into the QuickCap portal. Professional claim, also known as CMS 1500, is the standard format used by physicians and suppliers for claim billing and in transmitting health care claims electronically.

The 837P Upload submodule has the **837P Upload** pane.

## Objectives

- [Upload 837 files](#)
- [Resubmit a failed claim file](#)
- [Search for 837P files](#)
- [Add a user note on a claim file](#)
- [Search and retrieve claim files](#)
- [View the task status of a claim file](#)
- [Fax or print a CMS 1500 file](#)
- [Search for claims payment details](#)
- [Open a claim file in the claims adjudication pane](#)

With this user guide, you can learn how to do the following:

## Access the 837P Upload pane

To access the **837P Upload** pane, follow these steps:

1. In the left pane, click **EDI Services**.
2. From the list of submodules, select **837P Upload**.

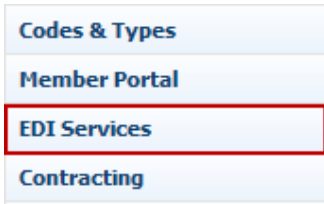


Figure 2 The EDI Services module

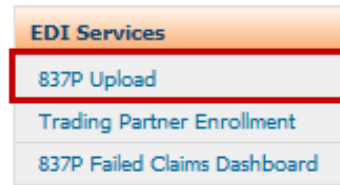


Figure 3 The 837P Upload submodule

## Overview: 837P Upload

In the **837P Upload** pane, you can upload an institutional claim in 837P file format and search for similar files that are uploaded in the system. **837P Upload** has the **Upload 837P File** and **Claims Listing** tabs.

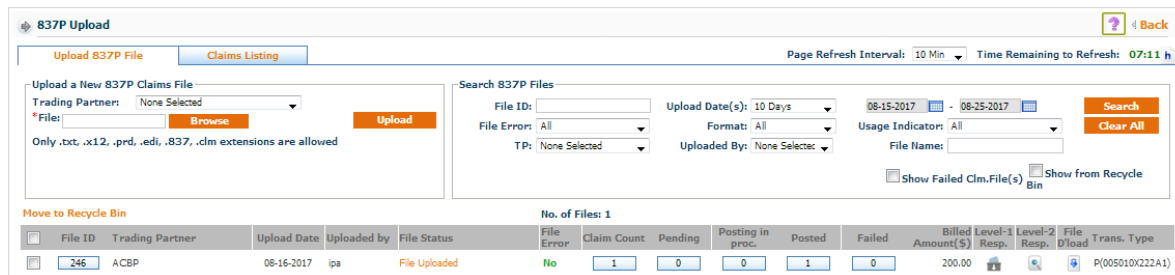



Figure 4 The 837P Upload pane

The **837P Upload** pane has the following features:

- From the **Page Refresh Interval** drop-down list, select the time interval for the page to refresh automatically.
- The **Time Remaining to Refresh** feature shows the remaining time for the page to refresh.
- Click the **View EDI Header Setting** symbol  to open the **EDI Header Setting | 837P** window.

This window also shows the details and acknowledgments for the file's pickup and drop-off locations.

**Figure 5** The EDI Header Setting | 837P window

## The Upload 837P File Tab

In the **Upload 837P File** tab, you can upload 837P files into the system. **Upload 837P File** has the following sections: **Upload a New 837P Claims File**, **Search 837P Files**, and search results.

### The Upload a New 837P Claims File Section

In the **Upload a New 837P Claims File** section, you can upload a new 837P file into the system.

**Figure 6** The Upload a New 837P Claims File section

## Upload 837P files

To upload 837P files, follow these steps:

1. In the **837P Upload** pane, click the **Upload 837P File** tab.
2. In the **Upload a New 837P Claims File** section, select a trading partner from the **Trading Partner** drop-down list.
3. In **File**, click **Browse** to browse and select the file that you want to upload.

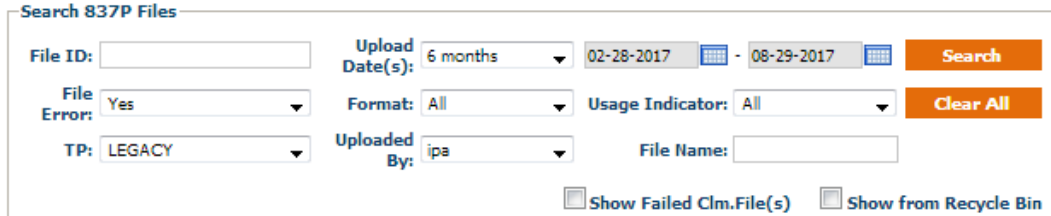
### Note:

The file name automatically appears in the **File Name** box after you select a file. You can only upload file formats with .txt, .x12, .prd, .edi, .837, or .clm extensions in the system.

4. Click **Upload**.

## The Search 837P Files Section

In the **Search 837P Files** section, you can search for uploaded 837P files in the system using different search criteria.



The screenshot shows the 'Search 837P Files' interface with the following fields and options:

- File ID:** Text input field.
- Upload Date(s):** Dropdown menu set to '6 months', with date pickers for '02-28-2017' and '08-29-2017'.
- File Error:** Dropdown menu set to 'Yes'.
- Format:** Dropdown menu set to 'All'.
- Usage Indicator:** Dropdown menu set to 'All'.
- TP:** Dropdown menu set to 'LEGACY'.
- Uploaded By:** Dropdown menu set to 'ipa'.
- File Name:** Text input field.
- Buttons:** 'Search' (orange), 'Clear All' (orange), 'Show Failed Clm.File(s)' (checkbox), and 'Show from Recycle Bin' (checkbox).

**Figure 7** The **Search 837P Files** section

### Search for 837P files

To search for 837P files, follow these steps:

1. In the **837P Upload** pane, click the **Upload 837P File** tab.
2. In the **Search 837P Files** section, you can enter the applicable information in the following search criteria:
  - In the **File ID** box, type the file ID of the claim file that you want to search.
  - From the **File Error** drop-down list, select whether you want to include the files with errors.
  - From the **TP** drop-down list, select the applicable trading partner.
  - From the **Upload Date(s)** drop-down list, select the range of upload dates to be included in the search.
  - From the **Usage Indicator** drop-down list, select the applicable usage indicator of the claim files that you want to search.
  - From the **Uploaded By** drop-down list, select the name of the user who uploaded the file.
  - In the **File Name** box, type the file name of the claim file that you want to search.

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#### Note:

The user can view the file name of the uploaded file when they point to the field of the uploaded file.

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- Select the **Show Failed Clm.File(S)** check box to include failed claim files in the search.
  - Select the **Show from Recycle Bin** check box to include claim files from the recycle bin in the search.
3. Click **Search**.

## The Search Results Section

In the search results section, you can find the detailed list of the retrieved 837P files based on the entered information in the criteria.

The information that you can find in this section is similar to the information that you enter in the search criteria section. The system shows only 20 records in the search results section.

Move to Recycle Bin

No. of Files: 5

<input type="checkbox"/>	File ID	Trading Partner	Upload Date	Uploaded by	File Status	File Error	Claim Count	Pending	Posting in proc.	Posted	Failed	Billed Amount(\$)	Level-1 Resp.	Level-2 Resp.	Task Status	File D'load	Trans. Type
<input type="checkbox"/>	30135		12-03-2019		File Uploaded	No	1	0	0	0	1	870.00					P(005010X222A1)
<input type="checkbox"/>	30113		11-29-2019		File Uploaded	No	1	0	0	1	0	870.00					P(005010X222A1)
<input type="checkbox"/>	30110		11-29-2019		File Uploaded	No	1	0	0	1	0	870.00					P(005010X222A1)
<input type="checkbox"/>	30104		11-29-2019		File Uploaded	No	1	0	0	0	1	870.00					P(005010X222A1)
<input type="checkbox"/>	30061		11-25-2019		File Uploaded	No	2	0	0	1	1	1740.00					P(005010X222A1)

First Previous 1 Next Last

**Figure 8** The search results section

In the search results section, you can find the following columns:

- The **File ID** column shows the file ID of the claim file.  
Click the box in this column to open the **EDI Content** window where you can view the content details of the claim file.
- The **Trading Partner** column shows the name of the trading partner of the claim file.
- The **Upload Date** column shows the date when the claim file was uploaded.
- The **Upload by** column shows the name of the user who uploaded the file.
- The **File Status** column shows the status of the claim file.
- The **File Error** column indicates whether the claim file has an error or not.
- The **Claim Count** column shows the total number of claims from all the uploaded file.  
Click the box in this column to open the claim files in the **Claims Listing** tab.
- The **Pending** column shows the number of claims in pending status from all the uploaded file.  
Click the box in this column to open the pending claim files in the **Claims Listing** tab.
- The **Posting in proc.** column shows the number of claims which are already in process.  
Click the box in this column to open the claim files which are already in process in the **Claims Listing** tab.

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### Note:

Claims which are already in process will later be in the **Posted** or **Failed** status depending on the content of the claims.


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- The **Posted** column shows the number of claims which are successfully posted in the portal from the uploaded file.

Click the box in this column to open the posted claim files in the **Claims Listing** tab.


- The **Failed** column shows the number of claims which are not posted in the portal due to some errors.



Click the box in this column to open the failed claim files in the **Claims Listing** tab.


- The **Billed Amount (\$)** column shows the billed amount of the claim file.
- Click the **Level-1 Resp.** symbol  to open the **Download Files** window where you can download level-1 response for the uploaded file.

In the **Download Files** window, you can do any of the following:


- Click **TA1 (Interchange Acknowledgement)** to download the **TA1 (Interchange Acknowledgement)** response file.
- Click **977 (Functional Acknowledgement)** to download the **TA1 (Interchange Acknowledgement)** response file.
- Click **277 (Claim Status)** to download the **277 (Claim Status)** response file.
- Click **Re-generate** to generate the claim response again.

You can click the **File History** symbol  to view the history of files which are previously generated.

- Click **Zip(TA1 + 997)** to download the **Zip(TA1 + 997)** response file.
- Click the **Level-2 Resp.** symbol  to open the claim files in the **Claim Listing** tab where you can view the individual claim status.
- In the **Task Status** column, click the **837P Upload Task Status** symbol  to open the **837P Upload Task Status** window.

In the **837P Upload Task Status** window, select the **Mark as Done** check box and type an additional information in the **Note** box. After you click **Save** and mark the file as done, you can find a check mark in the **837P Upload Task Status** symbol .

It is necessary to add the details in the **Note** box so that you can mark the file as done. When you click **Save** without adding a note, the “Please enter a note.” message appears, and you cannot proceed to the next step.

- Click the **File D'load** symbol  to download the claim file.
- The **Trans. Type** column shows the transaction type which shows the details of the usage indicator that came from the uploaded file along with the electronic data interchange (EDI) version of the file.

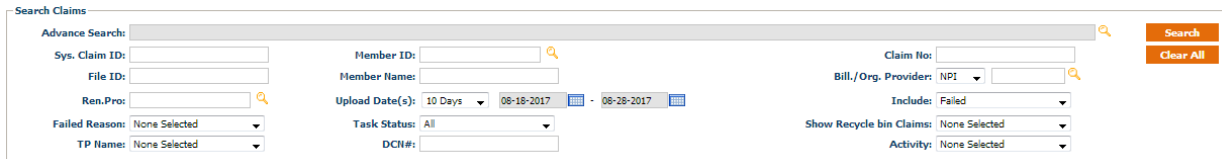


## The Claims Listing Tab

In the **Claims Listing** tab, you can search and view the information of the uploaded EDI claim files. **Claims Listing** has the **Search Claims** section and the search results section.

## The Search Claims section

In the **Search Claims** section, you can search for and retrieve claim files based on the search criteria.







The screenshot shows the 'Search Claims' interface. It features an 'Advance Search' section with various input fields and dropdown menus. The fields include: 'Sys. Claim ID', 'File ID', 'Ren.Pro' (with a search icon), 'Failed Reason' (dropdown), and 'TP Names' (dropdown). The 'Member ID' field has a search icon. The 'Member Name' field is also present. The 'Upload Date(s)' field shows a date range from '08-18-2017' to '08-28-2017'. The 'Task Status' dropdown is set to 'All'. The 'DCI#' field is empty. On the right side, there are fields for 'Claim No.', 'Bill./Org. Provider' (dropdown set to 'NPI'), 'Include' (dropdown set to 'Failed'), 'Show Recycle bin Claims' (dropdown set to 'None Selected'), and 'Activity' (dropdown set to 'None Selected'). At the top right, there are 'Search' and 'Clear All' buttons.

**Figure 9** The **Search Claims** section

## Search and retrieve claim files

To search and retrieve claim files, follow these steps:

1. In the **Search Claims** section, you can enter the applicable information in the following search criteria:
  - Click the search symbol  in the **Advance Search** box to open the Advanced Search window.
  - In the **System Claim ID** box, type the system-generated claim ID of the file.
  - In the **Member ID** box, do either of the following:
    - Type the member ID.
    - Click the search symbol  or press F2 to open the **Member Search** window where you can search for the applicable member ID.
  - In the **Claim No** box, type the claim number of the claim file.
  - In the **File ID** box, type the file ID of the claim file.
  - In the **Member Name** box, type the name of the member.
  - From the **Billing/Org. Provider** drop-down list, select either **NPI** or **TAXID**, and then do either of the following:
    - Type the postal code of the organization provider.
    - Click the search symbol  or press F2 to open the **Organization Search** window where you can search for the applicable organization by its postal code.
  - In the **Ren.Pro** box, do either of the following:

- Type the name of the rendering provider.
- Click the search symbol  or press F2 to open the **Provider Search** window where you can search for the applicable rendering provider.
- In the **Upload Date(s)** box, select the range of upload dates of the claim file.
- From the **Include** drop-down list, select any of the following:
  - Select **All** to include all the claims in the search.
  - Select **Pending** to include all pending claims in the search.
  - Select **In Process** to include all the claims currently in process in the search.
  - Select **Failed** to include all the failed claims in the search.
  - Select **Posted** to include all the claims which are successfully posted in the portal in the search.
  - Select **277 Rejected** to include all the failed claims which are rejected in **277 (Claim Status)** in the search.
- From the **Failed Reason** drop-down list, select the failed reason of the claim file.
- From the **Task Status** drop-down list, select the task status of the claim file.
- From the **Show Recycle bin Claims** drop-down list, select whether to include claim files in the recycle bin in the search.
- From the **TP Name** drop-down list, select the name of the trading partner.
- In the **DCN#** box, enter the document control number (DCN) of the individual claim uploaded in the file.
- From the **Activity** drop-down list, select any of the following:
  - Select **None Selected** to search for all claim files.
  - Select **Send Fax/ Print CMS1500** to send fax or print the claim file.
  - Select **Open in Claim Adjudication** to open the claim file in the claims adjudication pane.

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**Note:**

**Open in Claims Adjudication** is only available for the claims which are posted successfully in the QuickCap portal.

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2. Click **Search**.

## The Search Results Section

In the search results section, you can find the retrieved EDI claim files based on the provided information.






<input type="checkbox"/>	File ID	Sys.Claim ID	Member ID	Name	DOB	Rendering Provider	Claim No.	DCN#	Billed Amount(\$)	Trading Partner	Upload date	Claim Error	Claim Status	User Note	CMS 1500	OCR	Task Status
<input type="checkbox"/>	30061	178483	11142018101	JOHN, ROBERT	11-25-1958	ABC COMPANY	01		870.00	LEGACY	11-25-2019	Yes (1)	Failed				
<input type="checkbox"/>	30104	178484	11142018101	JOHN, ROBERT	11-25-1958	ABC COMPANY	01		870.00	LEGACY	11-29-2019	Yes (2)	Failed				
<input type="checkbox"/>	30135	178488	11142018101	JOHN, ROBERT	11-25-1958	ABC COMPANY	01		870.00	LEGACY	12-03-2019	Yes (8)	Failed				

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**Figure 10** The search results section

In this section, you can find the following columns:

- The **File Id** column shows the file ID of the claim file.
- The **Sys. Claim Id** column shows the system-generated claim ID of the claim file.  
Click the box in this column to open the claim in the **Claim Editing and Resubmission** window where you can update the claim file for resubmission.  
When you open an EDI claim from the **Claims Listing** tab, the system claim ID now shows the associated trading partner name of the file on top of the **Claims Editing and Resubmission** window.
- The **Member ID** column shows the member ID of the claim file.
- The **Name** column shows the member's name from the claim file.
- The **DOB** column shows the date of birth of the member.
- The **Rendering Provider** column shows the name of the rendering provider.
- The **Claim No** column shows the claim number of the uploaded claim file posted in the system.
- The **DCN#** shows the DCN of the individual claim in the uploaded file.
- The **Billed Amount(\$)** column shows the billed amount of the claim file.  
Click the claim number ID of the file to open the **Claims Institutional** window where you can view the details of the claim file.
- The **Trading Partner** column shows the name of the associated trading partner.
- The **Upload Date** column shows the date when the claim file was uploaded.
- The **Claim Error** column shows if there is error in the claim file.  
Click the count in the column to open the **Rejection Messages** window where you can view the number of errors in the claim and the error descriptions.
- The **Claim Status** column shows the status of the claim file.  
Click the claim status of the claim file to open the **Status Detail** window where you can view the status details of the claim file.
- Click the **User Note** symbol to open the **Add Note** window where you can add notes on the claim file.

- Click the **CMS 1500** symbol  to view the official claim report or print the portable document format (PDF) of the claim file.
- Click the **OCR** symbol  to open the optical character recognition (OCR) image of the uploaded file.
- Click the **Task Status** symbol  to open the **Task detail for claim(s)** window and view the task status for the claim file.

## Fax or print a CMS 1500 file

To fax or print a CMS 1500 file, follow these steps:

1. In the **837P Upload** pane, click the **Claims Listing** tab.
2. In the **Search Claims** section, select **Send Fax/ Print CMS1500** from the **Activity** drop-down list.
3. Enter the other applicable information in the criteria.
4. Click **Search**.
5. In the search results section, select the check box for the claim file.
6. Click either **Send Fax** or **Print CMS 1500**.

## Open a claim file in the claims adjudication pane

To open a claim file in the claims adjudication pane, follow these steps:

1. In the **837P Upload** pane, click the **Claims Listing** tab.
2. In the **Search Claims** section, select **Open in Claim Adjudication** from the **Activity** drop-down list.
3. Enter the other applicable information in the search criteria.  
For more information about the criteria, see [Search and retrieve claim files](#).
4. In the search results section, select the check box of the applicable the claim file.
5. Click **Open In Claim Adjudication**.


## Resubmit a failed claim file

To resubmit a failed claim file, follow these steps:

1. In the **837P Upload** pane, click the **Claims Listing** tab.
2. In the **Sys.Claim ID** column, click the box of a claim file.
3. In the **Claim Editing and Resubmission** window, edit the necessary information.
4. Click **Save and Resubmit**.


## Add a user note on a claim file

To add a user note on a claim file, follow these steps:

1. In the **837P Upload** pane, click the **Claims Listing** tab.
2. In the search results section of the **Claims Listing** tab, click the **User Note** symbol .
3. In the **Add Note** window, enter the necessary information that you want to add as a note for the selected claim file.
4. Click **Save**.

## View the task status of a claim file

To view the task status of a claim file, follow these steps:

1. In the **837P Upload** pane, click the **Claims Listing** tab.
2. In the search results section of the **Claims Listing** tab, click the **View Claim Task Status** symbol .
3. In the **EDI Task To Do** window, view the task details for the selected file.

## The Claim Editing and Resubmission Window

In the **Claim Editing and Resubmission** window, you can view and edit the contents of a claim that is coming from an EDI file. If any claim in the uploaded file fails to post, then you can correct the claim data as per the error shown in this window and then you can resubmit the claim to post the claim. Once the claims are posted, you can view the content of the claim, but you can no longer edit the content. In this window, you can also send a denial letter, attach documents to claim, add a user note to a claim, print a UB-04 claim, and view the error history of the claim file.

You can open the **Claim Editing and Resubmission** window by clicking on the **Sys. Claim ID** box of a claim in the search results section of the **Claims Listing** tab.

**Figure 11 The Claim Editing and Resubmission window**

In the **Claim Editing and Resubmission** window, you can find the following information:

- In the **Rejection Message** section, you can view the specific error descriptions of the failed claim. The error messages are further classified into the following categories:
  - Provider and Organization Identification Related Error Messages

The following are sample error descriptions that are related to provider and organization:

- “Organization ID not found.”
- “Provider ID not found or empty.”

When you click the **Click here to fix only organization and provider related error(s)** link, you can open the **Add – Organization** and **Quick Add Practitioner** windows where you can add the applicable organization and provider.

- Diagnosis Code Related Error Messages

The rejection messages that are related to diagnosis codes include the positions of the diagnosis code for the codes that are available in the **Diagnosis Codes**, **Patient Reason for Visit Codes**, and **External Cause of Injury Codes** sections. The following are sample error descriptions that are related to diagnosis codes:

- “Invalid Diagnosis Code [diagnosis code position number]”
- “Diagnosis Code [diagnosis code position number] is not effective on DOS.”
- “Diagnosis Code [diagnosis code position number] is a non-billable/custom code.”

- Claim Service Line Related Error Messages

The following are new validations as per National Uniform Claim Committee (NUCC) guidelines to limit the number of service lines present in CMS or UB claims:

- “Claim cannot have more than 50 service lines as per CMS guidelines.”
- “Claim cannot have more than 999 service lines as per CMS guidelines.”
- Service Codes Related Error Message

“Service Line [number] is not active on the date of service.”

The system evaluates the claim’s service codes and DOS. If the claim’s service codes are not active on the claim’s DOS, the claim gets failed, and the error message appears with the respective service line number in the number field of the validation message.

To enable the said parameter, select the **Validate Service Code against Date of Service** check box present in the **Claims** tab of the **Company Configurations** pane.

- Adjusted or Voided Claims Related Error Message

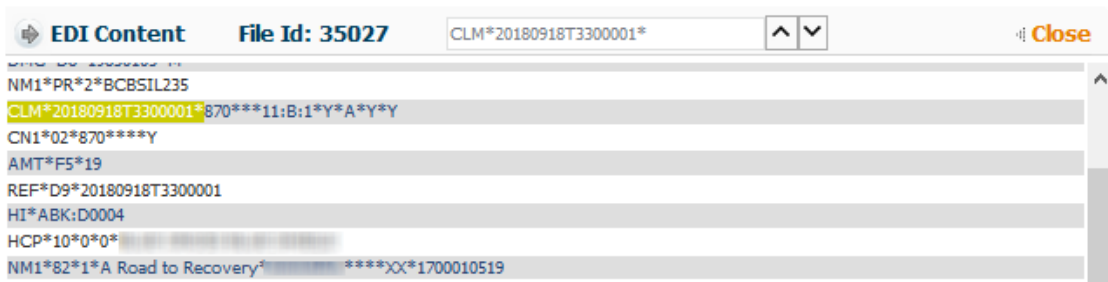
“Member in the Voided / Adjusted claim is different from the member in the Original Claim.”

When the incoming voided or adjusted claim has different member details from the original reference claim number, then the particular claim gets failed, and the “Member in the Voided / Adjusted claim is different from the member in the Original Claim.” error message appears.

- In the next section, you can also do the following:

- Click **EDI Details** to open the **EDI Content** window where you can see the original details of the EDI claim and also search for a specific text or detail in the search bar.

Upon opening the **EDI Content** window, the CLM 01 element (patient account number) from the EDI file appears in the search bar automatically. In addition to that, the CLM 01 element is automatically searched and highlighted.



**Figure 12** The EDI Content window

- Click the **Member Identification Flow** button to open the **Member Identification flow** window where you can view the parameters and procedures by which the system search for the member.

**Member Identification flow.** Sys. Claim Id: **484274** Close

No.	Steps	Created Date
1	<b>INPUT PARAMETERS</b> Member ID: 00000875802 Member Name: KRAMOS,ILILJANA Member DOB: 08/08/2013 Member Gender: F Relationship Code: 18 Service Date: 11/12/2018	11/20/2019 2:08:08 AM
	<b>DETERMINE MEMBER</b> <b>Case 1:</b> Find Member ID by matching ID,First Name, Last Name, Gender, DOB. <b>Case 2:</b> Find Member ID by matching (ID <b>AND</b> DOB) <b>OR</b> (Last Name <b>AND</b> DOB). <b>Case 3:</b> Find Member ID by matching ID, Last Name, DOB. <b>Case 4:</b> Find Member ID by matching (ID <b>AND</b> DOB <b>AND</b> GENDER ) <b>OR</b> (Last Name <b>AND</b> DOB <b>AND</b> GENDER).	

**Figure 13** The **Member Identification flow** window

- Click **Error History** to view the list of previous error messages history.
- Click **Send Denial Letter** to open the **Send Denial Letter** window where you can dispatch EDI denial letters using any kind of dispatch modes such as mail order, mail, batch print, and fax.

When you click the **Send Denial Letter** button, the **Letter Template** window appears where you can see the corresponding mapped letter of the claim.

The screenshot shows the 'Letter Template' window for Sys. ID: 23091. The 'Mapped For' dropdown is set to 'Send Denial Letter'. The 'Select Template' dropdown contains the text 'This is for testing purpose for the Letter Template ER'. The 'Letter To' radio buttons are set to 'Provider'. The 'Description' area is a rich text editor containing the text 'Satish Test Letter' and a list of placeholders: BILLING\_ADDRESS1, BILLING\_ADDRESS2, (BILLING\_ORG\_CITY), (BILLING\_ORG\_NAME), (BILLING\_ORG\_STATE), (BILLING\_ORG\_ZIP), (CHILD\_CLAIM\_SUBMITTED), and (CITY\_STATE\_ZIP). The 'PlaceHolders' section on the right shows a preview of the letter content with the placeholders filled with example data: BILLING\_ORG\_ZIP: 941393414, CHILD\_CLAIM\_SUBMITTED: Claim for newborn submitted under mother's ID. Please, CITY\_STATE\_ZIP: City: CA, 23232, and COMPANY\_ADDRESS1: Address 1. There is an 'Apply To Template' button. Below this, the 'Attach Documents(pdf only)' section shows a table with columns 'File Name', 'Date Uploaded', and 'View/Download', and a message 'No Document(s) Found.' At the bottom, there are checkboxes for 'Include Claim Image' and 'Include Denial Letter', and 'Save' and 'Save and Dispatch' buttons.

**Figure 14** The **Letter Template** window

In the **Letter Template** window, you can see the following features:

- From the **Mapped For** drop-down list, you can select the different actions based on the type of letter that you want to send.
- From the **Select Template** drop-down list, you can select the applicable template that you want to use for the denial letter.



The system shows the list of templates for the selected action based on active claim service date.

- In the **Description** field, you can see the applicable template content.
- In **Letter To**, you can only select the **Provider** option by default.
- In the **Placeholders** section, you can see the different placeholders that you can apply to the template.
- In the **Additional Documents** section, you can see the list of all the claim attachments (PDF) that are uploaded for the specific claim file.
- The **Include Claim Image** check box

When you select the **Include Claim Image** check box, the corresponding UB-04 or CMS 1500 claim form will be attached in the denial letter.

- The **Include Denial Letter** check box

When you select the **Include Denial Letter** check box, the mapped denial letter will be sent to the provider.

Note: You should select both or at least one of the new check boxes. The “Please include at least one option, Claim Image or Denial Letter” message appears when you don’t select anything.

When you click **Save and Dispatch**, you can open the **Dispatch Letter** window where you can send the letter in the applicable dispatch mode that you want.

The screenshot shows a web-based form titled "Dispatch Letter" with a "Close" button in the top right corner. The form is organized into two columns. The left column contains fields for "Send To", "Address 1", "Address 2", "City" (with a dropdown menu showing "BILLING A"), "State" (with a dropdown menu), and "Zip". Below these are three checkboxes: "Print Now", "Batch Print", and "Mail Order". The right column contains fields for "Subject" (with the value "Update for Sys. ID - 23091"), "Email", and "Fax". Below these are two checkboxes: "Send Email" and "Send Fax", with "Send Fax" being checked. At the bottom center of the form, there is a link that says "Click here to preview the letter." and a prominent orange "Dispatch" button.

**Figure 15** The **Dispatch Letter** window

In the **Dispatch Letter** window, the billing organization address details appear in the **Send To**, **Address 1**, **Address 2**, **City**, **State**, and **Zip** boxes.

By default, the **Fax** dispatch mode is selected for EDI. You can change it when you click **Maintenance > Company Configurations > Letter Template > Dispatch Mode > Default Value for Provider Letter Dispatch Mode > select Fax** from the EDI drop-down list.

- Click **Letter Log** to open the **Letter Logs** window where you can see the list of denial letters that were successfully dispatched.

Sent To	Sent To ID - Name	Letter	Dispatch Mode	Dispatched To	Status	Status Date - Time	Created On - By	Re-D
Provider		EDI Test Letter - Send Denial Letter - 05/31/2020	Mail Order		Failed	05/31/2020 23:39:02		Re-D
Provider		EDI Test Letter - Send Denial Letter - 05/31/2020	Batch Print		To be printed	05/31/2020 23:38:50		Re-D

Total Records: 2    First    Previous    1    Next

**Figure 16** The **Letter Logs** window

- Click **Claim Attachment** to open the **Claim Attachments** window where you can upload attachments to the claim.


**Figure 17** The **Claim Attachments** window

- Click **Print UB04** to view the UB04 claim in PDF file, and further, you can download or print the claim.
- Click **Add User Note** to open the **Add Note** window where you can add any additional notes to the specific claim ID.
- Click **Move to Recycle Bin** to delete the specific claim and move it to the recycle bin.
- You can also fail particular claims with alerts and override the applicable alerts to post the claim by selecting any of the following check boxes:

- **Override Provider Alerts**

When you upload or resubmit an EDI claim and the provider’s **Fail EDI Claims** check box for any alert is selected and the header level service date is between the alert’s effective from and to dates, the claim will not be submitted and the “Provider has alert(s)” message will appear.


Also, the applicable alert will be shown on opening the **Claim Editing and Resubmission** pane for that particular claim.

The **Override Provider Alerts** check box will then appear along with information symbol . When you point to this symbol, you can view the applicable alerts. When you select the **Override Provider Alerts** check box and resubmit, the claim will be resubmitted and the system will not fail the claim with provider alerts.

- **Override Service Code Alerts**

When you upload or resubmit an EDI claim and the service code or revenue code's **Fail EDI Claims** check box for any alert is selected and the service from date is between the alert's effective from and to dates, the claim will not be submitted and the "Service line [ Number] Service code has alert's" or "Service line [Number] Revenue code has alert's" message will appear.

Also, the applicable alert will be shown on opening the **Claim Editing and Resubmission** pane for that particular claim.


The **Override Service Code Alerts** check box will then appear along with the information symbol . When you point to this symbol, you can view the applicable alerts. When you select this check box and resubmit, the claim will be resubmitted and the system will not fail the claim with service code alerts.

- **Override Member Alerts**

When you upload or resubmit an EDI claim and the member's **Fail EDI Claims** check box is selected for any alert and

the header level service date is between the alert's effective from and to dates, the claim will not be submitted and the "Member has alert(s)" message will appear.

Also, the applicable alert will be shown on opening the **Claim Editing and Resubmission** pane for that particular claim.

The **Override Member Alerts** check box will then appear along with the information symbol . When you point to this symbol, you can view the applicable alerts. When you select this check box and resubmit, the claim will be resubmitted and the system will not fail the claim with member alerts.

## Claim Overview

When you click **Claim Overview** in the **Claim Editing and Resubmission** window, you can view the details of the claim such as the billing and organization provider, pay-to-address, patient, admission, condition, occurrence, member details, etc.

## The Patient Section

In the **Patient** section, you can view the information of the patient. You cannot edit the details when the patient relationship is **SELF** to insured.

Patient [NOTE: Patient details cannot be entered/modified when patient relationship is self to insured.]

Last: [ ] First: [ ] Gender: None Selected DOB: [ ] Other Patient ID: [ ] Date of Death: [ ]

Figure 18 The Patient section

## The Member/Subscriber Details Section

In the **Member/Subscriber Details** section, you can view the details of the member or the subscriber including the health plan and authorization details.

**Member/Subscriber Details**

Health Plan Name: [ ] Health Plan ID: [ ]

Last: [ ] First: [ ] Gender: Female DOB: 12-09-2003 Member ID: [ ] Ext. Auth/Ref #: [ ]

Group Name: [ ] Group #: [ ] Authorization #: [ ] Pat. Rel. to Insured: [ ]

Figure 19 The Member/Subscriber Details section

## The Provider Information Section

In the **Provider Information** section, you can see the details of the billing organization provider, pay-to-address, rendering provider, and referring provider.

**Provider Information**

**Billing/Org. Provider**

Last: [ ] First: [ ]

Oth. Billing/Org. Prov. ID: [ ]

Address 1: [ ]

Address 2: [ ]

City: [ ] State: CA Zip: [ ]

NPI: [ ] Tax ID: [ ]

**\*Pay To Address:**

Organization  Individual

Last Name: [ ]

First Name: [ ]

Address 1: [ ]

Address 2: [ ]

City: [ ] State: CA Zip: [ ]

NPI: [ ]

\*If the Pay To Address is missing then consider Billing Provider Address as the Pay To Address.

**Rendering Provider**

Last: [ ]

First: [ ]

NPI: [ ]

Other Prov. ID: [ ]

**Referring Provider**

Last: [ ]

First: [ ]

NPI: [ ]

Other Prov. ID: [ ]

**Facility:** [ ]

Organization: [ ]

Address 1: [ ]

Address 2: [ ]

City: [ ] State: [ ] Zip: [ ]

NPI: [ ] Other Prov. ID: [ ]

Figure 20 The Provider Information section

## The Claims Section

In the **Claims** section, you can view the information of the claim and edit it. In this section, you can find the **General**, **Dates**, **Diagnosis Codes**, **Ambulance Transport Information**, **Ambulance Pickup Location**, and **Ambulance Drop Location** subsections.

**Claims**

**General** **Dates** **Diagnosis Codes (Press F2)** **ICD Ind. | 0 |**

Patient Account No. # [ ] Claim Freq.: [ ]

Original Ref. #: [ ]  Original Claim # not required / available

Another Party Responsible  Employment Related

Other Accident  Auto Accident

Accident Date: [ ] States: [ ] Country: [ ]

Last Seen: [ ] Discharge: [ ]

Illness: [ ] Last Worked: [ ]

Return to Work: [ ] Admission: [ ]

Similar Symptoms: [ ] Received Date: 01-30-2020

1. [ ] 2. [ ] 3. [ ] 4. [ ]

5. [ ] 6. [ ] 7. [ ] 8. [ ]

9. [ ] 10. [ ] 11. [ ] 12. [ ]

Figure 21 The Claims section

## The Service Line Information Section

In the **Service Line Information** section, you can view and edit the information of the service line.

Service Line Information													
#	Service From	Service To	Place of Service	Procedure Code (Press F2)	Modifier(s) (Press F2)	Diagnosis Pointers	Billed Charge(\$)	Quantity	Unit Type	Emg	EPSPD	Fam Plan	NDC
1	12-05-2019	12-05-2019		99394		1	315.0000	1	Units (UN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	12-05-2019	12-05-2019		J3490	U8 UD	2	934.0000	1	Units (UN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	00009074630
3	12-05-2019	12-05-2019		96372		2	384.0000	1	Units (UN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	12-05-2019	12-05-2019		81025		1	303.0000	1	Units (UN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Figure 22 The Service Line Information section

## Claim Detail View

When you click **Claim Detail View** in the **Claim Editing and Resubmission** window, you can view the detailed information of the claim in the following tabs: **Patient, Health Plan, Provider, Claim, and Service Line.**

Patient | Health Plan | Provider | Claim | Service Line

**Patient** [NOTE: Patient details cannot be entered/modified when patient relationship is self to insured.]

Last: [ ] First: [ ] Middle: [ ] Suffix: [ ]  
 Gender: None Selected Preg. Indicator: None Selected  
 Address Line 1: [ ] Address Line 2: [ ]  
 City: [ ] State: [ ] Zip: [ ] Country Code: [ ]  
 Other Patient ID: [ ] DOB: [ ] Date of Death: [ ] Member ID: [ ]  
 Client# [ ] IHS/CHS: [ ] Prop & Cas#: [ ] Policy#: [ ] Weight(Pounds): [ ]

**Responsible Party (Note: if other than Patient or Subscriber)**  
 Organization  Individual (Last, First, Middle, Suffix)  None  
 Address Line 1: [ ] Address Line 2: [ ]  
 City: [ ] State: [ ] Zip: [ ] Country Code: [ ]

Figure 23 The claim detail view section

## Search for claims payment details

To search for claims payment details, follow these steps:

1. In the **Search Check Details** section, enter the applicable range of dates when the claim was received in the system in the **Claim Received Date(s)** boxes.
2. From the **Trading Partner Name** drop-down list, select the name of the associated trading partner.
3. In the **Check #** boxes, enter the applicable range of check numbers.
4. Enter the other information in the following optional search criteria:
  - In the **Member Name** box, type the name of the member.
  - In the **Member ID** box, type the applicable member ID.
  - In the **Sys. Clm. ID** box, type the system-generated claim ID.
  - In the **Claim No** box, type the claim number of the claims payment file.
  - In the **Prov. Claim #** box, type the provider claim number.
  - In the **Billing/Org. Provider ID** box, enter the organization provider ID.
5. Click **Search**.



## ABOUT MEDVISION

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MedVision creates innovative, cost-effective, and intuitive software systems to help organizations operate efficiently in business processes for population health management and care coordination. QuickCap™v7.0 is a comprehensive application that integrates business processes, provides superior analytics, and assists organizations to effectively manage administrative and clinical automated workflow and reduce operational costs.

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