



PROVIDER PORTAL

Santé Physicians

Table of Contents

PROVIDER PORTAL

SUBMITTING A NEW PROVIDER PORTAL REQUEST	1
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AUTHORIZATION/REFERRAL

SUBMITTING A NEW AUTHORIZATION	4
CHECKING THE STATUS OF AN AUTHORIZATION	18

CLAIMS

SUBMITTING A NEW CLAIM	21
CHECKING THE STATUS OF A CLAIM	32

COMMUNICATION

COMMUNICATION	34
---------------	----

CUSTOMER SERVICE

CUSTOMER SERVICE REQUEST	35
SEARCHING CUSTOMER SERVICE REQUEST	37

EDI SERVICES **refer to the supplemental handouts*

ELIGIBILITY

VERIFYING ELIGIBILITY	38
-----------------------	----

INFORMATION

CODE REFERENCE - CPT	40
CODE REFERENCE - ICD	42
CODE REFERENCE - MODIFIER	44

PDR

SUBMIT PDR	45
------------	----

PAYMENT PROCESSING

CLAIMS EOB	48
------------	----

REPORTS

PCP REPORTS	51
-------------	----

INTRODUCTION

The Provider Portal is a robust tool which allows users to both submit and view data, as well as, communicate directly with the organization. Within the portal, the user can perform key tasks including submitting authorization, viewing authorization and claims status. It also gives the user a platform to verify eligibility of patients. In addition, the portal allows the user to upload claims in 837P format and download in 835 format.

This allows the user to print the explanation of benefits (EOBs) on-demand.

Each of these functions and features will assist in making your day-to-day operations more efficient and effective. Here at Santé, we are confident that with our new portal, you will be able to focus on providing the best quality care for your members.

Provider Portal

From the Santé website, users are able to submit a provider portal request.

Submitting a provider portal request

Step 1: Go to www.santephysicians.com, **click** on the **New User**.

Username

Password

LOGIN

- [New User](#)
- [Can't Access](#)

If you are unable to login, please contact us at
portalsupport@santehealth.net | 559.228.4308

Step 2: Enter all the applicable mandatory information.

Note: Please make sure to fill in all **required fields (*)** before you click **submit**.

Request To Login

Close

Tutorial

- If you wish for your Organization information to be accessible to third parties(like a billing company), you will be able to create username/passwords for them like described in the tutorial found above. Optionally, you can attach a formal letter below listing the persons you authorize to request this access.
- If you are requesting a username/password for a billing company or similar third party, please request username/passwords from your Organization or make sure they provide us with an authorization letter for you to use their Organization id.

*First Name:

*Last Name:

*Title:

*Organization Tax ID:

*Name of the Organization:

*Office Phone:

Cell No:

*Fax:

*Email:

*Address:

(Please provide the address of the Primary Organization)

*City:

*State:

*Zip:

Upload optional authorization letter:

Choose File

No file chosen

[Max file size 256M]

Notes:

Submit

Reset

Your request will be sent to Santé for review. If approved, you will receive an email confirmation with your username and password.

Step 3: Login to the QuickCap Provider Portal with your username and temporary password.

Step 4: Click Agree on the Terms of Use.

TERMS OF USE

Active From: 07-10-2014
Version: 1.0.3.5

TERMS OF USE OF SAMPLE MEDICAL GROUP, WEBSITE

1. BINDING EFFECT. This is a binding agreement. By using the Internet site located at <https://www.YourWebsiteURL.com> (the "Site") or any services provided in connection with the Site (the "Service"), you agree to abide by these Terms of Use, as they may be amended by Sample Medical Group. ("Company") from time to time in its sole discretion. Company will post a notice on the Site any time these Terms of Use have been changed or otherwise updated. It is your responsibility to review these Terms of Use periodically, and if at any time you find these Terms of Use unacceptable, you must immediately leave the Site and cease all use of the Service and the Site. YOU AGREE THAT BY USING THE SERVICE YOU REPRESENT THAT YOU ARE AT LEAST 18 YEARS OLD AND THAT YOU ARE LEGALLY ABLE TO ENTER INTO THIS AGREEMENT.

2. PRIVACY POLICIES. Company respects your privacy and permits you to control the treatment of your personal information. A complete statement of Company's current privacy policy can be found by [clicking here](#). Its Notice of Privacy Practices under the Health Information Portability and Accountability Act of 1996 can be found by [clicking here](#).

1 agree1 disagree

Step 5: Create your new password, confirm your password and create your secret questions for security measures if you need to update or change your password in the future.

My Profile

Security

Username: Villalaz2 <input type="text"/>	*Secret Question 1: -Select One- <input type="button" value="v"/>	*Answer: <input type="text"/> <input type="button" value="x"/>
*New Password: <input type="password"/> <small>*Password must be at least 8 character(s) and includes at least 1 alphabet(s) (A-Z / a-z), 2 number(s) (0-9), 1 special character(s) (&@!+=_~<>?!"#\$%'+)</small>	*Secret Question 2: -Select One- <input type="button" value="v"/>	*Answer: <input type="text"/> <input type="button" value="x"/>
*Confirm Password: <input type="password"/>	*Secret Question 3: -Select One- <input type="button" value="v"/>	*Answer: <input type="text"/> <input type="button" value="x"/>
*Email: val_villaluz@yahoo.com <small>*Your forgotten password will be sent to this email address upon request.</small>	*Secret Question 4: -Select One- <input type="button" value="v"/>	*Answer: <input type="text"/> <input type="button" value="x"/>
Alternate Email: <input type="text"/>	*Secret Question 5: -Select One- <input type="button" value="v"/>	*Answer: <input type="text"/> <input type="button" value="x"/>

Step 6: You are now ready to navigate the new provider portal.

Authorization/Referral

From the **Authorization/Referral** module, users are able to submit new authorizations and referrals and also check the status of an existing authorization.

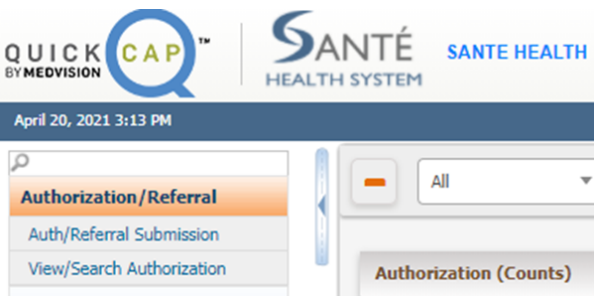
Authorization/Referral
Claims
Communication
Customer Service
Dashboard
EDI Services
Eligibility
Information
PDR
Payment Processing
Reports

Authorization/Referral Module

Submitting a new authorization

Step 1: From the drop-down menu of the **Authorization/Referral** module, select **Auth/Referral Submission** submodule.

To submit a new authorization, follow the steps below:



The screen will display as shown below. On this screen, there are three subsections to add an authorization.

Authorization

Member ID:

DOB:

Age:

Sex:

Name:

Address:

HP:

Benefit:

PCP Name:

Effr dt:

Authorization Date/Details

*Priority:

*Requested Dt:

*POS:

Service Req Dt:

Basic Details

Additional Details

Medication

Other

Requesting Provider Information

Referring to Provider Information

Diagnosis

Service Code

Service Package

Clinical Indication For Request

Save

Save & Add for same Member

Step 2: The first section is the **Member Section**. Users can enter the member's information in one of two ways:

- Enter the **Member ID** for the specific member. The system will begin 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.

Authorization

Member ID:

DOB:

Phone:

Age:

Gender:

Name:

Address:

Health Plan:

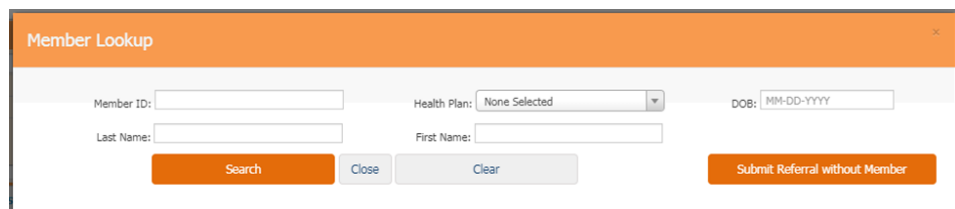
Benefit:

PCP Name:

Effr Dt:

Effr Dt:

- Or 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 a combination of **Member ID**, **Health Plan**, **Name**, and **DOB** to find the record. Double click the correct record to add it to the authorization request.




Member Lookup

Member ID: Health Plan: DOB:

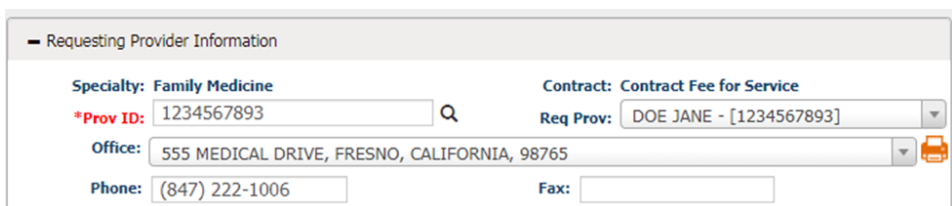
Last Name: First Name:

Step 3: The details for the selected member will be populated on the screen. The system will default the **Requesting Provider** information matching the organization and provider logged in.



Authorization

Member ID: 123456	DOB: 01-01-2000	Phone:	Age: 21.300	Gender: M
Name: SMITH JOHN		Address: 123 MAIN STREET, FRESNO, CA, 98765		
Health Plan: Anthem Blue Cross Commercial		Benefit: 03MK	Eff Dt: 01-01-2021	
PCP Name: DOE JANE		Eff Dt: 01-01-2021		



Requesting Provider Information

Specialty: Family Medicine Contract: Contract Fee for Service

*Prov ID: 1234567893 Req Prov: DOE JANE - [1234567893]

Office: 555 MEDICAL DRIVE, FRESNO, CALIFORNIA, 98765

Phone: (847) 222-1006 Fax:

Step 4: The user can select the **Priority** and the **Place of Service** for the request.

— Authorization Date/Details

Priority:

ROUTINE

ROUTINE

URGENT

RETRO

*Requested Dt:

08-23-2021

10:23:33

*POS:

URGENT

Service Req Dt:

MM-DD-YYYY

- Within the **Priority** dropdown menu you will have two options which will trigger a popup screen to appear or additional options.
 - **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.

Required information for urgent requests

Close

ABUSE OF URGENT PA STATUS WILL BE MONITORED.Urgent Request MUST be reserved for requests that are potentially life threatening or pose a significant risk to the continuous care of the patient in the provider's best professional judgement. Please explain reason for urgency in Clinical Indications for Request section below.

* Person Requesting:

* Phone Number:

* Fax Number:

Email Address:

Address:

Reason for Request/Comments:

Add

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

— Authorization Date/Details

*Priority:

RETRO

*Requested Dt:

07-22-2015

*POS:

11 - OFFICE VISIT

Service Req Dt:

MM-DD-YYYY

* Retro Dt:

MM-DD-YYYY

7

Step 5: The section to the right of the **Member Details** is the **Authorization Date/ Details**. The **Requested Date** is non-editable and will always default to the date of submission.

Authorization Date/Details

*Priority:

ROUTINE

* Requested Dt:

07-21-2015

*POS:

11 - OFFICE VISIT

Service Req Dt:

07-21-2015

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

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

Requesting Provider Information

Specialty:

Family Medicine

Contract:

Contract Fee for Service

*Prov ID:

1234567893

Q

Req Prov:

DOE JANE - [1234567893]

Office:

555 MEDICAL DRIVE, FRESNO, CALIFORNIA, 98765

Phone:

(847) 222-1006

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.

- Click the **Provider ID** indicated in orange to populate the details of the requesting provider on the authorization request.

Provider Search											
[1 to 1 of 1] 1 Page(s): 1											
Details	Provider ID	Name	Organization	Specialty	Address	Effective From Effective To	Company	Provider NPI	TAXID	Other ID	Taxonomy Code Map
	1234567893	DOE JANE	JANE DOE MEDICAL GROUP 363970222	Family Medicine	555 MEDICAL DRIVE, FRESNO, CA 98765 Ph: (847) 222-1006	01-01-2021	SANTEST	1234567893	363970222		
[1 to 1 of 1] 1 Page(s): 1											

- 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 Provider Information

☐ Same as Requesting Provider?

* Referring To:

Contract:

Specialty: undefined

Provider: undefined

Fac Prov: None Selected

Fac-Prov ID:

- For self-referrals, select the **Same as Requesting Provider** checkbox. This will auto-populate the information from the **Requesting Provider** screen.
- To search for a **Referring To Provider**, 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.

Provider Search

Specialty: None Selected

ID: PROVIDER ID

Address1: Contains

Organization Tax ID:

Company: SANTEST

Last Name/Facility:

Provider Type: None Selected

City:

Organization ID:

First Name:

Provider Contract: None Selected

Zip:

Organization NPI:

Search

Clear

- Click the correct **Provider ID** to enter the details of the referring provider on the authorization request.

SearchClear

[1 to 1 of 1] 1 Page(s): 1

Details	Provider ID	Name	Organization	Specialty	Address	Effective From Effective To	Company	Provider NPI	TAXID	Other ID	Taxonomy Code	Map
	1497764468	CII & AMI	CALIFORNIA IMAGING INSTITUTE 2037101080	Radiology	1867 E FIR AVE, FRESNO, CA 937203841 Ph: (559) 325-5800 Fax: (559) 325-5825	01-01-2017	SANTEST	1497764468	203710108			

[1 to 1 of 1] 1 Page(s): 1

- Select the **Referring to Office** from the dropdown menu.

Referring To Provider Information

☐ Same as Requesting Provider?

*Referring To: 1497764468

Contract: Contract Fee for Service

Specialty:

Provider: CII & AMI - [1497764468]

Office: 1867 E FIR AVE, SUITE 101, FRESNO, CALIFORNIA, 937203841

Notes:

None Selected

1867 E FIR AVE, SUITE 101, FRESNO, CALIFORNIA, 937203841

Step 8: This step is optional. Users can **enter Facility Provider Information** for the request, if needed.

Diagnosis

* Diag 1:

Diag 2:

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

- Enter all ICD-10 codes related to the request in the **Diagnosis Code** field.
 - If the user knows the ICD-10 code, they can enter it into the field and press **tab** on their keyboard. The system will populate the description to the right in the **Diag. Description** field. The system will auto suggest codes if they are partially entered.
 - To search for the diagnosis code, click the **Magnifying Glass** icon by the **Diagnosis Code** field. The **Diagnosis Search** screen will populate, as shown below.

Diagnosis Search

Diagnosis Code(with decimal): Diagnosis Code(without decimal): Description:

Version: ICD-10

☐ Show Mapping

Note: This mapping might not be truly equivalent - it is only an approximation.

- From the **Diagnosis Search** screen:
 - Enter either the diagnosis code or description to search for the code.
 - 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.

Diagnosis Search

Close

Diagnosis Code: 10

Diagnosis Code 2: 10

Description: Contains

Version: ICD-9

Show Mapping

Search

Clear All

	Diagnosis Code	Diagnosis Code 2	Description	Medium Description	Long Description	Version	Description Details
	10	10	CONJUNCTIVA OPERATIONS	PRIMARY TB COMPLEX UNS EXAM	PRIMARY TUBERCULOUS COMPLEX UNSPECIFIED EXAMINATION	ICD-9	
	10.	10	H	H	H	ICD-9	
	10.0	100	INCISE/REMOV CONJUNCT FB	INCISE/REMOVAL CONJUNCT FB	REMOVAL OF EMBEDDED FOREIGN BODY FROM CONJUNCTIVA BY INCISION	ICD-9	
	08CTXZZ	08CTXZZ	EXTIRPAT MATTER LT CONJUNCTIVA	EXTIRPATION MATTER LT CONJUNCTIVA EXTERNAL	Extirpation of Matter from Left Conjunctiva, External Approach		
	08CSXZZ	08CSXZZ	EXTIRPAT MATTER RT CONJUNCTIVA	EXTIRPATION MATTER RT CONJUNCTIVA 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	
							ICD-10

Note: Users can add 12 distinct diagnosis codes.

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

☒ **CPT/HCPCS Code** ☐ **Service Package**

CPT/HCPCS Code	Service Desc	Diag Ref	Modifier	Qty	Unit Type	Notes
99201	OFFICE/OUTPATIENT	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	

(Press enter to add service details)

Service Code	Service Desc	Diag Ref	Modifier	Qty	Unit Type	Notes
99213	OFFICE/OUTPATIENT	1	None Selected	1	None Selected	
			None Selected		None Selected	

(Press enter to add service details)

Service Code	Service Desc	Diag Ref	Modifier	Qty	Unit Type	Notes
99213	OFFICE/OUTPATIENT	1	None Selected	1	None Selected	
			None Selected		None Selected	

- 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.
- After the code is entered, the description will auto populate into the **Service Desc** field.

Service	Service Desc.	Type	Diag. Ref.	Modifier	Qty.	Unit Type
72148	MRI LUMBAR SPINE W/O D	P	1	None Selected	1	VISITS

- 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.

Service	Service Desc.	Type	Diag. Ref.	Modifier	Qty.	Unit Type
72148	MRI LUMBAR SPINE W/O DY	P	1	None Selected ▾	1	VISITS ▾

- Users can add any modifiers if needed. **Modifiers** can be selected from the dropdown menu or manually enter the code.

Service	Service Desc.	Type	Diag. Ref.	Modifier	Qty.	Unit Type
72148	MRI LUMBAR SPINE W/O DY	P	1	None Selected ▾	1	VISITS ▾

- 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**.

Service	Service Desc.	Type	Diag. Ref.	Modifier	Qty.	Unit Type
72148	MRI LUMBAR SPINE W/O DY	P	1	None Selected ▾	1	VISITS ▾

- 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. The first section includes fields to enter Guardian Name, Language preference, Cell/Phone Number, and Medical Record Number (MR#).

Basic Details
Upload Documents/Additional Details

— Additional Member Details

Guardian Name: Language: Cell/Phone Number: MR#:

Requested by Member? ☐

— Documents

• Upload Documents (upload .doc,.docx,.xls,.xlsx,.pptx,.xps,.psd,.htm,.pdf,.tiff,.rtf,.jpg,.fmg,.idx and text documents only.)

Category	Priority	File	Notes	Delete
None Select ▾	None Selected ▾	Choose File No file chosen	<div style="border: 1px solid #ccc; height: 20px;"></div>	X

[Add a Document](#)

• Documents Detail

Delete	Category	Priority	Original File Name	Notes	Uploaded By	Date Uploaded	Internal	View
No Document(s) Found.								

OR

• 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.)

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:

• Upload Documents (upload .doc,.docx,.xls,.xlsx,.pptx,.xps,.psd,.htm,.pdf,.tiff,.rtf,.jpg,.fmg,.idx and text documents only.)

Category	Priority	File	Notes	Delete
None Select ▾	None Selected ▾	Choose File No file chosen	<div style="border: 1px solid #ccc; height: 20px;"></div>	X

[Add a Document](#)

- 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.

Note: Supporting documentation is required. Failure to submit could delay the completion of your request.

Step 14: 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: 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.

Authorization Back

2021042078909001 - REQUESTED

Member ID: 123456	DOB: 01/01/2000	Phone:	Age: 21.3	Gender: M
Name: JOHN SMITH	Address: 123 MAIN STREET, FRESNO, CA, 98765			
Health Plan: Anthem Blue Cross Commercial	Benefit: 03MK	EFT Dt: 01-01-2021		
PCP Name: DOE JANE	EFT Dt: 01-01-2021			

Authorization Data/Details

Priority: ROUTINE	*Requested Dt: 04-20-2021	16:20:22
*POS: OFFICE	Service Req Dt:	
Valid From:	Valid To:	

Basic Details

Requesting Provider Information

Specialty: Family Medicine Contract: (Contract Fee for Service)

*Prov ID: 1234567893 Req Prov: DOE JANE

Office: 555 MEDICAL DRIVE, FRESNO, CALIFORNIA, 98765

Phone: (847) 222-1906 Fax: (833) 853-8549

Facility Provider Information

Fac Prov: Fac Prov ID:

Referring To Provider Information

Same as Requesting Provider?

*Referring To: 1184862278 Contract: (Non-Contracted)

Specialty: Durable Medical Equipment Provider: S MEDICAL

Office: 4656 E DAKOTA AVE SUITE, 103, FRESNO, CALIFORNIA, 937264727

Notes: Phone: (559) 353-2954

Fax:

Diagnosis

*Diag 1: G47.33 OBSTRUCTIVE SLEEP APNEA

Service Requested

Service Category:

Service	Service Desc.	Type	Diag Ref.	Modifier	Qty.	Unit Type	NDC	Notes
E0601	CONTINUOUS POS AIRWAY PRESSURE	P	1		1		NDC	

Clinical Indication For Request

(include pertinent past medical hx, treatment, physical findings, and attach all relevant medical records and test results etc.)

Add Auth for same Member Print Auth

Step 15: 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.

Export Options: There are several options that the reports can be exported to:

- Crystal Reports (RPT)
- Word 97 – 2003
- PDF
- Word 97 – 2003 Editable
- Excel 97 – 2003
- Rich Text Format (RTF)
- Excel 97 – 2003 Data Only
- Character Separated Values (CSV)
- Excel Workbook Data Only
- XML

Checking the status of an authorization

Step 1: From the drop-down menu of the **Authorization/Referral** module, select **View/Search Authorization**.



Step 2: The **Authorization/Referral Status Search** screen will display as shown below:

Authorization/Referral-Status Search

Member ID#

Member SSN#

Request/Receive Date From

Auth. Date From

Requesting physician ID#

Requesting Org ID#

Company

Last Name

DOB

Request/Receive Date To

Auth. Date To

Status

Referring To physician ID#

Created By

First Name

Auth. No

Health Plan

Place of Service

Priority/Service to

Referring To Org ID#

Search

Clear All

No. of Authorization(s): 7


Authorization No. Status	Member ID# Member Name	SEX	DOB	Referring Physician	Referring To Physician	Health Plan	Place of Service Estimated Date	Reason	Company
2020041800001 ACQUERED	11022 JANE JANE	F	02-01-1981	11023 John John (Medical Organization, Inc.)	11023 John John (Medical Organization, Inc.)	Commercial Health Plan	OFFICE VISIT 05/14/2021		QUICKCAP
Service Code/Package	Service Package Description				Price Code	Description			
PC015	OFFICE/OUTPATIENT VISIT EST				339.83	Cough Headache			

Step 3: The first section is where users search for authorizations. Enter search criteria in any of the available fields. The search results will display in the results section below.


Authorization # Status	Status Reason	Member Id Member Name	Sex	DOB	Requesting Physician Specialty	Referring To Physician Specialty	Health Plan	Place of Service Requested Date	Company	
20210420T8800001 REQUESTED		123456 SMITH JOHN	M	01/01/2000	1234567893 DOE JANE (JANE DOE MEDICAL GROUP)) Family Medicine	118480279 F MEDICAL (S MEDICAL) Durable Medical Equipment	Anthem Blue Cross Commercial	OFFICE 04/20/2021	SANTEST	Copy Authorization
20210417T8800001 INPROCESS	Additional Documentation Needed	123456 SMITH JOHN	M	01/01/2000	1234567893 DOE JANE (JANE DOE MEDICAL GROUP)) Family Medicine	1234567893 DOE JANE (JANE DOE MEDICAL GROUP)) Family Medicine	Anthem Blue Cross Commercial	OFFICE 04/17/2021	SANTEST	Copy Authorization
20210415T8800002 REQUESTED		123456 SMITH JOHN	M	01/01/2000	1234567893 DOE JANE (JANE DOE MEDICAL GROUP)) Family Medicine	163817372 CEDARS-SINAI MED CTR PROF FEE (CONS PHYSICIANS BILLING SERVICE) Hospital	Anthem Blue Cross Commercial	OFFICE 04/15/2021	SANTEST	Copy Authorization
20210413T8800001 APPROVED		123456 SMITH JOHN	M	01/01/2000	1234567893 DOE JANE (JANE DOE MEDICAL GROUP)) Family Medicine	1245307818 QUEST DIAGNOSTICS (QUEST DIAGNOSTICS) Laboratory	Anthem Blue Cross Commercial	OFFICE 04/15/2021	SANTEST	Copy Authorization

[1 to 4 of 4] 1 Page(s) 1

Step 4: Click the (+) icon on the left column of the result table to view the services requested in the authorization. The service information will be visible.

Authorization # Status	Status Reason	Member Id Member Name	Sex	DOB	Requesting Physician Specialty
 20210420T8800001 REQUESTED		123456 SMITH JOHN	M	01/01/2000	1234567893 DOE JANE (JANE DOE MEDICAL GROUP)) Family Medicine

Step 5: The status of the authorization (requested, approved, denied) is displayed in the **Authorization No. Status** column.

Authorization # Status	Status Reason	Member Id Member Name	Sex	DOB	Requesting Physician Specialty
 20210420T8800001 REQUESTED		123456 SMITH JOHN	M	01/01/2000	1234567893 DOE JANE (JANE DOE MEDICAL GROUP)) Family Medicine

Step 6: To view all of the information for a specific authorization, click on the row for the authorization. This will redirect users to the **Authorization/Referral Status Search** screen with all of the authorization details.

Note: This screen is only for viewing purposes. Only a few sections are enabled.

Authorization

20210820T8800002 - REQUESTED

Authorization Details

Member ID: 123456	DOB: 01/01/2000	Phone:	Age: 21.643	Gender: M
Name: MEMBER MEMBER	Address: 123 MAIN STREET, FRESNO, CA, 98765			
Health Plan: Anthem Blue Cross Commercial	Benefit: 03HK	Eff Dt: 01-01-2021		
PCP Name: Araya Monica	Eff Dt: 01-01-2021			

Priority: ROUTINE	*Requested Dt: 08-20-2021	15:09:35
*POS: OFFICE	Service Req Dt:	
Valid From:	Valid To:	

Basic Details

Upload Documents/Additional Details

Requesting Provider Information

Specialty: Orthopedic Surgery

Contract: (HOU Commercial & Medicare Only)

*Prov ID: 1821261371

Req Prov: Avedian Raffi S

Office: 300 PASTEUR DRIVE, STANFORD, PALO ALTO, CALIFORNIA, 943052200

Phone: (559) 228-2905

Fax: (833) 853-8549

Facility Provider Information

Fac Prov:

Office:

Phone:

Fac-Prov ID:

Fax:

Referring To Provider Information

Same as Requesting Provider?

*Referring 1821261371

To:

Contract: (HOU Commercial & Medicare Only)

Specialty: Orthopedic Surgery

Provider: Avedian Raffi S

Office: 300 PASTEUR DRIVE, STANFORD, PALO ALTO, CALIFORNIA, 943052200

Notes:

Phone:

Fax:

Diagnosis

*Diag 1: M51.04

IV DISC D/O W/MYELOPATHY THOR

Step 7: To add additional details to the current authorization request, click the **Additional Details** button. The **Additional Details** screen will populate as shown below.

Basic Details

Upload Documents/Additional Details

Additional Member Details

Guardian Name:

Language:

Cell/Phone Number:

HR#:

Review

Old Status	Status Changed	Comments	Modified Date	Approved LOS
REQUESTED	REQUESTED		08-20-2021 15:09:44	0

Documents

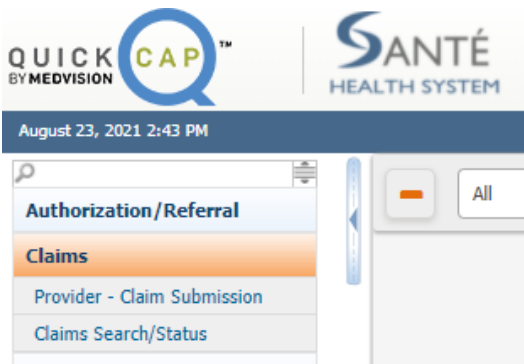
Upload Documents (upload .doc,.docx,.xls,.xlsx,.pptx,.xps,.psd,.htm,.pdf,.tiff,.rtf,.jpg,.fmf,.idx and text documents only.)

Category	Priority	File	Notes	Delete
None Select	None Selected	Choose File No file chosen		X

Upload

Claims

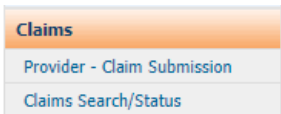
From the **Claims** module, users are able to submit a new claim, view and search for previously submitted claims.



Submitting a new claims

To submit a new claim, follow the below:

Step 1: From the **Claims** list, select Provider – **Provider - Claim Submission** .

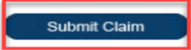


Provider - Claim Submission Submodule

Step 2: The screen will display as shown below. Look up the member for which you want to add claim for, using Member ID or Last Name, DOB and HealthPlan, by adding details in search and clicking on search icon.



Step 3: Once you have the member record in result field, click on **Submit Claim** button at the left-hand corner of the member record.

	Member ID  2222	<p>Submit Claim from Provider – Direct Submission</p>
---	---	---

Step 4: Once the button is clicked, the system will re-direct to the screen to add claims. Please refer to the image on the next page as to how the screen will look now. There is a total of 10 sections to fill in.

Company ID:		Authorization #:							
Member Information									
ID: 2222	DOB: 01-01-1965	Sex: M	Name: MED TEST						
			Health Plan: TestMed						
Provider Information									
Provider ID: 1578606132	Select the Provider: Med Test								
Name: Med Test	Specialty: OB/GYNATOLOGY	Provider Type: CONTRACT FEE FOR SERVICE							
Organization: 2222 - MEDTEST	Phone:	Fax:							
Billing Facility Address		Service Facility Address							
Name: MEDTEST	Name: Med Test	<input type="checkbox"/> Same as Billing Address							
Address Line 1: Test	Address Line 1: TestMed	Address Line 1: Test							
Address Line 2: Med	Address Line 2:	Address Line 2: Med							
City: TestMed State: RI Zip: 02214	City: MedCity State: CA Zip: 90001	City: TestMed State: RI Zip: 02214							
NPI: 1562405860 Tax ID: 77031152	NPI: 1578606133 Tax ID:								
Referring Provider Information									
Referring Provider ID:		Name:							
Additional Information									
Provider Claim / Patient Account #:		Purchase Service Amount:							
Patient Paid Amount:									
Claim Details									
POB: 11 - Office		Discharge Date:							
Admission Date:									
Diagnosis									
* Diagnosis Code:		Add (Only 12 distinct diagnosis codes are allowed.)							
<table border="1"> <thead> <tr> <th>Diag. Reference</th> <th>Diag. Code</th> <th>Diag. Description</th> </tr> </thead> <tbody> <tr> <td colspan="3">No diagnosis codes added.</td> </tr> </tbody> </table>				Diag. Reference	Diag. Code	Diag. Description	No diagnosis codes added.		
Diag. Reference	Diag. Code	Diag. Description							
No diagnosis codes added.									
Services Requested <input type="checkbox"/> Yellow fields mandatorily require input.									
Service Date-Time	Service Code	NDC Code - Qty - Unit	Modifier						
From: To:	11-digit NDC Code	Quantity UNIT	Modif. 1 Modif. 2						
			Ref. 1 Ref. 2						
			Ref. 3 Ref. 4						
			Other Insurance						
			Notes						
			Add						
Clinical Indications for request (Include pertinent past medical history, treatment, physical findings, and attach all relevant medical records, test results, etc.)									
Documents									
Attachments:		Additional Documents							
File: <input type="text"/> <input type="button" value="Browse"/> No file selected. (Please upload doc, docx, xls, xlsx, pptx, ppt, pdf, xml, doc, ppt, pptx, rtf and text documents only.)		<input type="button" value="X"/>							
<input type="button" value="Add more documents"/>									
(Fields marked with the asterisk * are mandatory.)									
<input type="button" value="Save"/>		<input type="button" value="Save & Add for Same Member"/>							

Step 5: Below are the steps to add details to the claim:

- Add **Authorization Number** on the claim. You can click on the magnifying glass to look up an authorization from the system. Click on **Auth#** to select the auth for this claim.

Company ID: CLNCSQA Authorization #:

Member Information

Authorization Search - Mozilla Firefox

https://portal.quickcap.net:8090/QA/SearchAuthorization.aspx?enc=0zV4KBT72wt+X3d+s74F6BBTWmXQ7di6Z37UCS7xZevy/ 90%

Authorization Search

Member ID: 2222 Last Name: First Name: Auth No: Member SS#: DOB: Request/Receive Date From: Request/Receive Date To: Health Plan: None Selected Auth. Date From: Auth. Date To: Place of Service: None Selected Requesting / Requesting To physician ID: Status: All Priority: All CPT Code: Diag Code: Company:

Authorization Details

Auth. No.	Status/Reason	Request/Receive Date	Authorization Date	Expiration Date	Retro Date	Places of Service	Member	Provider	Request Provider	Net Amount	Records	CCS	Company
2017050818800026	APPROVED	05-08-2017	05-08-2017	07-06-2017		11 Office	2222 MED, TEST	1578606132 Med Test (CONTRACT FEE FOR SERVICE) DERMATOLOGY	1578606132 Med Test 2222 MEDTEST (CONTRACT FEE FOR SERVICE)	\$0.00			

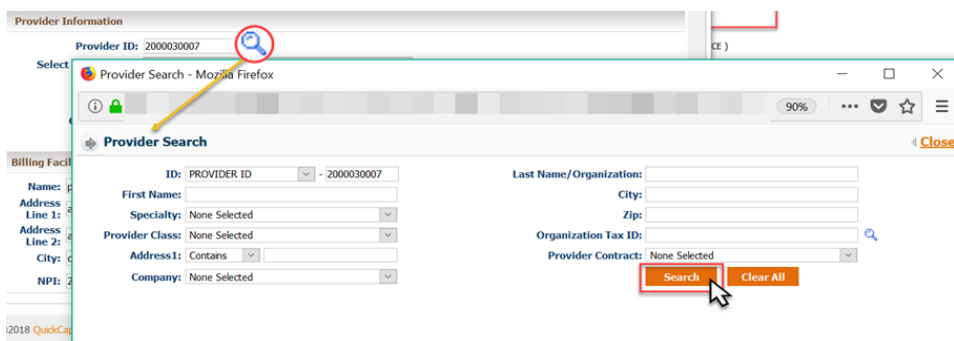
[Show Claims Info](#)

- Basic **Member Information** will automatically populate, based on the member we selected initially before we clicked **Submit Claim**.

Member Information

ID: 2222 Name: MED TEST
DOB: 01-01-1965 Sex: M Health Plan: TestMed

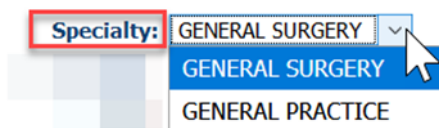
- Under **Provider Information** section, you can choose the rendering provider for the claim. Provider can be selected using two options:
 - **Provider ID** search using magnifying glass, to look up provider using filters. Once you have the provider in the result grid, click on the **ID** to select the provider.



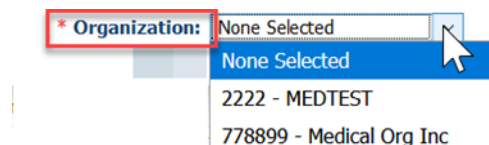
- Select the Provider drop down. This will show you all providers under your organization.



- Once you have selected the provider, all other details will be auto-populated.
- If you wish to change the specialty of the provider (In case the provider is multi-specialty), click on the specialty drop down.






- If you wish to change the organization (Billing entity), you can click on the drop down to choose from different organizations linked to this provider.



- Addresses – **Billing, Service** and **Pay to**
 - These addresses will auto-populate based on the provider and organization selected. However, if you wish to manually override it, you can.

Billing Facility Address	Service Facility Address	Pay to Address
Name: MEDITEST	Name: provider_new_provider_new	<input type="checkbox"/> Same as Billing Address
Address Line 1: Test	Address Line 1: test address 2	Address Line 1: Test
Address Line 2: Med	Address Line 2: test address 2	Address Line 2: Med
City: TestMed State: RI Zip: 92214	City: city 2 State: CA Zip: 22222	City: TestMed State: RI Zip: 92214
NPI: 1962405860 Tax ID: 770311552	NPI: 2000030007 Tax ID:	

- **Additional Information** section will let you add additional details on this claim like:
 - **Patient Account #**
 - **Patient paid amount**
 - **Purchase service amount**
- **Claim Details** will let you enter the **POS** of this claim.
 - When the POS added is an inpatient POS, it lets you add the admit and discharge date.

Claim Details
POS: 21 - Inpatient Hospital 
* Admission Date: <input type="text"/> 
Discharge Date: <input type="text"/> 

Note: In case of inpatient claim, it is mandatory to add Admit date.

- When the POS is Ambulance, the ambulance icon gives you a pop-up to add ambulance details. Fill in the details and click OK to save the ambulance details.

POS: 41 - Ambulance Land

Ambulance Information

Ambulance Transport Information

* Reason Code: Weight: 0 * Miles: 0

Round Trip:

Stretcher:

Applicable Certification Condition Codes

Not Applicable Certification Condition Codes

Pick-up Location

* Address 1:

Address 2:

* City: * State: * Zip:

Drop-Off Location

Name:

* Address 1:

Address 2:

* City: * State: * Zip:

State of Illinois Requirements

State: Vehicle License Number:

Origin Time: Destination Time:

OK Clear All

- **Diagnosis** field lets you add 12 distinct diagnosis on the claim. You can either type in the diagnosis code (Tab Out) and click add OR you can look up the diagnosis code using the magnifying glass.

Diagnosis

* Diagnosis Codes: (Only 12 distinct diagnosis codes are allowed.)

Add

Lets you add the diagnosis on the claim

Diagnosis Search - Mozilla Firefox

Diagnosis Search

Lets you search for the diagnosis

Diagnosis Code(with decimal): Diagnosis Code(without decimal): Description:

Version: ☐ Show Mapping

Search Clear All

Note: This mapping might not be truly equivalent - it is only an approximation.

- **Services** lets you add all the details for procedures to be billed on this claim.

Services Requested ☐ Yellow fields mandatorily require input.

Service Date/Time	Service Code	NDC Code - Qty - Unit	Modifier	Diag. Ref.	Qty - Billed	Other Insurance	Notes
From: 10-02-2017 To: 10-02-2017	01440 ANESTH KNEE AR...	11-dgt 5-4-2 06021-0000-18 5 Miller	Modif. 1 Modif. 2 Modif. 3 Modif. 4	1 Ref. 2 Ref. 3 Ref. 4	1 300	50	
From: 10-01-2017 To: 10-01-2017	99213 - OFFICE/OUTPATIENT VISIT EST	NDC Code: 57520-0547-01 Quantity: 2 Unit Type: ME	25	1	Qty: 1 Billed: \$70.00	20	
Totals:					Qty: 1 Billed: \$70.00		

- Below are the details you can add on the service line
 - ◆ **Service From** and **Service To** *date and time* (Advised to add time for Anesthesia claims).

Service Date-Time

From:

To:

- ◆ **Service code/Procedure code.** You can type in or look up from the magnifying glass icon. Click on the code to add on claim.

Service Code

Procedure Search - Mozilla Firefox

Service Search

Close

Service Type: AI
Service Code:
Description: Contains

Search
Clear All

- ◆ **NCD Code – QTY – Unit. (Mandatory to add for all J codes)**
 - ◇ You can add NDC code in different formats. Format can be selected from the drop down.

11-digit 5-4-2

▼

11-digit 5-4-2

10-digit 4-4-2

10-digit 5-3-2

10-digit 5-4-1

- ◇ Once you have selected the format, you can add your NDC code or look up using the magnifying glass.

The screenshot shows a web browser window titled 'NDC Search - Mozilla Firefox'. The search bar contains 'NDC Search'. Below the search bar, there is a table with the following columns: '11 - Digit Code', 'Description', 'Major Ingredient', 'Start Marketing Date', and 'End Marketing Date'. The first row of the table is highlighted with a yellow background.

11 - Digit Code	Description	Major Ingredient	Start Marketing Date	End Marketing Date
49836002509	Anesthesia 5/1-40 (Propofol, Isopropyl Alcohol) KIT 1 KIT in 1 PACKAGE, COMBINATION (49836-025-09) * 20 mL in 1 VIAL * .55 mL in 1 POUCH 20170824 N N		08/24/2017	



- ◇ QTY is the space provided to define the number of quantity for the drug specified on NDC code.
- ◇ Unit, lets you choose the unit for the code.

The screenshot shows two input fields: 'Quantity' and 'Unit'. The 'Unit' field has a dropdown arrow on the right side.

- ◆ **Modifier code** lets you add four modifiers on each service line.

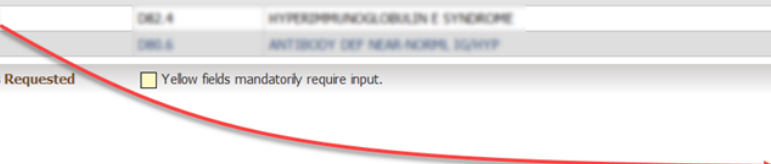
The screenshot shows a box labeled 'Modifier' containing four input fields: 'Modif. 1', 'Modif. 2', 'Modif. 3', and 'Modif. 4'.

- ◆ **Diagnosis code ref**, lets you add the diagnosis code indicator for each service line. Please add numeric value in this to indicate the diagnosis code place value you would like to add.


Diag. Reference	Diag. Code	Diag. Description
 1	DRG 4	HYPERGAMMAGLOBULIN E SYNDROME
 2	DRG 6	ANTIBODY DEF NEAR-NORMAL, SUWHP

Services Requested ☐ Yellow fields mandatorily require input.

Diag. Ref.	
1	Ref. 2
Ref. 3	Ref. 4



- ◆ **QTY** is the quantity for the procedure code you want to bill.
- ◆ **Billed** is the billed amount for this procedure code.
- ◆ **Other Insurance** is the amount received from Primary insurance if this is a secondary claim, etc.
- ◆ **Notes** lets you add s service level notes if needed. Any significant details for this line item can be sent here.
- ◆ **ADD** icon adds these details and makes these fields blank again for the next line item.

Qty - Billed	Other Insurance	Notes	
1			
Billed Amount			

- Once all details are added, you can see the detail lines added and their total below them.

Services Requested ☐ Yellow fields mandatorily require input.

Service Date-Time	Service Code	NDC Code - Qty - Unit	Modifier	Diag. Ref.	Qty - Billed	Other Insurance
From: <input type="text"/>	<input type="text"/>	11-digit 5-4-2 <input type="text"/> NDC Code <input type="text"/>	Modif. 1 <input type="text"/> Modif. 2 <input type="text"/>	1 <input type="text"/> Ref. 2 <input type="text"/>	1 <input type="text"/>	<input type="text"/>
To: <input type="text"/>		Quantity <input type="text"/> Unit <input type="text"/>	Modif. 3 <input type="text"/> Modif. 4 <input type="text"/>	Ref. 3 <input type="text"/> Ref. 4 <input type="text"/>	Billed Amount <input type="text"/>	
From: 10-01-2017 To: 10-01-2017	99213 - OFFICE/OUTPATIENT VISIT EST	NDC Code: 57520-0547-01 Quantity: 2 Unit Type: ME	25	1	Qty: 1 Billed: \$70.00	20
From: 10-02-2017 14:20 To: 10-02-2017 15:05	01440 - ANESTH KNEE ARTERIES SURG	NDC Code: 08021-0000-18 Quantity: 5 Unit Type: ML		1	Qty: 1 Billed: \$300.00	50
Totals:					Qty: 2 Billed: \$370.00	

Note: To delete a line item added in error please click on the **Cross** icon at the right end of each service line. To merely update the details, click on the **edit** icon to the left of the service line.

- Clinical Indication** is a section where you can add additional details to be submitted on the claim. This can contain patient's history, medical findings or any relevant records.

Clinical indications for request
(include pertinent past medical history, treatment, physical findings, and attach all relevant medical records, test results, etc.)

- Documents** let you attach any relevant document about the claim being submitted. You can attach files with the type as mentioned on the screen.
 - To add document, click on **Browse**, to select a file from your machine.
 - To add more than one document, click on the link for **+add more document**.

- To **delete** a document attached before submitting a claim, you can click the cross on the right.

Documents

File	Additional Documents
Attachments: Browse... No file selected. (Please upload .doc, .docx, .xls, .xlsx, .pptx, .xps, .psd, .htm, .pdf, .tiff, .rtf and text documents only.)	X

+ Add more documents

Step 6: Once all the details are added, click on **Save to submit the claim** for processing. You can also use **Save & add for same member** if you wish to add another claim for the same member.

Save

Save & Add for Same Member

Note: Once the claim is saved, it will give you a pop up with a claim number as shown below. You can click on **OK** to go back to the screen. If you wish to print the submitted claim as CMS 1500, click on **PRINT CLAIM**.

Alert

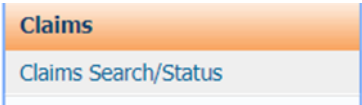
Claim Saved Successfully. Claim Number: 20181005T8800001

Print Claim OK

Checking the status of a claim

To verify the status of a claim, follow these steps:

Step 1: From the **Claims** list, select **Claims Search/Status**.



The Claims Search/Status submodule

Step 2: The screen will display as shown below. On this screen, there are three subsections to search claims by.

Claims Search

Hide Search OptionsBack

Search Claim No.

Claim # From: To: Authorization No.: Provider Claim/Patient Account #:

Search Member

Member ID: Company: None Selected

Optional Additional Details

Provider ID: Organization ID: Diag Codes:

Service Code: Check No.: Billed Amount: <=

Date of Service From: To: Date Paid:

Date Received: Show Claims: Paid Pending Both Group By: None

Outcome: = (Equal To) ALL 1 - HOME 2 - HOSPITAL

Claim Search Report Eligibility Discrepancy Clear All

Show Document Requested Claims

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

Claim Details

Notes: ** All blue text is clickable, N/A - Not Applicable.

Claim No.	Received Date	Service Date	Auth. No.	Place Of Service	Member	Provider	Organization	Payor	Billed Amount	Contract Amount	Net Amount	Company	Outcome				
2018082183700001	07-16-2018	05-15-2018	11	OFFICE	2106201801 K0406 K0409	2106 DAN SINGH	2106 Test Organization	Organization	\$1,000.00	\$0.00	0.00	PROT	HOME				
Service Date	Service Code	Modifier(s)	Diag. Code	Financial Resp.	Adjust. Descr.	Paid Date	Check No.	Qty	Billed	Contract	CoPay	Consurance	Deductible	Adjust	Net	Admin. Fee/Withhold	Status
05-15-2018	99214		0.0	IPA		08-21-2018		1.00	500.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	PAID
05-15-2018	99213		0.0	IPA		08-21-2018		1.00	500.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	PAID
05-15-2018	99213		0.0	IPA		08-21-2018		1.00	500.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	PAID

Show EOB Print CMS 1500 View EOE Claim Upload Document

Health Plan Details

PCP History

Health Plan	Effective From Date	Effective To Date	Other Coverage?	Resp. Code	Policy #	Provider	Name	Effective From Date	Effective To Date
Test	08-08-2012		No			2106	DAN SINGH	08-08-2012	

- The **Status** can be found on the right side in the last box. The adjustment code and net amount on the claim is not finalized and is subject to change until the **Status** is **Paid**.

Step 4: To view and print the claim in CMS 1500 format, click the **Print CMS 1500** button.

Step 5: If the claim is in a **Paid** status, there will be an additional button for **Show EOB**.



Communication

From the Communication module, users are able to communicate with any QuickCap user including group/department such as customer service, claims, utilization management, etc.

Authorization/Referral
Case Management
Claims
Communication
Communication
Customer Service
Dashboard
EDI Services
Eligibility
Information
PDR
Payment Processing
Reports

| The Communication Module

Communication

Compose

RefreshDeleteReadUnread

Search

Inbox

Starred

Sent

Follow up

Trash

No inbox message(s).

Customer Service

From the Customer Service module, users are able to add and view existing customer service requests for their organization.



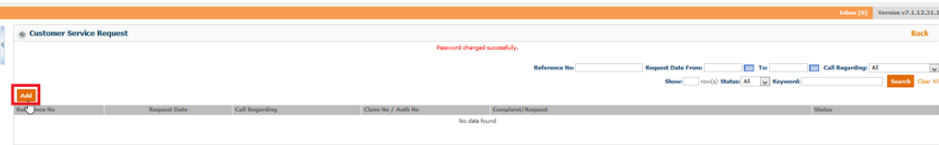
| The Customer Service Module

Adding Customer Service Requests

From this screen, users are able to add customer service requests into the portal. Once an external user submits a request, internal users can review the request.

Step 1: From the **Customer Service** list, select **Customer Service Request**.

Step 2: Click **Add**.

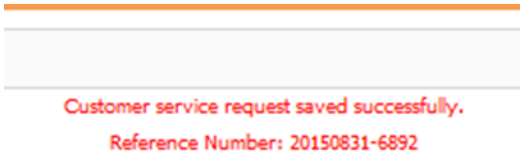


Step 3: The **Customer Service Request – Add** screen will populate. Users can fill in the information below to submit a request.

- **Regarding:** This drop-down menu allows users to select the purpose of the submission.

- **Priority:** This allows users to select the severity between **low**, **medium**, or **high**.
- **Pref. Comm:** This field represents the best way to contact back in case 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.

Step 4: Click **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.



Searching Customer Service Requests

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

Step 1: From the **Customer Service** list, select **Customer Service Request**. The **Customer Service Inquiry** screen will open.

Step 2: Enter search criteria.

Show: row(s)

Request From:

To:

Problem:

Call Regarding:

All

Reason:

All

Priority:

All

Reference No:

Status:

All

Search

Clear All

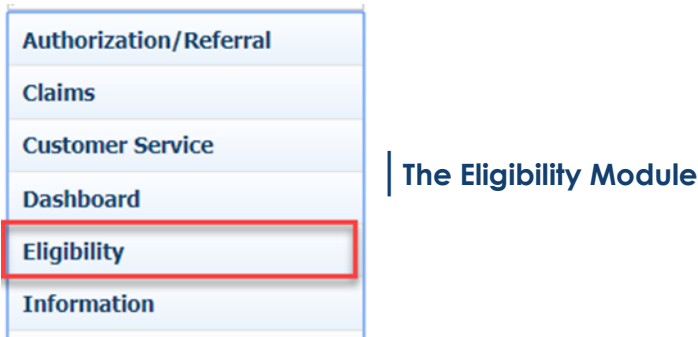
Step 3: Click **Search** to show the results. Click the **Reference Number** associated to the request to open the entire request. Users can update or add information to an existing request at this time.

Add

Reference No
20150831-6892
20150319-6891
20150527-6890
20150118-6889

Eligibility

From the Eligibility module, users are able to verify a member's eligibility and report any discrepancies.



Verifying Eligibility

To verify Eligibility for a member, follow the below:

Step 1: From the **Eligibility** list, select **Member Verification**.



Step 2: The screen will display as shown below by clicking on the search icon.

Eligibility - Member Verification

* Member ID:

(OR)

* Last Name:

First Name:

SSN:

* Gender: None Selected

Health Plan:

* Date of Birth:

Service Date: 05-10-2018

Verify Eligibility


Report Eligibility Discrepancy

Clear All

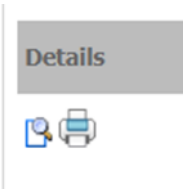
Step 3: Users can search for members in two different ways:

- 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 add the **Health Plan, First Name, SSN, and Service Date** for a more detailed search.

Step 4: Select **Verify Eligibility**. If the member exists in the system, their details will be displayed as shown below.

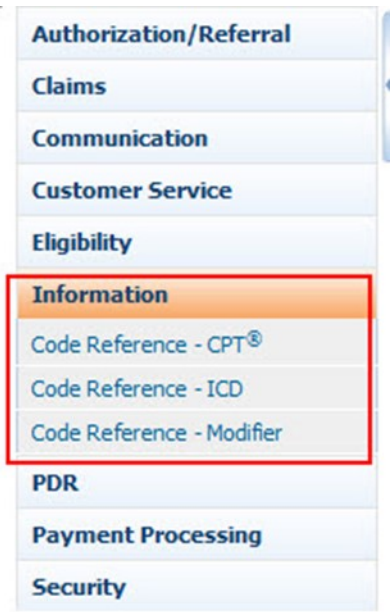
Details	Member ID	Name	Gender	Date of Birth	Member SSN	Health Plan	Provider ID	Name	Other Coverage?	Resp. Code	Policy #	HP Status	PCP Status
			F			BC			No	Unknown		Inactive	Inactive

- To view additional details about the member's eligibility, click the **magnifying glass** (first icon) under **Details**.
- To print the member's eligibility, click the **Print** button (second icon) under **Details**.



Information

From the Information module, users are able to search and view the code references for ICD codes, CPT codes, and modifiers.

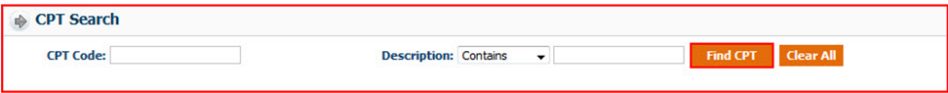


Code Reference—CPT

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

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

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



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	GuideLines	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 ACTIVITY	SEVERITY OF ANGINA ASSESSED BY LEVEL OF ACTIVITY	Severity of angina assessed by level of activity (CAD)		View
1011P	ANGINA PRESENT	ANGINA PRESENT	Angina present (CAD)		View

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

CPT Description
Close

CPT Description:

Code: 10100

Short Desc: DRAINAGE OF INFECTED NAIL

Medium Desc: DRAINAGE OF INFECTED NAIL

Long Desc: DRAINAGE OF INFECTED NAIL

Hierarchy: DRAINAGE OF INFECTED NAIL

Code Tip:

Guideline Documents:

Service Group	Service From	Service To	Specialty	Gender	Notes	Health Plan(s)	File Name
No Document(s) Found.							

CPT Guidelines:

CPT Code	Specialty	Document Name
No Guideline(s) Found.		

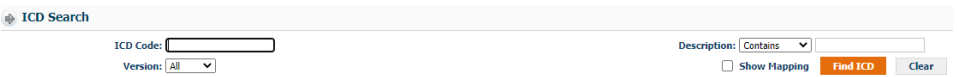
2. To view the NCCI Edits, click the **View** link for the specific row. The NCCI Edits screen will be populated in a separate screen.

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.



The screenshot shows the 'ICD Search' interface. It features a header bar with the title 'ICD Search'. Below the header, there are two main input sections. The first section is labeled 'ICD Code:' and contains a text input field. The second section is labeled 'Description:' and contains a dropdown menu with 'Contains' selected, followed by a text input field. Below these inputs, there is a 'Version:' label with a dropdown menu showing 'All'. To the right of the 'Description' section, there is a checkbox labeled 'Show Mapping', an orange button labeled 'Find ICD', and a grey button labeled 'Clear'.

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	Description	Medium Description	Long Description	Version		
10.0	H	H	H	ICD-9		
10.0	INCISE/REMOV CONJUNCT FB	INCISE/REMOVAL CONJUNCT FB	REMOVAL OF EMBEDDED FOREIGN BODY FROM CONJUNCTIVA BY INCISION	ICD-9		
Diagnosis Code	Diagnosis Code 2	Description	Medium Description	Long Description	Short Disclosure	Version
08CTXZZ	08CTXZZ	EXTIRPAT MATTER LT CONJUNCTIVA	EXTIRPATION MATTER LT CONJUNCTIVA EXTERNAL	Extirpation of Matter from Left Conjunctiva, External Approach		ICD-10
08CSXZZ	08CSXZZ	EXTIRPAT MATTER RT CONJUNCTIVA	EXTIRPATION MATTER RT CONJUNCTIVA 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.

ICD Description

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 Tip:

Close


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 Reference - Modifier

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

Step 1: QuickCap Portal -> Left Panel -> **Information** -> **Modifier**

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

 **Modifier Search**

Modifier Code:

Description:

Find Modifier

Clear All

Modifier Code	Description
20	MICROSURGERY
22	UNUSUAL SERVICES
23	UNUSUAL ANESTHESIA
26	PROP. COMPONENT
30	ANESTHESIA

Note: 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.

PDR

From the **PDR** module, users are able to submit a provider dispute resolution.

Authorization/Referral
Claims
Communication
Customer Service
Dashboard
EDI Services
Eligibility
Information
PDR
PDR Submission/Search
Payment Processing
Reports

Submit PDR

Step 1: From the **PDR Module**, select **PDR Submission/Search**.

PDR
PDR Submission/Search

Step 2: Click on the **Add**.

Add	
<input type="checkbox"/>	PDR Submission Date PDR Reference No. PDR Created By / On

Step 3: The **Submit - PDR** screen will populate. Users can fill in the information below to submit a request.

Submit - PDR

Back

*Disputed Claim #

Member DOB

Ref. Authorization #

*PDR Submission Date: 08-23-2021

Use Today's Date

Last Name

First Name

PDR Name

Member ID

Patient Account ID

Member ID

First Name

PDR Name

Submitter Contact Information:

Name

Phone

Preferred Communication

Email

Additional Files:

Attachments

File

Size

Date

Add Additional Documents

Billing Address:

Location

Address1

Address2

City

State/Zip

Service Facility:

Location

Address1

Address2

City

State/Zip

Detail:

*Remove Service lines not in dispute by clicking X on respective line item.

*DOS

QTY

H Service Code

Modifier sep()

Qty

*Billed

Not Paid

*EDR date

Check #

*Reason for PDR:

*PDR Category:

Save

Clear Form

Save & Do not change header information

- Disputed Claim #** - the user must provide a claim number that is being disputed.

Submit - PDR

*Disputed Claim #:

*Member DOB:

Ref. Authorization #:

- PDR Submission Date** - a system generated date based when the day of submission.

*PDR Submission Date: 08-23-2021

Use Today's Date

- Additional Information need to be filled out including:
 - Member ID
 - Member DOB (Date of Birth)
 - Last Name
 - First Name

• **Submitter Contact Information**

- Name
- Preferred Communication (Email or Fax)
- Phone Number
- Fax Number
- Email

Submitter Contact Information:

*Name:

*Preferred Communication:

Fax:

Email:

Phone:

Ext:

• **Additional Files** - submitter will be able to submit additional files

Additional Files:

Attachments:

File	Note	Date	Add Additional Documents
<div><div>Choose File</div><div>No file chosen</div></div>	<div><div></div></div>	23 Aug 21	✗

- **Billing Address** - completed provider billing address
- **Detail** - including reason for PDR and PDR Category.

Detail:

*Remove Service lines not in dispute by clicking ✗ on respective line item..

*DOS	CPT	H Service Code	Modifier sep(;) Qty	*Billed	Net Paid	*EOB date	Check #

*Reason for PDR:

*PDR Category:

Claims

INCORRECT DENIAL

PROOF of TIMELINESS

PROOF of ELIGIBILITY

PROOF of AUTHORIZATION

PROOF of MEDICAL COVERAGE

PROOF of DECLINATION OF FINANCIAL RESPONSIBILITY

INCORRECT DATA ENTRY

LAB SERVICES CAPITATED

INCORRECT PAYMENT

OVER PAYMENT

OTHER

Step 4: Once all the details are added, click on **Save** to submit the PDR for review.

Save

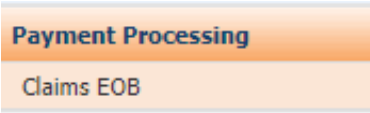
Clear Form

Save & Do not change header information

47

Payment Processing

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

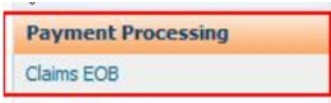


| The Payment Processing Module

Claims EOB

To print a claims EOB, follow these steps:

Step 1: From the **Payment Processing** list, select **Claims EOB**.



| The Claims EOB submodule

The screen will display as shown below.

A screenshot of a web form titled 'Claims - Explanation of Benefits'. The form contains several input fields: 'Member Name:', 'Organization Name:', 'Check No:', 'Paid Date From:', and 'To:'. There are also two buttons: 'Retrieve Checks' and 'Display EOB'. A red arrow points to the 'Display EOB' button. A small note at the bottom right says '*Click Retrieve Checks if you do not know the check number.'.

Step 2: 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 3: 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.

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

Step 4: Enter the check number that the EOB was paid with. If the

Organization Search

Close

Organization ID:

Name:

Tax ID:

NPI:

Category:

Search

Clear All

Organization ID	Name	Category	Tax ID	Address1	City	State	Zip	Email	Phone	Fax	NPI
778899	Medical Organization, Inc.	2 - Primary Care	7894561230	123 Main Road	Chicago	IL	60614				7894561230

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

Close

Check No.:

From Date:

To Date:

Search

Clear All

Prefix	Check No	Paid Date	Amount
1	948230	09-13-2015	\$24.00
2525	1	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.

- 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.

Find...1 of 3100%

Main Report

QuickCap

555 WEST CHICAGO AVENUE, CHICAGO, IL

EXPLANATION OF BENEFITS

09/13/2015
Page 1 of 2

ORGANIZATION: 778899
PROVIDER: 999999
MEMBER: 555444
CLAIM #: 20150913T8800001

Medical Organization, Inc.
Smith, Micheal
DOE JANE

CHECK NO: 948230
PAID DATE: 09/13/2015

SERVICE CODE & DESCRIPTION
P-99213 - OFFICE/OUTPATIENT...
AUTH #:
PROV ACCT:
HEALTH PLAN:BLUE CROSS

MOD SVCDATE
9/1/2015

BILLED
\$95.00

CNTRCT
\$24.00

COPAY
\$0.00

ADJUST W/H
\$0.00

INT
\$0.00

NET
\$24.00

ADJUSTMENT CODE & DESCRIPTION

CLAIM TOTAL:

\$95.00

\$24.00

\$0.00

\$0.00

\$0.00

\$24.00

	BILLED	CNTRCT	COPAY	ADJUST	W/H	INT	NET	NET + INT
ORGANIZATION TOTAL:	\$95.00	\$24.00	\$0.00	\$0.00	\$0.00	\$0.00	\$24.00	\$24.00

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

Export

File Format:

PDF

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

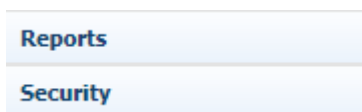
Rich Text Format (RTF)

Character Separated Values (CSV)

XML

Reports

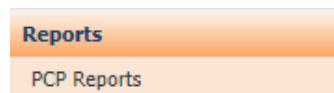
From the **Reports** module, users are able to generate different type of special reports.



| The Reports Module



PCP Reports



Step 1: From the **Reports** list, select **Claims PCP Reports**.



| The PCP Reports submodule

Step 2: Based on the screen below, a user can run different types of reports that suits their needs.

Organization:  

Benefit Code Group:  

From: To:

Members(Export to excel)	Members	Members Never Seen By PCP
Hospital Admissions	Urgent Care Visits	Specialty Utilization
ER Visits - Paid	ER Visits - Unpaid	ER Visits - Both

Members (Export to Excel) - list of all the members assigned to a specific PCP in excel format.

Members - list of all the members assigned to a specific PCP in standard report format.

Members Never Seen by PCP - list of all the members assigned to a specific PCP that hasn't seen the PCP.

Hospital Admission - list of all the members assigned to a specific PCP that has been admitted to the hospital. This report is based on hospital claims in the system.

Urgent Care Visits - list of all the members assigned to a specific PCP that has visited an urgent care provider. This report is based on the urgent care claims received in the system.

Specialty Utilization - list of all the members assigned to a specific PCP that has visited a specialist provider. This report is based on the specialty claims received in the system.

ER Visit Paid, Unpaid & Both - list of all the members assigned to a specific PCP that has been admitted to the emergency room. This report is based on the ER claims received in the system.

[illegible]

ABOUT THIS USER GUIDE

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