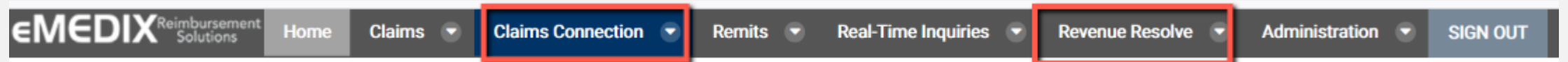# CLAIMS

eMEDIX Online

Accessing Claims

There are two main ways to work your claims: seeing status, denials, rejections, etc.

- Claims Connection

- Revenue Resolve (if you subscribe)

CLAIMS CONNECTION

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Claims Connection: Workspace – Search Claims

The Workspace includes search options. Enter the options to meet the criteria of the claims you want to review/work and click Search.   At a minimum enter the Date Type, and the Start Date and End Date. Users are only able to view claims assigned to them when searching. Admin users have access to view all claims.

▾ Search Claims

Claim Info

Date Type	Date of Ser	**Start Date**		**End Date**		**Inbound Payer Code**
Medical Rec Nbr		**Pat Ctrl Nbr**		**Patient Last Name**		**Patient First Name**
Subscriber ID		**Billing NPI**		**Rendering NPI**		**eMEDIX Trace Nbr**
Procedure Code		**Claim Status**		**File Claim To**		**File Name**
Status	☐ Worked ☐ Not Worked	**Assigned User:**				

Clear   Transmit All Claims   Search Claims

Claims Connection: Workspace – Results Grid

Showing 1 to 26 of 26 entries

Worked	Pat Ctrl Nbr	Medical Rec Nbr	Patient Name	Date Of Service	Total Charges	Received Date	Payer	Subscriber ID	Billing NPI	Rendering NPI	eMEDIX Trace Nbr	Claim Status	Timely Filing	Contai
☐	11186601		MICKEY MOUSE	05/21/2021-05 /21/2021	$425.00	08/09/2021	07102 - MEDICARE A NOVITAS	4PD2ZZ1UPS1	1073164125	1447760889	ONLINEDEMOI2100000000186	ACCEPTED	🗎	🔲$

- Worked: Check boxes allow the user to keep track of claims worked. Mark the check box when completed.
- Patient Name: Click to view the Inbound 837 Claim data.
- eMEDIX Trace Number: click to view Outbound 837 Claim data.
- Timely Filing: click on the icon to view a PDF with timely filing information.
- Contains: icons indicate the information available for this claim. Click on the icons to view.

- ▦ Responses
- ⓢ Remits
- ▣ Denials
- ⟳ Real-Time Transactions

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Claims Connection: Workspace – Claim Detail

•

Click desired claim to view the available information.
 The first section displayed is **Claim Details** and displays a recap of the claim

Claim Details						
Pat Ctrl Nbr:	38786805	**Medical Rec Nbr:**		**Patient Name:**	JOE CATHY	**Date Of Service:**	07/22/2021-07
Total Charges:	$365.00	**Received Date:**	08/09/2021	**Payer:**	1558 -		/22/2021
Billing NPI:	1073164125	**Rendering NPI:**	1649584855		OKLAHOMA	**Subscriber ID:**	1CC2YM1JD88
					MEDICARE	**Claim Status:**	REJECTED
		eMEDIX Trace Nbr:	ONLINEDEMOI2100000000188				

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Claims Connection: Workspace – Claim Responses

Claim Responses

Response Date	Message				Claim Control Number/DCN	Response Lev
08/10/2021	Claim Rejected by eMedix Clearinghouse					INTERNAL
	Msg Cd: 7790 Details: Claim is being routed to Relay Health, but account setup is missing Relay Health Billing and/or Submitter Id. Please contact Support to verify.					
	Loop: 2300	Field: CLM	Seg Idx: 1	Comp:	Data: CLM*38786805*365***77:A:1**A*Y*Y~	
	Msg Cd: 7537 Details: Invalid Taxonomy Code					
	Loop: 2310A	Field: PRV 3	Seg Idx: 1	Comp:	Data: 261ZZ0000X	
	Msg Cd: 9118 Details: US zip codes must be either 5 or 9 digits in length					
	Loop: 2330B	Field: N4 3	Seg Idx: 1	Comp:	Data: 8503000	

- Clicking on a response takes the user to the **Claim Editor** screen.
- Click the row in the Response Box to go to the field in error for the claim.
- When the user selects an eMEDIX edit, they are taken to the tab and field, which displays in red.
  - The cursor displays in the errored field.

Claims Connection: Workspace – Claim Editor

Date	Source	Code	Tab	Field	Message
08/10/2021 03:13:48 PM	INTERNAL	7790			Claim Rejected by eMedix Clearinghouse - Claim is being routed to Relay Health, but account setup is missing Relay Health Billing and/or Submitter Id. Please contact Support to verify.
08/10/2021 03:13:48 PM	INTERNAL	7537			Claim Rejected by eMedix Clearinghouse - Invalid Taxonomy Code

| Billing Provider/Pay-To | Subscriber/Payer | Patient | UB04 | Diagnosis/Procedure Codes | **Service Providers** | COB | Service Lines | 837 View | Notes | Attachments |

Attending Provider

| Last Name / Org | REY | Initial | S | Provider NPI | 1649584855 |
| First Name | LEA | Suffix | | Provider Taxonomy Code | 261ZZ0000X |

Secondary IDs

The Claim Editor screen contains data entry tabs, and the view will depend on whether the user is working on institutional, professional, or dental claims. The tabbed format allows users to quickly access the information needed to process a claim.

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Claims Connection: Workspace – Claim Editor

The Attachments section allows the user to add and view attachments to a claim and submit to a payer. Attachment submissions take two types: Solicited and Unsolicited.

- For example, a worker's compensation claim would include an unsolicited attachment illustrating the conditions pertaining to the claim, as required in all worker's compensation claims.
- Solicited claims usually are sent by payers to providers requesting documentation for a claim. Users are unable to send both a solicited and unsolicited attachment on a claim; it must be one or the other.

 The following formats are accepted for attachments: JPG, BMP, GIF, TIF, TIFF, PDF, DOC, DOCX, TXT, RTF, JPEG, and PNG

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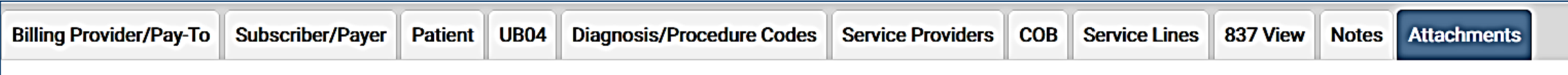
Claims Connection: Workspace – Claim Editor

Click to select or drag and drop a file here for upload.

Billing Provider Information

Phone Number   (999)999-9999

Payer Information

Payer Address Line 1

Payer City

Payer Fax Nbr   (999)999-9999

Solicited Payer Claim Info

Claim Status Cat Code   Claim

Unsolicited Payer Claim Info

Attachment Control Nbr

Service Lines (Please select if attachment applies to a specif

Page 1 of 1   221 words

Click the Upload box to select a file or use the drag and drop feature to move a file for upload.

- If the Billing Provider phone number and fax number is present on the claim (Billing Provider/Pay-To tab), it is automatically populated on the screen. If it is not already populated, users can enter the information.
- Enter the Payer Information (address) in the available fields. This is the location where the Attachment will be sent.
- Solicited attachment, enter any payer required information in the Solicited Payer Claim Info fields.
  - If the attachment should be sent with a specific service line, mark the check box in the Select column of the Service Line information.
- If a claim is Unsolicited, select the Attachment Control Number information from the drop-down menu. This information is automatically populated.
- Click Submit Attachment.

The uploaded file displays in the upload box and a successful message displays once successfully submitted. Users can click Remove File to remove the file.

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Claims Connection: Workspace – Claim Editor

When changes are made to the claim, please remember this is not making any changes in your billing software.
If you edit in eMEDIX Online, it is recommended that the corrections also be made in you billing software.
- After making necessary changes, click Transmit.
    - Once a user clicks Transmit on the tabs screen, the claim status changes to Retransmitted.

If no edits are required and you do not make any changes, click on Release Claim
    - This action will override the Clearinghouse edits and pass the claim on to the payer.
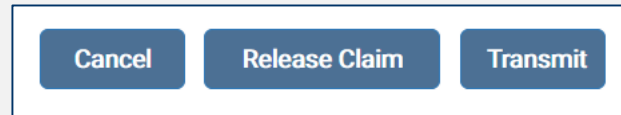
An alternate workflow:
- Review rejections in eMEDIX Online in Claims Connection – Claim Editor.
- Make the needed changes in your billing software.
- Set claim to refile.
- Mark claim in Claims Connection as worked.

Claims Connection: Workspace - Realtime

Realtime

This account is not set up for On Demand CSI transactions.

This account is not set up for On Demand Eligibility transactions.

Payer ▼	Transaction ⬍	Date Processed ⬍	Subscriber ⬍	Status ⬍	Message ⬍	View ⬍
			No data available in table			

Showing 0 to 0 of 0 entries

Send Elig Request   Send CSI Request

Realtime section: Displays the on-demand claim status inquiry (CSI) and eligibility details
- Send Elig Request: This function allows the user to create an eligibility request for any of the payers on the claim.
- Send CSI Request: Click to create a claim status inquiry request for the destination payer on the claim.

Claim Status Inquiry is an add on service

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Claims Connection: Workspace - Remits

Remits

| Copy | Excel | CSV | PDF | Print | Show | 50 | | entries | | | Search: | | | Previous | 1 | Next |

Showing 1 to 1 of 1 entries

Payer	Check Number	Check Amt	Check Date	eMEDIX Trace #	Claim ID	Patient Name	Account #	DOS/Statement Dates	Total Chgs	Claim Payment Amt	
MEDICARE A NOVITAS	001290046312085	$687.78	08/12/2021	ONLINEDEMOI2100000000186		MICKEY MOUSE	11186601	05/21/2021 - 05/21/2021	$425.00	$0.00	👓

Showing 1 to 1 of 1 entries

Previous 1 Next

Remits section: Displays the remit details in the grid. Click the eyeglasses icon to view a human-readable remit.

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Claims Connection: Workspace - Denials

Denials

Denial Check Nbr: 001290046312085

Doc Ctrl Nbr:	820192350222136	**Subscriber Name:**	MICKEY MOUSE	**Subscriber ID:**	111111112111	**Patient Name:**	MICKEY MOUSE
Total Charges:	425	**Rendering Provider:**	ETA HOSPITAL	**Payer ID:**	1391263473-	**Payer Name:**	MEDICARE A NOVITAS
Check Number:	001290046312085	**Check Date:**	08/12/2021	**Payee NPI:**	9777770454	**Payee Name:**	ONLINE DEMO
Business Scenario:	Additional Information Required	**Owner:**		**Due Date:**	10/09/2021	**Status:**	
Task:	Bill to Secondary			**Priority:**	Normal		**View in Revenue Resolve**

Denials Section: Displays the claim denial details.

Click on View in Revenue Resolve to see details of the denial.

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Claims Connection: Workspace – Timely Filing

The Timely Filing feature allows the user to provide documentation of timely filing to the payer. Users can download a PDF with claim information displayed along with a message stating the claim was submitted to the payer.

- When a final response has been received for a claim, an icon displays in the Timely Filing column of the search results table.
- The icon also displays if a claim is in Transmitted status and has received a response back from a receiver or third-party.
- Click the icon to download a PDF with the claim information.
- All responses linked to claim display as a table in the document. The table includes Response Date, Response Type, and Message.

Worked	Pat Ctrl Nbr	Medical Rec Nbr	Patient Name	Date Of Service	Total Charges	Received Date	Payer	Subscriber ID	Billing NPI	Rendering NPI	eMEDIX Trace Nbr	Claim Status	Timely Filing	Conta
	11186601		MICKEY MOUSE	05/21/2021-05/21/2021	$425.00	08/09/2021	07102 - MEDICARE A NOVITAS	4PD2ZZ1UPS1	1073164125	1447760889	ONLINEDEMOI210000000186	ACCEPTED	🖹	🔳$

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Date: 03/11/2021

Billing Tax ID: 474848980   **Payer ID:** DNC00
Billing NPI: 1982878688   **Payer Name:** MEDICAID
Billing Provider MEDICAL LAB

Subscriber Name: JOSEPH DABNEY   **Patient Name:** JOSEPH DABNEY
Subscriber ID: 189281588A   **Patient DOB:** 05/23/1933
Date(s) of Service: 03/28/2016-03/28/2016   **Claim Charge:** $ 385.00

eMEDIX Trace #: KRRI1680001865880

This document attests that the above claim was submitted to you. Please see the responses received from you.

Final Claim Status: ACCEPTED   **Claim Status Date:** 04/04/2016

Response Date	Type	Message
04/04/2016	ELIGIBILITY	Claim Passed Eligibility Check
04/04/2016	INTERNAL	Claim Forwarded to SC_MEDIPARTA
04/04/2016	RECEIVER	Claim 21609501716707SCA Accepted by SC PART A
		A2 - Acknowledgement/Acceptance into adjudication system-The claim/encounter has been accepted into the adjudication system. 20 PR - Accepted for processing. DCN: 21609501716707SCA
04/04/2016	RECEIVER	Receipt of file Acknowledged by SC_MEDIPARTA, Claim level Acknowledgment to follow

Example of a Timely Filing form.

REVENUE RESOLVE

Revenue Resolve: Dashboard

The Dashboard allows the user to view their denials. It consists of the following sections:
- My Statuses: Lists all the denials in the user's workspace, grouped by status.
- Denial Types: Displays the reasons for the denial, based on operating rules.
- Work List: Displays all open denials in that user's inventory.

The Admin user has two views in Dashboard: Admin View and My View. The Admin can toggle back and forth between the two views by clicking the view link on the Dashboard.
- Admin View displays all denials open for all users,
- My View displays denials for that specific user only.

Type	Count	Total
Appealed	3	$567.00
Closed	0	$0.00
Hold	0	$0.00
In Progress	8	$2,913.69
New	30	$20,245.95
Payer Pending	0	$0.00
Updated	0	$0.00

Showing 1 to 7 of 7 entries   Previous 1 Next

Business Scenario	Count	Total
Additional Information Required	2	$490.00
Billed Service, Not Separately Payable	6	$2,563.94
Eligibility	0	$0.00
Med Necessity	5	$2,135.00
Missing/Invalid/Incomplete Data	11	$4,457.00
RAC	1	$162.80
Service Not Covered by Health Plan	15	$13,797.90

Showing 1 to 7 of 9 entries   Previous 1 2 Next

Add New

Work List

Copy Excel CSV PDF Print   Show 50 entries   Search: _____   Previous 1 Next

Showing 1 to 41 of 41 entries

Payer	Patient Control	Patient Name	DOS	Total Charge	Payer Paid	Status	Start Date	Due Date	Priority	Task	User
CGS - DME MAC JURISDICTION C	68699701	PEOPLE, BETA	06/25/2014-06/25/2014	$900.00	$0.00	New	04/05/2019		Normal		demouser

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Revenue Resolve: Dashboard

 To add a new denial to the Dashboard, click Add New from the Dashboard or Workspace. The Denial Import screen displays.

- Users must input information in all of the fields, which can be found on the 835 or the ERA in Remit Manager. Click Find to search for the denial.
- Select the desired denial from the returned list of denial(s) and click Import.
- Once selected, the denial displays in the Work List. Only one selection at a time is permissible.
- The claim is editable, and the Business Scenario displays as Unspecified Business Scenario.

Denial Types

Copy Excel CSV PDF Print   Search:

Showing 1 to 7 of 9 entries

Business Scenario	Count	Total
Additional Information Required	2	$490.00
Billed Service, Not Separately Payable	6	$2,563.94
Eligibility	0	$0.00
Med Necessity	5	$2,135.00
Missing/Invalid/Incomplete Data	11	$4,457.00
RAC	1	$162.80
Service Not Covered by Health Plan	15	$13,797.90

Showing 1 to 7 of 9 entries   Previous 1 2 Next

Add New

Add New Claim

| Account # | 10330 | Check/EFT # | 312200099 | Check/EFT Date | 03/07/2014 |
| Last Name | Brag | First Name | Rah | Claim Total | 1475 |

Clear   Find

Copy Excel CSV PDF Print Show 50 entries   Search: Previous 1 Next

Showing 1 to 1 of 1 entries

Patient Control Number	Patient Name	Check Number	Check Date	Claim Total	DOS	Paid	Owner	Select
10330	BRAG, RAH	312200099	2014-03-07	$1,475.00	20140227	$0.00	demo1	○

Showing 1 to 1 of 1 entries   Previous 1 Next

Import

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Revenue Resolve: Workspace

To view account details, notes, documents, and/or history, and to work the denial:

- Click on the desired label in My Statuses or Denial Types.
- An active filter also allows the user to update all claims in the active filter all at one time.
- Click on a claim listed in the Work List section

Type	Count	Total
Appealed	3	$567.00
Closed	0	$0.00
Hold	0	$0.00
In Progress	8	$2,913.69
New	30	$20,245.95
Payer Pending	0	$0.00
Updated	0	$0.00

Showing 1 to 7 of 7 entries   Previous 1 Next

Business Scenario	Count	Total
Additional Information Required	2	$490.00
Billed Service, Not Separately Payable	6	$2,563.94
Eligibility	0	$0.00
Med Necessity	5	$2,135.00
Missing/Invalid/Incomplete Data	11	$4,457.00
RAC	1	$162.80
Service Not Covered by Health Plan	15	$13,797.90

Showing 1 to 7 of 9 entries   Previous 1 2 Next

Add New

Work List

Copy Excel CSV PDF Print Show 50 entries   Search: Previous 1 Next

Showing 1 to 41 of 41 entries

Payer	Patient Control	Patient Name	DOS	Total Charge	Payer Paid	Status	Start Date	Due Date	Priority	Task	User
CGS - DME MAC JURISDICTION C	68699701	PEOPLE, BETA	06/25/2014-06/25/2014	$900.00	$0.00	New	04/05/2019		Normal		demouser

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Revenue Resolve: Worklist

Work List

Copy | Excel | CSV | PDF | Print | Show [50] entries

Search: [   ] Previous [1] Next

Showing 1 to 2 of 2 entries

Check Number	Check Date	Patient Control Number	Patient Name	DOS	Payer Name	Total Charge	Payer Paid	Business Scenario	Priority	Status	Task	
001290046312085	10/04/2019	236	WOODS, IVY	05/24/2016-05/24/2016	HUMANA INC.	$65.00	$0.00	Additional Information Required	High	Appealed		👓 ✏️
001290046312085	08/12/2021	11186601	MOUSE, MICKEY	05/21/2021-05/21/2021	MEDICARE A NOVITAS	$425.00	$0.00	Additional Information Required	Normal	New	Bill to Secondary	👓 ✏️

Showing 1 to 2 of 2 entries

Previous [1] Next

Click on the pencil icon in the Work List to view the Account Details screen in Revenue Resolve Workspace.

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Revenue Resolve: Worklist – Workspace (General Tab)

The Payer Detail section includes options to View EOB and View Timely Filing.
Click View EOB icon (glasses), to view the human readable remit.
Users can view the Proof of Timely Filing Letter associated with a denial if a denial remit matches and is available in Claims Connection.

Revenue Resolve: Worklist – Workspace (General Tab)

Submit Files: Click to upload files to the Documents tab.
Back: Click to return to the Workspace screen.
Display Appeal Letters: Allows the user to generate and appeal letter for the denial.
Print: Displays a printable version of the Workspace in a separate browser.
Save: Click to save any changes made before exiting the screen.

Revenue Resolve: Worklist – Workspace (General Tab)

Revenue Resolve Section:

- Use the drop-down to change owner, due date, assign a Task and set priority.
- Denial reason(s) are listed at the bottom.

Revenue Resolve

Owner:	jdaniel		**Due Date:**	10/09/2021
Change Owner	jdaniel		**Change Due Date**	10/09/2021
Business Scenario	Additional Information Required		**Status**	New
Task	Needs Documentation		**Priority**	Normal

[Return] [Display Appeal Letters] [Print] [Save]

[Copy] [Excel] [CSV] [PDF] [Print] Show 50 entries   Search: [   ] Previous 1 Next

Showing 1 to 2 of 2 entries

Code Type ▲	Code	Description	Level
CARC	252	An attachment/other documentation is required to adjudicate this claim/service. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).	Line
RARC	M127	Missing patient medical record for this service.	Line

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Revenue Resolve: Worklist – Workspace (Notes Tab)

The Notes Tab allows users to add notes to a denial.
- Enter the note in the Add a Note field and click Save.
- The notes display in the table.
- Notes added in the Update All section of the Workspace also display in this tab.

Revenue Resolve: Worklist – Workspace (Documents Tab)

The Documents Tab allows a user to add or view documents attached to the denial.
- Click the drag and drop area to select a file or drag and drop up to five (5) files for upload.
- Click Submit Files to submit.
- Click the File Name to display the document. Click the red X to delete a document.

| Account Details | Notes (8) | **Documents** | History |

Click to select or drag and drop up to 5 files here for upload.

Submit Files

Copy Excel CSV PDF Print Show 50 entries   Search: [   ]   Previous 1 Next

Showing 1 to 5 of 5 entries

Date	User	File Name	Delete
01/03/2022 07:51:14 AM	ashish.pathak	Timely Filing Letter.txt	✕
01/05/2022 02:09:21 PM	anupama.gehi	Test File.pdf	✕

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