



Claim Submission Guide

June 2019

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1. Overview

Web Access Health Portal provides simple and efficient mechanisms for providers to review individual Claims / Authorizations by using the Web. Claims / Authorizations can be viewed for immediate review and processing by administrators, TPAs or insurance companies.

By using this method rather than using paper or fax claims, processing and turnaround time will dramatically decrease for improved claims processing and payment.

Web Access Health Portal is an easy to use tool that allows instantaneous access to data for medical claims, medical claims submission, eligibility status, claims status, and preauthorization status.

This document serves as a easy to use **Claim Submission Guide** for providers.

2. Log into the Web Access Health Portal

Note:

Username, password and web address will be provided to you by your Benefits Administrator, TPA or insurance representative.

To get started:

- o Use your Internet Browser (for example: Internet Explorer or Chrome).
- o Type the Web Access Health Portal address (for example: <https://portal.gobhi.net>).
- o The **ClaimScape Web Access Health Portal** screen will appear.

Note:

ClaimScape Web Access Health Portal has a new feature. The system displays a toggle button that allows the user to view screens in English or in Spanish. The toggle button is located on the top right corner of the screen. See Figure 1.

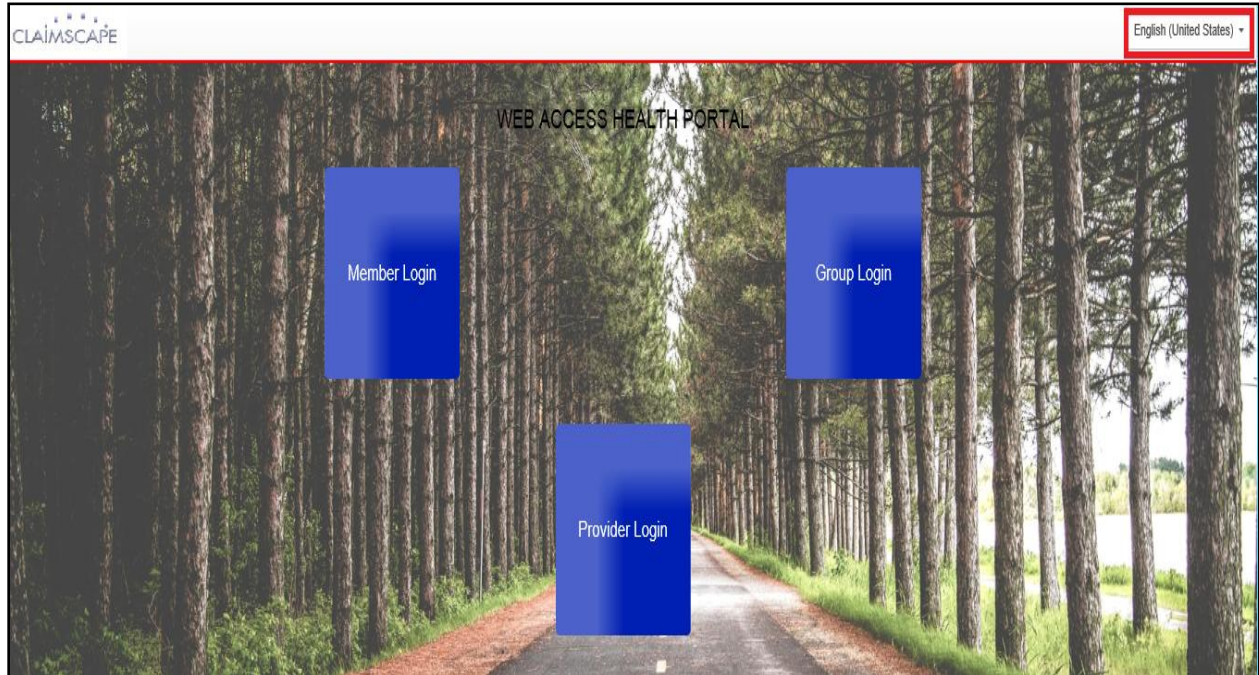


Figure 1: ClaimScape Web Access Health Portal

- o Click on the English (United States) toggle button. This button gives the user the option to select the language to use.
- o To view the screen in Spanish. Use the toggle button then select and click on the Spanish option. This means that all screens will display in Spanish.
- o To switch back to English. Use the toggle button. Then select and click on the English option. This means that all screens will display in English.

To login:

- o Select and click on the **Provider Login** button (this is the middle blue square on the screen) as shown below. Refer to Figure 2.

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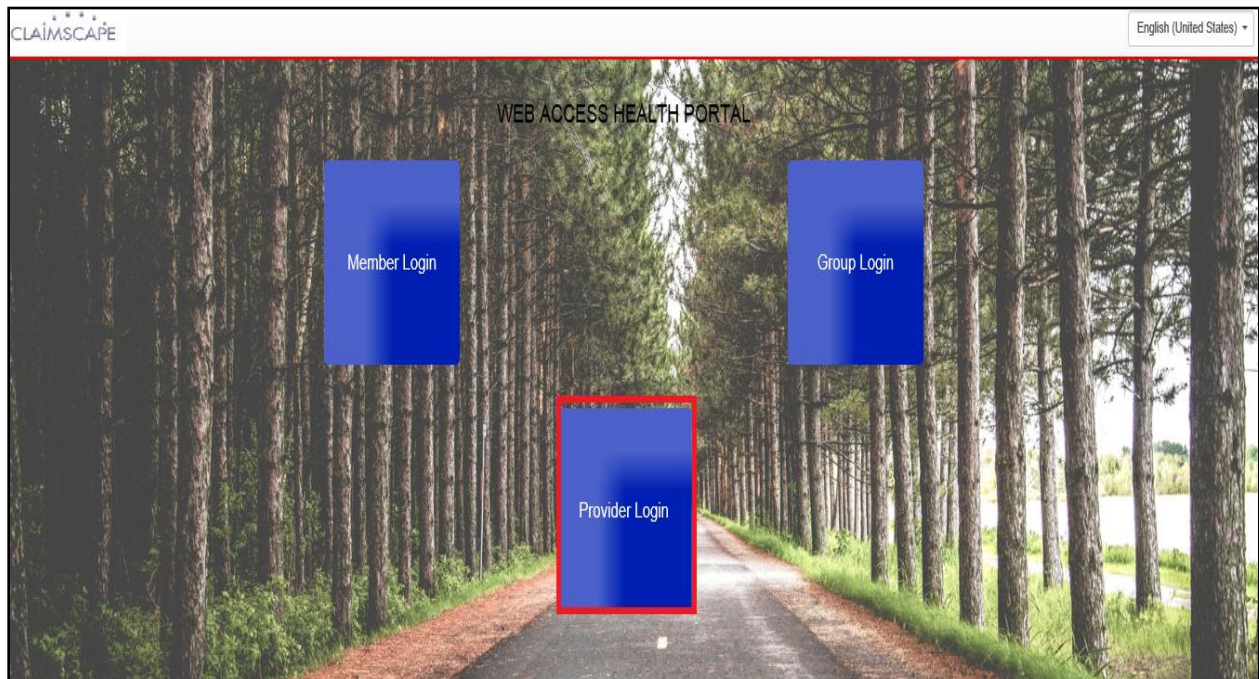


Figure 2: ClaimScape Web Access Health Portal screen displaying Provider Login button

- o This action will open the **Login screen**. Look at Figure 3.

The image shows a screenshot of a login window titled 'Please Login'. It contains two input fields: 'Username' and 'Password'. Below the fields is a large green button labeled 'Log in'. At the bottom of the window, there are two links: 'Forgot your Username or Password?' and 'Click here to check member eligibility.'.

Figure 3: Login screen

- o Type your Username and Password, then click on the Log in button.
- o This action will log you into the ClaimScape Web Access Health Portal.

These are the **Provider Dashboard options**:

- Member Eligibility
- Claims
- Preauthorizations
- Documents
- Submit Authorization/ Referral
- Submit Single Claim
- Submit Claims Batch

Following is the **Provider screen** displaying the **Provider Dashboard options** (refer to Figure 4):

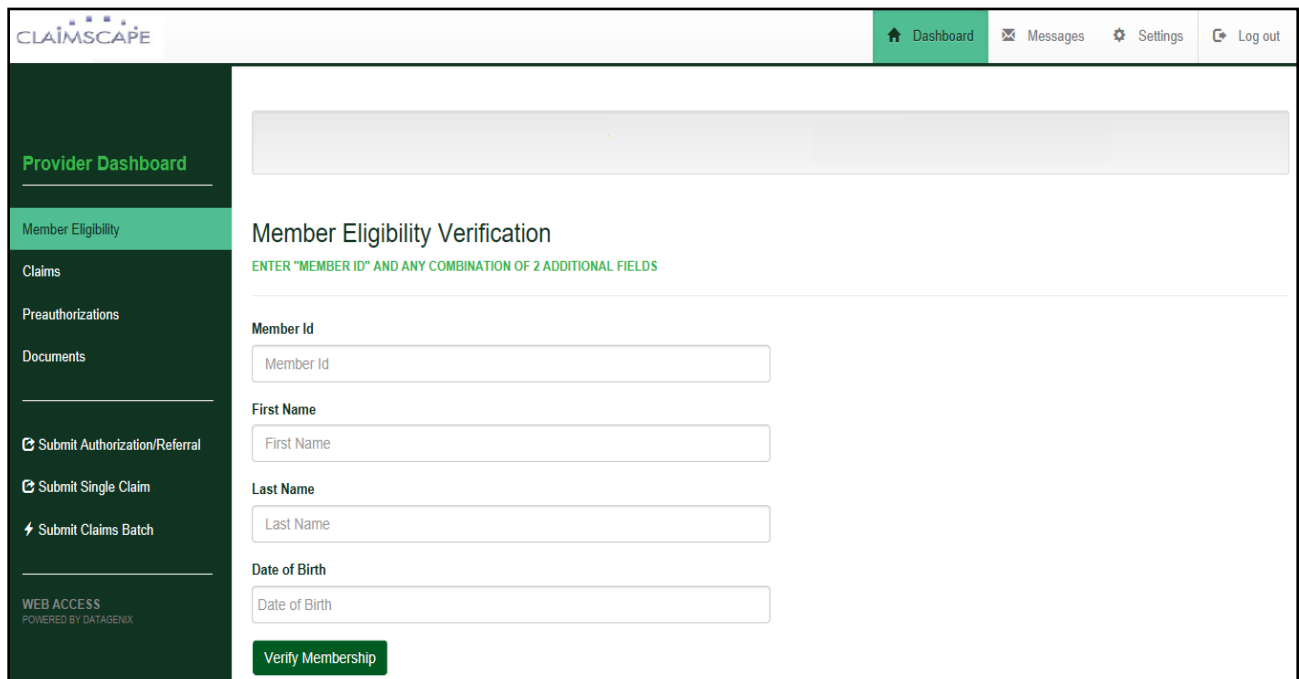


Figure 4: Options available from the Provider Dashboard

Note:

Due to your system’s Web Access Configuration, some of the above features may not be available.

Important Note:

In some cases, the information shown above may be restricted and not viewable by Web Providers.

Each option is described in detailed.

3. Single Claim Submission

This option allows you to enter and submit a single claim On-Line.

Important Note:

In some cases, the Submittal of Claims On-Line may be restricted to Providers.

Following are the steps needed to submit a single Claim

Step 1: Enter Claim information.

Step 2: Click on the Submit button.

Step 3: Your Claim will be submitted and you will receive a message with the Claim Number.

How to Access the Submit Single Claim option:

- o From the **Provider Dashboard** select and click on the **Submit Single Claim Tab**. See Figure 5.

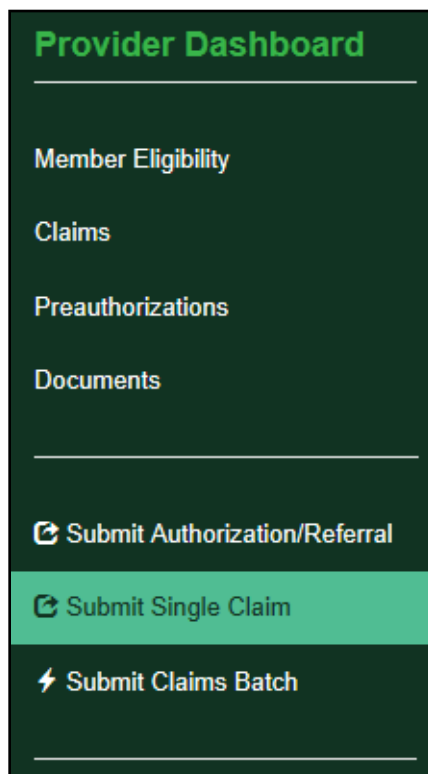


Figure 5: Submit Single Claim Tab

- o The **Submit Claim screen** will display. Refer to Figure 6.

The screenshot shows a web application interface for submitting a claim. At the top, there is a navigation bar with four items: 'Dashboard' (with a home icon), 'Messages' (with an envelope icon), 'Settings' (with a gear icon), and 'Log out' (with a power icon). Below this, the main content area is titled 'Submit Claim'. Underneath the title, there is a form section with a header 'Patient Information - All fields are required to continue'. The form contains three input fields, each with a label to its left: 'Member Id', 'First Name', and 'Last Name'. Below the form, there is a prominent green button labeled 'Continue'.

Figure 6: Submit Claim screen

The **Submit Claim screen** contains the following:

- Member Id
- First Name
- Last Name

Where:

- **Member Id:** This is the Member’s Identification Number. Enter Member’s Identification Number
- **First Name:** This is the Member’s First Name. Enter Member’s First Name
- **Last Name:** This is the Member’s Last Name. Enter Member’s Last Name
- Add the Member Information.
- Then select and click on the **Continue** button.

Following is the **Provider Information** section. Look at Figure 7.

The screenshot shows a form titled "Provider Information". It contains two input fields: "Treating Physician" and "Provider Contact #".

Figure 7: Provider Information section

Where:

- **Treating Physician:** This refers to the Provider’s Name. Enter the Treating Physician’s Name
- **Provider Contact #:** This refers to the Provider’s Telephone Number. Enter the Provider’s Telephone Number
- o Enter Treating Physician and Provider Contact #.

Next is the **General Information** section. See Figure 8.

The screenshot shows a form titled "General Information". It contains several input fields: "Authorization #", "Accident Date", "Claim Type" (with a dropdown menu showing "Medical"), "Patient/File #", "Diagnosis Code 1", "Diagnosis Code 2", "Diagnosis Code 3", and "Diagnosis Code 4".

Figure 8: General Information section

Where:

- **Authorization #:** Enter the Preauthorization / Authorization / Referral Request Number, if available
- **Accident Date:** This is the Accident Date. This applies only if the claim is an accident related claim. Enter this date only if it’s available. Field has the following Format: MM/DD/YYYY

You can type a date or you can select a date by using the System’s calendar.

- **Claim Type:** This refers to the Claim Type. Use the dropdown window and select an option
- **Patient File #:** This refers to the Patient File # or Member’s Account Number
- **Diagnosis Code 1:** This refers to the First Diagnostic Code related to the Preauthorization. Enter a Diagnosis Code.

Note: The system allows up to four different Diagnosis Codes. Field can refer to Diagnostic Code, ICD9 or ICD10

- **Diagnosis Code 2:** This refers to the Second Diagnostic Code related to the Preauthorization. Enter a Diagnosis Code.
- **Diagnosis Code 3:** This refers to the Third Diagnostic Code related to the Preauthorization. Enter a Diagnosis Code.
- **Diagnosis Code 4:** This refers to the Fourth Diagnostic Code related to the Preauthorization. Enter a Diagnosis Code.

- Add / Select Authorization #, Accident Date, Claim Type, and Patient File #.
- Add Diagnosis Code information.

Below is the **Claim Services Details** section. Refer to Figure 9.

Claim Services Details								
Service Start	Service End	POS	Proc Code	DX	Billed Charges	Units	Invoice#	
mm/dd/yyyy	mm/dd/yyyy				Charges	Units		☰
Total Billed Charges					0.00			+

Figure 9: Claim Services Details

Where:

- **Service Start:** This is the Service Start Date on the Claim. Indicates the beginning of the service date for this claim. Field has the following Format: MM/DD/YYYY.
You can type a date or you can select a date by using the System’s calendar.
- **Service End:** This is the Service End Date on the Claim. Indicates the ending of the service date for this claim. Field has the following Format: MM/DD/YYYY.
You can type a date or you can select a date by using the System’s calendar.
- **POS:** This refers to the Place of Service (POS) on the Claim.

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- **Proc Code:** This is the Procedure Code associated to the Service line. Enter Procedure code associated to this claim
- **DX:** This indicates the Diagnostic Code associated to this claim. Enter Diagnosis code, if available
- **Billed Charges:** These are the Claim's Billing Charges. Enter the charges amount associated to this service line. This is a dollar amount.
- **Units:** This refers to the number of Units associated to this service line. This defaults to 1.
- **Invoice #:** This is the Invoice Number associated to this claim/service line on the claim. Enter Invoice #, if available. This is an optional field

Following is the **Additional Comments section**. Look at Figure 10.



Figure 10: Additional Comments section

- o Enter any additional comments.
- o Select and click on the **Continue** button.
- **Continue:** This button allows the Provider to Submit this Claim.

How to Submit a Claim

Following are the steps needed to manually enter a claim and submit it:

- o Use the **Single Claim Submission screen**.
- o Fill in claim information.
- o Select and click on the **Submit** button. This action will submit claim's information entered.
- o Once you have submitted a claim, you will get a confirmation message that includes the claim number for your records.

4. Submit Claims Batch

This option allows you to submit a Batch file with claims On-Line.

Important Note:

In some cases, the Submittal of Batch file On-Line may be restricted to Providers.

Following are the steps needed to submit a Batch file with Claims:

Step 1: Select Batch file to information.

Step 2: Click on the Load & Review button.

Step 3: Your Batch file will be submitted and you will receive a message with the Batch Number.

How to Access the Submit Claim Batch option:

- o From the **Provider Dashboard** select and click on the **Submit Claims Batch Tab**. See Figure 11 .

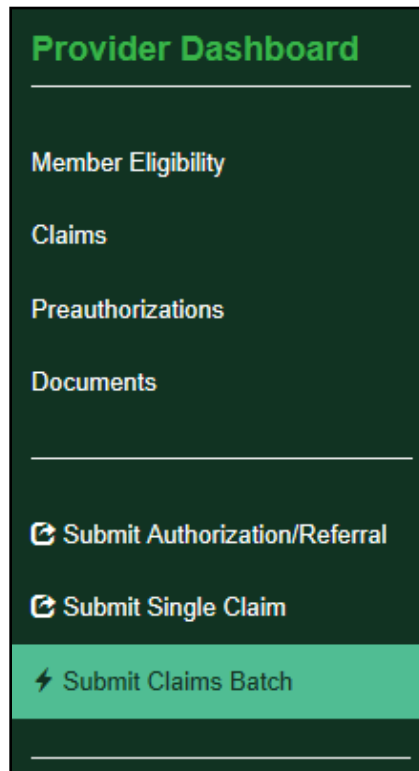


Figure 11: Submit Claims Batch Tab

- o The **Submit Claim screen** will display. Refer to Figure 12.

Figure 12: Submit Batch Claims screen

The **Submit Batch Claims screen** contains the following:

- Select Import file
- Date Format
- Error Handling

Where:

- **Select Import file:** Use this field and Browse for the Batch file to import
- **Date Format:** Use the dropdown window and select the Date Format
- **Error Handling:** Use the dropdown window and select the Error Handling method
- **Allow Upload of fully Validated Claims Only checkbox:** Select this checkbox if uploading validated claims only
- **Load & Review:** This button allows you to Load and Review the Batch file
 - o Add the Batch file Information.
 - o Then select and click on the **Load & Review** button.

11. How to Log out of the system

This section describes How to Log out.

- o Select the **Log out** button and click on it. Look at Figure 13. This button is located on the top right corner of the page.

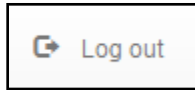


Figure 13: Log out button

- o This action will log you out of the system.