



Getting Started with Claim.MD

Setup User ID's and Access Privileges

When you are ready to setup your Claim.MD account, we send an email to you that has a secure link that confirms your email address and creates your account. You can create multiple Claim.MD accounts, where each staff member has their own User ID and Password. Each User ID has Access Privileges that you can set in the Manage Users area, controlling which users can Upload Claims, Edit/Delete Claims, Transmit Claims, etc.

Create a claim file in your billing system

We can map your Claim.MD account to accept almost any type of claim file. It is important to note, however, that once we have mapped your account, the claim files that you upload to Claim.MD will need to remain consistent over time. If you have special needs that require you to submit multiple claim formats into a single account, we can accommodate that (additional charges may apply).

If you do not already know how to generate a claim file in your billing system, you will need to refer to your billing system support for instructions. You will need to know the name of the folder where your claim files will be, and you will need to know the name your billing system assigns to the claim file. The folder and file name will be something like:

Folder: C:\meddata\claims\
File Name: clm-DATE-TIME.x12

In some cases, billing systems let you specify the file name when you create a claim file. In other cases, the billing system assigns the file name automatically. If your claim file name is the same every time, then your billing system over-writes the previous file when it makes a new one. The best option is when each claim file has a unique name, retaining historic files instead of over-writing them.

If possible, ***your billing system's claim files should be in ANSI-837 format.*** Claim.MD can handle inbound claim files that are either in the 4010 or 5010 versions of ANSI-837. ANSI is the most current option

in the industry, and it automatically handles data fields that are not necessarily in a standard location on a paper claim. For instance, some Medicaid plans are now requiring that you submit provider taxonomy codes, as well as NDC Drug Codes for physician administered drugs and procedure narratives. Another advantage to uploading ANSI-837 claim files is that primary payment information is automatically included on secondary claims. If your billing system can create an ANSI claim file, that is by far your best bet for the current time, and will make things much simpler for you operationally going forward.

NOTE: Most providers that submit version 4010 claim files will be fine to continue submitting that format far into the future, because Claim.MD will handle the necessary conversions to send outbound 5010 claims to the payers as they begin accepting it.

If your billing system cannot generate an ANSI-837 claim file, ***we can usually customize your Claim.MD account to accept either NSF or “Print Image” claim files.*** If you view a Print Image claim file, you will notice that it looks just like the type-written information on a paper claim form. There is more information about print image claim files in the section of this guide titled **Creating a generic Print Image claim file.**

Upload claim file to Claim.MD for account setup

Once you have a claim file created in your billing system, you are ready to upload it to Claim.MD for mapping. That is the final step in creating your account.

Under the Claim Menu on the left menu bar, click “Upload Claims”. You will be prompted to select the file containing your claims (in much the same way as attaching a picture to an email).

Select Format: New Format

Choose File: Locate the folder and the claim file

Click 'Upload Selected File'.

When you click “Upload Selected File”, an automatic support ticket appears in your account to let us know your file has arrived for mapping. We generally complete mappings in less than 24 hours, and we notify you by email when you are ready to proceed with production claims.

Submit enrollments for Electronic Claims

Trailblazer Medicare and Railroad Medicare in particular have started requiring that new EDI Enrollment Forms be completed when a provider begins sending Medicare claims through a new clearing house. We have instructions and forms within Claim.MD that have our information pre-filled. Fill in your information, and print the completed forms to submit to the payer. Once the payer has processed your enrollment, they will begin accepting electronic claims for that provider.

To get started with EDI Enrollment forms, click “Providers” under Manage Account in Claim.MD. For each billing provider that you need to enroll, you can select it from the list or click “Add New” if you have not yet filed a claim for the billing NPI in question.

Edit Billing Provider Information & Enrollments appears in the window on the right of your screen, where you can enter or edit any of the provider’s information. If you make changes to this data, click “Save Changes” to make it official.

Scrolling down past the provider’s information, you will see **Manage Provider Enrollments**. You have already billed claims, payers the system has seen from you will be listed there. Use the search box to quickly search the for a particular payer. There is an “Enroll” button for any forms required for either Claims, ERA’s and Eligibility.

Follow the on-screen instructions to complete and submit the enrollment forms. The instructions are specific to each payer, regarding whether they require that “wet signatures” be mailed on the original forms, or if they allow electronic enrollment.

Submit enrollments for Electronic Remittances (ERA’s)

With the powerful Claim History features in Claim.MD, it is increasingly important that you enroll for Electronic Remittances (ERA’s) with any payers that offer that feature.

Going paperless with remittances from as many payers as possible gives you the benefit of having Claim.MD store the entire history of the claim and the payment in a single document. Also, most billing system will allow you to auto-post payments from the remittance files that you download from Claim.MD.

Most payers allow you a separate option for how to receive payment (paper check or electronic deposit) when you receive Electronic Remittances. Also, most billing systems will automatically post payments from ERA files, and Claim.MD gives you easy access to download a single file containing remittances from multiple payers.

There is more on ERA's later in this guide, telling you how to download remittance files from Claim.MD.

Using Claim.MD

Summary Page

The first page you see in Claim.MD is the Summary Page. You can return to this page any time by clicking the option from the left menu bar.

This page gives you an "at-a-glance" overview of what is pending in your account, as well as a log of system messages that we have sent.

Uploading claim files

Once you have a claim file created in your billing system, the next step is to upload it to Claim.MD for processing. Under the Claim Menu on the left menu bar, click "Upload Claims". You will be prompted to select the file containing your claims. The "Recent Uploads" window in the Upload Claims page shows a log of the recent files that have been uploaded into your account.

Select Format: If your account is mapped for multiple types of inbound claim files, select the appropriate format from this list.

Choose File: Locate the folder and the claim file

Click 'Upload Selected File'.

When you click "Upload Selected File", Claim.MD reads your claim file and makes your claims available to review in Manage Claims. A window appears telling you some detailed information about what we processed from your file:

Dates of Service

The earliest and latest service dates in the file.

Total

The total number of claims read from the file.

Updated

The number of claims that already exist in Claim.MD and have been overwritten with a claim from this file.

Rejected

The number of claims with errors that must be corrected before they can transmit to the payer.

Held

The number of claims that have no errors, but will not transmit to the payer until 'Approve Transmit' is pressed on the manage claims screen.

Transmitting

The number of claims that will transmit immediately. *How to setup immediate transmits is discuss later.

Usually from the confirmation window you will click "Manage Claims", which is the next step in processing your claims. Clicking on the uploaded file name or total claims will bring you to a list of claims loaded from the file.

Manage Claims

The top of the Manage Claims page begins with a graph of your Recent claim activity by day. It has rows for the various dates, and it shows the number of claims horizontally.

You can click on pieces of the graph to show claims with the specific status and upload day.

Below the graph in Manage Claims is a list of all the various situations that need your attention. This is where Claim.MD tells you if you have rejected claims that need corrections, if claims are pending approval for transmission, and if certain payer responses have not been received in a reasonable time period. Claim.MD uses a set of rules to determine how that list is prioritized, so the most important issues are listed first. Typical entries on your Manage Claims list will include:

Rejected Claims - When a claim is rejected (either electronically by the payer, or from a Claim.MD edit), Claim.MD prompts you to

correct the errors in Manage Claims.

Response Warnings - In cases where we know that we should have a final payer response within a certain number of days, Claim.MD reconciles your responses to verify that the final payer response has arrived. If we have not received a particular batch of responses within the usual time frame, you are notified of that in Manage Claims.

Sometimes payer response files can be late for various reasons, and if you determine the payer has received the claims in a particular alert you can click the 'Hide Issue' link to remove it from your list.

Pending Approval - If your Claim.MD account is set to hold pending claims for Transmit Approval, the Manage Claims page is where you make the final click to release your claims to be transmitted. Until then, you can edit or delete any claim that is still pending.

To configure automatic transmit of your claims click 'Global Settings' on left hand menu, and check/uncheck 'Transmit Approval Required'.

Missing Initial Response - These claims are missing the initial response from either the payer (if direct) or our trading partner (if indirect). If you see claims that are missing an initial response for a couple of days, you can choose to re-transmit the claims or ignore further warnings for a couple of days. You can also click View Claims to look at the claims included in this warning. If necessary, you can open a GetHelp from one of the claims, and we will begin researching the issue as well.

Missing Remit - These are claims we expected an ERA to be returned on and have not received one in a timely manner.

The Claim Lists - Clicking "View Claims" from any item on your Manage Claims page will take you to a Claim List of the individual claims included in that alert.

- When you are viewing particular Claim List, ***click any of the column headings in the Claim List to change the sorting*** of the list (click the field heading a second time to reverse the sort order).
- From a Claim List, ***click any claim to make changes to the claim or delete it***. All changes made to the claim are tracked in the Claim History, along with the individual User ID that made the change.
- ***The printer icon*** (upper right of the page) ***opens a printable PDF version of the Claim List along with the Claim History and customized Appeal Page***.
- ***Delete multiple claims by selecting them with the check box*** on the list, then use the “Selected Actions” drop box in the upper right to “Delete Selected Claims”.

Editing a claim in Claim.MD - Whether you have selected a claim from a Manage Claims list, or if you have found the claim through a search or from a report, editing the claim in Claim.MD works the same way.

- **The top portion of the page has the standard claim form.** You can scroll through the form, and you can change any field on the form. Claim.MD has “live-editing”, so as you change values on the claim, you know immediately whether you have fixed the problem or if there are more problems to address on the claim. In some cases the live edits will automatically adjust values on the claim form in reaction to your changes. If you have difficulty editing a field you can disable live editing by un-checking the Enable Live Edits box at the bottom of the form.
- **The lower portion of the page shows Claim Errors in red.** If there are multiple messages for the claim, you can scroll through them. Each message has an “Affected Field” list, which is Claim.MD’s best guess of the field that you will need to edit to resolve the message. Clicking on an Affected Field in an error message takes you to that field on the claim form above.
- **Click “Show History” (bottom right)** to review details of changes and messages for this claim. NOTE: If you upload a claim more

than once, Claim.MD stores the combined history as a single claim. The Claim History shows each time that it is uploaded, as well as whatever differences there are on the claim in subsequent uploads.

- **Save Claim, Delete Claim, and GetHelp** are at the top of the claim. GetHelp opens a support ticket if you need to contact Claim.MD about the claim. Click “Save Claim” when you are finished with your changes, and the claim is ready to transmit in the step below. If a claim already shows a status of Sent, clicking the save claim button will tell the system to prepare the claim to transmit to the payer again.

Printing a paper claim or an Appeal Letter - The Printer Icon (upper right) opens a new window with a *printable PDF* of the claim, along with the *Claim History* (to prove timely filing), and an *Appeal Letter template* that has all of the claim data pre-filled for you. Customize the appeal letter by scrolling down to the 3rd page of the PDF, where you can click on the text of the appeal to modify anything on the page. Press Ctrl-P (or your browser’s Print command) to print the document.

At this time, the paper claim that prints includes the form, but it prints a black form that is intended for reference purposes only. Some payers may not accept the claim unless it is printed on the “official red form”. We will offer an update in the coming months that will allow you to print on pre-printed red forms.

View ERA’s

Click any remittance to open the printable PDF version of all detail for that remittance.

Click “list claims” to see the individual claims being paid in the remittance, then click on a patient name for a printable PDF of the remittance for just that one patient. This feature allows you to single out one patient in a large remittance if you need a printable version of the payment.

If your billing system can post payments from standard ANSI 835 remittance files, you can **check one or more ERA’s from the list and click “Download Selected 835”**. Claim.MD will generate a single file containing the remittances you selected, and it will download it to your

hard drive. NOTE: Your browser's settings control the folder where your file will download, and whether or not you are prompted to confirm the folder and the file name. Your local computer support should be able to help you if you need to change file download settings in your browser. Claim.MD names the files in the format "era-DATE-TIME.x12".

Reporting

Each report in Claim.MD begins with a graph of the data you have selected. A text summary of the data is below the graph. You can click any segment of the graph (or listing below) to see the claim level detail behind that component of the report.

Standard reporting time periods include "Past 30 Days", "Past 7 Days, and monthly increments.

The "Printable Version" link in the upper right corner opens a new window with the graph and the first level of detail in a printable PDF.

- Billed Charges by Payer, Rendering or Billing Provider, Facility
- Top Rejections
- Age of Billing
- Payments / Adjustments
- Avg. Payment Comparison
- Patient Geographics (NM or TX)

Search

Allows you to search all of your claims using particular criteria. Searches that return results can be narrowed down by selecting an additional field to search by. Click on a claim row to view the claim.

Claim.MD Support

Support Tickets

On the support tickets screen you can view open and previous support tickets that have been opened. Click on a row to view the dialog and responses on your support tickets. At the bottom of the dialog you can request additional help or reply to a support response.

Invoicing and Payments

View/Pay Invoices

Click on an Invoice # to view a PDF of the Statment for the given time period.

Make a Payment

The first time you make a payment the system will ask for your credit card information. This card will be associated with your particular User ID so future payments can be made with only a few clicks.

Creating a generic Print Image claim file

The easiest and most up to date option is if your Practice Management System is able to generate an ANSI 837 file. Contact your billing system support for questions regarding how to create one of these files.

If your software is unable to make an 837 file, you can suggest that your billing system or network support vendor follow these steps to 'Print your claims to a file'.

- a. From your Windows desktop, click the Start button.
- b. Click Control Panel
- c. Double Click Printers
- d. Click Add a Printer
- e. Choose Use Existing Port, File: (Print to File)
- f. [Next] to continue
- g. Choose Manufacturer: Generic
- h. Choose Printers: Generic / Text Only
- i. [Next] to continue
- j. Printer Name: Print To File
- k. Complete

Now within your practice management system, follow the normal steps to print your claims to paper, but select the 'Print To File' printer when prompted. Choose a folder and claim file name that you will remember when prompted to save the file.