

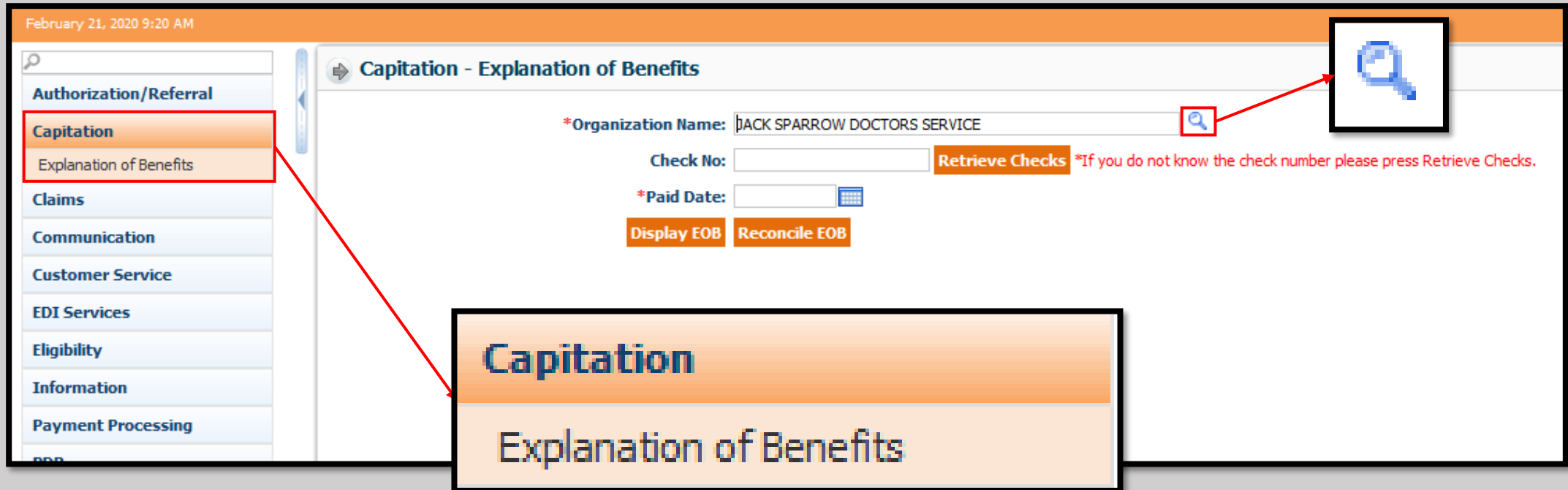
Innovative



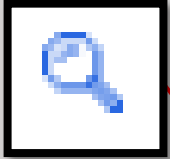
Management Systems

Explanation of Benefits Verification and
Retrieval

- There are two separate sections for retrieving Explanation of Benefits (E.O.B.).
- First, for Capitation payments select the E.O.B. sub-module from the Capitation module.
- Note the Organization will fill in based on your organization.
- If there is more than one, click the magnifying glass to search and select the appropriate Organization.




- A pop-up window will appear with the options seen below.
- Enter the criteria and click the “Search” button.
- Find and select the appropriate Organization by clicking on the yellow text under the “Organization ID” Column.



Organization Search - Mozilla Firefox

https://quickcap.imsmsso.com:8090/IMSMSO/SearchOrganizationandHP.aspx?enc=yNckMrArx+QW021N+Tb0G

Organization Search Close

Organization ID: Name: Tax ID:
NPI: Category:  Search Clear All

Organization ID	Name	Category	Tax ID	Pay To Address 1	Pay To Address 2	City	State	Zip	Email	Phone	Fax	NPI
999999999	JACK SPARROW DOCTORS SERVICE	026 - Physicians	99-9999999	555 1ST ST		LOS ANGELES	CA	90001	jeffrey.sabandit@imsmsso.com	(444) 444-4444		7777777777

- If you know the applicable check number, enter it in the Box labeled “Check No.”
- The “Paid Date” can also be entered at this time if it is known.
- Either after entering either pieces of information, or without entering anything, simply click the “Retrieve Checks” button.
- A pop-up window will appear with all checks that correspond to the search criteria.

Capitation - Explanation of Benefits

*Organization Name: JACK SPARROW DOCTORS SERVICE

Check No: Retrieve Checks

*Paid Date:

Display EOB Reconcile EOB

Retrieve Checks

**If you do not know the check number please press Retrieve Checks.*

- There will be a second set of search criteria to narrow the selection.
- The choices are the Check Number, the From, and the To Dates.
- Either Click the new Search button to refine your search, or click on the yellow text for the “Check No” that corresponds to the E.O.B.

Retrieve Checks

Check No Search - Mozilla Firefox

https://quickcap.imsmsso.com:8090/IMSMSO/CapCheck.aspx?enc=HeFcvboCBVJIALMhhDOLVnXt2egfDWiFj8a0E

Check No Search

Check #:

From Date: 08-21-2019

To Date: 02-21-2020

Search

Prefix	Check No	Paid Date	Amount
1	Z	02-13-2020	\$977.90

- The pop-up with close and fill in the fields previously empty (if applicable).
- Click either the “Display E.O.B.” or the “Reconcile E.O.B.” button to open the corresponding report.

Capitation - Explanation of Benefits

*Organization Name: JACK SPARROW DOCTORS SERVICE

Check No: 7 Retrieve Checks *If you do not know th

*Paid Date: 02-13-2020

Display EOB Reconcile EOB

Display EOB

Reconcile EOB

- The “Display E.O.B.” button will provide a summary based on Health Plan and Provider.

Display EOB

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CAPITATION EOB FOR FEBRUARY , 2020

FOR ORGANIZATION : 999999999 - JACK SPARROW DOCTORS SERVICE Check #: 1 - 7

FOR PROVIDER: 4589745630 -- SPARROW JACK

HEALTH PLAN	Current Members	Rate	Current Cap	Retro Member	Rate	Retro Cap	Correct Memb	Correct Cap	Adjust Members	Adjust Cap	Total Members	Total Cap
BRAND NEW DAY	4	\$115.50	\$380.60	0	\$ 0	\$0.00	0	\$0.00	0	\$0.00	4	\$380.60
PROVIDER 4589745630 TOTALS :	4		\$380.60	0		\$0.00	0	\$0.00	0	\$0.00	4	\$380.60

FOR PROVIDER: 4589745631 -- WALKER SKY

HEALTH PLAN	Current Members	Rate	Current Cap	Retro Member	Rate	Retro Cap	Correct Memb	Correct Cap	Adjust Members	Adjust Cap	Total Members	Total Cap
BRAND NEW DAY	2	\$412.50	\$597.30	0	\$ 0	\$0.00	0	\$0.00	0	\$0.00	2	\$597.30
PROVIDER 4589745631 TOTALS :	2		\$597.30	0		\$0.00	0	\$0.00	0	\$0.00	2	\$597.30

ADJUSTMENT DETAILS:	MEMO:	ADJUSTMENT AMOUNT
	-	\$0.00

ORGANIZATION TOTALS:

	6		\$977.90	0		\$0.00	0	\$0.00	0	\$0.00	6	\$977.90
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- The “Reconcile E.O.B.” button will create a summary based on each member under a Provider and what amount of the Capitation payment they provide.

Reconcile EOB

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Innovative Management Systems, Inc.
PCP CAPITATION RECONCILIATION REPORT
 Managed by: JACK SPARROW DOCTORS SERVICE
 FEBRUARY, 2020 CAPITATION

VENDOR: 999999999 - JACK SPARROW DOCTORS SERVICE
 PCP: SPARROW JACK

MEMBER NAME	MEMBER ID	SEX	HMO	EFF DT	TERM DT	AGE	CURRENT		MANUAL ADJ		NET TO PAY		
							CAP MONTH / YR	MM	CAP \$	MM	CAP \$	MM	CAP \$
BAINES,GREG	100000000	M	020	04/30/2019		29	2/2020	1	115.50	0	0.00	1	115.50
GOODMAN,JANE	100000003	F	037	02/01/2019		51	2/2020	1	85.80	0	0.00	1	85.80
GOODMAN,JOHN	100000002	M	037	02/01/2019		59	2/2020	1	71.50	0	0.00	1	71.50
JEFF,JONES	100000001	M	020	04/01/2019		25	2/2020	1	107.80	0	0.00	1	107.80
TOTALS FOR MONTH: February, 2020										TOTAL:		4	380.60

PCP: SPARROW JACK

MANUAL ADJ		NET TO PAY	
MM	CAP \$	MM	CAP \$
0	0.00	4	380.60

TOTALS FOR MONTH: February, 2020

PCP: WALKER SKY

MEMBER NAME	MEMBER ID	SEX	HMO	EFF DT	TERM DT	AGE	CURRENT		MANUAL ADJ		NET TO PAY		
							CAP MONTH / YR	MM	CAP \$	MM	CAP \$	MM	CAP \$
CORMAC,MARIO	13311161	M	020	10/01/2019		95	2/2020	1	412.50	0	0.00	1	412.50
DOE,JANE	123456A	F	020	MM 09/01/2019		30	2/2020	1	184.80	0	0.00	1	184.80
TOTALS FOR MONTH: February, 2020										TOTAL:		2	597.30

PCP: WALKER SKY

MANUAL ADJ		NET TO PAY	
MM	CAP \$	MM	CAP \$
0	0.00	2	597.30

TOTALS FOR MONTH: February, 2020

TOTALS FOR VENDORS: 999999999 DATE PAID: 02/13/2020 ADJ: 0.00 NET: 977.90

- Both reports can be printed (1) or exported and saved to a computer (2).



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CAPITATION EOB FOR FEBRUARY , 2020

FOR ORGANIZATION : 999999999 - JACK SPARROW DOCTORS SERVICE Check #: 1 - 7

FOR PROVIDER: 4589745630 -- SPARROW JACK

HEALTH PLAN	Current Members	Rate	Current Cap	Retro Member	Rate	Retro Cap	Correct Memb	Correct Cap	Adjust Members	Adjust Cap	Total Members	Total Cap
BRAND NEW DAY	4	\$115.50	\$380.60	0	\$0	\$0.00	0	\$0.00	0	\$0.00	4	\$380.60
PROVIDER 4589745630 TOTALS :	4		\$380.60	0		\$0.00	0	\$0.00	0	\$0.00	4	\$380.60

FOR PROVIDER: 4589745631 -- WALKER SKY

HEALTH PLAN	Current Members	Rate	Current Cap	Retro Member	Rate	Retro Cap	Correct Memb	Correct Cap	Adjust Members	Adjust Cap	Total Members	Total Cap
BRAND NEW DAY	2	\$412.50	\$597.30	0	\$0	\$0.00	0	\$0.00	0	\$0.00	2	\$597.30
PROVIDER 4589745631 TOTALS :	2		\$597.30	0		\$0.00	0	\$0.00	0	\$0.00	2	\$597.30

ADJUSTMENT DETAILS:	MEMO:	ADJUSTMENT AMOUNT
	-	\$0.00

ORGANIZATION TOTALS: 6 \$977.90 0 \$0.00 0 \$0.00 6 \$977.90

02/21/2020 PAGE: 1

Inn
PCP CAP
Managed by
F

VENDOR: 999999999 - JACK SPARROW DOCTORS SERVICE

PCP: SPARROW JACK

MEMBER NAME	MEMBER ID	SEX	HMO	EFF DT	TERM DT	AGE	CURRENT		MANUAL ADJ		NET TO PAY			
							CAP MONTH / YR	MM	CAP	MM	CAP \$	MM	CAP \$	
BAINES,GREG	100000000	M	020	04/30/2019		29	2/2020	1	115.50	0	0.00	1	115.50	
GOODMAN,JANE	100000003	F	037	02/01/2019		51	2/2020	1	85.80	0	0.00	1	85.80	
GOODMAN,JOHN	100000002	M	037	02/01/2019		59	2/2020	1	71.50	0	0.00	1	71.50	
JEFF,JONES	100000001	M	020	04/01/2019		25	2/2020	1	107.80	0	0.00	1	107.80	
TOTALS FOR MONTH: February, 2020												TOTAL:	4	380.60

PCP: SPARROW JACK

MANUAL ADJ		NET TO PAY	
MM	CAP \$	MM	CAP \$
0	0.00	4	380.60

TOTALS FOR MONTH: February, 2020

PCP: WALKER SKY

MEMBER NAME	MEMBER ID	SEX	HMO	EFF DT	TERM DT	AGE	CURRENT		MANUAL ADJ		NET TO PAY			
							CAP MONTH / YR	MM	CAP	MM	CAP \$	MM	CAP \$	
CORMAC,MARIO	13311161	M	020	10/01/2019		95	2/2020	1	412.50	0	0.00	1	412.50	
DOE,JANE	123456A	F	020	MM/09/01/2019		30	2/2020	1	184.80	0	0.00	1	184.80	
TOTALS FOR MONTH: February, 2020												TOTAL:	2	597.30

PCP: WALKER SKY

MANUAL ADJ		NET TO PAY	
MM	CAP \$	MM	CAP \$
0	0.00	2	597.30

TOTALS FOR MONTH: February, 2020

TOTALS FOR VENDORS: 999999999 DATE PAID: 02/13/2020 ADJ: 0.00 NET: 977.90

- The second section for retrieving E.O.B.'s is for Fee-for-Service Claims.
- Select the “Claims E.O.B.” sub-module from the “Payment Processing” module.

The screenshot shows a web application interface for "Claims - Explanation of Benefits". On the left is a navigation menu with the following items: Authorization/Referral, Capitation, Claims, Communication, Customer Service, EDI Services, Eligibility, Information, Payment Processing, Claims EOB, PDR, and Reports. The "Payment Processing" item is highlighted with a red box, and a red arrow points from it to a larger orange box in the main content area. This larger box contains the text "Payment Processing" and "Claims EOB".

The main content area is titled "Claims - Explanation of Benefits" and contains the following fields and buttons:

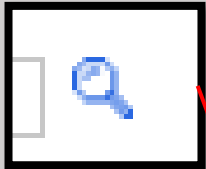
- Member Name:
- *Organization Name: JACK SPARROW DOCTORS SERVICE
- Check No: **Retrieve Checks** *Click Retrieve Checks if you do not know the check number.
- *Paid Date From: To:
- Display EOB**

- Similarly to the Capitation E.O.B. search menu, the Organization will auto-populate (1).
- There will be the box to enter the check number (Check No.) (2).
- Additionally, there is now a search box for the Member Name (3) and the Paid Date is broken in to “Paid Date From” and “To” (4).

The screenshot shows a web application interface for searching claims. The title is "Claims - Explanation of Benefits". The interface includes several input fields and buttons:

- Member Name:** A search box with a magnifying glass icon, highlighted by a red box and labeled with a callout box containing the number "3".
- *Organization Name:** A dropdown menu showing "JACK SPARROW DOCTORS SERVICE" with a magnifying glass icon, highlighted by a red box and labeled with a callout box containing the number "1".
- Check No.:** An input field, highlighted by a red box and labeled with a callout box containing the number "2".
- *Paid Date From:** An input field with a calendar icon, highlighted by a red box and labeled with a callout box containing the number "4".
- To:** An input field with a calendar icon, highlighted by a red box and labeled with a callout box containing the number "4".
- Retrieve Checks:** An orange button, highlighted by a red box, with a red asterisk and the text "*Click Retrieve Checks if y" to its right.
- Display EOB:** An orange button located below the date range fields.

- If a range of claims based on a specific member is required, click the magnifying glass to the right of the Member Name search box.
- Enter as much information as possible and click the Search button to the right.
- Please note at least one field is required to perform the search.



Member Search

Member ID/Other ID: Last Name: First Name:

HP: DOB: Gender:

Employer Group Code: Company: Site Number:

Details	Member ID	Name	Gender	Date Of Birth	HP Code	Emp Grp	PCP Effective Date	Phone	Company	Secondary ID	Other ID
	123456A	DOE JANE	F	01-01-1990	BNDS		02-01-2019	3105555555	IMSMO		
	12346546549	DOE JANE	F	01-01-1970	BNDS		01-01-2019	5555555555	IMSMO		

- If there is a specific date range of claims that needs to be reviewed, the dates can be entered.
- Alternately the calendar menu can be used, by clicking on the Calendar button to the right of each box.
- Please note once the Check Number is entered the From and To dates will auto-populate based on the information on the check.
- Alternatively, if none of the other fields are known, a general date range can be used by entering a From and To that covers all Dates of Service in question.

*Paid Date From: 02-10-2020 To: 02-10-2020

Display EOB

February, 2020							
<<		Today				>>	
wk	Sun	Mon	Tue	Wed	Thu	Fri	Sat
4							1
5	2	3	4	5	6	7	8
6	9	10	11	12	13	14	15
7	16	17	18	19	20	21	22
8	23	24	25	26	27	28	29

Select date

- Once the search terms have been defined, click the “Display E.O.B.” button to generate the appropriate documentation.
- From here the E.O.B. can be viewed (1), printed (2), or saved to the computer (3).

Display EOB

EXPLANATION OF BENEFITS

Jack Sparrow Doctors Service
555 1st St,
Los Angeles, CA 90001

Vendor ID: 999999999
Tax ID: 99-9999999
Check #: 6
Amount: 268.80
Date Paid: 02/10/2020

Claim #: 20200129T3300003
Member Name: Doe Jane

Provider: 4589745630 SPARROW JACK
Member ID: 12346546549 Health Plan: BNDS - BRAND NEW DAY

P.O.S.:
Patient Number:
Auth #:

Date of Service	From	To	Services	Qty	Billed	Allwbl	Co-Ins	Copay	Adjust	W/Held Net	Payment Code		
	01/10/2020	01/10/2020	99497	1	150.00	93.84	0.00	0.00	0.00	0.00	93.84		
Memo:					Total for claim #: 20200129T3300003								
					150.00	93.84	0.00	0.00	0.00	0.00	93.84	Interest: 0.00	Paid: 93.84

Claim #: 20200129T3300005
Member Name: Doe Jane

Provider: 4589745630 SPARROW JACK
Member ID: 12346546549 Health Plan: BNDS - BRAND NEW DAY

P.O.S.:
Patient Number:
Auth #:

Date of Service	From	To	Services	Qty	Billed	Allwbl	Co-Ins	Copay	Adjust	W/Held Net	Payment Code
	01/10/2020	01/10/2020	99213	1	500.00	83.73	0.00	0.00	0.00	0.00	83.73
	01/10/2020	01/10/2020	77080	1	5,000.00	45.85	0.00	0.00	0.00	0.00	45.85