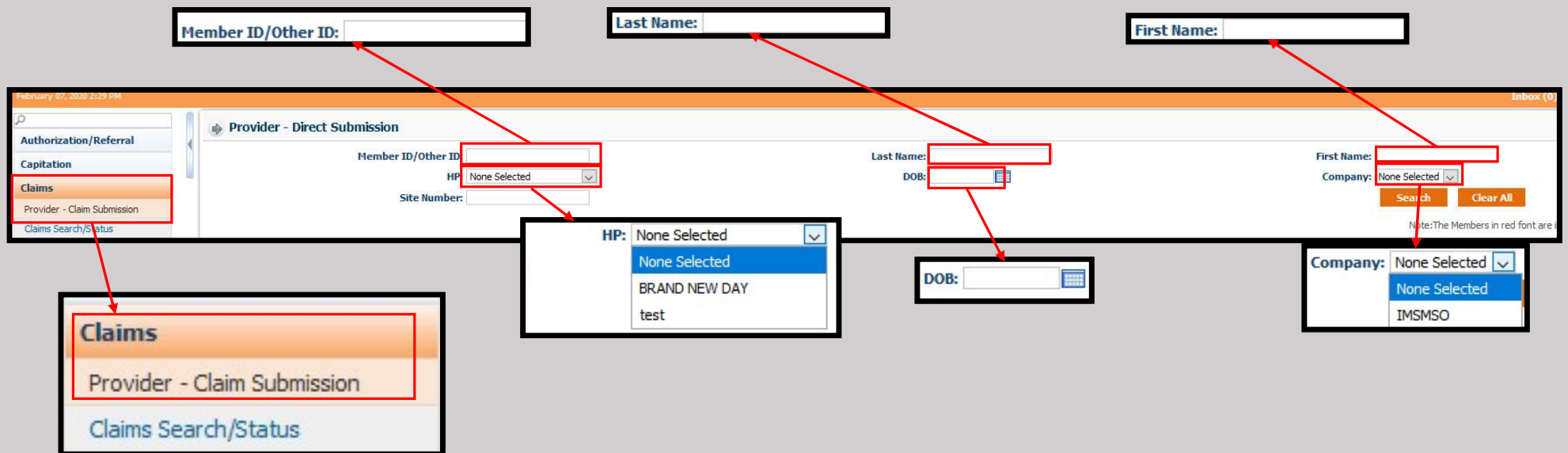


Innovative

Management Systems

Claim Submission, Search, and Responding
to Request for Additional Documentation

- To Submit claims through the Portal, select the “Claims” Module and then the “Provider – Claim Submission Sub Module on the Left.
- Enter as much information as possible to locate the member under your care.
- The fillable fields are the Member ID, First and Last Names and Date of Birth (DOB).
- The Drop-down menus include information for the Health Plan they belong to and the IPA.



- Upon initiating a Search, the Results containing matching members under a Provider's care will be displayed.
- Please note as a Specialist, members will only be displayed if there is an authorization, or if there already was a previous connection to a provider on the portal.
- The Provider may: Submit a claim, see additional information on the member in the case of similar results, and upload a Continuity of Care Document to a member.

Provider - Direct Submission

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

Member ID	Name	Date of Birth(Age)	HP Code/Name	RAF	PCP Name	HP Effective From	HP Effective To	Phone	Company	Secondary ID	Other ID	Site Info
123456A	DOE	01-01-1990 (30.100)	BNDS BRAND NEW DAY		WALKER SKY	09-01-2019		3105555555	IMSMSO			
1346546549	DOE JANE	01-01-1970 (50.100)	BNDS BRAND NEW DAY		SPARROW JACK	01-02-2020		5555555555	IMSMSO			

Note: The Members in red font are inactive. [Additional Details](#)

CCD Data: Upload

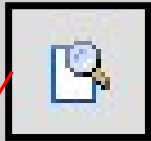
Please upload

*Member:

CCD Data: Upload File Paste XML Data

*Upload File: No file selected.
 [Max file size 256M]

- This pop-up screen will be displayed upon clicking the Additional Information button from the previous screen.



Member Details

Member ID: 12346546549 **Name:** Doe, Jane **Gender:** Female **Health Plan:** Brand New Day **Other Coverage:** No **Language:** **Primary Address:** 6119 E Washington Blvd Ste 201, Commerce, CA, 90040
DOB: 01-01-1970 **Age:** 50.100 yrs **LOB:** MEDICARE 5555555555 5555555555

Benefit Code Details				PCP Details				Benefit Code - 024 (DUAL...) - MOOP (From: 01-01-2020 To: 12-31-2020)								
Benefit Code	Emp Group	Benefit From	Benefit To	ID	Name Organization	From Date To Date	Contact Details	Benefit Level	Member Deductible		Subscriber Deductible		Member MOOP		Subscriber MOOP	
									Limit	Accum	Limit	Accum	Limit	Accum	Limit	Accum
024		01-02-2020		4589745630	SPARROW JACK JACK SPARROW DOCTORS SERVICE	01-01-2020	6119 E WASHINGTON BLVD STE 201, COMMERCE, CA, 900402452 3237391130	In-N/W	Limits not configured.				\$6700.00	\$0.00	-	\$0.00
								Out-N/W	Limits not configured.				-	\$0.00	-	\$0.00
								Combined	Limits not configured.				-	\$0.00	-	\$0.00

Service Limits									Selected DOM's MOOP (From: 01-01-2020 To: 12-31-2020)								
Benefit Tracking Code Description	Benefits Being Tracked	Total No Of Quantity/Admissions Allowed	Total No Of Quantity/Admissions Utilized	Total No Of Visits Utilized	Accumulation Type	Maximum Dollar Amount Allowed	Dollar Amount Utilized	Based On	DOM Level	Member Deductible		Subscriber Deductible		Member MOOP		Subscriber MOOP	
										Limit	Accum	Limit	Accum	Limit	Accum	Limit	Accum
3 ACUPUNCTURE VISIT	ACUPUNCTURE SERVICES, ACUPUNCTURE SERVICES (OTHER)	24	0	0	Per Qty	\$0.00	\$0.00	Net Amount	In-N/W	Limits not configured.				Limits not configured.			
8 ALCOHOL MISUSE COUNSELING	ALCOHOL MISUSE COUNSELING	4	0	0	Per Day	\$0.00	\$0.00	Net Amount	Out-N/W	Limits not configured.				Limits not configured.			
7 ALCOHOL MISUSE SCREENING	ALCOHOL MISUSE SCREENING	1	0	0	Per Qty	\$0.00	\$0.00	Net Amount	Combined	Limits not configured.				Limits not configured.			
36 ANNUAL WELLNESS VISIT - PER 12 MONTHS	ANNUAL WELLNESS VISIT - INITIAL VISITS	1	0	0	Per Day	\$0.00	\$0.00	Net Amount									
+ 18 BONE MASS MEASUREMENTS PER 24 MONTHS	BONE MASS MEASUREMENTS, BONE MASS MEASUREMENTS - Z09	1	3	0	Per Day	\$0.00	\$86.52	Net Amount									
+ 21 CARDIOVASCULAR DISEASE	CARDIOVASCULAR DISEASE	1	1	0	Per Day	\$0.00	\$8.19	Net									

Copay/Coinsurance

Site Details

Other IDs Details

Non Compliant Quality Measures

- The Claim Submission button will present this screen.

Claim Submission Back

Company ID: IMSMSO (Fields marked with the asterisk * are mandatory.) Authorization #:

Member Information

ID: 12346546549
DOB: 01-01-1970
Health Plan: BRAND NEW DAY

Name: DOE JANE
Sex: F

Provider Information

Provider ID: 4589745630
Select Provider: SPARROW JACK
Name: SPARROW JACK
Organization: 999999999 - JACK SPARROW DOCTORS SERVICE
Phone:

Specialty: FAMILY MEDICINE
Provider Type: DEFAULT
Fax: 3237391130

Referring Provider Information

Referring Provider ID: Name:

Billing Address

Name: JACK SPARROW DOCTORS SERVICE
Address Line 1: 1234 TEST ADDRESS
Address Line 2:
City: CITY OF INDUSTR State: CA Zip: 901245
NPI: 777777777 Tax ID: 99-9999999

Service Facility Address

Name:
Address Line 1: 6119 E WASHINGTON BLVD STE 201
Address Line 2:
City: COMMERCE State: CA Zip: 900402452
NPI: 9743761360 Other ID:

Pay-to-Address

Same as Billing Address
Address Line 1: 555 1ST ST
Address Line 2:
City: LOS ANGELES State: CA Zip: 90001

Additional Information

Provider Claim / Patient Account #: Patient Paid Amount: Purchase Service Amount:

Claim Details

POS: 11 - OFFICE
Admission Date: MM-DD-YYYY Discharge Date: MM-DD-YYYY

Diagnosis Add (Only 12 distinct diagnosis codes are allowed.)

* Diagnosis Code:

Diag. Reference	Diag. Code	Diag. Description
No diagnosis codes added.		

Services Requested Selected date will be used as Service From and Service To dates for all service lines. Yellow fields are mandatory.

Service Date-Time	Service Code	NDC Code - Qty - Unit Type	Modifiers	Diag. Ref.	Qty - Billed	Other Insurance	Notes
From: MM-DD-YYYY 00:00 To: MM-DD-YYYY 00:00	<input type="text"/>	11-digit 5-4-2 NDC Code 1 Unit	Modif. 1 Modif. 2 Modif. 3 Modif. 4	Ref. 1 Ref. 2 Ref. 3 Ref. 4	1 Billed Amount	<input type="text"/>	<input type="text"/>

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

- Use the highlighted drop-down menus to select the appropriate Organization (1), Provider (2), and Specialty (3).


The screenshot shows a 'Claim Submission' form with several sections. Three red boxes with numbers 1, 2, and 3 are placed over specific drop-down menus. Red arrows point from these boxes to the corresponding menus in the form.

- 1**: Points to the 'Organization' drop-down menu, which is currently set to '999999999 - JACK SPARROW DOCTORS SERVICE'.
- 2**: Points to the 'Select Provider' drop-down menu, which is currently set to 'SPARROW JACK'. A larger drop-down menu is open below it, showing a list of providers including 'SPARROW JACK', 'ACUPUNCTURE MISTER', 'STARK TONY', 'VADER DARTH', and 'WALKER SKY'.
- 3**: Points to the 'Specialty' drop-down menu, which is currently set to 'FAMILY MEDICINE'.

Other visible form fields include:

- Company ID: IMSMSO
- Member Information: ID: 123465456549, Name: DOE JANE, DOB: 01-01-19, Health Plan: BRAND N
- Referring Provider Information: Referring Provider ID, Name
- Service Facility Address: Name, Address Line 1, Address Line 2, City, State, Zip
- Pay-to-Address: Name, Address Line 1, Address Line 2, City, State, Zip
- Claim Details: POS: 11 - OFFICE, Admission Date, Discharge Date
- Diagnosis: *Diagnosis Code: (Only 12 distinct diagnosis codes are allowed.)
- Services Requested: Table with columns for Service Date-Time, Service Code, NDC Code, Modifiers, Diag. Ref., Qty - Billed, Other Insurance, and Notes.

- To enter Authorization information, click in the field and type the authorization number.
- Or if the Authorization needs to be searched, click on the magnifying glass to the right of the “Authorization #.”

Authorization #: 

Authorization Search - Mozilla Firefox
https://quickcap.imsms.com:8090/IMSMSO/SearchAuthorization.aspx?enc=0zV4KBT72wt+X3d+s74F6BBTWMxQ7di6Z37UCS7: ...

Authorization Search Close

Member ID: 12346546549	Last Name: <input type="text"/>	First Name: <input type="text"/>
Member SSN: <input type="text"/>	DOB: <input type="text"/>	Auth No: <input type="text"/>
Request/Receive Date From: <input type="text"/>	Request/Receive Date To: <input type="text"/>	Health Plan: None Selected
Auth. Date From: <input type="text"/>	Auth. Date To: <input type="text"/>	Place of Service: None Selected
Requesting / Requesting To physician ID: <input type="text"/>	Status: REQUESTED	Priority: All
CPT Code: <input type="text"/>	Diag Code: <input type="text"/>	Company: IMSMSO

Authorization Details

No Authorization Details Found.

- Enter as much of the information as possible and click the search button.
- The results will be displayed below.

The screenshot shows a web browser window titled "Authorization Search - Mozilla Firefox". The address bar contains the URL: <https://quickcap.imsmsso.com:8090/IMSMSO/SearchAuthorization.aspx?enc=OzV4KBT72wt+X3d+s74F6BBTWmxQ7di6Z37UCS7:>

The "Authorization Search" form includes the following fields:

- Member ID: 12346546549
- Last Name: DOE
- First Name: JANE
- Member SSN: (empty)
- DOB: (empty)
- Auth No: (empty)
- Request/Receive Date From: (empty)
- Request/Receive Date To: (empty)
- Health Plan: None Selected
- Auth. Date From: (empty)
- Auth. Date To: (empty)
- Place of Service: None Selected
- Requesting / Requesting To physician ID: (empty)
- Status: All
- Priority: All
- CPT Code: (empty)
- Diag Code: (empty)
- Company: IMSMSO

Buttons for "Search" and "Clear All" are located at the bottom right of the form. A red box highlights the "Search" button, and a red arrow points from it to the first row of the results table below.

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
20200207T8800002	APPROVED	02-07-2020	02-07-2020	05-06-2020		11 OFFICE	12346546549 DOE, JANE	4589745631 WALKER SKY 999999999 WALKER SKY (DEFAULT) GENERAL PRACTICE	4589745631 WALKER SKY 999999999 JACK SPARROW DOCTORS SERVICE (DEFAULT) GENERAL PRACTICE	\$206.89			IMSMSO

[Show Claims Info](#)

Service Code	Description	Modifier	Diagnosis	Financial Resp.	Adjust Descr.	Qty	Net	Adjust
31535	LARYNGOSCOPY W/BIOPSY		01.0-ACUTE RHEUMATIC PERICARDITIS	IPA		1	\$206.89	\$0.00

➤ To see more of the Authorization Details, click on the icon shown below.

Authorization Search - Mozilla Firefox
 https://quickcap.imsmsso.com:8090/IMSMSO/Se

Authorization Search

Member ID: 12346546549
 Member SSN:
 Request/Receive Date From:
 Auth. Date From:
 Requesting / Requesting To physician ID:
 CPT Code:

Authorization Search Results

Auth. No.	Reason	Request/Receive Date	Auth. Date
20200207T8800002	APPROVED	02-07-2020	02-07-2020

[Show Claims Info](#)

Authorization Details

Request Type: Medication Other
 Status: APPROVED

Authorization No: 20200207T8800002
 Created By: TEST ADMIN 1 Created DateTime: 02-07-2020 11:43:27

Service is: ROUTINE *Place of Service: 11 - OFFICE *Requested/Received Date: 02-07-2020 Time: 11:43:27
 Service Category: Payment Status: OPEN

Service Request Date: Time: Valid From/Action Date: 02-07-2020 Time: 11:43:26 Valid To/Auth Expiration Date: 05-06-2020 Time: 11:43:27 Valid For: 90 Day(s)

Final Decision Made: 02-07-2020 15:45:15
 Written Notification To Member: NA Written Notification To Provider: 02-07-2020 15:45:34 Written Notification To Referring To Physician: NA
 Oral Notification To Member: NA Oral Notification To Provider: NA Oral Notification To Referring To Physician: NA

Member Details Company: IMSMSO

* HP Member ID: 12346546549 Member Name: DOE JANE DOB: 01-01-1970 Age: 50.108 Sex: F
 HP Effective Date: 01-01-2020 PCP Effective Date: 01-01-2020 Health Plan: BRAND NEW DAY
 Guardian Name: Language: Cell/Phone Number: 5555555555
 Member Address: 6119 E Washington Blvd ste 201,,commerce,CA
 PCP ID: 4589745630 PCP Name: SPARROW JACK PCP Fax: 3237391130
 PCP Phone: MR#: PCP Approved? Yes No Unknown [View CCD](#)

Requesting Provider Information

*Requesting Provider: 4589745631 Name: WALKER SKY
 Specialty: GENERAL PRACTICE
 Requesting Office: 6119 E WASHINGTON BLVD STE 201, COMMERCE, CALIFORNIA, 900402452
 Phone: 5555555555 Fax: 3237391130

Referring To Provider Information

Referring To Specialty: GENERAL PRACTICE
 Referring To Provider: 4589745631 Name: WALKER SKY
 Referring To Office: 6119 E WASHINGTON BLVD STE 201, COMMERCE, CALIFORNIA, 900402452
 Phone: 5555555555 Fax: 3237391130
 Notes: **Non Preferred Provider**

Facility Provider Information

Facility: Name:

Service Code | **Description** | **Modifier** | **Di**

31535	LARYNGOSCOPY W/BIOPSY		i03
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- When the Authorization is found, click on the Authorization number to add to the claim.

The screenshot displays a medical claims system interface. At the top, a large callout box highlights the text "Authorization #: 20200207T8800002" with a magnifying glass icon. Below this, the main form contains several sections: "Provider Information" with fields for Provider ID, Name, Organization, and Specialty; "Referring Provider Information" with fields for Referring Provider ID and Name; "Service Facility Address" with fields for Name, Address Line 1, Address Line 2, City, State, and Zip; and "Pay-to-Address" with fields for Name, Address Line 1, Address Line 2, City, State, and Zip. A red box highlights the "Authorization #: 20200207T8800002" field in the Referring Provider Information section. A red arrow points from this field to a callout box on the left. The callout box on the left shows the authorization number "20200207T8800002" with a green checkmark and a "Show Claims Info" button. Below the main form, there are sections for "Additional Information" and "Claim Details".

- Enter the Billing, Service Facility, and Pay-to Addresses.
- If the Pay-to-Address is the same as the Billing Address, clicking the box will Auto-populate the information.
- Please be sure to verify the Tax ID for the Billing Provider.

The screenshot displays a medical billing form with several key sections highlighted by red boxes and arrows:

- Billing Address (Top Left):** Name: JACK SPARROW DOCTORS SERVICE; Address Line 1: 1234 TEST ADDRESS; Address Line 2: ; City: CITY OF INDUSTR; State: CA; Zip: 901245; NPI: 777777777; Tax ID: 99-9999999.
- Pay-to-Address (Top Right):** Same as Billing Address; Address Line 1: 555 1ST ST; Address Line 2: ; City: LOS ANGELES; State: CA; Zip: 90001.
- Service Facility Address (Middle):** Name: ; Address Line 1: 6119 E WASHINGTON BLVD STE 201; Address Line 2: ; City: COMMERCE; State: CA; Zip: 900402452; NPI: 9743761360; Other ID: .
- Additional Information (Bottom Left):** Provider Claim / Patient Account #: ; Patient Paid Amount: ; Purchase Service Amount: ; POS: 11 - OFFICE; Admission Date: MM-DD-YYYY; Discharge Date: MM-DD-YYYY.
- Diagnosis (Bottom Left):** Diag. Reference: ; Services Requested: MM-DD-YYYY Selected da: ; Service Date-Time: From: MM-DD-YYYY 00:00 To: MM-DD-YYYY 00:00.
- Table (Bottom Left):**

	1	Unit	Modif. 3	Modif. 4	Ref. 3	Ref. 4	Billed Amount
- Documents (Bottom Right):** Documents: ; File: .

Red arrows point from the callout boxes to the corresponding fields in the main form. A red box highlights the 'Same as Billing Address' checkbox in the Pay-to-Address section.

- If there is no authorization, or if additional information needs to be placed on the claim fill in the blanks as needed.
- If a diagnosis needs to be added, type it directly in to the Diagnosis Code box, or press the magnification icon to begin the search process.
- Click the “Add” button to add the selected diagnosis to the claim.
- Repeat this process until all appropriate diagnosis have been added to the claim.

The screenshot displays a medical claims management interface. At the top, it shows the date and time (February 10, 2020 2:00 PM) and the user's inbox status (Inbox (0)). The interface is divided into several sections:

- Member Information:** ID: 12346546549, Name: DOE JANE, DOB: 01-01-1970, Health Plan: BRAND NEW DAY.
- Provider Information:** Provider ID: 4589745631, Name: WALKER SKY, Organization: 999999999 - JACK SPARRCO, Phone: 5555555555.
- Referring Provider Information:** Name: JACK SPARROW DOCTORS SERVICE, Address Line 1: 1234 TEST ADDRESS, City: CITY OF INDUSTRY, State: CA, Zip: 901245.
- Additional Information:** Fields for Patient Paid Amount, Purchase Service Amount, and Admission Date.
- Diagnosis Search:** A pop-up window showing a table of diagnosis codes. The table has columns for Diagnosis Code (with/without decimal), Description, Medium Description, Long Description, Version, Active From, Active To, Billable?, and Phone Details. A red arrow points from the search box in the main interface to this window.
- Claim Details:** A dropdown menu for POS (Place of Service) is open, showing options from 02 - TeleHealth to 11 - OFFICE. The 'Add' button is highlighted with a red box.
- Diagnosis Code:** A search box contains 'I10', and a magnifying glass icon is next to it. A red arrow points from the search box to the 'Add' button.
- Services Requested:** A table with columns for Diag. Reference, Diag. Code, and Diag. Description. The first row shows 'I10 - ESSENTIAL PRIMARY HYPERTENSION'.
- Attachments:** A section for uploading documents, with a 'Browse...' button and a note: '(Please upload .doc, .docx, .xls, .xlsx, .ppbx, .xps, .psd, .htm, .pdf, .tif, .rtf and text documents only.)'

At the bottom, a note states: '(Fields marked with the asterisk * are mandatory.)'

- If all services take place on the same day, type in the date using the topmost “Services Request” date section.
- Separately, the date may be selected using the pop-up date selector.
- The dates in the “To” and From” for all Service Codes on the claim will all automatically have this date.
- Each line can still manually be adjusted by clicking on it and entering a new date or using the menu.

The image illustrates the date selection process in a software interface. At the top, a text box displays the format **MM-DD-YYYY**. Below it, a **Services Requested** form has a field with the same format, accompanied by the text: "Selected date will be used as Service From and Service To dates for all service lines." The form includes a **Service Date-Time** section with **From:** and **To:** fields, each containing the **MM-DD-YYYY** format and a **00:00** time field. A calendar pop-up is shown, displaying the month of **Feb** for the year **2020**. The date **11** is highlighted in yellow. A zoomed-in view of the **Services Requested** form shows the **From:** and **To:** fields populated with **02-01-2020**.

- To add Service Codes, click the box and enter it directly.
- Alternatively, click on the magnifying glass and use the search function.
- If using the search function, click on the yellow text to select the appropriate Service Code.

The screenshot shows a service entry form with a search dropdown menu. The dropdown menu is open, showing a list of service codes. The code '99203' is highlighted in yellow. A red arrow points from the search icon in the form to the dropdown menu, and another red arrow points from the highlighted '99203' code back to the search icon in the form.

Service Search

Service Type: All Service Code: 992 Description: Contains

Service Code	Description	Medium Description	Long Description
99200 (P)	UNLISTED SERVICE & PROCEDURES	UNLISTED SERVICE & PROCEDURES	UNLISTED SERVICE & PROCEDURES
99201 (P)	OFFICE/OUTPATIENT VISIT NEW	OFFICE OUTPATIENT NEW 10 MINUTES	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A problem focused history; A problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self limited or minor. Typically, 10 minutes are spent face-to-face with the patient and/or family.
99202 (P)	OFFICE/OUTPATIENT VISIT NEW	OFFICE OUTPATIENT NEW 20 MINUTES	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.
99203 (P)	OFFICE/OUTPATIENT VISIT NEW	OFFICE OUTPATIENT NEW 30 MINUTES	Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: A detailed history; A detailed examination; Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.

- To add an NDC Code, use the drop down to select the type.
- Then, either enter the code directly in to the “NDC Code” box, or use the magnifying glass to begin searching for the correct code.
- Be sure to enter the correct Quantity and the correct unit type if needed. The default is “Unit.”

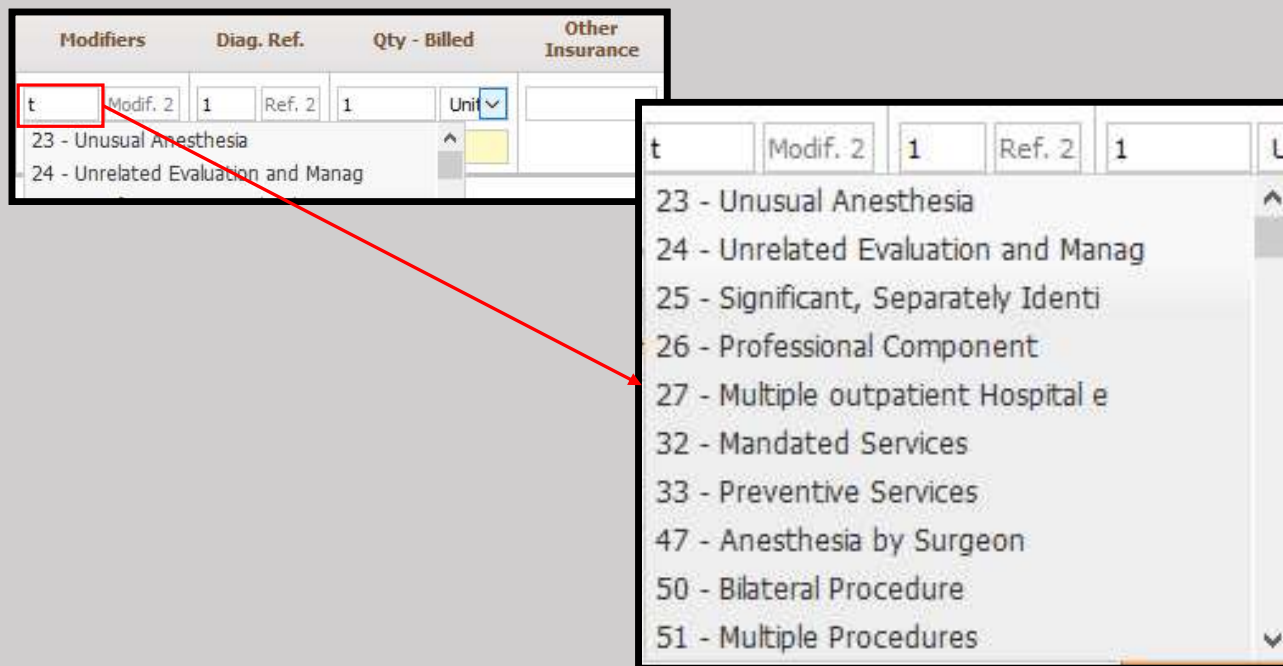
The screenshot displays a software interface for adding an NDC Code. The main form includes fields for Service Date-Time, Service Code, NDC Code - Qty- Unit Type, Modifiers, Diag. Ref., Qty - Billed, and Other Insurance. The NDC Code field is set to '11-digit 5-4-2' and the Unit Type is set to 'Unit'. A search box is visible next to the NDC Code field.

Below the main form, two dropdown menus are shown. The first dropdown menu lists NDC code types: '11-digit 5-4-2', '11-digit 5-4-2', '10-digit 4-4-2', '10-digit 5-3-2', and '10-digit 5-4-1'. The second dropdown menu lists unit types: 'Unit', 'Milliliter', 'Milligram', 'Gram', and 'International Unit'.

To the right, a search results window is open, showing a table of NDC codes and their descriptions. The search criteria are Code: and Description: d. The table lists various NDC codes and their corresponding descriptions, including Depakote (Divalproex Sodium) TABLET, EXTENDED RELEASE ORAL 10 BLISTER PACK in 1 CARTON (0074-3826-11) > 10 TABLET, EXTENDED RELEASE in 1 BLISTER PACK, and DOPAMINE 80 MG/ML SYRINGE.

11 - Digit Code	Description	Major Ingredient	Start Marketing Date	End Marketing Date
00074382611	Depakote (Divalproex Sodium) TABLET, EXTENDED RELEASE ORAL 10 BLISTER PACK in 1 CARTON (0074-3826-11) > 10 TABLET, EXTENDED RELEASE in 1 BLISTER PACK		08/04/2000	
00074382613	Depakote (Divalproex Sodium) TABLET, EXTENDED RELEASE ORAL 100 TABLET, EXTENDED RELEASE in 1 BOTTLE (0074-3826-13)		08/04/2000	
00074426501	DOPAMINE 80 MG/ML VIAL		02/12/1983	
00074426618	DOPAMINE 80 MG/ML SYRINGE		10/26/1995	
00074471902	DRUM-CARTRIDGE CATHETER		01/01/1982	05/27/2009
00074479702	DOUBLE-NEEDLE TRANSF DEVICE		01/01/1982	
00074490222	DEXTROSE 50%-WATER ABBOJECT		08/24/1995	07/19/2011
00074490223	DEXTROSE 50%/WATER ABBOJECT		04/30/1992	
00074490234	DEXTROSE 50%/WATER ABBOJECT		08/24/1995	
00074564125	DEXTROSE 10%-WATER IV SOLUTION		01/01/1982	07/19/2011
00074568113	Depakene (Valproic Acid) CAPSULE, LIQUID FILLED ORAL 100 CAPSULE, LIQUID FILLED in 1 BOTTLE (0074-5681-13)		02/28/1978	10/11/2019
00074568216	Depakene (Valproic Acid) SOLUTION ORAL 473 mL in 1 BOTTLE (0074-5682-16)		02/28/1978	07/17/2019
00074581916	DOPAMINE 40 MG/ML SYRINGE		08/24/1995	

- To add Modifiers, click in the “Modif. 1” box and begin typing.
- A pop-up menu will appear and narrow down the options the entry is made.
- Repeat as needed until all modifiers are entered.



- Use the Diagnosis Pointer, “Diag. Ref.” to indicate which diagnosis the service is for.
- Repeat this process for all services.

Modifiers	Diag. Ref.	Qty - Billed	Other Insurance
Modif. 2	<input type="text" value="1"/> Ref. 2	1 Unit <input type="text"/>	<input type="text"/>
Modif. 4	Ref. 3 Ref. 4	Billed Amount	

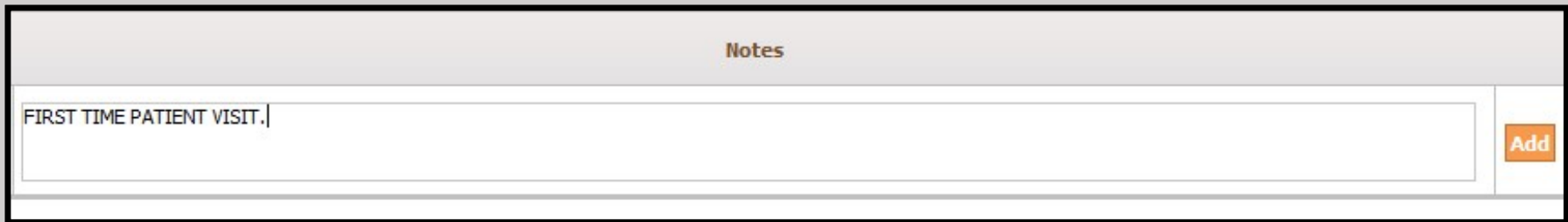
- Enter the Quantity, select the unit type from the drop-down, and add the billed amount for the Service Code.
- Repeat this process for all Service Codes.

Diag. Ref.		Qty - Billed	Other Insurance
1	Ref. 2	1	
Ref. 3	Ref. 4	Billed Amount	

1	Unit
Billed Amount	Units
	Minutes
	Miles

1	Unit
200	

- Each Service Code can also contain note for additional information.
- Please note this is for informational purposes. This field is not a replacement for medical records or any other required form of documentation.



The image shows a screenshot of a software interface. At the top, the word "Notes" is centered in a light gray header. Below this is a large white text input field. Inside the field, the text "FIRST TIME PATIENT VISIT." is entered, followed by a cursor. To the right of the input field, there is a small orange button with the word "Add" written in white.

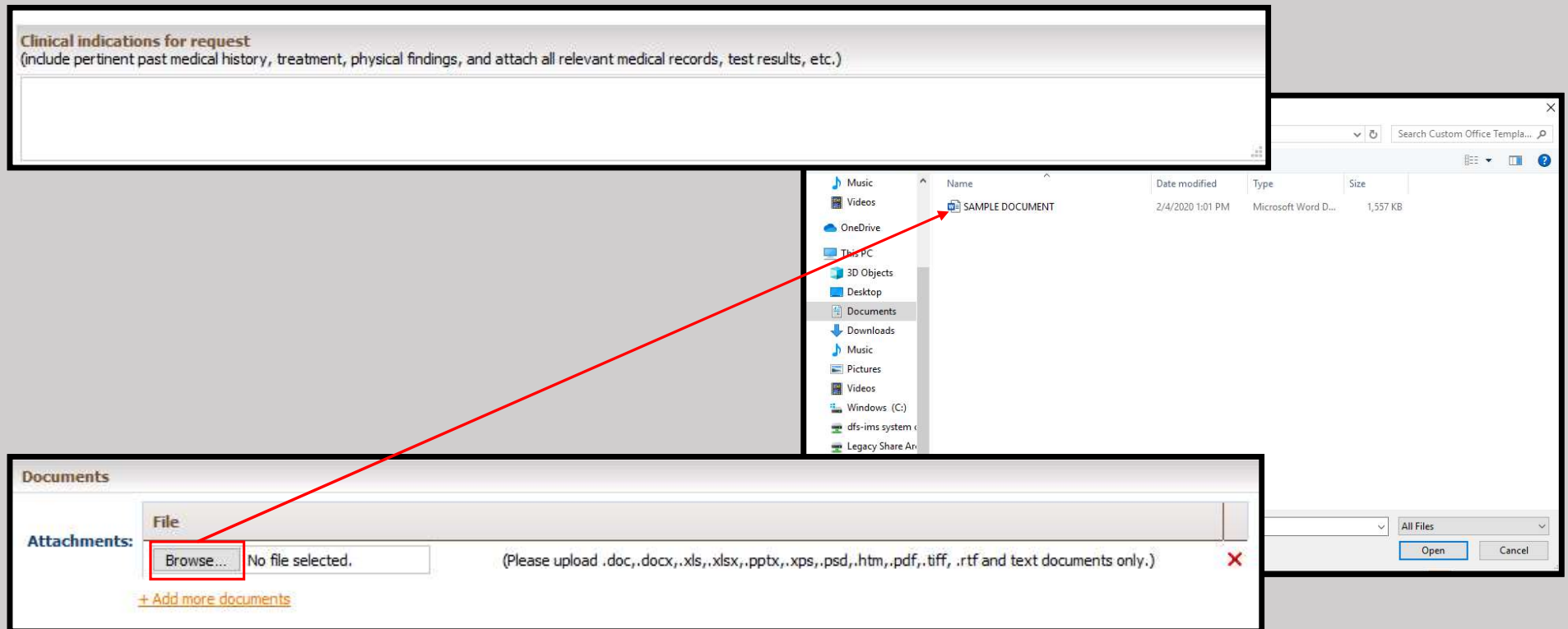
- Click the “Add” button to confirm the Service Code.
- Repeat the steps until all Services are attached to the claim.
- A section will be added to show all items and the Total Billed Amount.

Date-Time	Service Code	NDC Code - Qty- Unit Type	Modifiers	Diag. Ref.	Qty - Billed	Other Insurance	Notes
2020 00:00	99203	11-digit 5-4-2 NDC Code	Modif. 1 Modif. 2	1 Ref. 2	1 Unit		FIRST TIME PATIENT VISIT.
2020 00:00	OFFICE/OUTPATI ...	1.00 Unit	Modif. 3 Modif. 4	Ref. 3 Ref. 4	200		

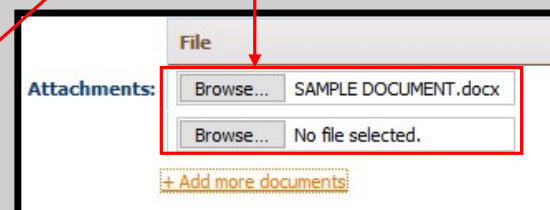
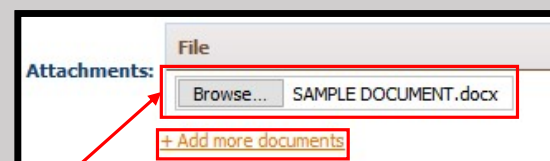
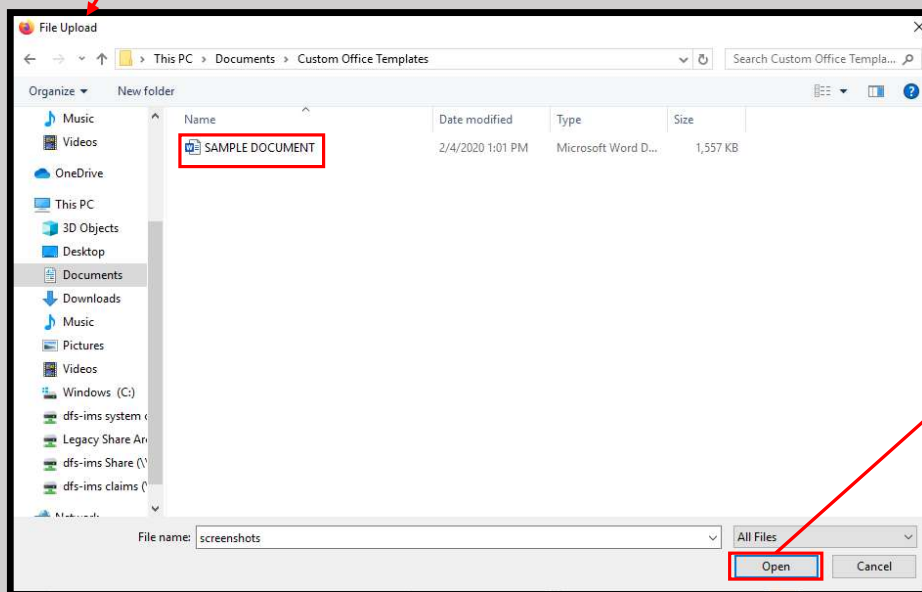
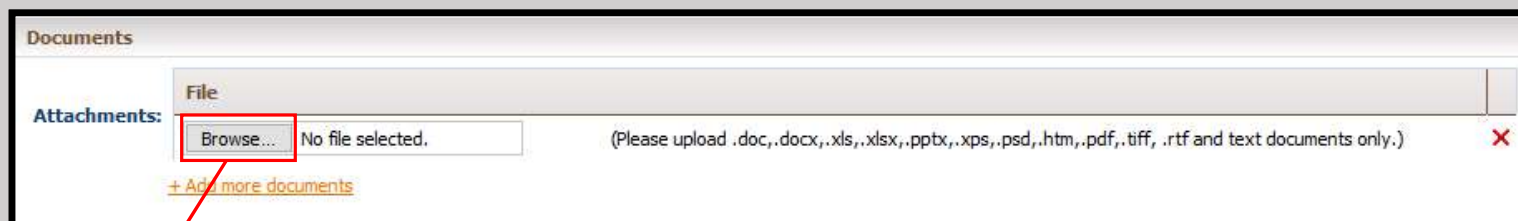


1.	From: 02-01-2020 00:00 To: 02-01-2020 00:00	99203 - OFFICE/OUTPATIENT VISIT NEW	NDC Code: Quantity: Unit Type:	1	Qty: 1 Type: Units Billed: \$200.00	0	FIRST TIME PATIENT VISIT.	✕
Totals:					Billed: \$200.00			

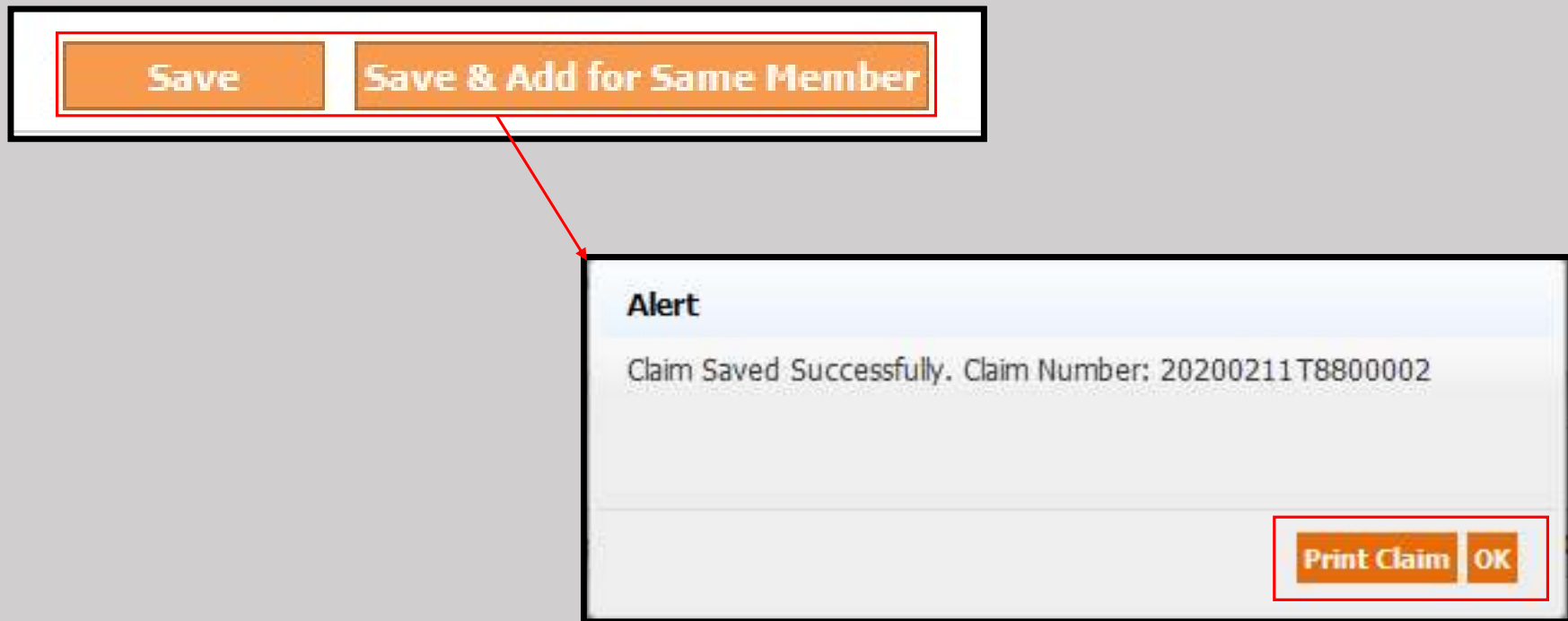
- Clinical information can be typed directly in to the dialog box seen below.



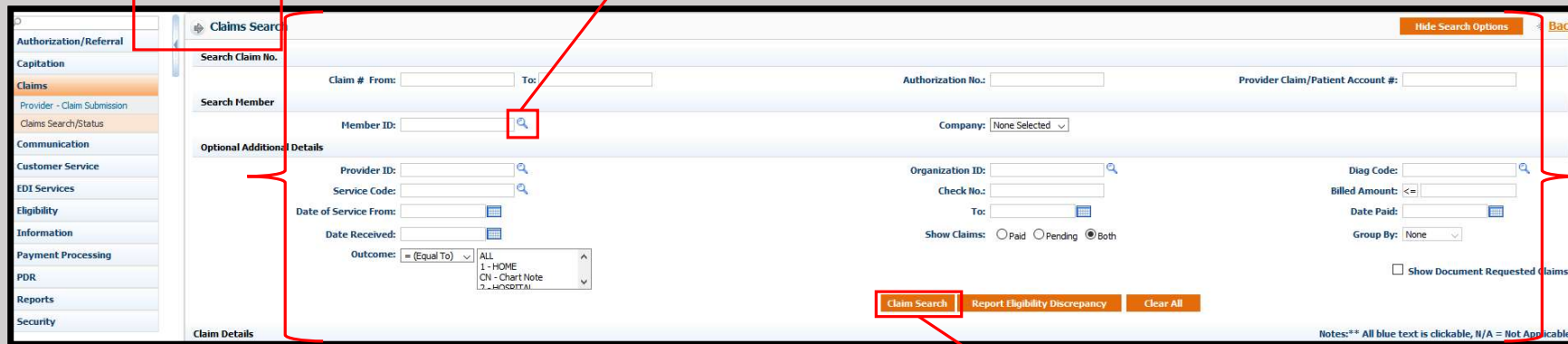
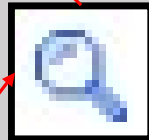
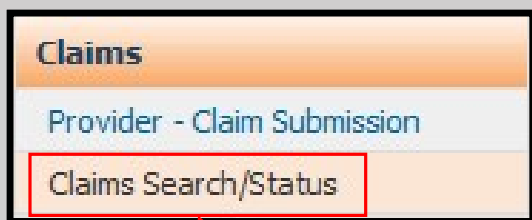
- Documents can also be attached using the Documents section.
- Click on the “Browse” button and point the system to the file. See below for the allowable file formats.
- The Document will show once selected.
- Click the “Add more documents” in order to continue with additional documents.



- Verify that all information has been entered correctly.
- Press “Save” to complete the process or “Save & Add for Same Member” if there is another claim to be entered.
- A confirmation will be displayed with the auto-generated claim number.
- If a copy needs to be saved, click Print Claim. Otherwise click the OK button to finalize the process with this claim.



- To monitor claims currently in the system, Select the “Claims Search/Status” submodule from the Claims module.
- Use the dialog boxes to narrow down the search results.
- Any magnifying glass can be clicked on to open a sub menu to find more accurate search terms. The Member Search sub menu is shown as an example.
- Press the button Claim Search to see the results.



- The total records found will be displayed in the top right of the screen.
- Claims can be clicked for more information.

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

Total Records: 8 First Previous 1 Next Last

Claim Details

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

Total Records: 8 First Previous 1 Next Last

Claim No.	Received Date	Service Date	Auth. No.	Place Of Service	Member	Provider	Organization	Rendering Provider	Payee	Billed Amount	Contract Amount	Net Amount	Company	Outcome																																															
20200204T3300002	02-04-2020	02-04-2020		11 OFFICE	100000003 GOODMAN JANE	4589745631 WALKER SKY	999999999 JACK SPARROW DOCTORS SERVICE		Organization	\$100.00	\$0.00	N/A	IMSMSO	HOME																																															
<table border="1"> <thead> <tr> <th>Service Date</th> <th>ServiceCode</th> <th>Modifier(s)</th> <th>Diag. Code</th> <th>Financial Resp.</th> <th>Adjust Descr.</th> <th>Paid Date</th> <th>Check No.</th> <th>Qty</th> <th>Billed</th> <th>Contract</th> <th>CoPay</th> <th>Coinsurance</th> <th>Deductible</th> <th>Adjust</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>02-04-2020</td> <td>99202 OFFICE/OUTPATIENT VISIT NEW</td> <td></td> <td>M48.47XA</td> <td>IPA</td> <td></td> <td></td> <td></td> <td>1.00</td> <td>100.00</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td>IN-PROCESS</td> </tr> <tr> <td colspan="3">Reminder Line 1</td> <td colspan="3">Reminder Line 2</td> <td colspan="3">Reminder Line 3</td> <td colspan="6">Reminder Line 4</td> </tr> </tbody> </table>															Service Date	ServiceCode	Modifier(s)	Diag. Code	Financial Resp.	Adjust Descr.	Paid Date	Check No.	Qty	Billed	Contract	CoPay	Coinsurance	Deductible	Adjust	Status	02-04-2020	99202 OFFICE/OUTPATIENT VISIT NEW		M48.47XA	IPA				1.00	100.00	0.00	0.00	0.00	0.00	0.00	IN-PROCESS	Reminder Line 1			Reminder Line 2			Reminder Line 3			Reminder Line 4					
Service Date	ServiceCode	Modifier(s)	Diag. Code	Financial Resp.	Adjust Descr.	Paid Date	Check No.	Qty	Billed	Contract	CoPay	Coinsurance	Deductible	Adjust	Status																																														
02-04-2020	99202 OFFICE/OUTPATIENT VISIT NEW		M48.47XA	IPA				1.00	100.00	0.00	0.00	0.00	0.00	0.00	IN-PROCESS																																														
Reminder Line 1			Reminder Line 2			Reminder Line 3			Reminder Line 4																																																				
Print CMS 1500 Upload Document																																																													
20200211T8800002	02-11-2020	02-04-2020		11 OFFICE	12346546549 DOE JANE	4589745630 SPARROW JACK	999999999 JACK SPARROW DOCTORS SERVICE		Organization	\$400.00	\$0.00	N/A	IMSMSO	HOME																																															
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Service Date	ServiceCode	Modifier(s)	Diag. Code	Financial Resp.	Adjust Descr.	Paid Date	Check No.	Qty	Billed	Contract	CoPay	Coinsurance	Deductible	Adjust	Status																																														
02-04-2020	99565 HOME INFUS, PROTEINASE INHIB		I10	IPA				1.00	400.00	0.00	0.00	0.00	0.00	0.00	IN-PROCESS																																														
Print CMS 1500 Upload Document																																																													
20200210T8800001	02-10-2020	02-01-2020		11 OFFICE	12346546549 DOE JANE	4589745630 SPARROW JACK	999999999 JACK SPARROW DOCTORS SERVICE		Organization	\$100.00	\$119.87	N/A	IMSMSO	HOME																																															

➤ Once clicked, a pop-up will show the status of the claim and the details.

Claim Details

Claim No.	Received Date	Service Date	Auth. No.	Place Of Service	Member	Provider	Orga
20200204T3300002	02-04-2020	02-04-2020		11 OFFICE	100000003 GOODMAN JANE	4589745631 WALKER SKY	99999 JACK SPARROW DOCTORS SERVICE

Service Date	ServiceCode	Modifier(s)	Diag. Code	Financial Resp.	Adjust Descr.
02-04-2020	99202 OFFICE/OUTPATIENT VISIT NEW		M48.47XA	IPA	
Reminder Line 1			Reminder Line 2		

[Print CMS 1500](#) [Upload Document](#)

Organization	Payee	Billed Amount	Contract Amount	Total Copay	Total Deductible	Total Coinsurance	Net Amount	Outcome	Company
Organization		\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	HOME	IMSMO

Service Date	Service Code	Revenue Code	Modifier(s)	Diag. Code	Financial Resp.	Adjust Descr.	Paid Date	Check No.	Qty	Billed	Contract	CoPay	Deductible	Adjust	Net	Status
02-04-2020	99202 OFFICE/OUTPATIENT VISIT NEW	*		M48.47XA	IPA				1.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	N/A	IN-PROCESS
Reminder Line 1			Reminder Line 2			Reminder Line 3			Reminder Line 4							

[Print CMS 1500](#)

Health Plan Details

Health Plan	Effective From Date	Effective To Date	Other Coverage?	Resp. Code	Policy #	Provider	Name	Effective From Date	Effective To Date
BRAND NEW DAY	02-01-2019		No			4589745630	SPARROW JACK	02-01-2019	

Notes: N/A = Not Applicable.

- Once the status has changed to “PROCESSED” any payments will also be displayed.
- A copy of the EOB can then also be obtained.

Claim No.	Service Date	Received Date	Auth. No.	Place of Service	Member	Provider	Organization	Pavee	Billed Amount	Contract Amount	Total Copay	Total Deductible	Total Coinsurance	Net Amount	Outcome	Company
20200129T3300003	01-10-2020	01-20-2020	Show 7/6 Mth Auths	11 OFFICE	12346546549 DOE JANE	4589745630 SPARROW JACK (DEFAULT) SERVICE	JACK SPARROW DOCTORS SERVICE	Organization	\$150.00	\$93.84	\$0.00	\$0.00	\$0.00	93.84	HOME	IMSMSO
Service Date	Service Code	Revenue Code	Modifier(s)	Diag. Code	Financial Resp.	Adjust Descr.	Paid Date	Check No.	Qty	Billed	Contract	CoPay	Deductible	Adjust	Net	Status
01-10-2020	99497 ADVNCD CARE PLAN 30 MIN	*	33	R05	IPA		02-10-2020	6	1.00	\$150.00	\$93.84	\$0.00	\$0.00	\$0.00	93.84	PROCESSED
Reminder Line 1		Reminder Line 2			Reminder Line 3			Reminder Line 4								
Check Total Amount: \$268.80																
Show EOB Net CMS 1500																

(323) 407-8131
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 Provider: 4589745630 SPARROW JACK P.O.S.:
Member Name: Doe Jane Member ID: 12346546549 Health Plan: BNDS - BRAND NEW DAY Patient Number:
Auth #:

Date of Service			Qty	Billed	Alhbl	Co-Ins	Copay	Adjust	W/Held	Net	Payment Code
From	To	Services									
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
Total for all claims:									Net:	93.84	Interest: 0.00 Paid: 93.84

- If additional documentation is required to properly adjudicate a claim, a system email with an attachment will be delivered to the email provided.
- Below is a sample of the email attachment.
- Note it will include the Claim Number, Member name, Date of Birth, the documentation required, and service information.

02/14/2020

Claim #: 20200210T8800001

Member Name: DOE JANE

D.O.B.: 01/01/1970

Dear JACK SPARROW,

Re have received your claim on 02/10/2020. Upon review Innovative Management Systems, Inc. has determined we require additional documentation to properly adjudicate. Please reply to this letter with the below requested information.

Medical Records for:

Date of Service: 02/01/2020 - Service Information: 99203
- OFFICE/OUTPATIENT VISIT NEW - 1.00

➤ Log in to the Portal using your credentials.

MedVision
Advanced Healthcare Administration Solutions

Defining a new standard in
**Advanced Healthcare
Administration Solutions**

IMS
Change Company

Username
testadmin1

Password
.....

Remember me on this computer?

First time users, [click here](#)
[I can't access my account](#)

LOGIN

If you are unable to login,
Please contact us at
gcsupport@quickcap.net
Or (323) 739-1130

- Select the “Claims Search/Status” sub-module from the Claims module.
- In the “Search Claim No.” box type or paste in the claim from the email.
- Click the “Upload Document” button.

The screenshot shows a web application interface for Claims Search. On the left is a navigation menu with the following items: Authorization/Referral, Capitation, Claims, Provider - Claim Submission, Claims Search/Status, Communication, Customer Service, EDI Services, Eligibility, Information, and Payment Processing. The 'Claims' menu item is highlighted with a red box, and an arrow points to the 'Claims Search/Status' sub-item, which is also highlighted with a red box.

The main content area is titled 'Claims Search'. At the top, there is a search field labeled 'Claim # From:' containing the value '20200210T8800001', which is highlighted with a red box. Below this are various search filters for Member ID, Provider ID, Service Code, Date of Service, Date Received, and Outcome. There are also buttons for 'Claim Search', 'Report Eligibility Discrepancy', and 'Clear All'.

Below the search filters is a table of search results. The first row is highlighted with a red box and contains the following data:

Claim No.	Received Date	Service Date	Auth. No.	Place Of Service	Member	Provider	Organization	Rendering Provider	Payee	Billed Amount	Contract Amount	Net Amount	Company	Outcome
20200210T8800001	02-10-2020	02-01-2020	11	OFFICE	12346546549 DOE JANE	4589745630 SPARROW JACK	999999999 JACK SPARROW DOCTORS SERVICE		Organization	\$100.00	\$119.87	N/A	IMSMO	HOME

Below the search results is a detailed view of the selected claim. It includes a table with columns for Service Date, Service Code, Modifier(s), Diag. Code, and Financial Resp. The data row shows:

Service Date	Service Code	Modifier(s)	Diag. Code	Financial Resp.
02-01-2020	99203 OFFICE/OUTPATIENT VISIT NEW		I10	IPA

At the bottom of the detailed view, there is a red box around the 'Upload Document' button, with an arrow pointing to it from the 'Upload Document' button in the search results table. Another red box highlights the 'Print CMS 1500' and 'Upload Document' buttons at the bottom of the detailed view.

- Alternatively, you can search for the claim using other search criteria. In this example, the Provider and Organization ID information (1).
- Note the claim number is the same as the previous page (2), and that the status states the claim is awaiting “ADDITIONAL DOCUMENTATION” (3).
- Proceed by clicking the Upload Document Button (4).

The screenshot shows a web application interface for managing claims. At the top, there are search filters for Provider ID (4589745630) and Organization ID (999999999). Below this is a search results table with columns for Claim No., Member, Provider, Organization, and various financial amounts. A claim with number 20200210T8800001 is highlighted. The status of this claim is 'ADDITIONAL INFORMATION'. At the bottom, there is an 'Upload Document' button.

Claim No.	Member	Provider	Organization	Billed Amount	Contract Amount	Net Amount	Company	Out
20200210T8800001	DOE JANE	SPARROW JACK	JACK SPARROW DOCTORS SERVICE	\$400.00	\$0.00	N/A	IMSMO	HOME
20200210T8800001	DOE JANE	SPARROW JACK	JACK SPARROW DOCTORS SERVICE	\$100.00	\$119.87	N/A	IMSMO	HOME

- A pop-up window will display the information shown below, as well as the choices in the drop-down menus.
- The Category is not needed but will assist in finalizing the claim in a timelier manner.
 - Note there is a “Priority” drop-down, but it is not needed to complete the request.
 - The same applies to the free text section, “Notes.”
- The “Upload Directory” will always be the claim the file belongs to. It should be the only choice in the drop-down.

The screenshot displays a web interface titled "Document Management". On the left, under "Add Attachments", there is a "Folder Structure" section showing a folder named "20200210T8800001". The main area is the "Upload Document" form, which includes the following fields:

- Feature:** A text input field containing "DOCUMENTS MANAGEMENT".
- * Attachment:** A "Browse..." button followed by the text "No file selected."
- Category:** A dropdown menu currently showing "Select".
- Priority:** A dropdown menu currently showing "Select".
- Notes:** A large text area for entering notes.
- * Upload Directory:** A dropdown menu currently showing "Select".

At the bottom of the form are two buttons: "Upload Document" and "Back to Search".

Two callout boxes are present:

- A callout box on the right shows the "Category" dropdown menu expanded, listing the following options: "Select", "NOTES", "ELIGIBILITY", "OTHER", "CCS", "SCREENSHOT", and "CCD".
- A callout box at the bottom left shows the "Upload Directory" dropdown menu expanded, listing the following options: "Select", "Select", and "20200210T8800001".

- Click the Browse icon and locate the requested documents.
- Click open to attach the file, and the file name will be displayed.
- When finished the Document Management screen should look similar to this.
 - Note the Category selected in NOTES and the claim has been selected as the Upload Directory.
 - Click the “Upload Document” button when finished.

The screenshot displays the 'Document Management' interface. On the left, the 'Add Attachments' section shows a folder structure with a folder named '20200210T8800001'. The main 'Upload Document' form contains the following fields:

- Feature:** DOCUMENTS MANAGEMENT
- * Attachment:** Browse... Sample Claims Documentation.docx
- Category:** NOTES
- Priority:** Select
- Notes:** (empty text area)
- * Upload Directory:** 20200210T8800001

At the bottom of the form are two buttons: 'Upload Document' and 'Back to Search'. An inset window shows a file selection dialog with the following table:

Name	Date modified	Type	Size
Sample Claims Documentation	2/6/2020 9:51 AM	Microsoft Word D...	12 KB

The dialog also shows a search path 'Sample Claims Documentation' and an 'Open' button.

- The window will now display what is shown below.
- Not at the top of the screen the message “Attachment Saved” is displayed.
- The process is now complete. Simply click the Close button in the top right.

Document Management
Close

Attachment saved.

Search Attach Documents (Refid: 20200210T8800001)

Upload Directory:

Attachment Name:

Search
Add Document

Folder Structure

- 20200210T8800001

Attachments Search Results

	Link	Id	Category	Priority	Notes	Sequence	Document Path	Uploaded By	Date Uploaded
<input type="checkbox"/>	Claims Search/Status	20200210T8800001	NOTES			1	Sample Claims Documentation.docx	TEST ADMIN 1	02-14-2020 15:23:56 ✖

- The screen will return to the Claims Search/Status results.
- Note the claim will still read “ADDITIONAL INFORMATION” until the status is changed by the Claims Department.

Claims Search

Hide Search Options

Search Claim No.

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

Search Member

Member ID: Company:

Optional Additional Details

Provider ID: Organization ID: Diag Code:

Service Code: Check No.: Billed Amount:

Date of Service From: To: Date Paid:

Date Received: Show Claims: Paid Pending Both Group By:

Outcome: ALL
1 - HOME
CN - Chart Note
2 - HOSPITAL

Claim Details Notes:++ All blue text is clickable, N/A = Not Applicable

Total Records: 5

Claim No.	Received Date	Service Date	Auth. No.	Place Of Service	Member	Provider	Organization	Rendering Provider	Payee	Billed Amount	Contract Amount	Net Amount	Company	Outcome				
20200211T8800002	02-11-2020	02-04-2020		11 OFFICE	12346546549 DOE JANE	4589745630 SPARROW JACK	999999999 JACK SPARROW DOCTORS SERVICE		Organization	\$400.00	\$0.00	N/A	IMSMO	HOME				
		02-04-2020			99565 HOME INFUS, PROTEINASE INHIB					1.00	400.00	0.00	0.00	0.00	0.00	0.00	0.00	IN-PROCESS
		<input type="button" value="Print CMS 1500"/> <input type="button" value="Upload Document"/>																
20200210T8800001	02-10-2020	02-01-2020		11 OFFICE	12346546549 DOE JANE	4589745630 SPARROW JACK	999999999 JACK SPARROW DOCTORS SERVICE		Organization	\$100.00	\$119.87	N/A	IMSMO	HOME				
		02-01-2020			99203 OFFICE/OUTPATIENT VISIT NEW					1.00	100.00	119.87	0.00	0.00	0.00	0.00	0.00	ADDITIONAL INFORMATION
		Reminder Line 1 Reminder Line 2 Reminder Line 3 Reminder Line 4																
		<input type="button" value="Print CMS 1500"/> <input type="button" value="Upload Document"/>																