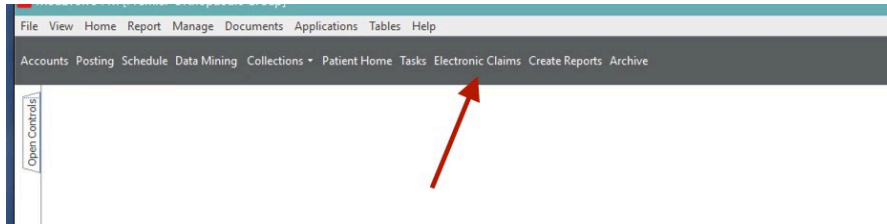
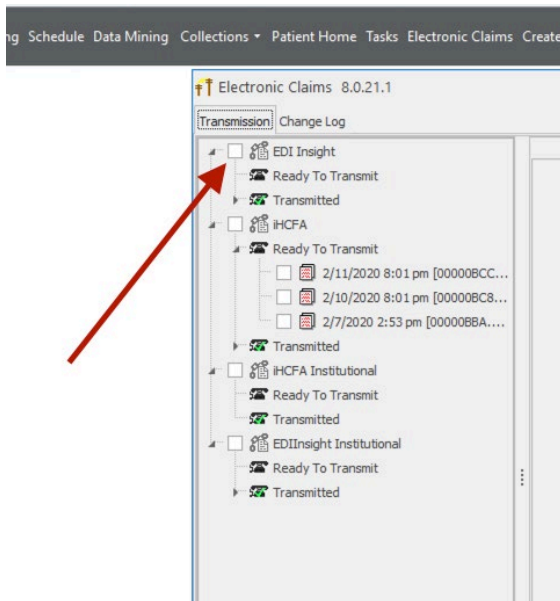


## SUBMITTING CLAIMS ELECTRONICALLY (PRACTICE INSIGHT)

Go to Electronic Claims



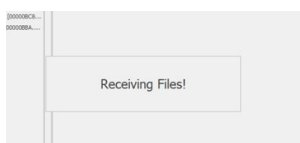
Check off EDI Insight



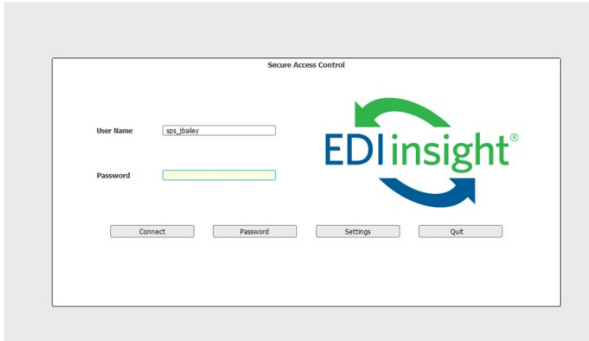
Click CONNECT



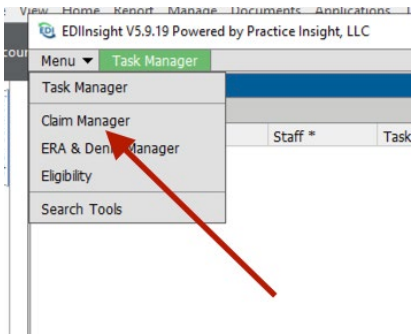
You may see this:



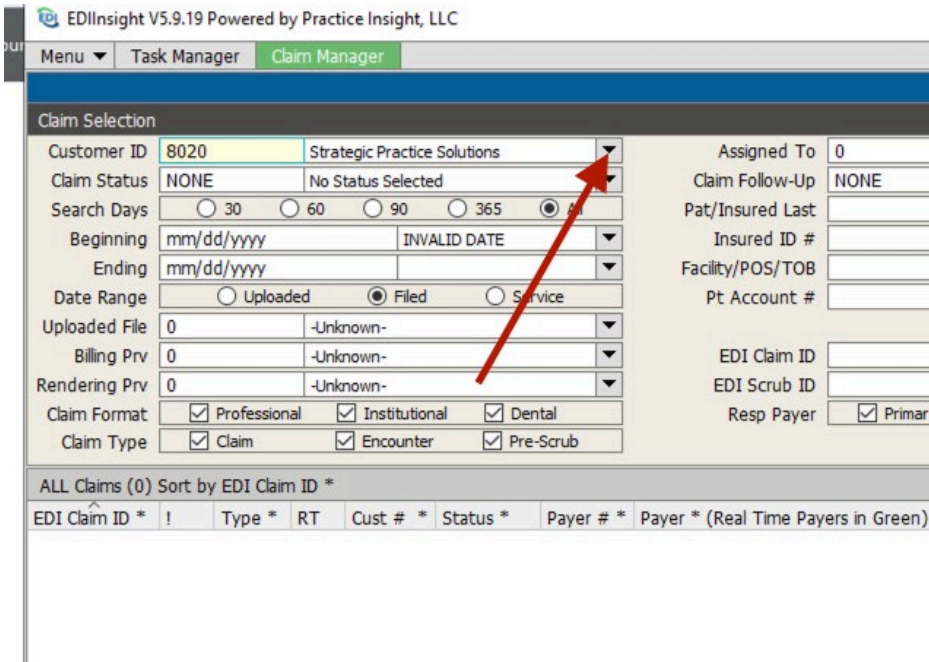
Practice Insight Login Screen:



Click "claim manager" to view invalids and rejected claims



Claim manager opens- click on drop down to choose provider



This screen opens up- choose your provider (double click)

Form ID *	Tax ID *	Customer Name *	PrvCount	Loader *	Valid	Invalid	Rejected	Ready	Sent (90)	Pho
27015	473055151	Advanced Gynecology and Laparoscopy of North Jerse...	3		0	19	10	0	560	2015
27812	262892384	Ambulatory Surgery Center of Somerset	4		0	0	0	0	0	8557
22466	461641606	Bellaplanta Orthopaedics and Sports Medicine LLC	5		0	37	2	0	1074	8557
26235	822033168	Edison Spine Center LLC	6		0	5	6	11	439	7322
22663	223367213	Englewood Knee & Sports Medicine PC	4		0	59	12	0	354	2705
28431	842326502	Englewood Spine Associates, LLC	1		0	4	3	1	621	8557
26539	452793407	Kirshner Spine Institute	4		0	5	1	0	79	8557
6092	223599865	MAM Orthopaedics PA	3	ANSI	0	42	6	6	987	2015
25724	223427137	New Jersey Orthopaedics Sports & Spine Institute PA	1		0	14	5	0	1181	9086
26066	MIXED	Premier Orthopaedic Spine Associates	13		0	2	0	0	330	8557
12899	MIXED	Premier Orthopaedic Associates	4	ANSI	0	0	0	0	0	2014
29174	223458408	Robert C. Petrucci, M.D.,	1		0	0	0	0	0	9732
16333	MIXED	Sammy I Masri MD LLC	5	ANSI	0	0	0	0	78	2011
24117	204377711	Samra Plastic and Reconstructive Surgery LLC	5		0	10	12	1	1128	7327
23916	208052465	Spinal Medicine and Acupuncture PC	3		0	0	2	0	209	8557
25560	455371672	Spine Institute on the Emerald Coast	8		0	4	0	4	1929	8504
8020	CBO	Strategic Practice Solutions	0		0	0	0	0	0	2014

Click "select invalid & rejects" for that provider

TRANSFER Files PRINT Reports

SELECT Claims CLEAR Selections SELECT Invalids & Rejects PRINT Claim List

Payer # 0 -Unknown-

Payer ID

Payer Name

Payer Type

Payer/CH Trace #

Response Msg ID

Retrieved ID

Real Time Only  Claim Status  Eligibility

Tertiary Test Indicator  Production  Test

CHECK Claim Status PRINT Letter READY Claim RETEST Claim SCRUB Claim VIEW Claim Form

g Provider \* Pt Account # \* Insured Name \* Patient Name \* Date of Service \* Claim Amount \*

Your rejections will pop up as shown below

ED I Claim ID *	Type *	RT	Cust # *	Status *	Payer # *	Payer * (Real Time Payers in Green)	Billing Provider *	Rendering Provider *	Pt Account # *	Insured Name *	Patient Name *	Date of Service *	Claim Amount *
349651213	SIP	E	26066	INVALID	0	UHC (UNKNOWN)	103427:Surgical ...	3126-12078	3126-12078	CHURCH, JESSICA	Self	01/20/2020	\$2,735.00
349651260	SPP	E	26066	INVALID	263	AMERHEALTH OF NJ (54704)	86975:Premier O...	86977:Ferraro, John	2612-12085	MANZO, CARL	Self	10/21/2019	\$248,008.15

You can double click the line and additional details will show up “downstairs”

Selected REJECTED AND INVALID Claims (2) Sort by EDI Claim ID \*

EDI Claim ID *	I	Type *	RT	Cust # *	Status *	Payer # *	Payer * (Real Time Payers in Green)	Billing Provider *	Rendering Provider *	Pt Account # *	Insured Name *	Patient Name *	Date of Service *	Claim Amount *
349651213		SPP		26666	INVALID	0	UHC (UNKNOWN)	103427-Surgical		3126-12078	CHURCH, JESSICA	Self	01/20/2020	\$2,735.00
349651260		SPP	E	26666	INVALID	263	AMERHEALTH OF NJ (54704)	86975-Premier O...	86977Ferraro, John	2612-12085	MANZO, CARL	Self	10/21/2019	\$248,008.15

Status Messages for Selected Claim 349651213 - Claim Status INVALID

Status ID	Date	Source	Msg Level	Message	Message from Support	Error Code	Claim Status	Batch ID	Batch Number	Resp Msg ID	Retrieved ID
3121817502	02/10/20 08:01	TESTER	REJECT	Attending provider is missing.			INVALID	0		1246	0
3121817500	02/10/20 08:01	TESTER	REJECT	Insurance Payer ID Match Not Found. Plc			INVALID	0		1	0
3121817497	02/10/20 08:01	TESTER	REJECT	Invalid value in IUB Fac Type - QM05 (B)			INVALID	0		50024	0
3121817470	02/10/20 08:01	LOADER	LOADED	Claim Loaded. Ready for Testing!			LOADED	0		0	0

Double click most recent line and you will be able to correct most errors here (in this example it is the provider information that is missing)

Task Manager - Claim Manager

5010 INSTITUTIONAL PRIMARY CLAIM EDI ID: 349651213 Patient Account: 3126-12078 Claim Amt: \$2,735.00 TOB: OBLA Status: INVALID

PAYER: [Unknown] Insured ID #: 852119412 **Providers** Other Insurance

Payer ID: BLANK Group Number: Facility: Sig/Assign

Name: UHC Group Name: Dates: Claim Notes

Address: PO BOX 31362 Referral #: Relation: 18 Insured is Patient Billing Note

City St Zip Ctry: SALT LAKE CITY UT 84131 PATIENT Diagnosis Info Paperwork (PWK)

INSURED Last Name: CHURCH Last Name: Claim Codes Claim Codes

First Name: JESSICA First Name: Other IDs Payer Info Contract Info

Middle Name: Middle Name: Misc Data

Suffix: Suffix: Address: 406 N. CLINTON AVE Address: City St Zip Ctry: WENONAH NJ 08090 City St Zip Ctry: Birthday: 01/02/1979 41 y Birthday: mm/dd/yyyy Gender: Male Female Unknown Gender: Male Female Unknown

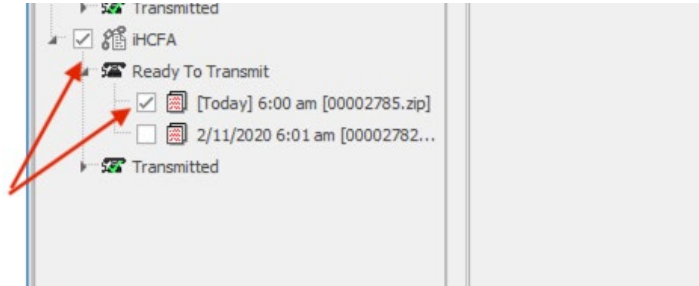
Transactions Sort by Line \*

Line #	Dates of Service *	Rev Code *	Procedure *	Type *	Modifiers	Charge Amount *	Non-Covered	Units	Note	Line Item Control # *
1	01/20/2020	0	21501	HC		\$2,735.00		1 UH		23261

NOTE: Some errors like diagnosis codes and zip codes will correct in MedEvolve BUT NOT ALL. Please double check the error is fixed in MedEvolve for future submissions.

## SUBMITTING CLAIMS ELECTRONICALLY (IHCF A)

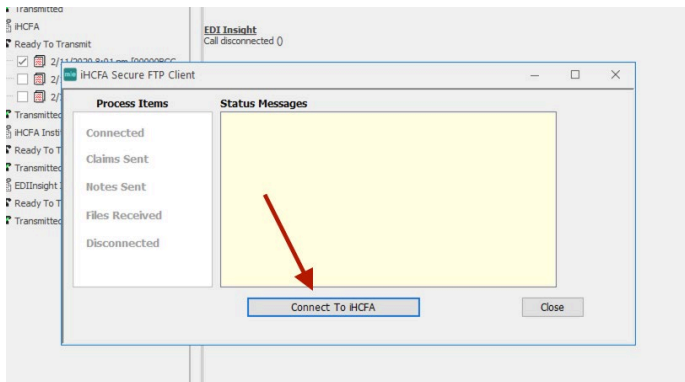
Go to Electronic Claims and check off “iHCFA” and ONE file at a time, as shown below  
(NOTE: you must do this process for each file present... only one file may be sent at a time)



Click “connect”



Click “Connect to iHCFA”



Once transmission is complete click “close”

