



Allscripts - Payerpath

Institutional Claim Form

UB-04

August 2013

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What will be covered...

- Benefits of electronic claims submission
- Required enrollment form
- Submission contact information
- Signing on to Allscripts-Payerpath
- Creating and viewing claims
- Submitting a UB-04 claim form
- Copy claims feature
- Viewing the remittance advice



Electronic Data Interchange (EDI) Submission

- Eliminates supply costs
 - Preprinted forms
 - Envelopes and postage
 - Payerpath claim submission is free
- Eliminates time-consuming processes and reduces claim errors
 - Document sorting and filing
 - Built-in validation checks
 - Saves historical claim data
- Quicker processing and notification
 - Check claim status within 2 business days of submission



Provider Enrollment Documents

www.medicaid.nv.gov

**Nevada Department of Health and Human Services**
Division of Health Care Financing and Policy Provider Portal



[Home](#) | [Providers](#) | [EVS](#) | [Pharmacy](#) | [Prior Authorization](#) | [Quick Links](#) | [Contact Us](#)

Provider Enrollment

Changes to Provider Information

Changes to any information presented on your enrollment documents must be reported to HP Enterprise Services within five business days.

- To report a change in business ownership, resubmit a completed Provider Enrollment Application.
- For all other changes, the [Provider Information Change Form \(FA-33\)](#) may be used.

Mailing Address

Mail completed enrollment forms and required documentation to HP Enterprise Services, Provider Enrollment Unit, P.O. Box 30042, Reno, NV 89520-3042

Required Enrollment Documents

- [Provider Enrollment Information Booklet](#): All providers will need the information contained in this booklet, which includes common enrollment questions and information.
- [Enrollment Checklists](#): Copies of certain documents must be included with your Provider Enrollment Packet (e.g., copy of professional certification, proof of insurance).

Recommended Enrollment Documents

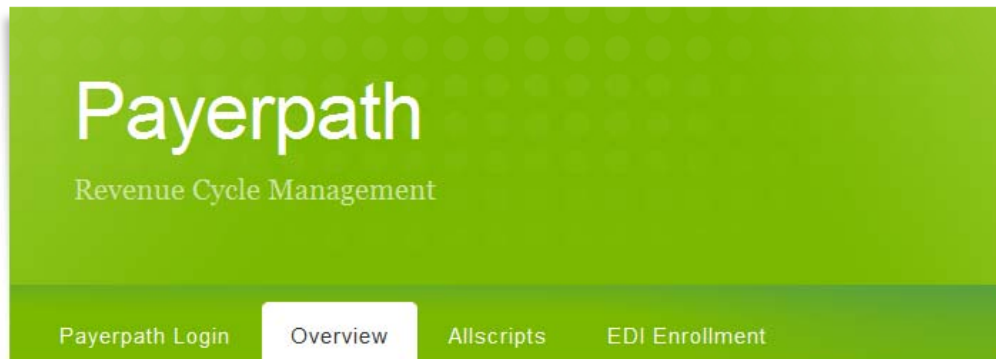
- [Electronic Transaction Agreement for Service Centers \(FA-35\)](#): This form must be submitted if you wish to send electronic claims directly from your practice or clearinghouse.
- [Service Center Operational Information \(FA-36\)](#): This form must be submitted by all Service Centers (clearinghouses) and by all providers who wish to send electronic claims.
- [Service Center Authorization Form for Providers \(FA-37\)](#): This form must be submitted by all providers who wish to send electronic claims. [Click here](#) for further information.
- [Payerpath Enrollment Form \(FA-39\)](#): This form must be submitted by all providers who wish to use Payerpath. Claim submission through Payerpath is free to all providers.



Payerpath Enrollment Documents

Enrolled providers may submit electronic Nevada Medicaid and Nevada Check Up claims free of charge through Allscripts-Payerpath.

Simply complete the **Service Center Authorization** form **(FA-37)** and the **Payerpath Enrollment** form **(FA-39)** located on the Provider Enrollment webpage and mail in with your completed Provider Enrollment Application.



Required Registration Forms

- Enrollment forms for Allscripts-Payerpath:
www.medicaid.nv.gov
 - Send in one FA-37 (Service Center Authorization) form for EACH Group NPI / API, unless billing each rendering provider as an individual
- AND
- Send in one FA-39 (Payerpath Enrollment) form and include the names of all those who will be using this Payerpath account



Form Submission and Contact Information

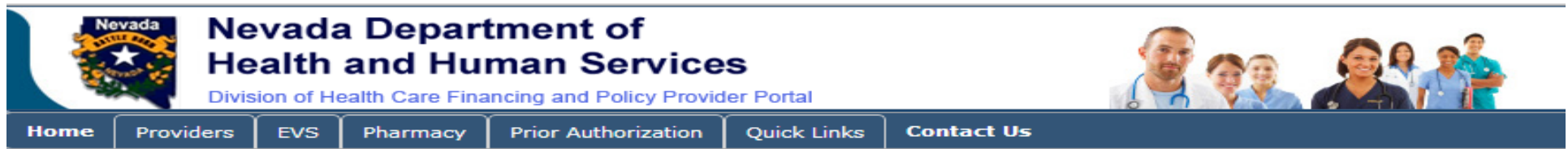
- Completed registration forms are to be **mailed** to:
HP Enterprise Services
P.O. Box 30042
Reno, NV 89520-3042
- **Faxed** to: (775) 335-8594
- **Emailed** to: NVMMIS.EDIsupport@hp.com
- For assistance, call 1-877-638-3472, option 2 then option 3, to speak with an EDI Coordinator.



Getting Started



Accessing Payerpath



EDI ENROLLMENT FORMS

EDI enrollment forms are for completion and submission by active or enrolling Nevada Medicaid and Nevada Check Up providers only.

Form Number	Title
FA-35	 Electronic Transaction Agreement for Service Centers
FA-36	 Service Center Operational Information
FA-37	 Service Center Authorization
FA-39	 Payerpath Enrollment
Form Number	Title

EDI ANNOUNCEMENTS

Title
 EDI Announcement: Dual Use for 4010/5010 Formats Ends June 30, 2012
 Anesthesia Services Claims Submitted Electronically (Updated May 31, 2012)
 EDI Announcement: Nevada Medicaid Version 5010 Solution Limits Diagnosis Codes on 837P Transactions.
 EDI Announcement: Prepare for March 31, 2012, End Date for Dual Use of 5010 and D.O Formats
 Instructions for EDI Enrollment
Title

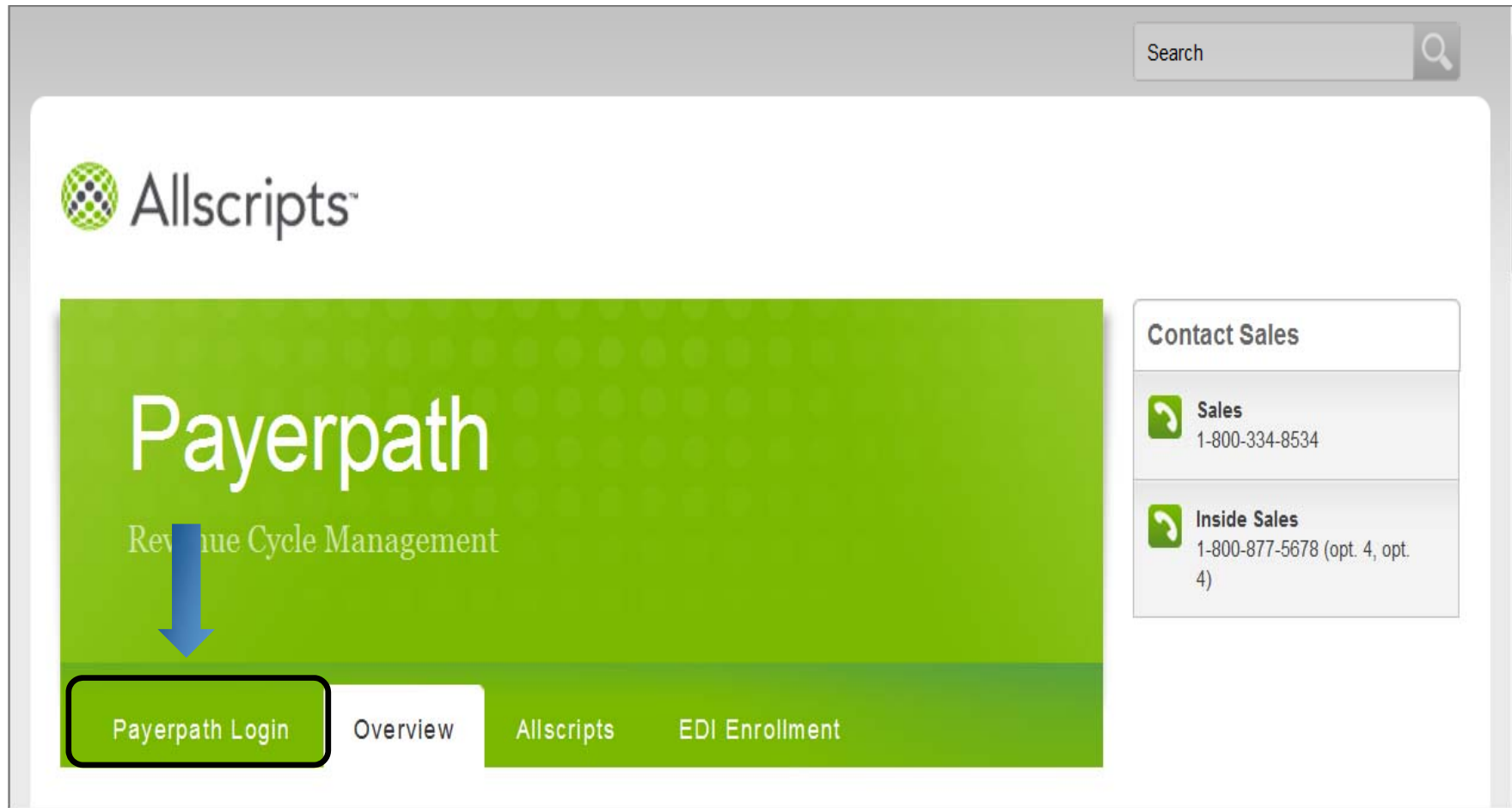


PAYERPATH

Enrolled providers may submit electronic Nevada Medicaid and Nevada Check Up claims free of charge through [Allscripts-Payerpath](#).

SERVICE CENTER DIRECTORY

Payerpath Login Screen



www.payerpath.com

Login Page



Allscripts Payerpath Login

Customer Name:

User Name:

Password:

Remember My Credentials ☐

[Access Allscripts Payerpath](#) ▶

- ▶ [Forgot your Password?](#)
- ▶ [Change your Password.](#)
- ▶ [Contact Allscripts Payerpath Support](#)
- ▶ [Page Help](#)

Payerpath Support: Call 1-877-638-3472 opt 2, then opt. 4 | Mon-Fri, 8:00AM to 5:00PM PT |
Email - nvmmis.edisupport@hp.com



Welcome Page



Welcome

[Claims](#)[Patients](#)[Reports](#)[Maintenance](#)[Help](#)[Tools](#)

Resources

[Knowledge Center](#)

Quick Links



New Messages



Payer Reports



Remit Reports

My Filters

Claims Filters

You have not set up any Claims filters.

Create Filter



Knowledge Center

 Allscripts

Customer: User: 1500 DEFAULT

Knowledge Center

Claims Patients Reports Maintenance Help Tools

Categories

Training Materials - Claims

Helpful Hints

General Information

ANSI Code Sets

Miscellaneous

Welcome to the all-new Knowledge Center

Here, you will find resources designed to help you fully utilize this web portal. All documentation can be found divided into categories via the navigation bar to the left.



Training Material - Claims

Customer: WADEB

Allscripts Knowledge Center

Claims Patients Rep

Categories

- Training Materials - Claims
- Helpful Hints
- General Information
- ANSI Code Sets
- Miscellaneous

Training Materials - Claims

- User Guide - Professional Claims
- User Guide - Institutional Claims
- HCFA 1500 COB Claims
- UB-92 COB Claims
- 3.0 Quick Guide - Key Entry
- 3.0 Quick Guide - Upload
- 3.0 Quick Guide Upload Institutional
- 3.0 Product Training

Helpful Hints

The screenshot displays the Allscripts Knowledge Center interface for Customer: WADEB. The top navigation bar includes the Allscripts logo and the text "Customer: WADEB". Below this, a green banner reads "Knowledge Center". A secondary navigation bar contains the tabs "Claims", "Patients", and "Reports".

On the left, a "Categories" sidebar lists several options: "Training Materials - Claims", "Helpful Hints" (highlighted with a red rectangle), "General Information", "ANSI Code Sets", and "Miscellaneous". A blue arrow points from the "Helpful Hints" category to the main content area.

The main content area, titled "Helpful Hints", lists several topics: "Reassigning Claims", "Rebilling Claims", "January 16, 2006 - HCFA 1500 Form Changes", "Printing Claims" (highlighted with a red oval), and "Internet Explorer 7.0 Quick Guide".

General Information

Customer: WADEB

Allscripts Knowledge Center

Claims Patients Reports

Categories

- Training Materials - Claims
- Helpful Hints
- General Information**
- ANSI Code Sets
- Miscellaneous

General Information

- NV Medicaid Dental Claim Field Values
- NV Medicaid Institutional Claim Field Values
- NV Medicaid Professional Claim Field Values
- Professional Form Modifications For NPI
- Institutional Form Modifications For NPI
- ADA2002 Form Modifications For NPI
- ADA2002 C
- Report Enh

Print the NV Medicaid Institutional Claim Field Values

Claim Field Values (sample)

Payerpath NV Medicaid UB92 Institutional Claim Field Values 02/12/08

PAYERPATH FIELD NAME	INSTRUCTIONS / VALUES / COMMENTS
1. Facility Name 837: Name Last or Organization Name Industry: Laboratory or Facility Name	Enter the name, street address, city, state, zip code, & phone number of your facility.
3. Patient Control Number 837: Name Last and First or Organization Name Industry: Subscriber/Patient Last and First Name	Enter the patient account number used by your facility. Up to a maximum of 11 alphanumeric characters will be referenced on paper Remittance Advice. Up to a maximum of 20 alphanumeric characters will be referenced on electronic 835 Remittance Advice.D9
4. Type of Bill 837: Date Time Period Industry: Subscriber/Patient Date of Birth	Enter the type of bill. If TOB ends in 7 or 8, you must enter the Medicaid claim number (ICN) in box 37. Allowable values for the third placeholder in the TOB are: 1 = Original Claim 7 = Replacement Claim 8 = Voided Claim
5. Federal Tax ID 837: Identification Code Industry: Pay-To Provider Identifier	Enter your Federal Tax ID.
6. Statement Covered From and Through Date 837: Patient Status Code Industry: Patient Status Code	Enter the span date of the treatment or confinement.
7. Covered Days 837: Quantity Industry: Covered Days or Visits Count	Required for inpatient. Enter the total number of payable days (units of service) included on this claim.
7. Non-Covered Days 837: Quantity Industry: Number of Non-Covered Days	Required for inpatient. Enter the total number of non-covered days (units of service) included on this claim.
12. Patient Name	Enter recipient name (Last, First, Middle Initial)



Learning Check

1. What is the website address you would use to directly log in to Allscripts-Payerpath?
2. What is one of the first things you should do when getting started with Allscripts-Payerpath?
 - a. Print your remittance advice
 - b. Submit a dental claim
 - c. Copy a claim
 - d. Visit the Knowledge Center
3. What documents should you review and/or print?
 - a. 3.0 Quick Guide – Key Entry
 - b. Printing Claims
 - c. NV Medicaid Institutional Claim Field Values
 - d. All of the above



Submitting Institutional Claim Form UB-04



View Claims

The screenshot displays the Allscripts Payerpath web application interface. At the top left is the Allscripts logo. A green header bar contains the word "Welcome". Below this is a navigation menu with tabs for "Claims", "Patients", "Reports", "Maintenance", "Help", and "Tools". The "Claims" tab is selected, and a dropdown menu shows the "View Claims" option. On the left, a "Resources" sidebar includes a "Knowledge Center" link. The main content area features a "Quick Links" section with three items: "New Messages" (0), "Payer Reports" (0), and "Remit Reports" (0). Below this is a "My Filters" section with a "Claims Filters" dropdown menu. The text "You have not set up any Claims filters." is displayed, along with a "Create Filter" button. A callout box with a pointer to the "View Claims" dropdown contains the text: "Hover over 'Claims' to see the 'View Claims' prompt. Click on 'View Claims.'"

Allscripts

Welcome

Claims Patients Reports Maintenance Help Tools

View Claims

Resources

Knowledge Center

Quick Links

New Messages 0

Payer Reports 0

Remit Reports 0

My Filters

Claims Filters

You have not set up any Claims filters.

Create Filter

Hover over "Claims" to see the "View Claims" prompt. Click on "View Claims."

Claims List Filter

Customer: WADEB User: DEFAULT_UB UB

Allscripts® **Claims List Filter**

Claims Patients Reports Maintenance Help Tools

Saved Filters: [dropdown]

Selection Criteria

Form Type: Institutional [dropdown]
Bill Type: [dropdown]
Payer Group: ALL [dropdown] NV Medicaid Institutional
Claim Status: All [dropdown] Deleted Failed Warning
Untransmitted [radio] Transmitted [radio]
Provider: ALL [dropdown]
Claim Type: ☒ Primary ☒ Secondary Pay Trigger: [dropdown]
Payer Name: ALL [dropdown] Service Type: ☐ Inpatient ☐ Outpatient
Create Date: [dropdown] From [dropdown] Through [dropdown]
Sent Date: 04/08/2012 [dropdown] 04/08/2012 [dropdown]
Date Of Service: [dropdown]
Procedure Code: [dropdown]
Pat Acct #: [dropdown]
Patient Last Name: [dropdown]

Annotations:

- Select "Institutional"
- Choose from Untransmitted (claims not yet sent) or Transmitted (claims that have been sent).
- Click on "Display List"

DISPLAY LIST SAVE

Untransmitted Claims List

Customer: WADEB User: STUDENT USER

Allscripts **Untransmitted Claims List**

Claims Patients Reports Maintenance Help Tools

Selected: 0 # of Claims: 3 / 3 \$ Amount: \$0.00 / \$0.00 Show: All Untransmitted

Status	Create Date	Pat Last	Pat First	Insured's ID	Charges	Payer	Location		
☐ F	4/6/2012	ENROLLEE	NAME	ID NUMBER		HP ENTERPRISE SERVI	WADEB	V	H
☐ F	4/6/2012	ENROLLEE	NAME	ID NUMBER		HP ENTERPRISE SERVI	WADEB	V	H
☐	4/6/2012	ENROLLEE	NAME	ID NUMBER		HP ENTERPRISE SERVI	WADEB	V	H

Page 1 of 1 [records: 1 - 3 of 3] First | Prev | Next | Last Jump To Page: 1

Claims will be deleted after 90 days
 Claims in Blue are assigned to Print Mail or Unassigned Payer

Previously entered claims will be displayed on the Untransmitted Claims List. Claims must be in a "P" (Passed) status before they can be sent.

Select "V" for View

Untransmitted claims are retained in the system for 90 days.

Claims List

Customer: WADEB User: DEFAULT_UB UB

Allscripts **Untransmitted Claims List**

Claims Patients Reports Maintenance Help Tools

Selected: 0 # of Claims: 1 / 1 \$ Amount: \$0.00 / \$0.00 Show: All Untransmitted ▼

Status	Create Date	Pat Last	Pat First	Pat Acct	Bill Type	Charges	Payer Name	Customer	Location	NPI Number	
☐ F	4/6/2012	LAST NAME	FIRST NAME	CLAIM TEMPLA			MEDICAID	TRAINING	WADEB	ENTER NPI	V

Notice that this is your template.

Select "V" for View

How to Create a Template

Customer: WADEB

Allscripts® **UB92 Form - NV Medicaid Institutional**

Claims Patients Reports Maintenance Help **Tools**

1 Provider Name
PROVIDER NAME

2 (Upper Line)

Provider Address
PROVIDER ADDRESS

2 (Lower Line)

3 Pat Acct #
CLAIM T

4 Type of

Provider City, State, Zip
PROVIDER CITY NV

5 Fed. Tax No.
FEIN NUMBER

6 Covers Period

7 COVD 8 N-CD

9 C-ID 10 L-

11 (Upper Line)

11 (Lower Line)

12 Patient Name (Last, First, MI)
LAST NAME FIRST NAME

13 Patient Address (Street, City, St, Zip)
PT HOME ADDRESS CITY

14 Birthdate

15 Sex

16 MS

17 Date

18 Hr

19 Typ

20 Src

21 DHr

22 Stat

23 Medical Rec

24 25 26 27 28 29 30

31 (Upper Line)

31 (Lower Line)

32 Occurrence Code / Date

33 Occurrence Code / Date

34 Occurrence Code / Date

35 Occurrence Code / Date

36 Occurrence Span Code / From / Thru

37 A

B

C

Preferences
Home
Logout
Inbound Claim View
Outbound Claim View
Copy Claim
Print
Recalculate Charges
Remove Hold
Rebill Claim
Show Toolbar
Undo Changes
Send
Hold

First, click on "Tools"

Then, click on "Copy Claim"

How to Create a Template - continued

Customer: WADEB User: DEFAULT_UB UB

Allscripts **UB92 Form - NV Medicaid Institutional**

Claims Patients Reports Maintenance Help Tools

1 Provider Name
PROVIDER NAME
Provider Address
PROVIDER ADDRESS
Provider City, State, Zip
PROVIDER CITY NV 895203042
Provider Phone
7753333333

2 (Upper Line)
2 (Lower Line)

3 Pat Acct #
CLAIM TEMPLATE

5 Fed. Tax No.
FEIN NUMBER

6 Covers Period -
7 COVD 8 N-CD 9 C-ID 10 L-RC

12 Patient Name (Last, First, MI)
LAST NAME FIRST NAME

13 Patient Address (Street, City, St, Zip)
PT HOME ADDRESS CITY NV 89520

14 Birthdate 15 Sex 16 MS 17 Date 18 Hr 19 Typ 20 Src 21 DHr 22 Stat 23 Medical Rec 24 Con 25 Hold 26 27 28 29 30

32 Occurrence Code / Date 33 Occurrence Code / Date 34 Occurrence Code / Date 35 Occurrence Code / Date 36 Occurrence Span Code / From / Thru

38 Legal Representative Name (Last, First, MI)
Address
City, State, Zip

39 Value Codes Code / Amount 40 Value Codes Code / Amount 41 Value Codes Code / Amount

Tools
Preferences
Home
Logout
Inbound Claim View
Outbound Claim View
Copy Claim
Print
Recalculate Charges
Remove Hold
Rebill Claim
Show Toolbar
Undo Changes
Send
Hold

Message from webpage
Are you sure you want to copy the current claim?
OK Cancel

Click on "OK"

Fields 1-41

Customer: WADEB

User: DEFAULT_UB UB

UB92 Form - NV Medicaid Institutional

Claims

Patients

Reports

Maintenance

Help

Tools

1 Provider Name PROVIDER NAME		2 (Upper Line)					
Provider Address PROVIDER ADDRESS		2 (Lower Line)		3 Pat Acct # CLAIM TEMPLATE		4 Type of Bill 	
Provider City, State, Zip PROVIDER CITY NV 895203042		5 Fed. Tax No. FEIN NUMBER		6 Covers Period - From/Thru 		11 (Upper Line)	
Provider Phone 7753333333		7 COVD 8 N-CD 		9 C-ID 10 L-RD 		11 (Lower Line)	
12 Patient Name (Last, First, MI) LAST NAME FIRST NAME		13 Patient Address (Street, City, St, Zip) PT HOME ADDRESS CITY NV 89520					
14 Birthdate 	15 Sex 	16 MS 	17 Date 	18 Hr 	19 Typ 	20 Src 	21 DHR
22 Stat 	23 Medical Rec 	Condition Codes 24 25 26 27 28 29 30		31 (Upper Line)		31 (Lower Line)	
32 Occurrence Code / Date 	33 Occurrence Code / Date 	34 Occurrence Code / Date 	35 Occurrence Code / Date 	36 Occurrence Span Code / From / Thru 	37 A B C		
38 Legal Representative Name (Last, First, MI) Address City, State, Zip		39 Value Codes Code / Amount a b		40 Value Codes Code / Amount 		41 Value Codes Code / Amount 	

Keep this dialog box open

Form Navigation -- Webpage

https://www.payerpath.com/payerpath20/C

Errors for LAST NAME, FIRST NAME: Claim 1 of 1

Pat Acct: CLAIM TEMPLATE

** Insured Date Of Birth - REQUIRED.

Save and Run Edits Electronic Fields Back To List

Previous Claim New Claim Next Claim

Internet | Protected Mode: Off

Error

NOTE: Red Fields and fields with text prompts are REQUIRED



If you close the webpage dialog box...

Customer: WADEB

Allscripts® **UB92 Form - NV Medicaid Institutional**

Claims Patients Reports Maintenance Help Tools

1 Provider Name
PROVIDER NAME

2 (Upper Line)
2 (Lower Line)

3 Pat Acct #
CLAIM TEMPLATE

Provider Address
PROVIDER ADDRESS

Provider City, State, Zip
PROVIDER CITY NV 895203042

5 Fed. Tax No.
FEIN NUMBER

6 Covers Period -
9 C-ID 10 L-RC

7 COVD 8 N-CD

12 Patient Name (Last, First, MI)
LAST NAME FIRST NAME

13 Patient Address (Street, City, St, Zip)
PT HOME ADDRESS CITY NV 89520

14 Birthdate 15 Sex 16 MS 17 Date 18 Hr 19 Typ 20 Src 21 DHr 22 Stat 23 Medical Rec 24 Con 25 Hold 26 27 28 29 30 31 (Lower Line)

Preferences
Home
Logout
Inbound Claim View
Outbound Claim View
Copy Claim
Print
Recalculate Charges
Remove Hold
Rebill Claim
Show Toolbar
Undo Changes
Send

Fields 42-49

Enter 3-digit
rev code

	42 Rev Cd	43 Description	44 Hcpos Mod1/Mod2/Rates	45 Serv Date	46 Serv Units	47 Total Charges	48 Non-Covered Charges	49	Del
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									

Form Navigation -- Webpage Dialog

https://www.payerpath.com/payerpath20/c

Errors for LAST NAME, FIRST NAME: Claim 1 of 1

Pat Acct: CLAIM TEMPLATE

**** Insured Date Of Birth - REQUIRED.**

[Save and Run Edits](#) [Electronic Fields](#) [Back To List](#)

[Previous Claim](#) [New Claim](#) [Next Claim](#)

Internet | Protected Mode: Off

Fields 50-85

50 Payer	51 Provider No.	52 Rel Info	53 Asg Ben	54 Prior Payments	55 Est Amount Due	56
Active Payer						
☒ MEDICAID		I	Y			
☐						
☐						
57 NPI	ENTER NPI	DUE FROM PATIENT >				

58 Insured's Name (Last, First, MI)		59 P Rel	60 Cert. - SSN - HIC	61 Group Name	62 Insurance Group No
LAST NAME	FIRST NAME	18	MEDICAID ID		

63 Treatment Auth Codes		64 ESC	65 Employer Name	66 Employer Location (Address, City, State, Zip)	
ENTER PA					

67 Prin Diag	68 Code	69 Code	70 Code	71 Code	72 Code	73 Code	74 Code	75 Code	76 Adm Diag	77 ECode	78 (Upper)
											78 (Lower)

79 PC	80 Principle Procedure Code / Date	81 A Other Procedure Code / Date	81 B Other Procedure Code / Date	82 Attending Phys ID / License Name (Last, First, MI)
				NPI
				MD LAST NAME FIRST NAME
	81 C Other Procedure Code / Date	81 D Other Procedure Code / Date	81 E Other Procedure Code / Date	83A Other Phys ID / License Name (Last, First, MI)

84 Remarks	83B Other Phys ID / License Name (Last, First, MI)
	LTCF NPI
	LTCF NAME LTCF NAME
	85 Provider Representative / Date

Form Navigation -- Webpage Dialog

https://www.payerpath.com/payerpath20/C

Errors for LAST NAME, FIRST NAME: Claim 1 of 1

Pat Acct: CLAIM TEMPLATE

Insured Date Of Birth - REQUIRED.

[Save and Run Edits](#) [Electronic Fields](#) [Back To List](#)

[Previous Claim](#) [New Claim](#) [Next Claim](#)

Internet | Protected Mode: Off



Submitting the Claim

Customer: WADEB

Allscripts **Untransmitted Claims List**

Claims Patients Reports Maintenance Help Tools

Selected: 0 # of Claims: 6 / 6 \$ Amount: \$2,100.00 / \$2,100.00

Status	Create Date	Pat Last	Pat First	Insured's ID	Pat Acct	Charges	Payer	Location	NPI Number
☐ F	2/23/2012							WADEB	
☐ F	2/24/2012	LAST NAME	FIRST NAME	00000000000	CLAIM TEMPLA	\$700.00	NV MEDICA	WADEB	1230089067
☐ F	4/6/2012							WADEB	
☐ F	4/6/2012	LAST NAME	FIRST NAME	00000000000	CLAIM TEMPLA	\$700.00	NV MEDICA	WADEB	100342022
☐ F	4/6/2012							WADEB	
☐ F	4/16/2012	LAST NAME	FIRST NAME	00000000000	CLAIM TEMPLA	\$700.00	NV MEDICA	WADEB	1230089067

[Preferences](#)
[Home](#)
[Logout](#)
[Select / Unselect Page](#)
[Select / Unselect List](#)
[Show Summary](#)
[Print Summary](#)
[Assign](#)
[Delete](#)
[Hold](#)
[Hold w/ Reason](#)
[New](#)
[Print All](#)
[Download All](#)
[Send Selected](#)
[Send All](#)
[Return to Current Filter](#)

Page 1 of 1 [records: 1 - 6 of 6] First | Prev | Next | Last Jump To Page:

*****Claims will be deleted after 90 days*****
 Claims in Blue are assigned to Print Mail or Unassigned Payer

Viewing Remittance Advice



Remittance Detail

The screenshot displays the Allscripts Payerpath web application interface. At the top left is the Allscripts logo. A green header bar contains the word "Welcome". Below this is a navigation menu with tabs for Claims, Patients, Reports, Maintenance, Help, and Tools. The Reports tab is selected, and a dropdown menu is open, listing the following options: Billing Summary, Payer, Remittance Detail, Payer Rejects, Transmitted Claim, and Payer Report Filter. On the left side, there is a "Resources" section with a link to the "Knowledge Center". The main content area features a "Quick Links" section with three icons: "New Messages" (0), "Payer Reports" (0), and "Remit Reports" (0). Below this is a "My Filters" section with a "Claims Filters" dropdown menu. The text "You have not set up any Claims filters." is displayed, along with a "Create Filter" button.

Allscripts

Welcome

Claims Patients Reports Maintenance Help Tools

Billing Summary
Payer
Remittance Detail
Payer Rejects
Transmitted Claim
Payer Report Filter

Resources
Knowledge Center

Quick Links

New Messages 0
Payer Reports 0
Remit Reports 0

My Filters Claims Filters

You have not set up any Claims filters.

Create Filter

Remittance Detail List



Remittance Detail List

[Claims](#)
[Patients](#)
[Reports](#)
[Maintenance](#)
[Help](#)
[Tools](#)

Export to CSV

	Payer	NPI	Check No	Check Amt	Check Date	Received Date	Status				
☐	NV Medicaid Professional		210002480194059	\$5,290.08	07/19/2013	7/14/2013 4:50:53 AM	R			View	▲
☐	NV Medicaid Professional		210002480191411	\$5,744.88	07/12/2013	7/7/2013 5:03:00 AM	R			View	
☐	NV Medicaid Professional		210002480188786	\$4,909.39	07/05/2013	6/30/2013 5:04:37 AM	R			View	
☐	NV Medicaid Professional		210002480186066	\$4,660.83	06/28/2013	6/23/2013 4:56:53 AM	R			View	
☐	NV Medicaid Professional		210002480183559	\$9,760.75	06/21/2013	6/16/2013 4:37:07 PM	R			View	
☐	NV Medicaid Professional		210002480178481	\$4,435.92	06/07/2013	6/2/2013 4:51:43 AM	R			View	
☐	NV Medicaid Professional		210002480175928	\$7,708.32	05/31/2013	5/26/2013 5:03:05 AM	R			View	
☐	NV Medicaid Professional		210002480173295	\$2,000.59	05/24/2013	5/19/2013 4:55:41 AM	R			View	
☐	NV Medicaid Professional		210002480170713	\$3,781.44	05/17/2013	5/12/2013 4:56:36 AM	R			View	
☐	NV Medicaid Professional		210002480168121	\$1,599.84	05/10/2013	5/5/2013 4:56:22 AM	R			View	
☐	NV Medicaid Professional		210002480165439	\$4,435.92	05/03/2013	4/28/2013 4:27:37 PM	R			View	
☐	NV Medicaid Professional		210002480162845	\$2,181.60	04/26/2013	4/21/2013 4:54:13 AM	R			View	▼

Displaying items 1 - 12 of 12

Filter List



Remittance Advice



NV Medicaid - 835 Remittances

Customer Name:

Claim Detail

Patient Demographics				Claim Information											
Name:				Claim Status:				1		Total Billed:				\$145.44	
Pat Acct: CLAIM TEMPLET				Claim Num/ ICN:				2013193701488301		Total Prov Paid:				\$145.44	
Ins Id:															
<u>Rend Prov</u>	<u>Service Date</u>	<u>Proc</u>	<u>Mods</u>	<u>Rmrk Cd</u>	<u>Billed</u>	<u>Allowed</u>	<u>Deduct</u>	<u>Colns</u>	<u>Grp / Rc / Qty /</u>	<u>Adj Amt</u>	<u>Prov Adj Cd/ Amt</u>	<u>Prov Paid</u>	<u>Pat Bal Due</u>		
	05 Jul - 08 Jul 2013	H2014			\$145.44							\$145.44	\$0.00		

					\$145.44	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$145.44	\$0.00		
Name:				Claim Status:				1		Total Billed:				\$363.60	
Pat Acct: CLAIM TEMPLET				Claim Num/ ICN:				2013193701488302		Total Prov Paid:				\$363.60	
Ins Id:															
<u>Rend Prov</u>	<u>Service Date</u>	<u>Proc</u>	<u>Mods</u>	<u>Rmrk Cd</u>	<u>Billed</u>	<u>Allowed</u>	<u>Deduct</u>	<u>Colns</u>	<u>Grp / Rc / Qty /</u>	<u>Adj Amt</u>	<u>Prov Adj Cd/ Amt</u>	<u>Prov Paid</u>	<u>Pat Bal Due</u>		
	07 Jul - 11 Jul 2013	H2014			\$363.60							\$363.60	\$0.00		

					\$363.60	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$363.60	\$0.00		
Name:				Claim Status:				1		Total Billed:				\$145.44	
Pat Acct: CLAIM TEMPLET				Claim Num/ ICN:				2013193701489201		Total Prov Paid:				\$145.44	
Ins Id:															
<u>Rend Prov</u>	<u>Service Date</u>	<u>Proc</u>	<u>Mods</u>	<u>Rmrk Cd</u>	<u>Billed</u>	<u>Allowed</u>	<u>Deduct</u>	<u>Colns</u>	<u>Grp / Rc / Qty /</u>	<u>Adj Amt</u>	<u>Prov Adj Cd/ Amt</u>	<u>Prov Paid</u>	<u>Pat Bal Due</u>		
	05 Jul - 08 Jul 2013	H2014			\$145.44							\$145.44	\$0.00		

					\$145.44	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$145.44	\$0.00		
Name:				Claim Status:				1		Total Billed:				\$363.60	
Pat Acct: CLAIM TEMPLET				Claim Num/ ICN:				2013193701489202		Total Prov Paid:				\$363.60	
Ins Id:															
<u>Rend Prov</u>	<u>Service Date</u>	<u>Proc</u>	<u>Mods</u>	<u>Rmrk Cd</u>	<u>Billed</u>	<u>Allowed</u>	<u>Deduct</u>	<u>Colns</u>	<u>Grp / Rc / Qty /</u>	<u>Adj Amt</u>	<u>Prov Adj Cd/ Amt</u>	<u>Prov Paid</u>	<u>Pat Bal Due</u>		
	07 Jul - 11 Jul 2013	H2014			\$363.60							\$363.60	\$0.00		

					\$363.60	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$363.60	\$0.00		
Name:				Claim Status:				1		Total Billed:				\$145.44	
Pat Acct: CLAIM TEMPLET				Claim Num/ ICN:				2013193701489401		Total Prov Paid:				\$145.44	
Ins Id:															
<u>Rend Prov</u>	<u>Service Date</u>	<u>Proc</u>	<u>Mods</u>	<u>Rmrk Cd</u>	<u>Billed</u>	<u>Allowed</u>	<u>Deduct</u>	<u>Colns</u>	<u>Grp / Rc / Qty /</u>	<u>Adj Amt</u>	<u>Prov Adj Cd/ Amt</u>	<u>Prov Paid</u>	<u>Pat Bal Due</u>		
	05 Jul - 08 Jul 2013	H2014			\$145.44							\$145.44	\$0.00		

					\$145.44	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$145.44	\$0.00		



Learning Check

1. From the Welcome page, where do you go to start your submission of a claim?
 - a. Tools
 - b. Reports
 - c. Claims
 - d. Help
2. You should always copy the template before entering information.
 - a. True
 - b. False
3. The rendering NPI is entered into field 24J.
 - a. True
 - b. False
4. Will your claim be automatically submitted once it's in a Passed status?
 - a. Yes
 - b. No



HP Enterprise Services Contact Information

EDI Help Desk

Phone: (877) 638-3472 (select option 2, then select option 0, then select option 3)

Email: NVMMIS.EDIsupport@hp.com

Nevada Provider Training

P.O. Box 30042

Reno NV 89520-3042

Phone: (877) 638-3472 (select option 2, then select option 0, then select option 4)

Email: NevadaProviderTraining@hp.com



Thank you for your attention

Enjoy the remainder of your day

