Allscripts - Payerpath

Institutional Claim Form

UB-04

August 2013

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

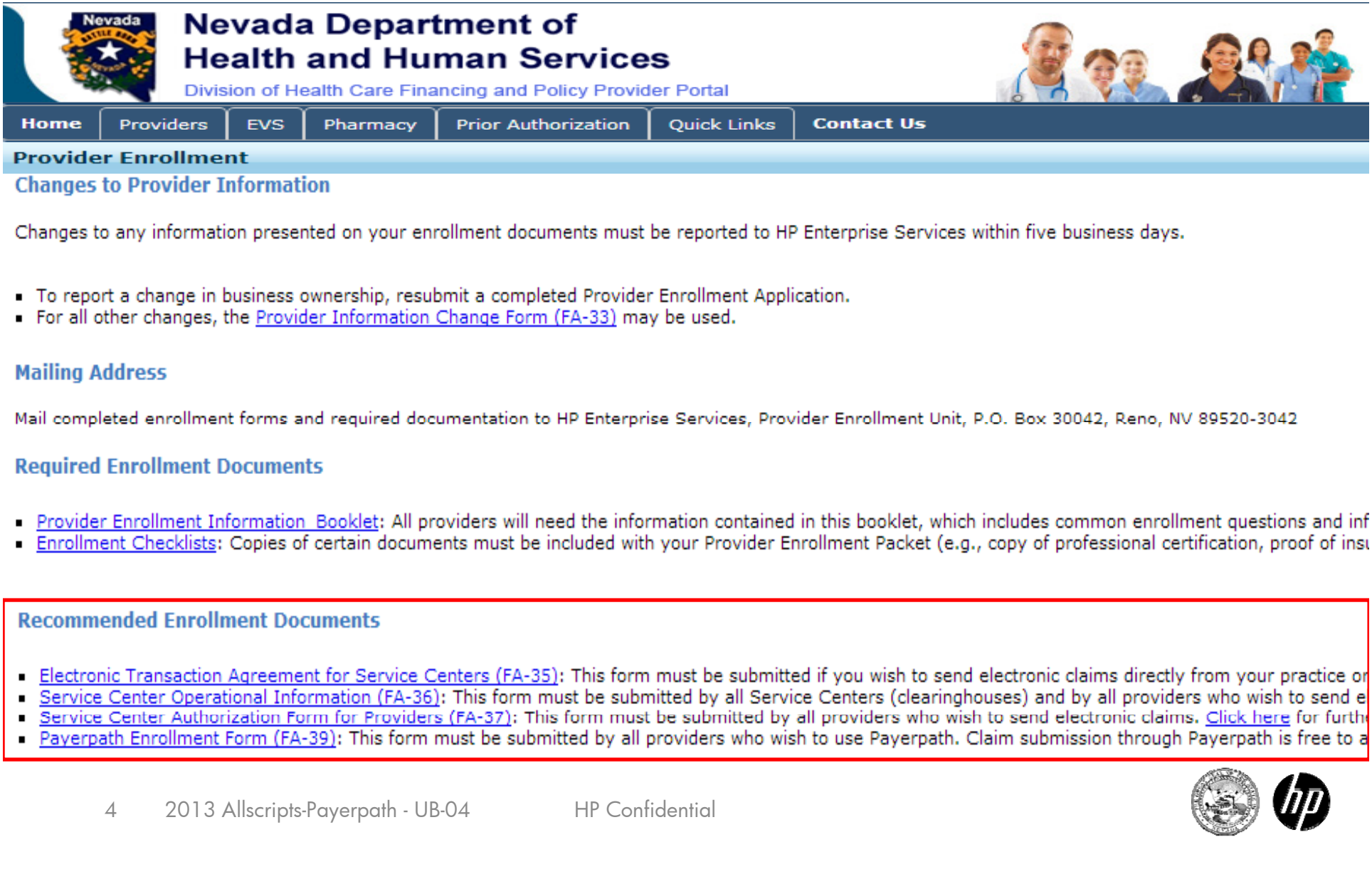
- Eliminates supply costs
    - Preprinted forms
    - Envelopes and postage
    - Payerpath claim submission is free

- 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 inf
- Enrollment Checklists: Copies of certain documents must be included with your Provider Enrollment Packet (e.g., copy of professional certification, proof of insu

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
- Service Center Operational Information (FA-36): This form must be submitted by all Service Centers (clearinghouses) and by all providers who wish to send e
- 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 furth
- 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 a

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.

Allscripts

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

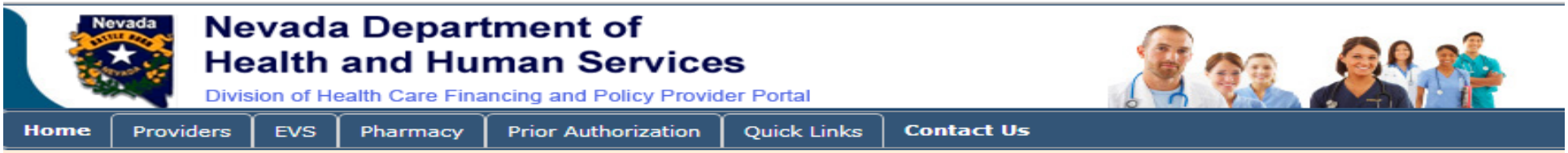
- **Faxed** to: (775) 335-8594

- **Emailed** to: NVMMIS.EDIsupport@hp.com

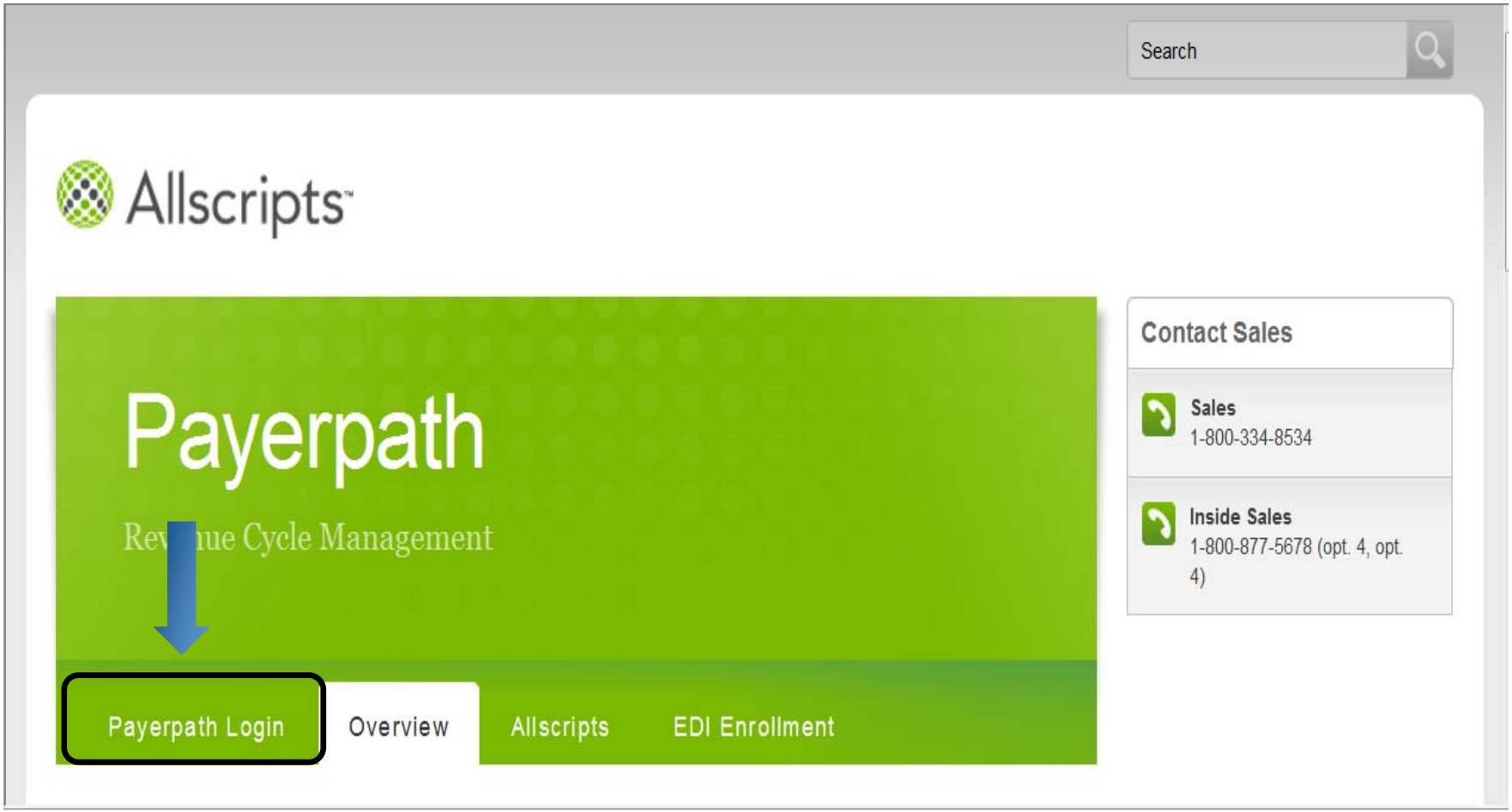
- For assistance, call 1-877-638-3472, option 2 then option 3, to speak with an EDI Coordinator.

Getting Started

Accessing Payerpath

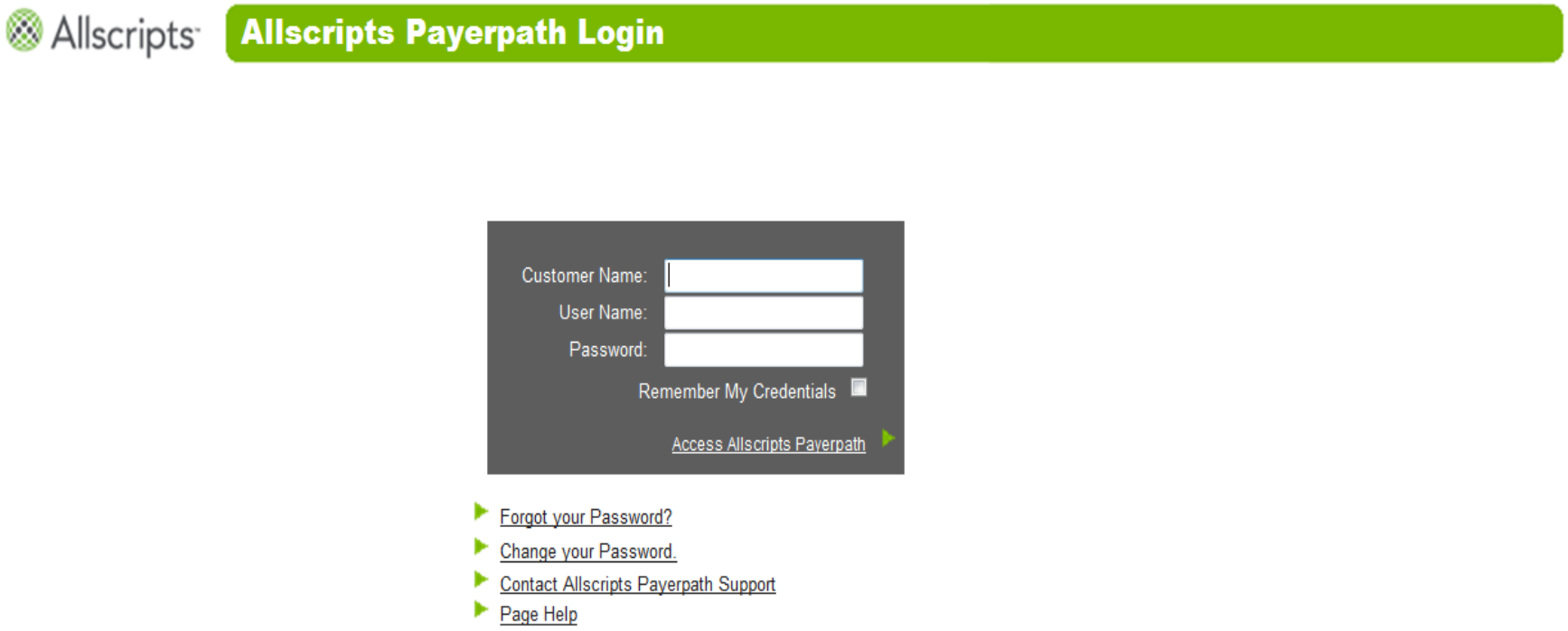


Payerpath Login Screen



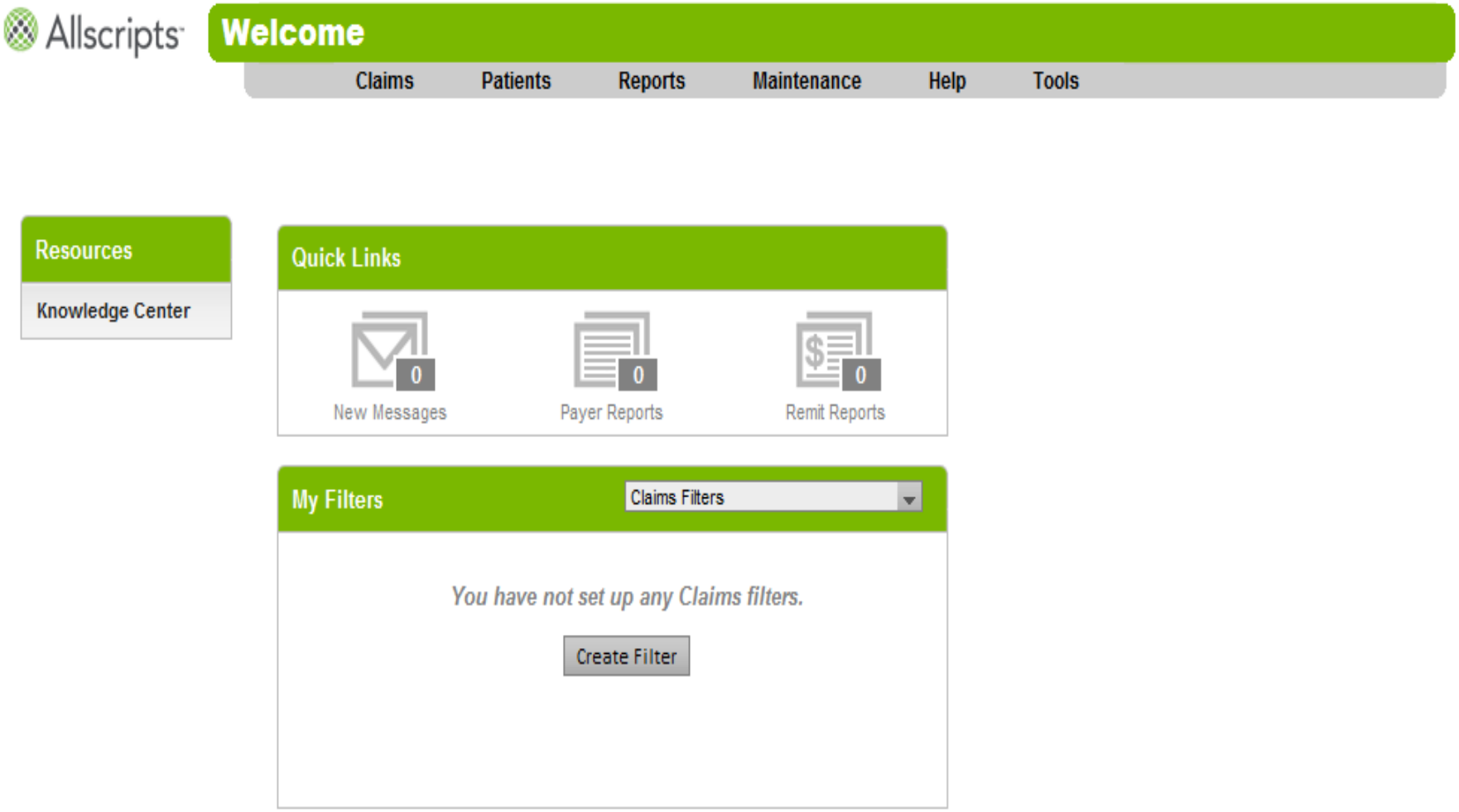
www.payerpath.com

Login Page



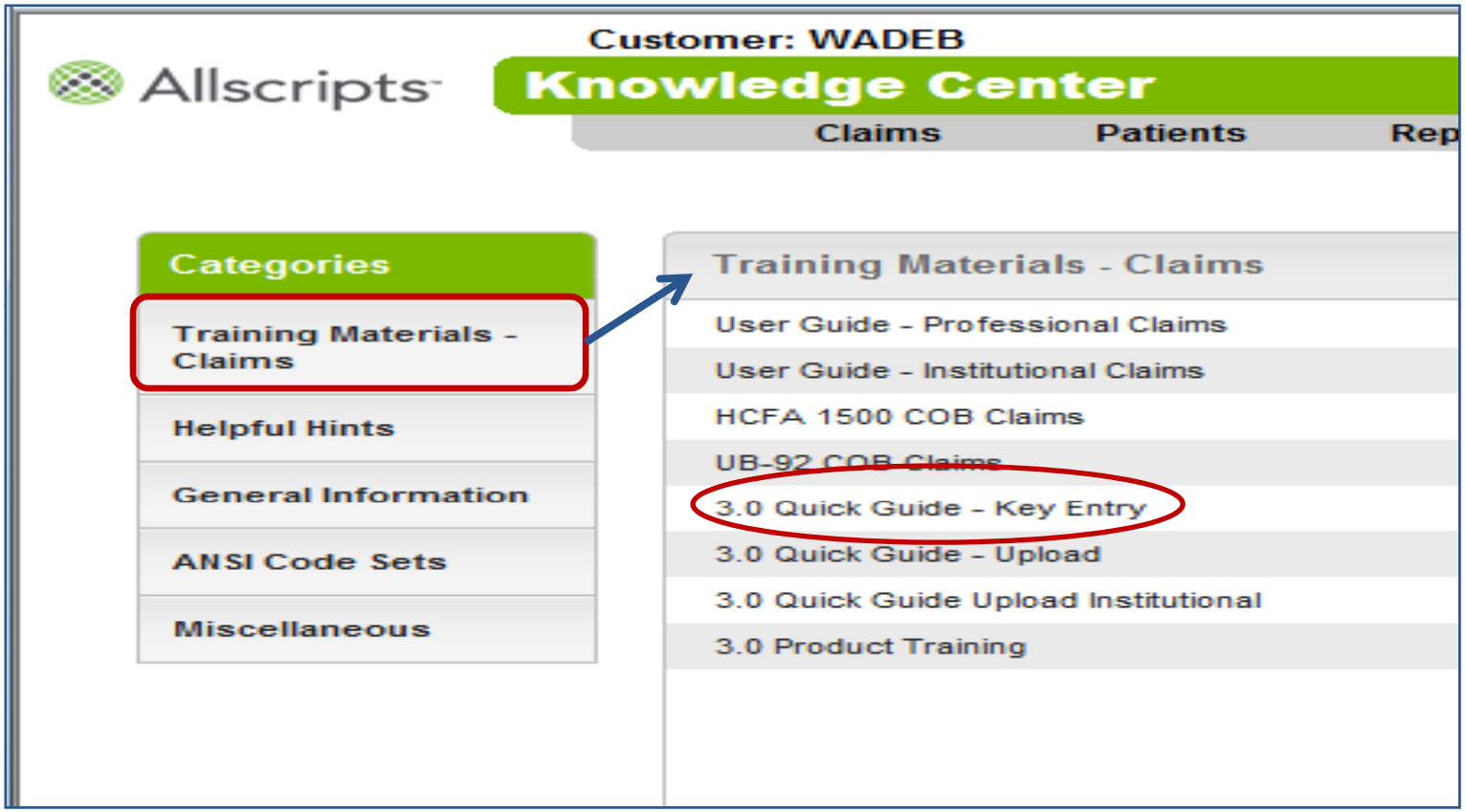
Payerpath Support: Call 1-877-638-3472 opt 2, then opt. 4 | Mon-Fri, 8:00AM to 5:00PM PT | Email - nvmmis.edisupport@hp.com

Welcome Page

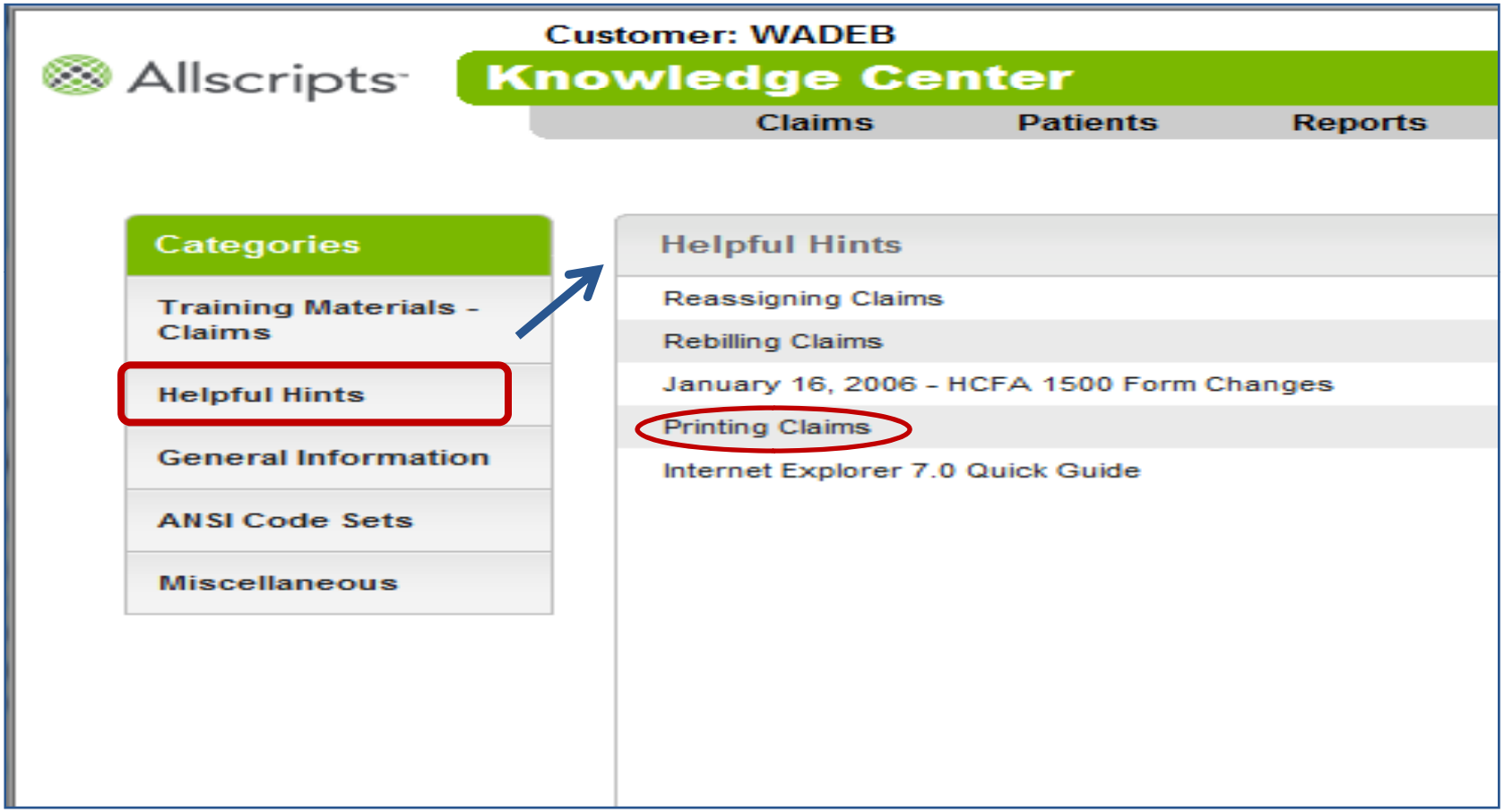


Knowledge Center

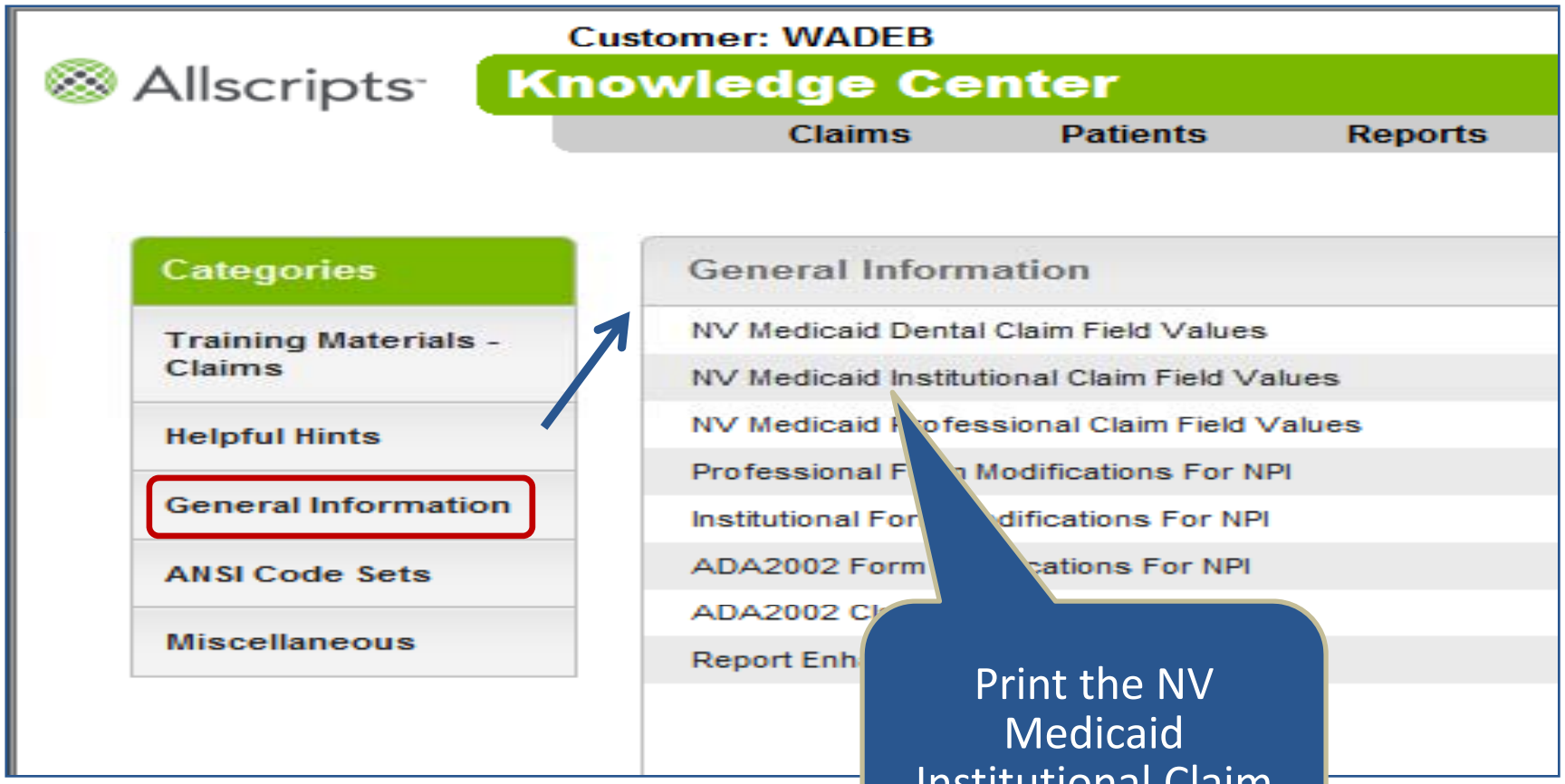
Training Material - Claims



Helpful Hints



General Information



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

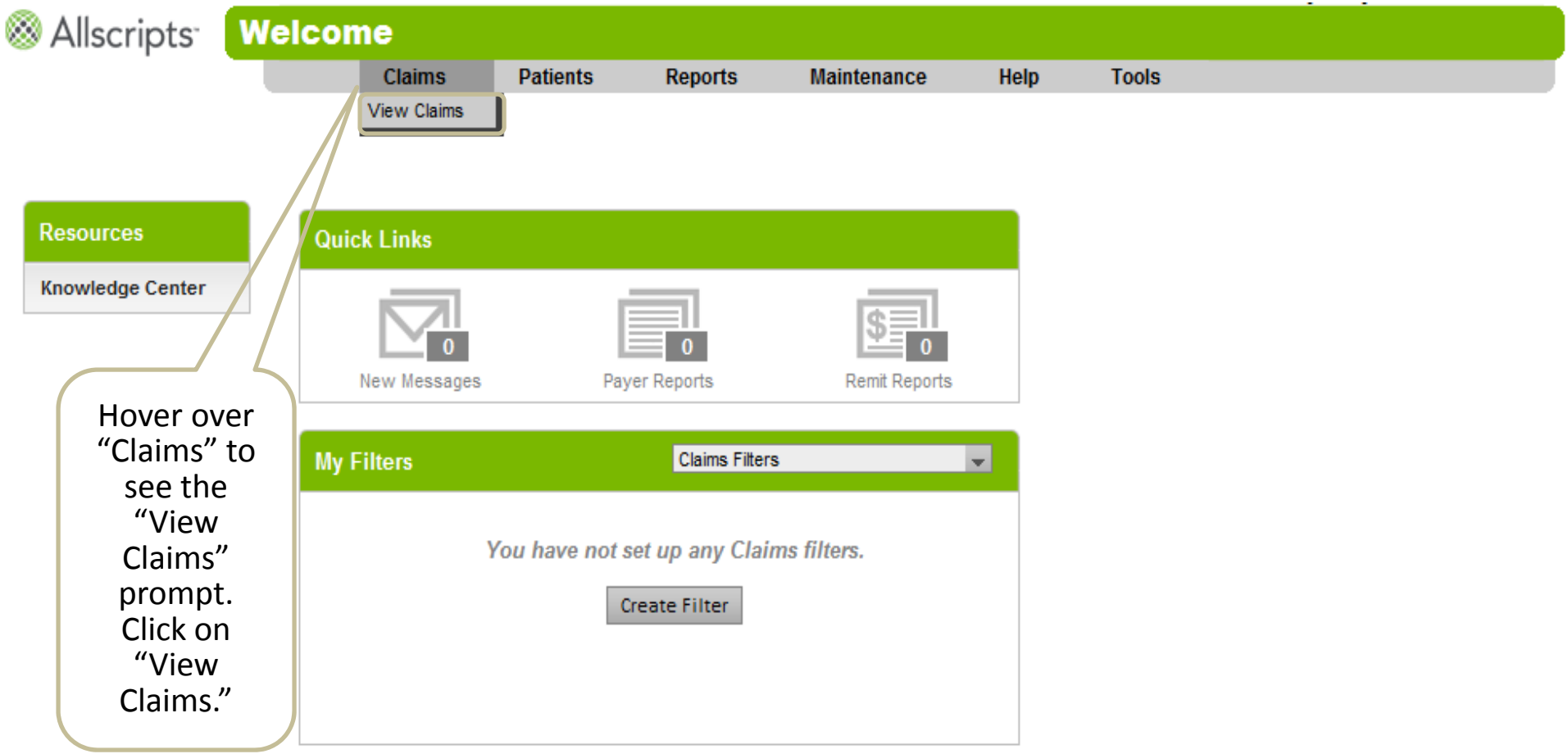
1. What is the website address you would use to directly log in to Allscripts-Payerpath?

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

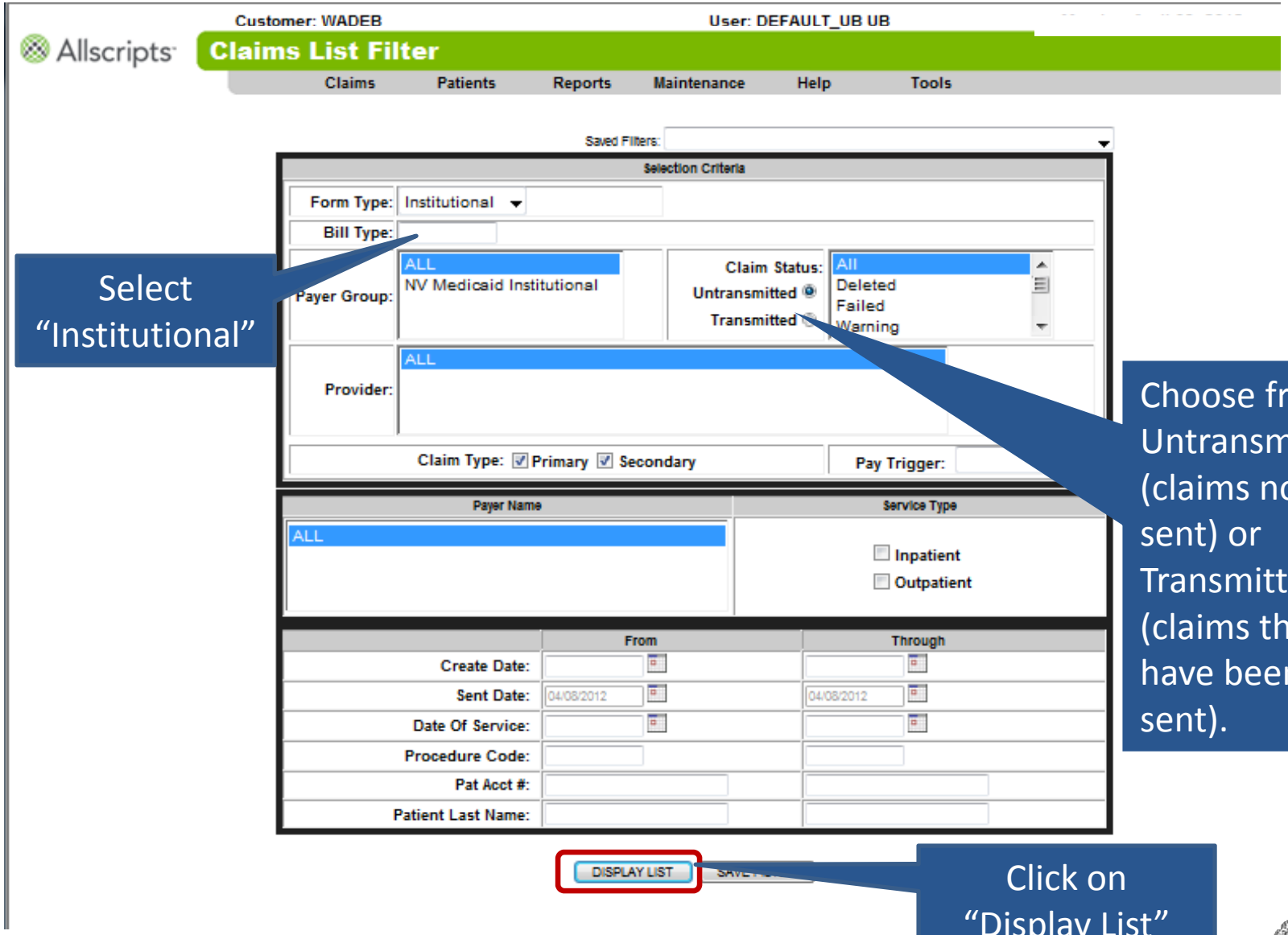
3. What documents should you review and/or print?
    a. 3.0 Quick Guide – Key Entry
    b. Printing Claims
    c. NV Medicaid Institutional Claim Field Values
    d. All of the above

Submitting Institutional Claim Form UB-04

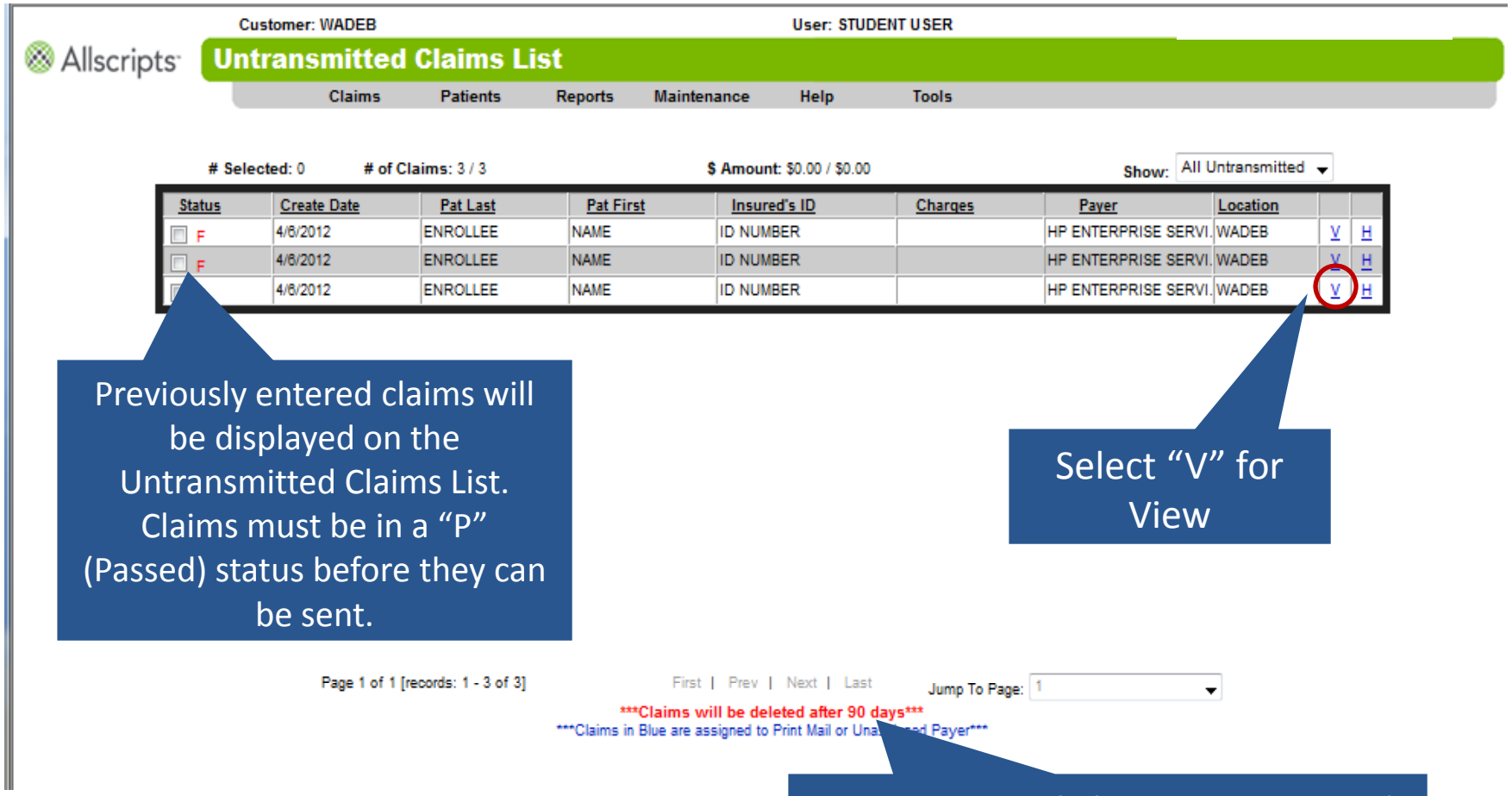
View Claims


Allscripts
Welcome
Claims
Patients
Reports
Maintenance
Help
Tools
View Claims
Resources
Knowledge Center
Quick Links
0
New Messages
0
Payer Reports
0
Remit Reports
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



Untransmitted Claims List

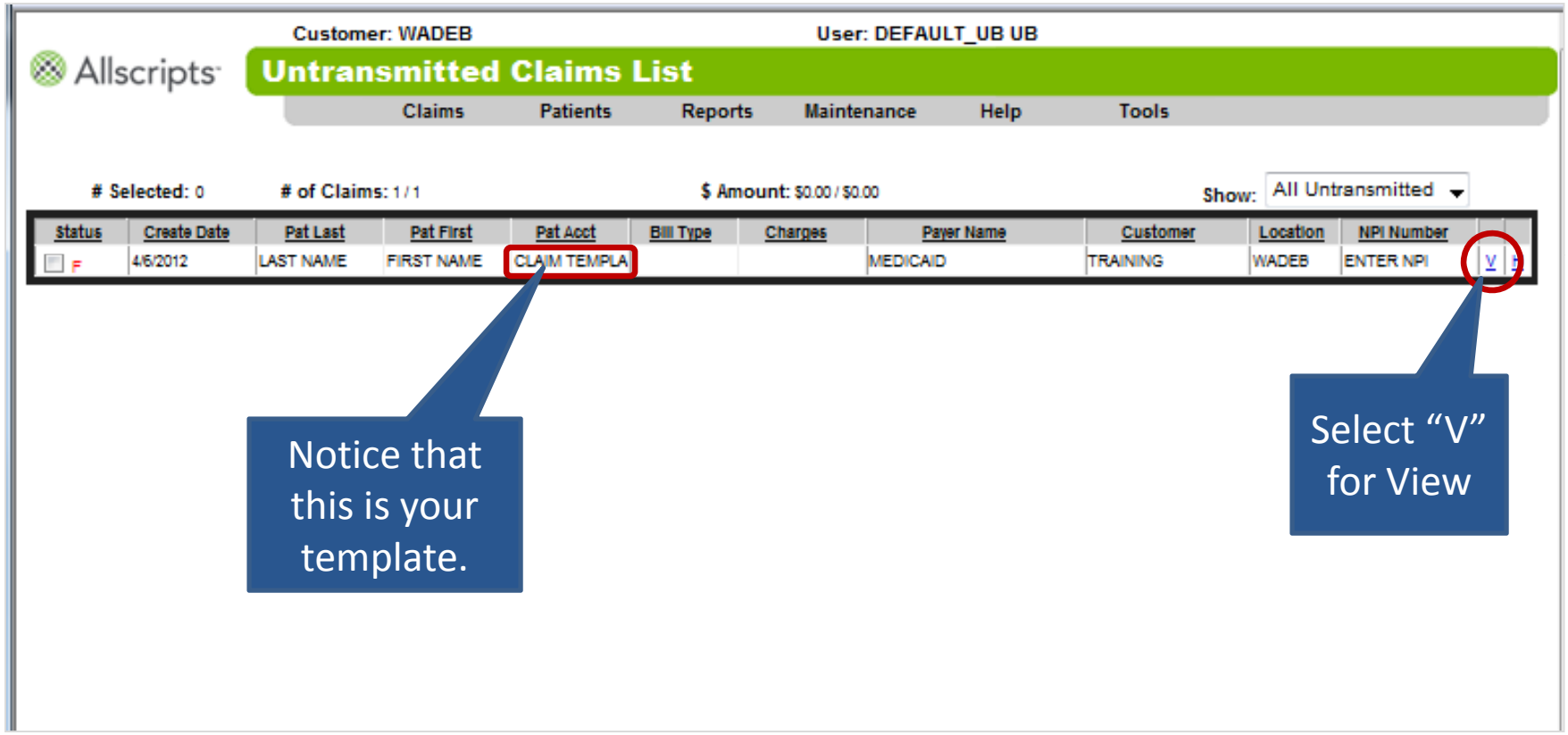


Previously entered claims will be displayed on the Untransmitted Claims List. Claims must be in a "P" (Passed) status before they can be sent.

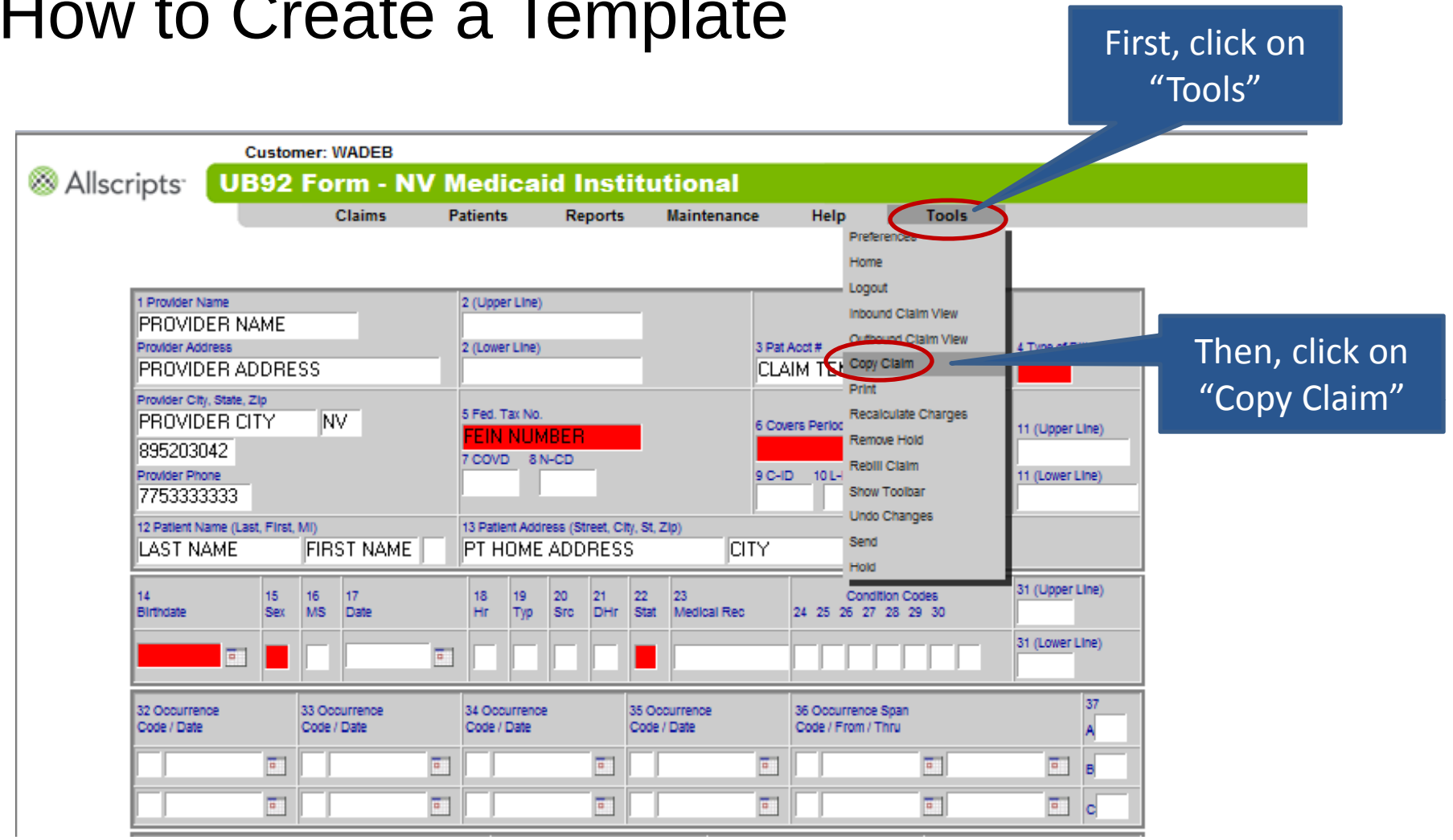
Select "V" for View

Untransmitted claims are retained in the system for 90 days.

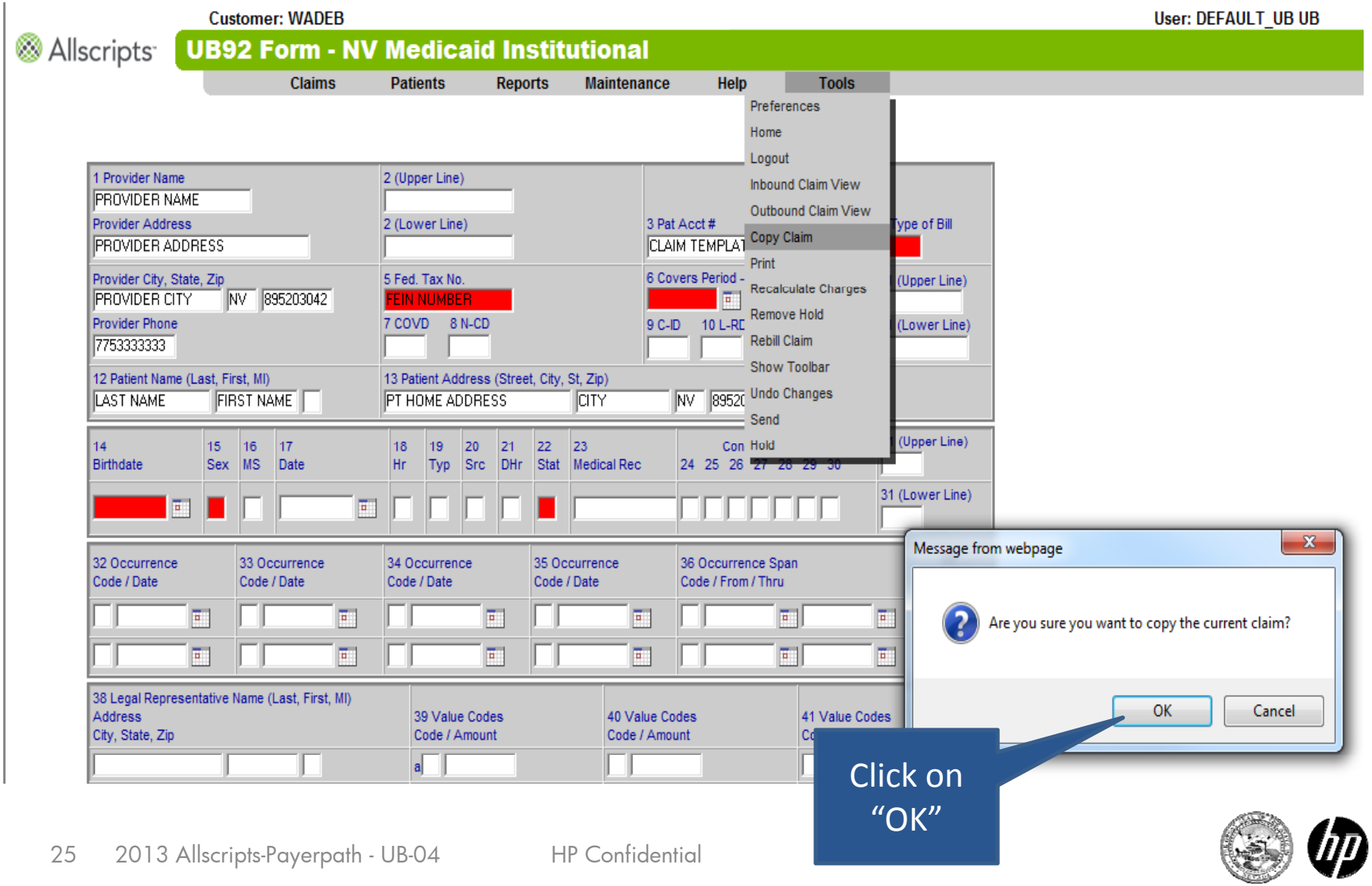
Claims List


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
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

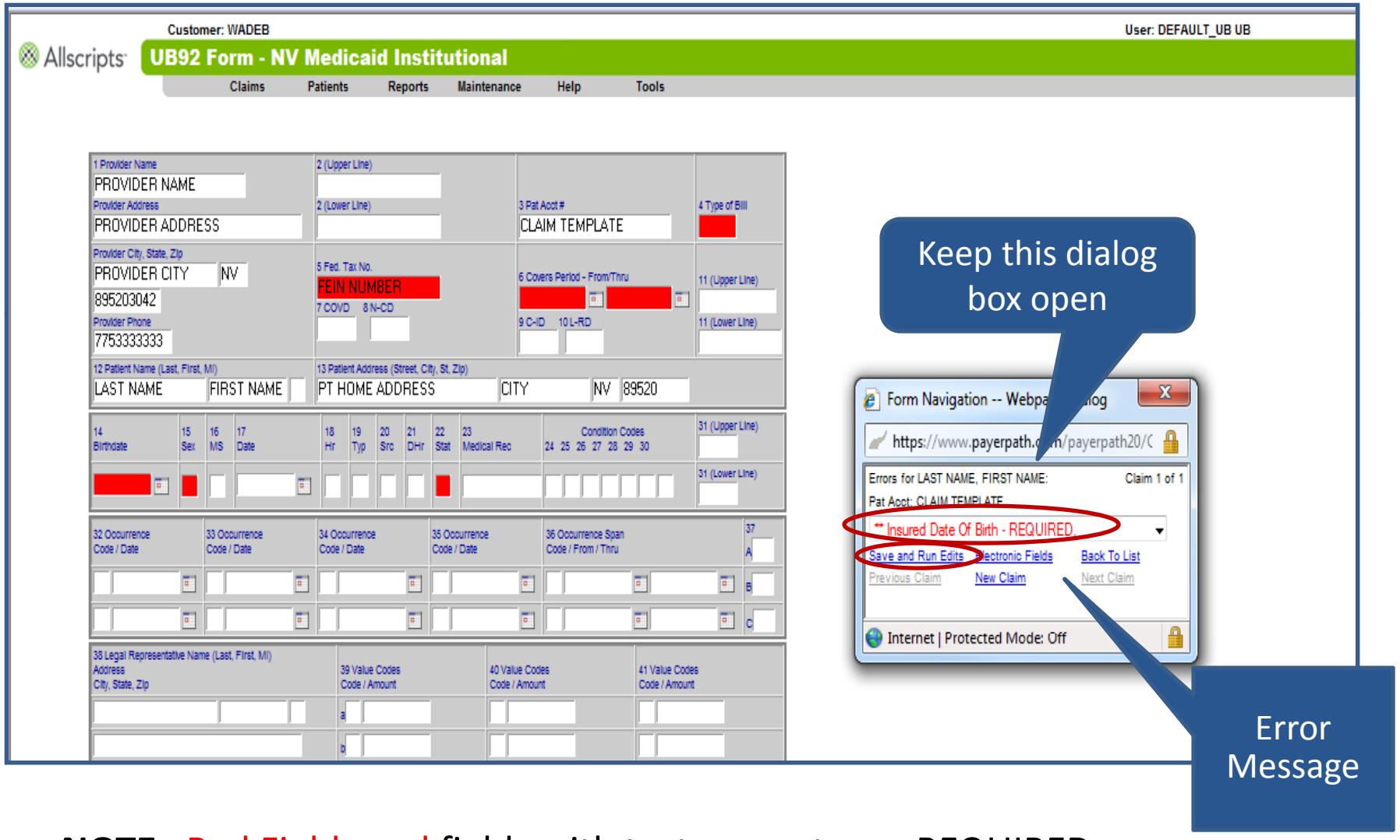
How to Create a Template



How to Create a Template - continued

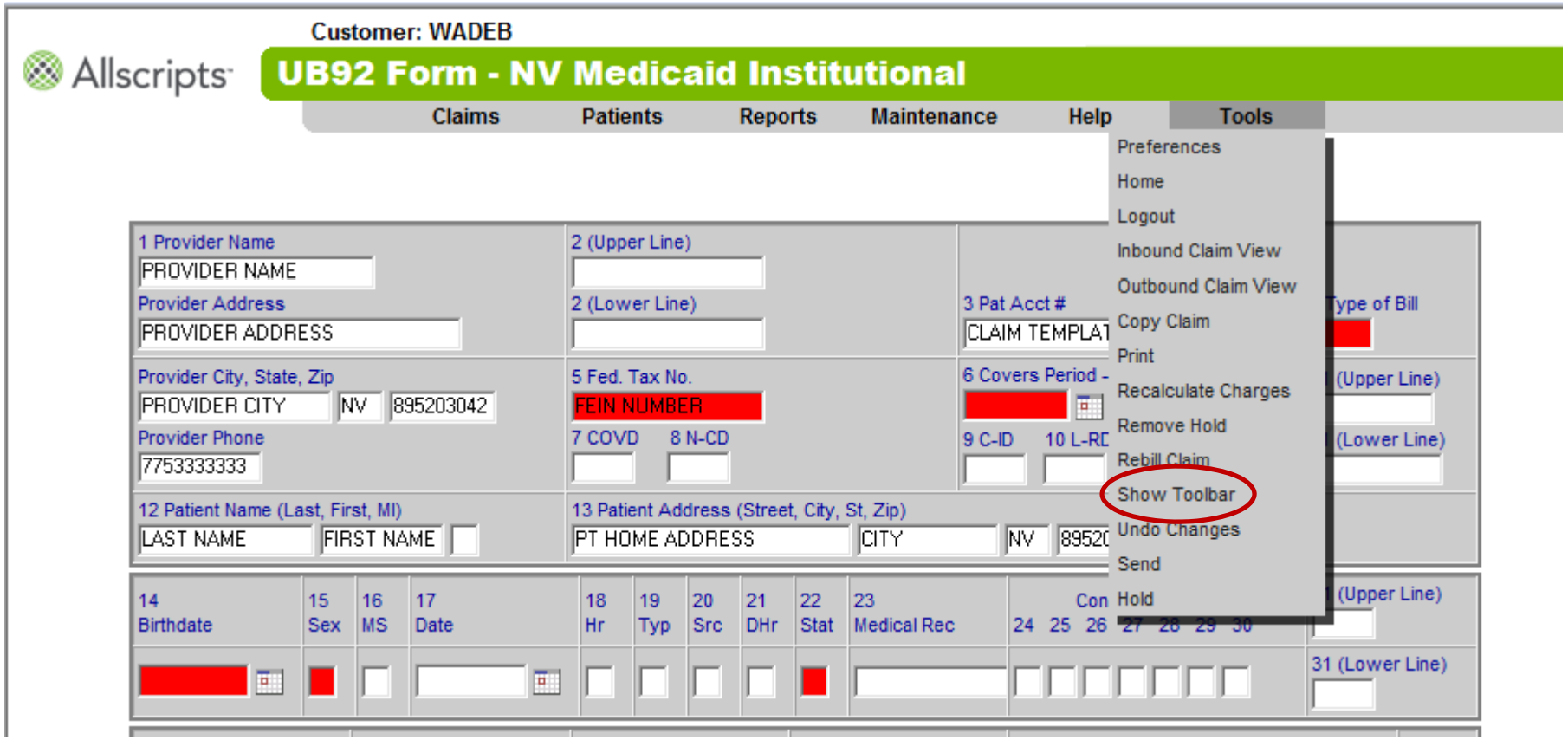


Fields 1-41



NOTE: Red Fields and fields with text prompts are REQUIRED

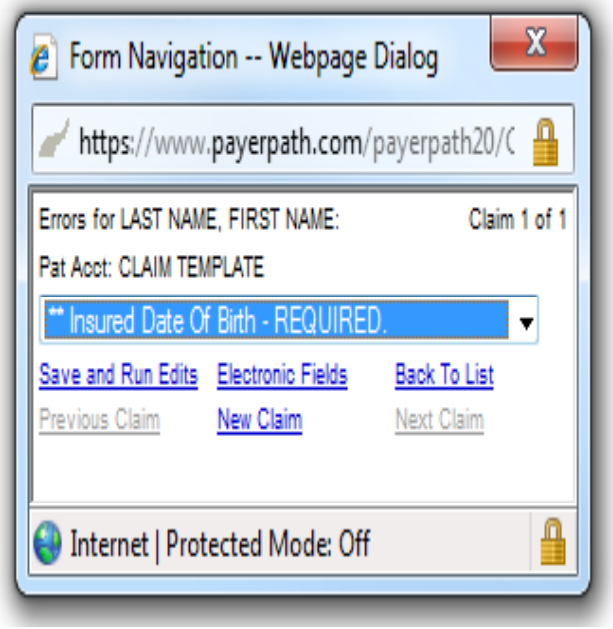
If you close the webpage dialog box…



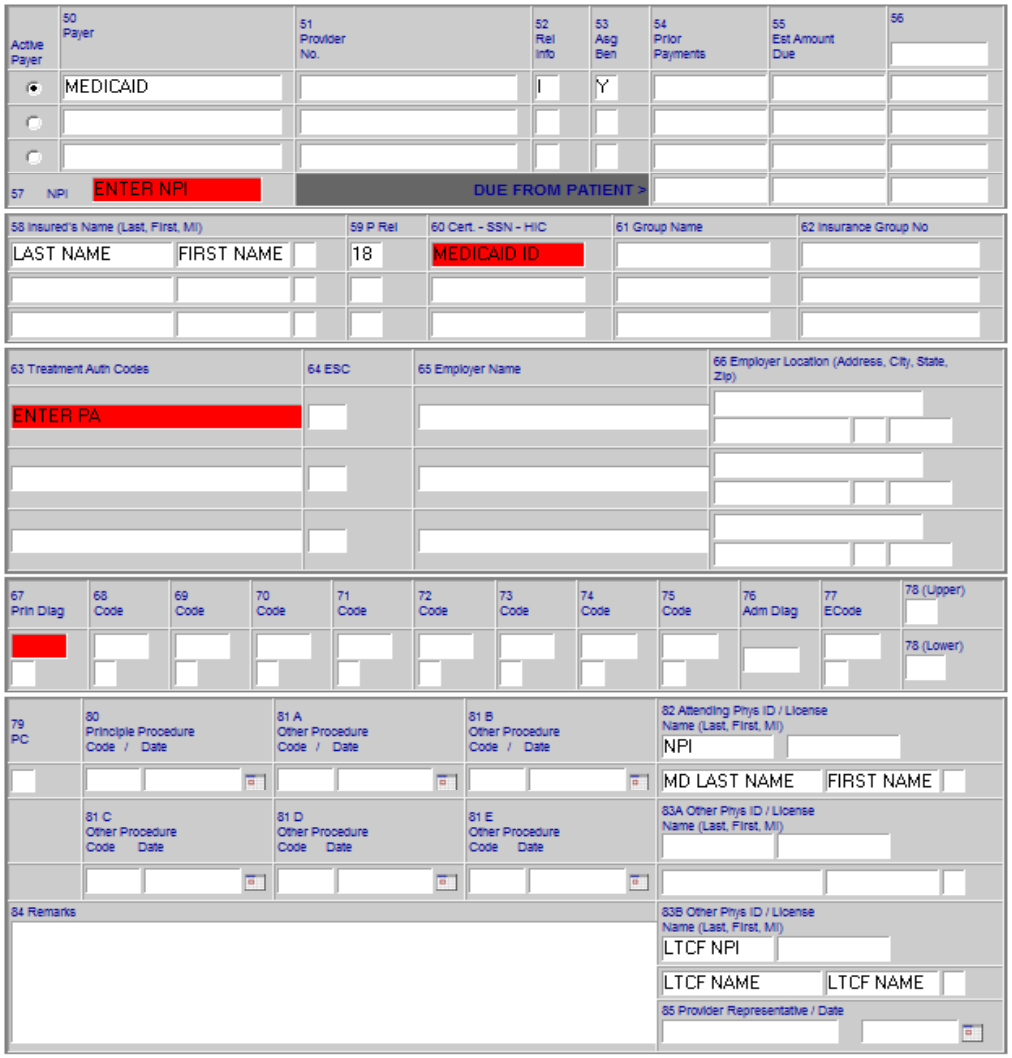
Fields 42-49

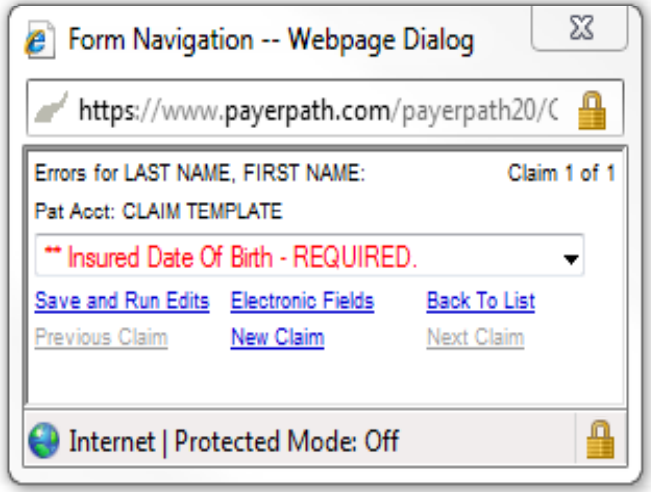
Enter 3-digit rev code

	42 Rev Cd	43 Description	Hcpcs 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									

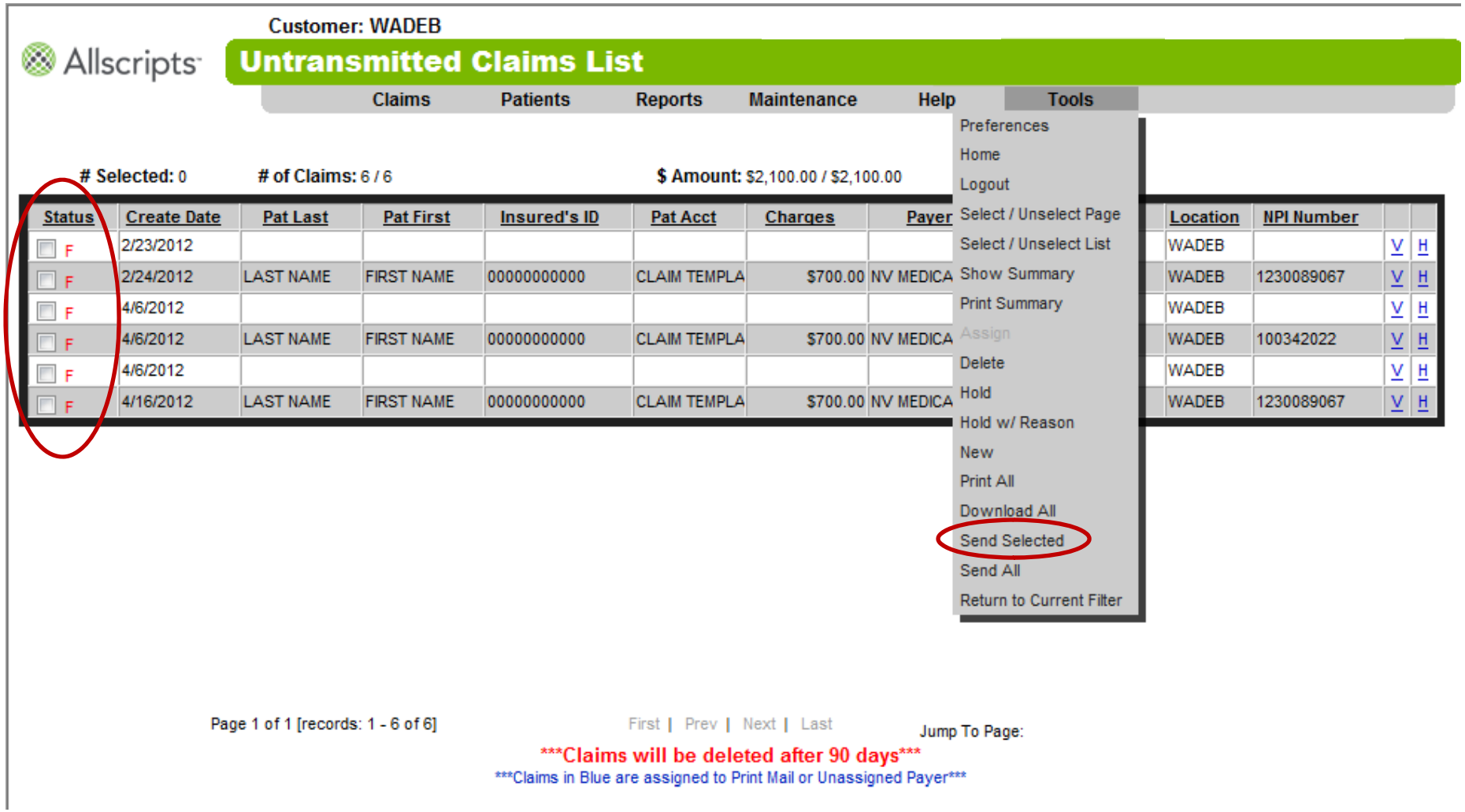


Fields 50-85


Active Payer
50 Payer
51 Provider No.
52 Rel Info
53 Asg Ben
54 Prior Payments
55 Est Amount Due
56
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

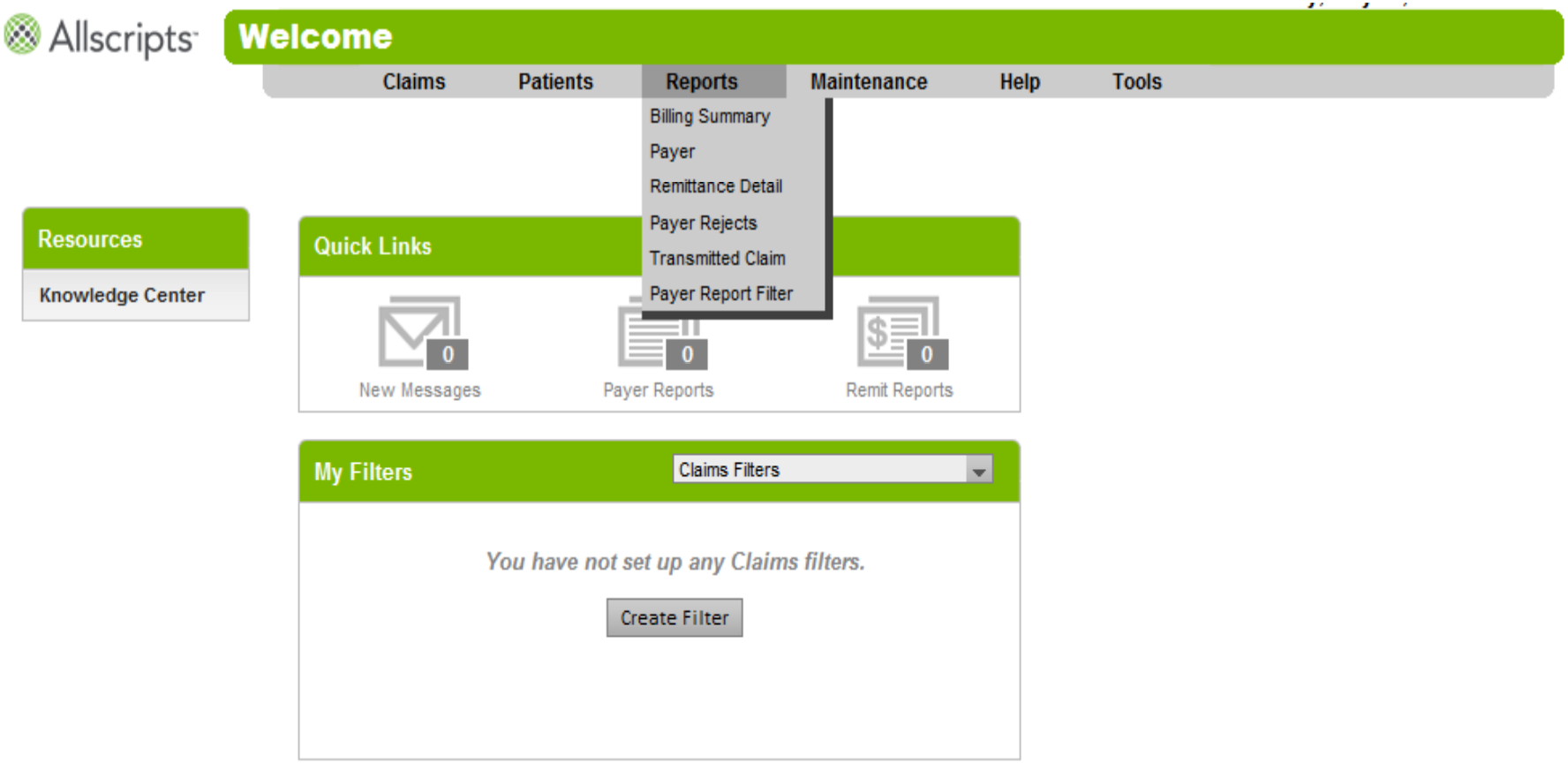

Form Navigation -- Webpage Dialog
https://www.payerpath.com/payerpath20/(
Errors for LAST NAME, FIRST NAME:
Claim 1 of 1
Pat Acct: CLAIM TEMPLATE
** Insured Date Of Birth - REQUIRED.
Save and Run Edits
Electronic Fields
Back To List
Previous Claim
New Claim
Next Claim
Internet | Protected Mode: Off

Submitting the Claim

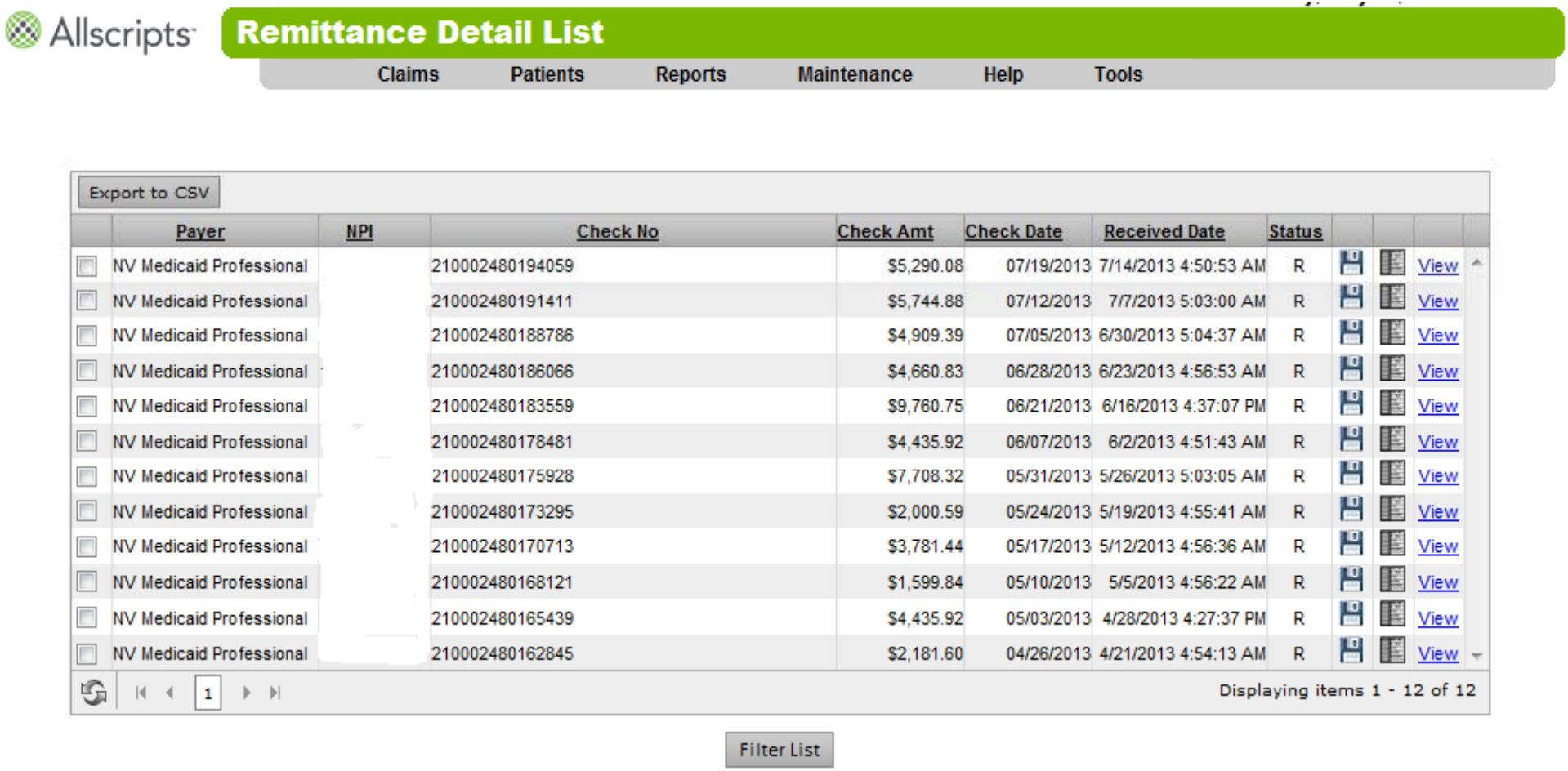


Viewing Remittance Advice

Remittance Detail



Remittance Detail List



Payer	NPI	Check No	Check Amt	Check Date	Received Date	Status	
NV Medicaid Professional		21002480194059	$5,290.08	07/19/2013	7/14/2013 4:50:53 AM	R	View
NV Medicaid Professional		21002480191411	$5,744.88	07/12/2013	7/7/2013 5:03:00 AM	R	View
NV Medicaid Professional		21002480188786	$4,909.39	07/05/2013	6/30/2013 5:04:37 AM	R	View
NV Medicaid Professional		21002480186066	$4,660.83	06/28/2013	6/23/2013 4:56:53 AM	R	View
NV Medicaid Professional		21002480183559	$9,760.75	06/21/2013	6/16/2013 4:37:07 PM	R	View
NV Medicaid Professional		21002480178481	$4,435.92	06/07/2013	6/2/2013 4:51:43 AM	R	View
NV Medicaid Professional		21002480175928	$7,708.32	05/31/2013	5/26/2013 5:03:05 AM	R	View
NV Medicaid Professional		21002480173295	$2,000.59	05/24/2013	5/19/2013 4:55:41 AM	R	View
NV Medicaid Professional		21002480170713	$3,781.44	05/17/2013	5/12/2013 4:56:36 AM	R	View
NV Medicaid Professional		21002480168121	$1,599.84	05/10/2013	5/5/2013 4:56:22 AM	R	View
NV Medicaid Professional		21002480165439	$4,435.92	05/03/2013	4/28/2013 4:27:37 PM	R	View
NV Medicaid Professional		21002480162845	$2,181.60	04/26/2013	4/21/2013 4:54:13 AM	R	View

Remittance Advice

Allscripts

NV Medicaid - 835 Remittances

Customer Name:

Claim Detail

Patient Demographics | **Claim Information**

Name:
Pat Acct: CLAIM TEMPLET
Ins Id:

Claim Status: 1 | Total Billed: **$145.44**
Claim Num/ ICN: 2013193701488301 | Total Prov Paid: **$145.44**

Rend Prov	Service Date	Proc	Mods	Rmrk Cd	Billed	Allowed	Deduct	Coins	Grp / Rc / Qty /	Adj Amt	Prov Adj Cd/ Amt	Prov Paid	Pat Bal Due
	05 Jul - 06 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:
Pat Acct: CLAIM TEMPLET
Ins Id:

Claim Status: 1 | Total Billed: **$363.60**
Claim Num/ ICN: 2013193701488302 | Total Prov Paid: **$363.60**

Rend Prov	Service Date	Proc	Mods	Rmrk Cd	Billed	Allowed	Deduct	Coins	Grp / Rc / Qty /	Adj Amt	Prov Adj Cd/ Amt	Prov Paid	Pat Bal Due
	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:
Pat Acct: CLAIM TEMPLET
Ins Id:

Claim Status: 1 | Total Billed: **$145.44**
Claim Num/ ICN: 2013193701489201 | Total Prov Paid: **$145.44**

Rend Prov	Service Date	Proc	Mods	Rmrk Cd	Billed	Allowed	Deduct	Coins	Grp / Rc / Qty /	Adj Amt	Prov Adj Cd/ Amt	Prov Paid	Pat Bal Due
	05 Jul - 06 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:
Pat Acct: CLAIM TEMPLET
Ins Id:

Claim Status: 1 | Total Billed: **$363.60**
Claim Num/ ICN: 2013193701489202 | Total Prov Paid: **$363.60**

Rend Prov	Service Date	Proc	Mods	Rmrk Cd	Billed	Allowed	Deduct	Coins	Grp / Rc / Qty /	Adj Amt	Prov Adj Cd/ Amt	Prov Paid	Pat Bal Due
	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:
Pat Acct: CLAIM TEMPLET
Ins Id:

Claim Status: 1 | Total Billed: **$145.44**
Claim Num/ ICN: 2013193701489401 | Total Prov Paid: **$145.44**

Rend Prov	Service Date	Proc	Mods	Rmrk Cd	Billed	Allowed	Deduct	Coins	Grp / Rc / Qty /	Adj Amt	Prov Adj Cd/ Amt	Prov Paid	Pat Bal Due
	05 Jul - 06 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