



ClaimsConnect User Guide

Rev Jan 2022

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Initial ClaimsConnect Setup

How to install ClaimsConnect

1. The first step is to install ClaimsConnect. Click on the following link and follow the on-screen instructions to install ClaimsConnect.

http://support.helper.com/down/upgrade/action.jsp?file_name=SCCUP

2. Enter the information requested and click on **Submit Information**.



[PSYCHIATRISTS](#) [THERAPISTS](#) [CLIENT CENTER](#) [CONTACT US](#)

Upgrade

ClaimsConnect Client 6.4

Please enter your Helper account number, the Zip Code associated with your Helper account (you can find it on your last Helper invoice), and your name in the fields below. Then click the "Submit Information" button. If you have any questions, please contact our Sales Department at (800) 343-5737.

Account Number:

Postal Code:

First Name:

Last Name:

[Return to Upgrades List](#)

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Netsmart, the leading provider of practice management and electronic health record solutions for behavioral health, public health, social services, methadone, substance abuse, and population health.

Upgrade

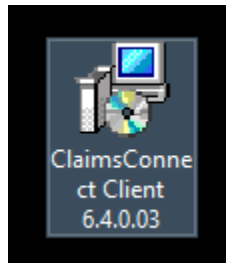
ClaimsConnect Client 6.4

Your account was found in our database. Please click the link below to download the upgrade:

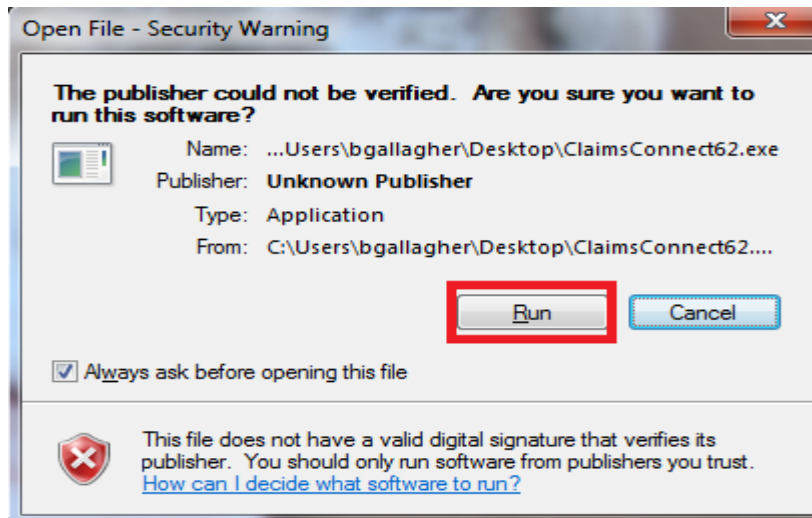
[ClaimsConnect Client 6.4](#)

Instructions

1. Visit the helper.com [Support Page](#) and read the upgrade installation instructions.
 2. Click the link above.
 3. When the file download dialog box appears, click the "Save" button and select a location on your computer to save the file.
 4. After the download is complete, find the file on your computer and double click it to install the software.
 5. Follow the on-screen instructions in the installation wizard.
3. Click on the link indicated. Choose **Save** from the browser options and save the link to your desktop. On your desktop you will see the following icon.

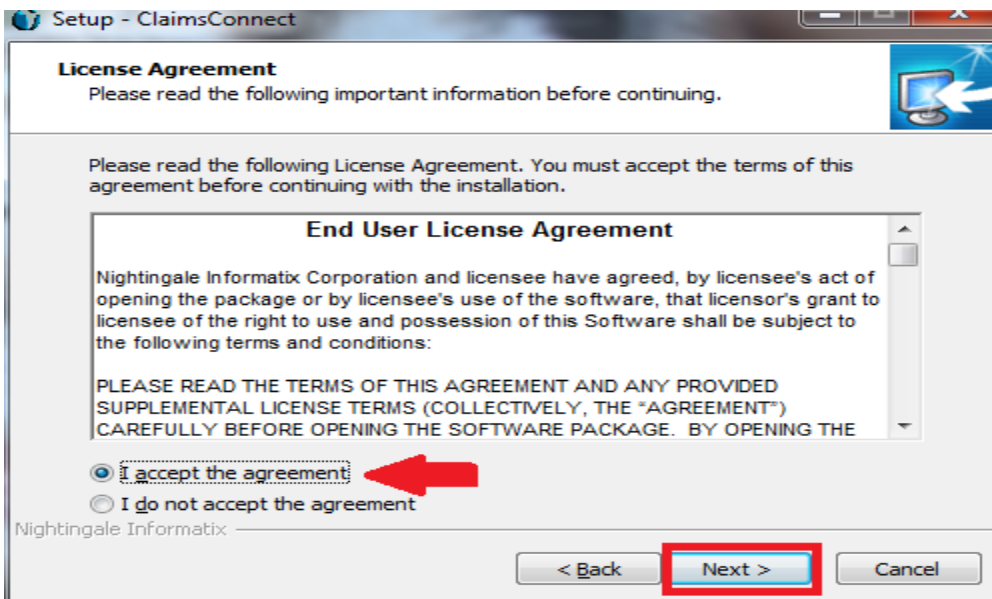


4. Click on the icon and the ClaimsConnect installation wizard will start.

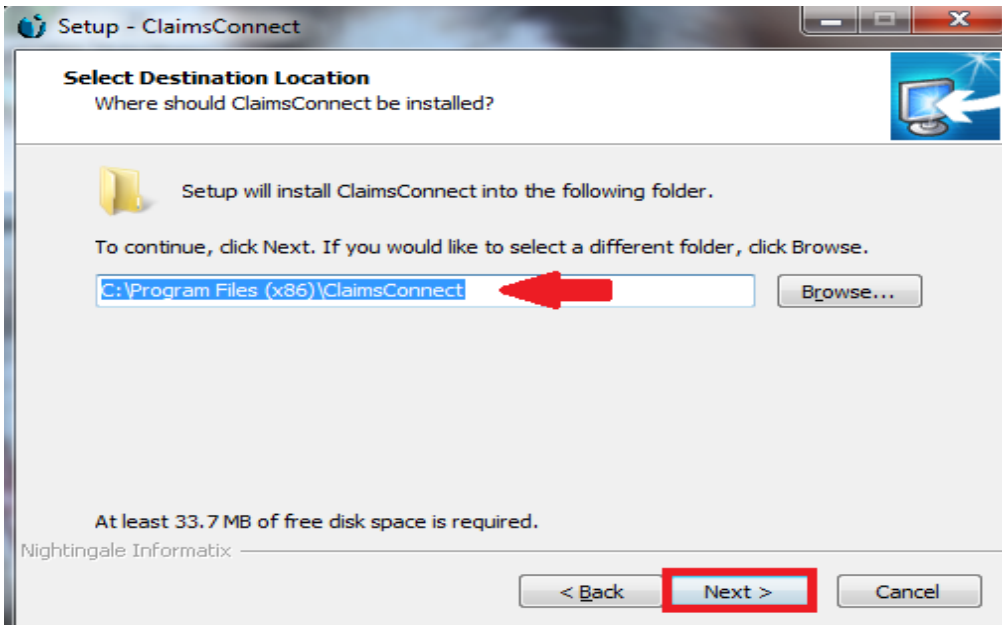




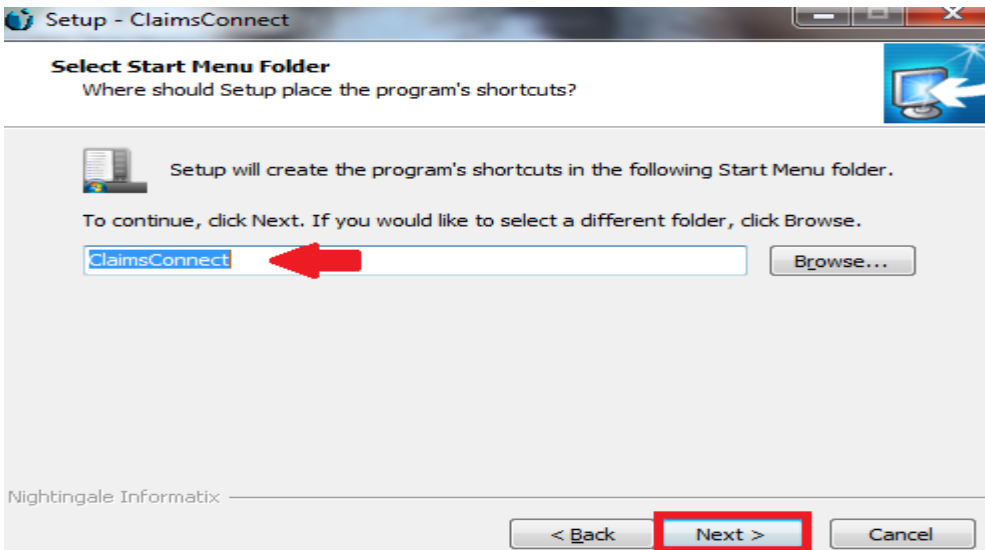
5. Click on the **Next** button. The License Agreement will display.



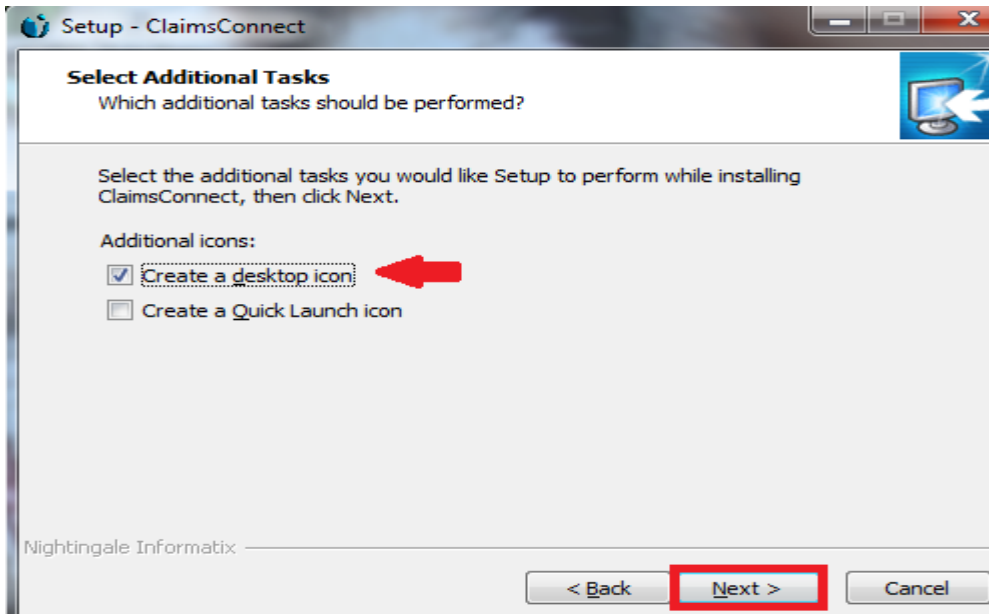
6. Accept the agreement and click **Next**.



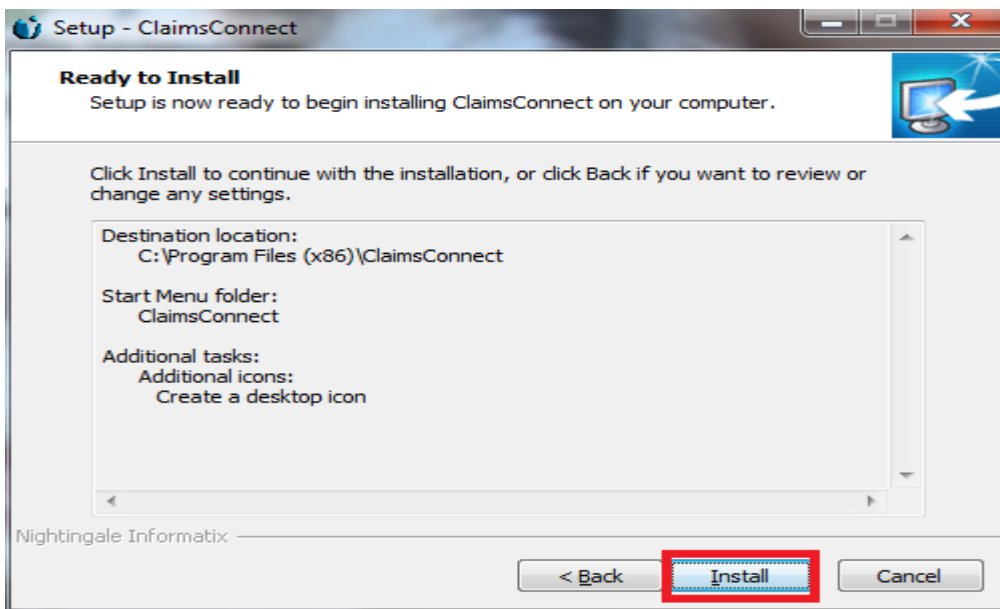
7. Now the installation will begin. You will see the folder that ClaimsConnect will be installed. Click **Next**.



8. This screen is indicating that ClaimsConnect will be added to your shortcuts. Click **Next**.



9. Check the box to create a desktop icon. Optionally, you can also choose to create the quick launch icon, then click **Next**.



10. Click **Install**.

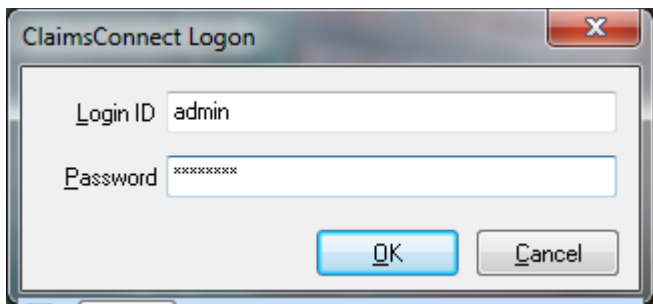
A progress bar will appear to show you ClaimsConnect is installing.



11. Click on the **Finish** button. This completes the ClaimsConnect installation.

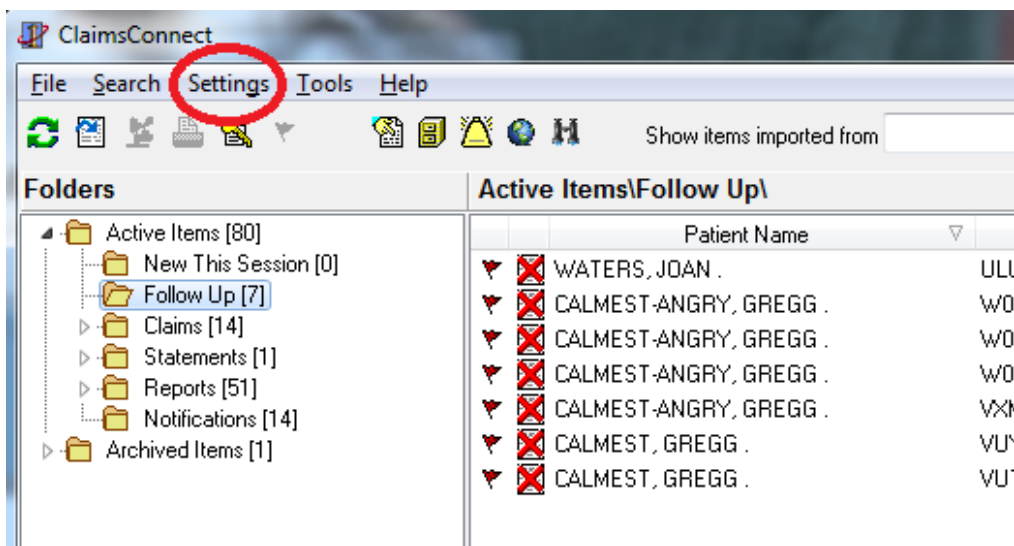
Starting ClaimsConnect for the first Time

1. To open ClaimsConnect, launch it from your desktop icon.

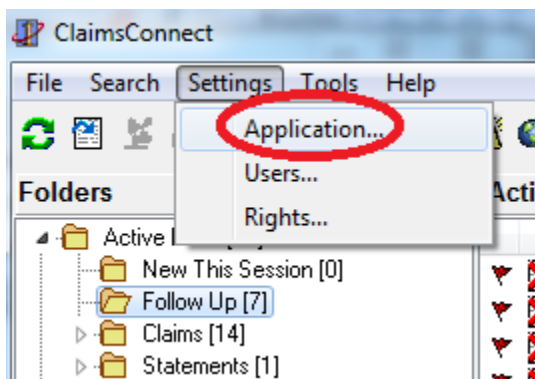


2. When the screen shown above loads, enter **admin** for the Login ID and **admin** for the Password. Click the OK button.

Next the ClaimsConnect main screen will be displayed.



3. Click on **Settings** from the menu list, then **Application**



The ClaimsConnect Settings screen will load.

4. On the screen below fill out all the information on the top half of the form. Then click on the **Modify** button.

The following information is necessary to establish your account:

Organization Name: VantageMed
Organization Type: Solo Practice
Tax ID: Employer ID Nbr Soc Sec Nbr

Primary Contact: Phone:
* EMail: * Fax:

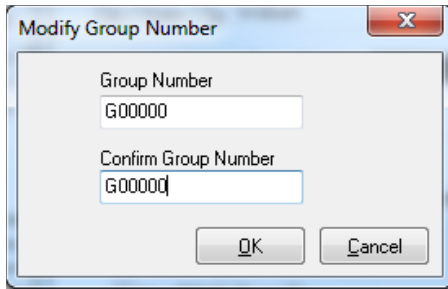
Address: 600 W. Cummings Park
Address 2: Ste 3450
City / State / Zip: Woburn MA 01801

Group Number: 600013 **Modify**
* Terminal ID:

Flag rejected claims for Follow Up
 Display error summary on import (ANSI only)
 Allow Claim Correction
 Reject Duplicate Claims
 Use POMIS Payer IDs
 Display update status on import
 Generate all Claim Status in 5010 (*= optional)

OK Cancel

5. On the screen shown below you will need to enter your assigned G#. You can find it in the welcome email that was sent to you by the Helper Enrollment team.



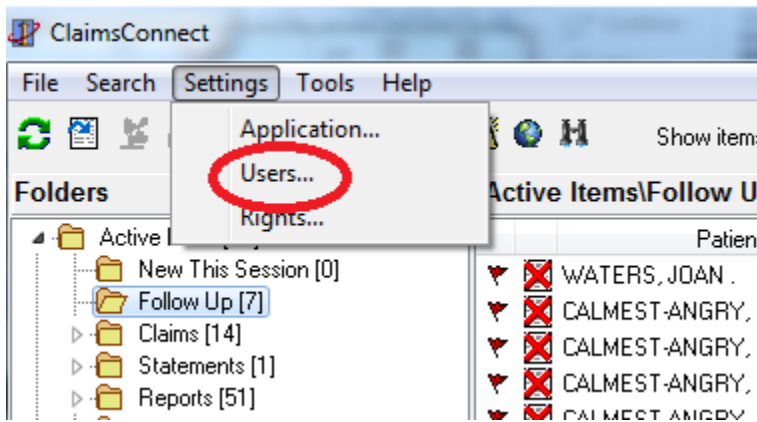
Modify Group Number

Group Number
G00000

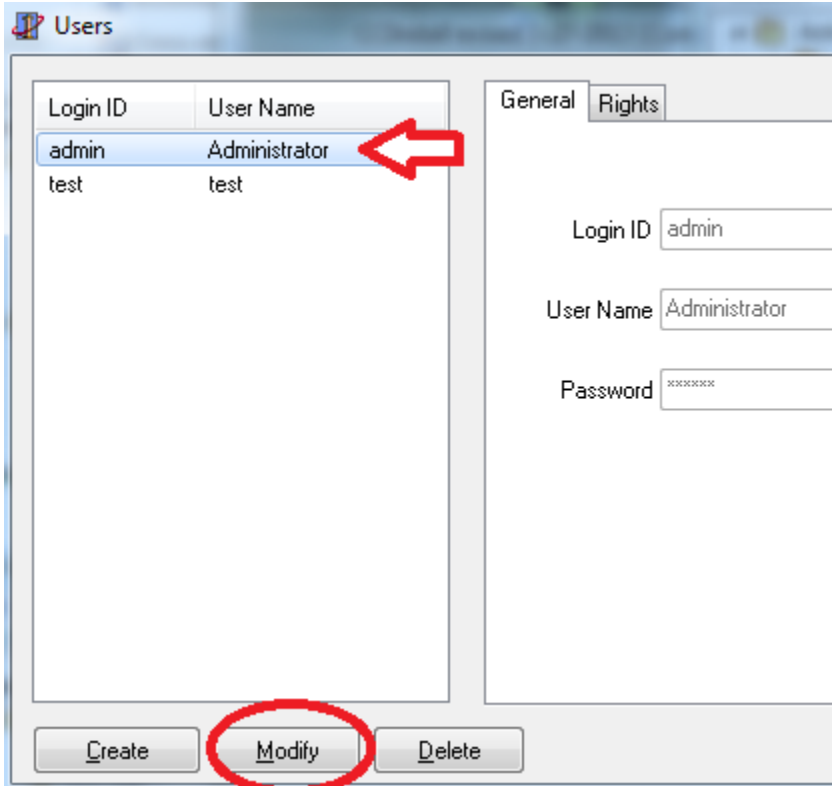
Confirm Group Number
G00000

OK Cancel

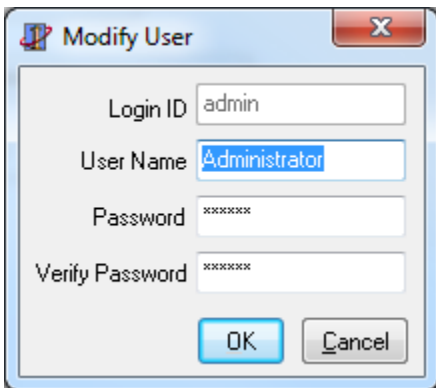
6. Click the **OK** button. You should now be back to the main ClaimsConnect screen. Click on the **Settings** option from the top menu, then select **Users**.



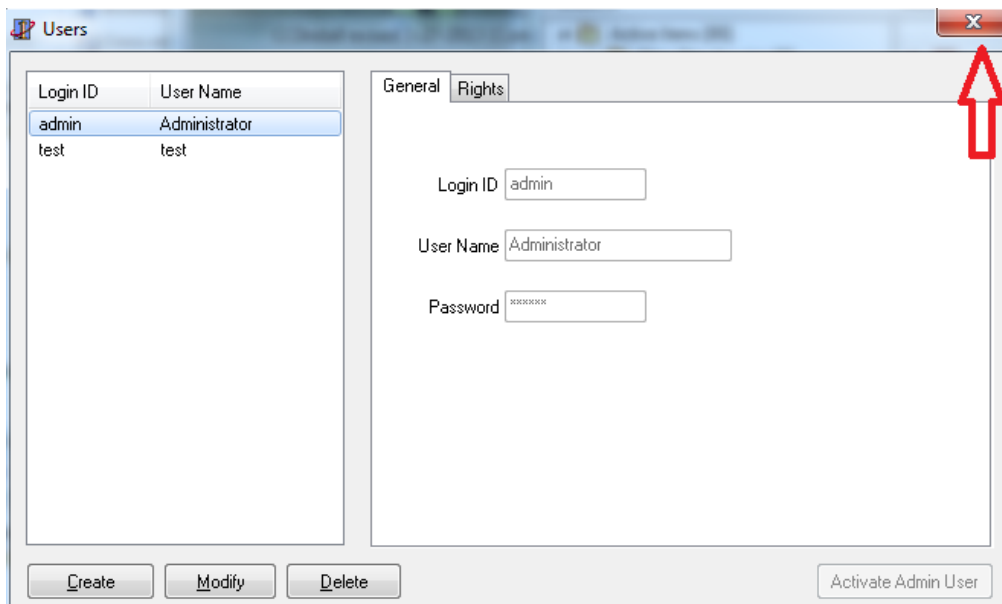
You will now be at the screen to set up user names.



7. On this screen highlight the line for the **admin**, then click on the **Modify** Button. On the next screen, only update the **Password** and then click **OK**.



You will now be back to the screen below. Click the X to close this screen.



You will now be back to the main ClaimsConnect screen. This completes the initial install for ClaimsConnect.

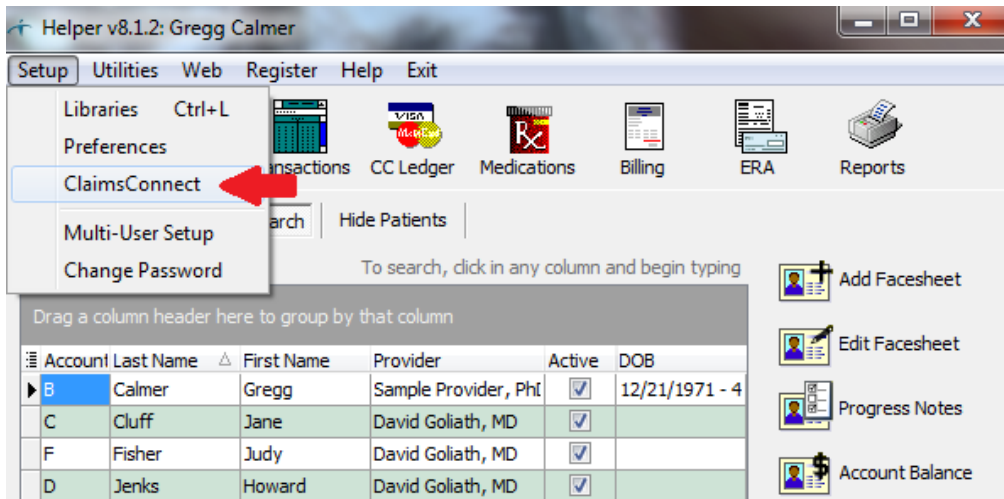
You will now need to run the ClaimsConnect Wizard in Helper.

Setting Up Helper to Use ClaimsConnect

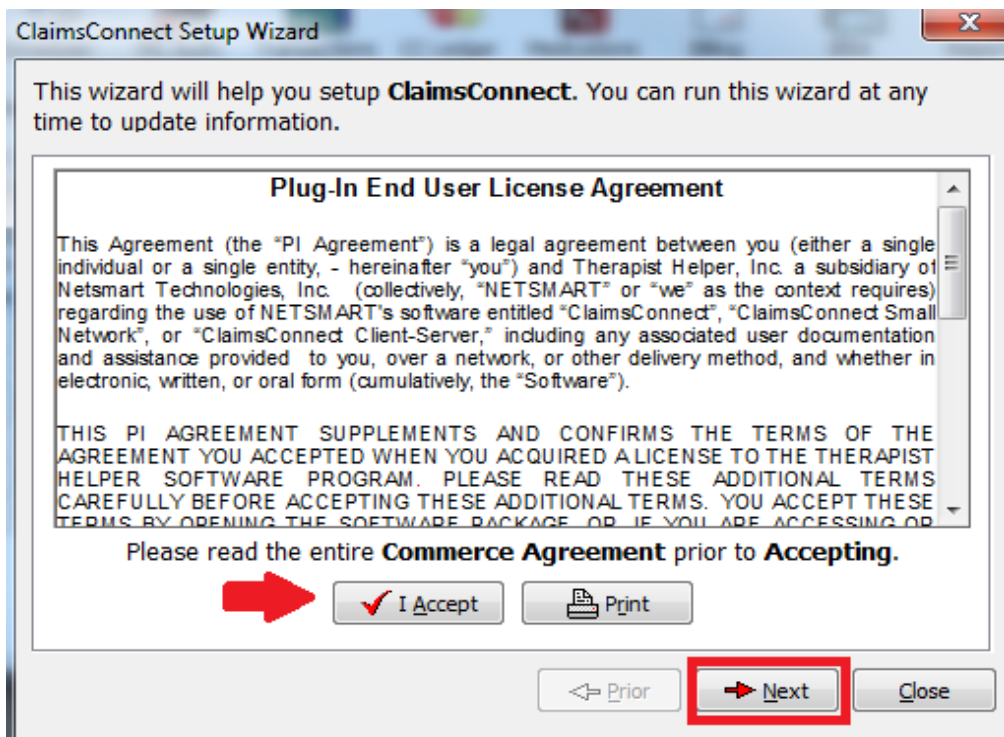
ClaimsConnect Wizard

You now need to set up Helper to send out claims using ClaimsConnect by running the ClaimsConnect Wizard.

1. On the Helper screen click setup and choose **ClaimsConnect** from the drop-down list.

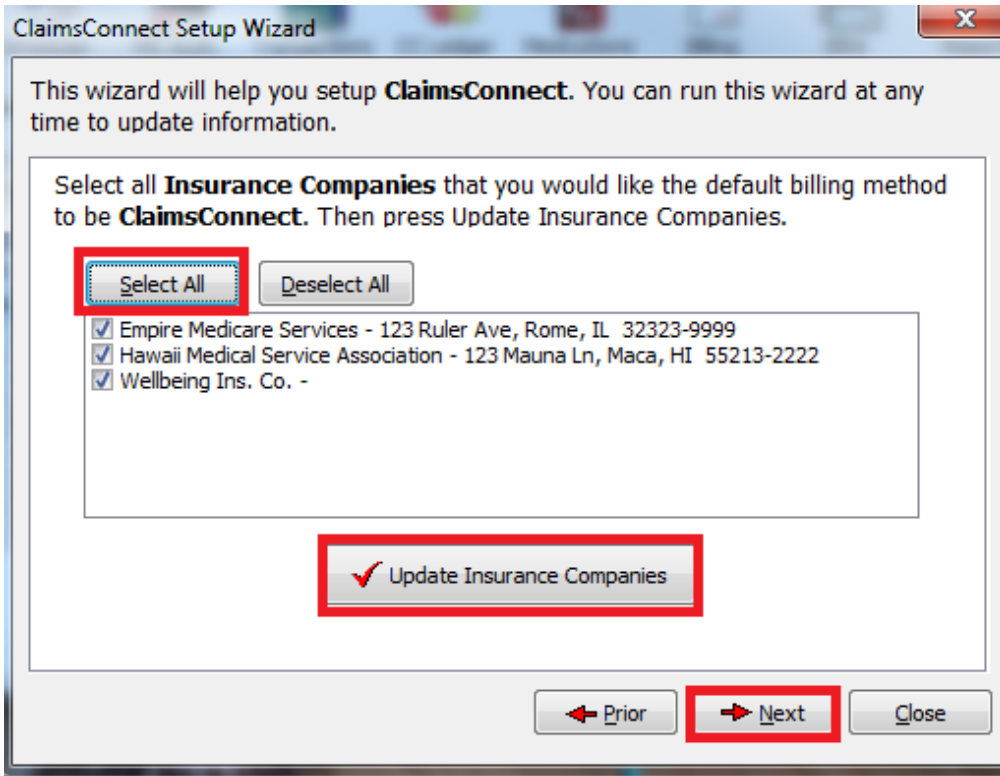


The License Agreement screen will be displayed.



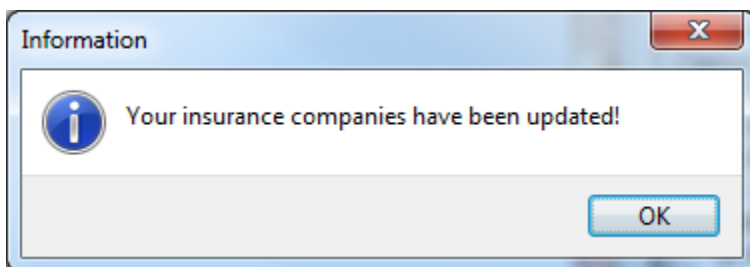
2. Accept the agreement and click **Next**.

The next screen is for setting up the Insurance Company Billing methods. It will change them to ClaimsConnect. New facesheets you create from this point will default to ClaimsConnect for the Insurance Company billing method.



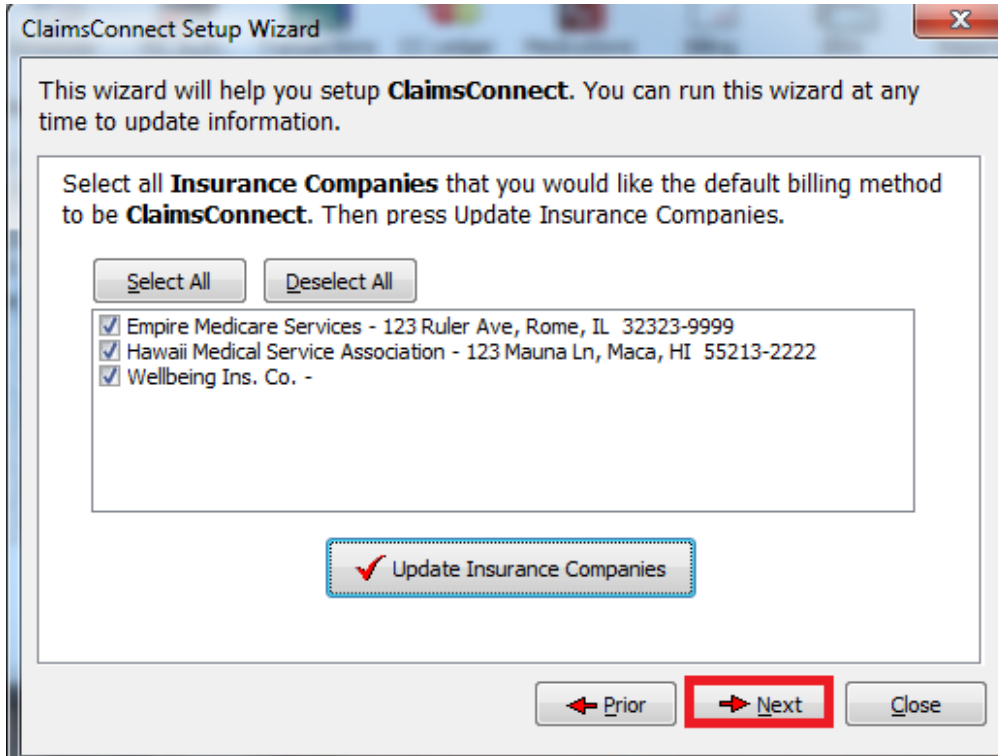
3. On this screen click on **Select All**, then **Update Insurance Companies**, then **Next**

The next screen will confirm the selected insurance companies have been updated.

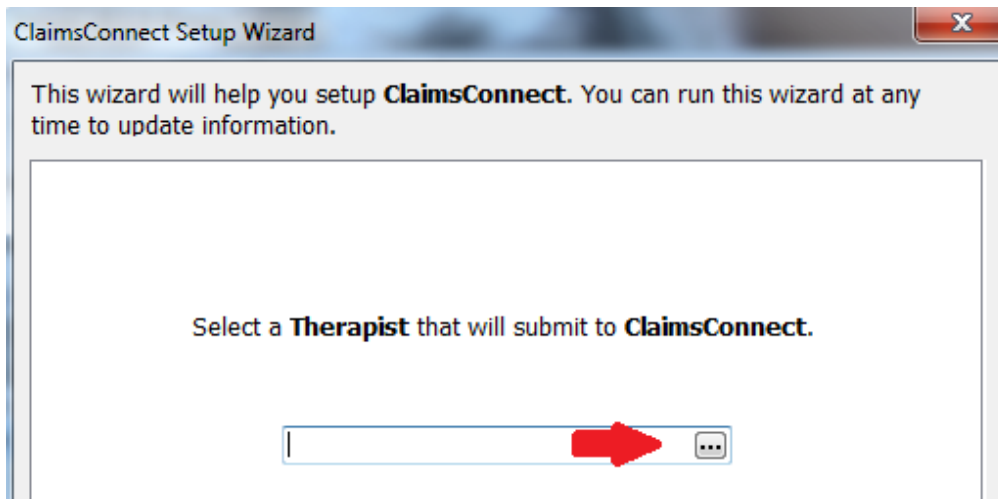


4. Click **OK**.

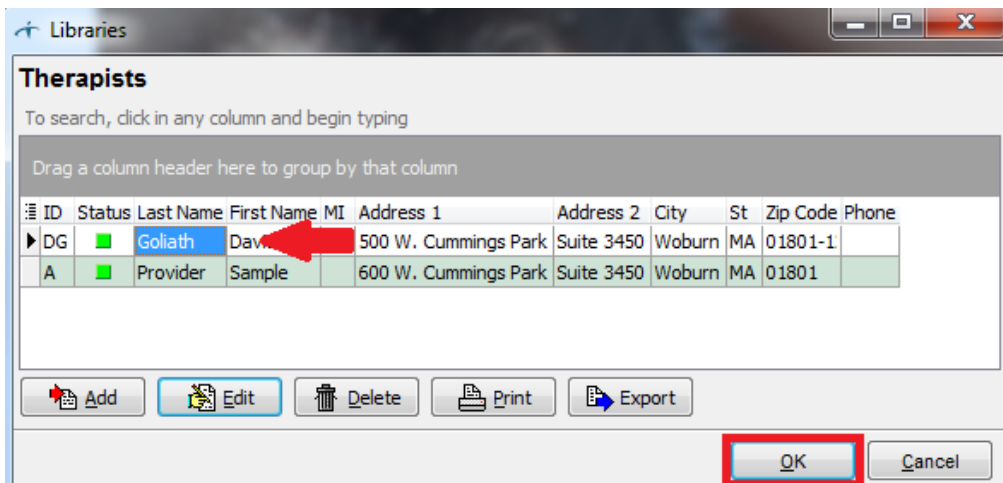
You will now be back the list of Insurance Companies.



On the following screen you need to enter the name of the provider that will be using ClaimsConnect to send claims.

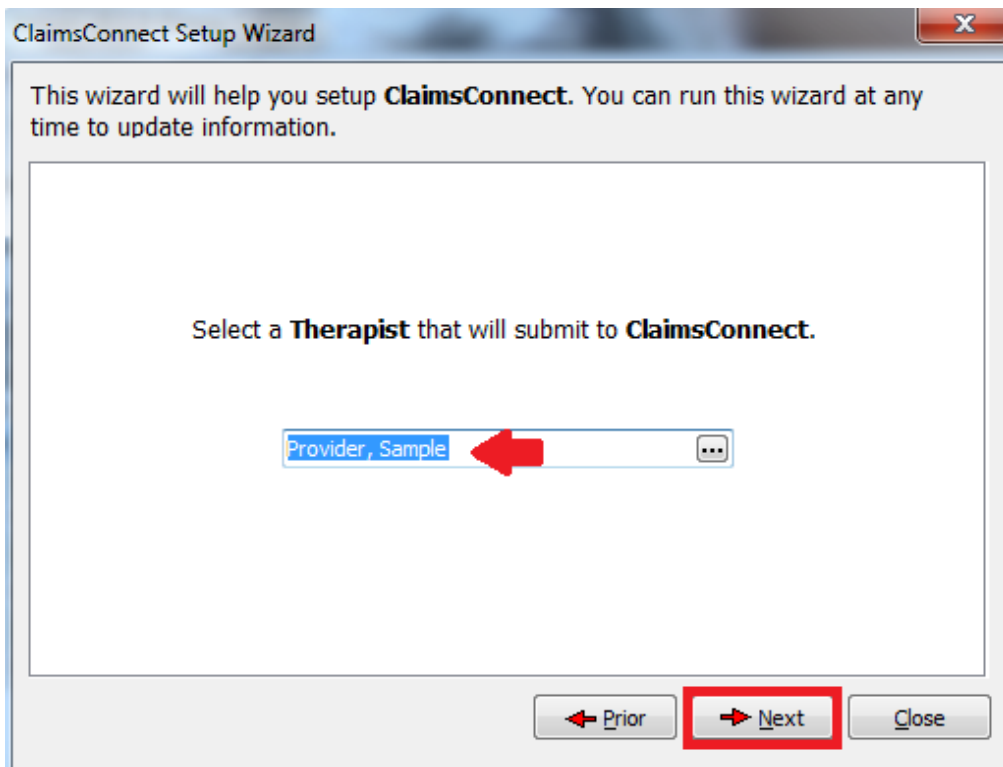


1. Click on the 3 dot ellipses and your therapist library will open. Highlight the name of the therapist you wish to select.

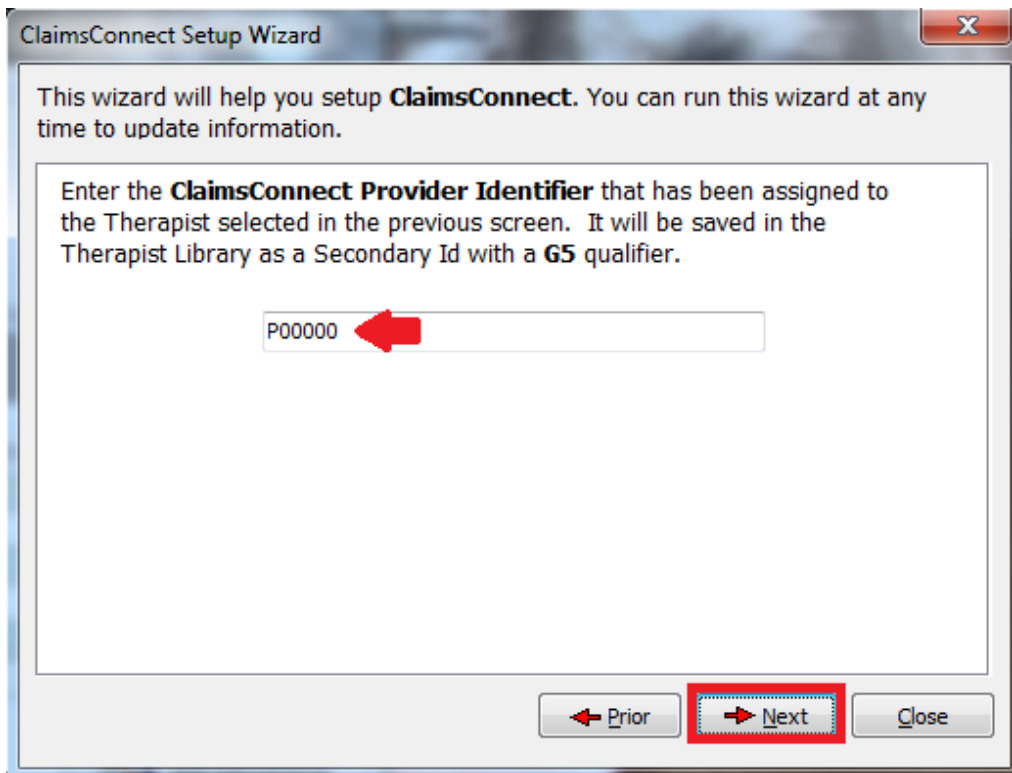


2. Click **OK**.

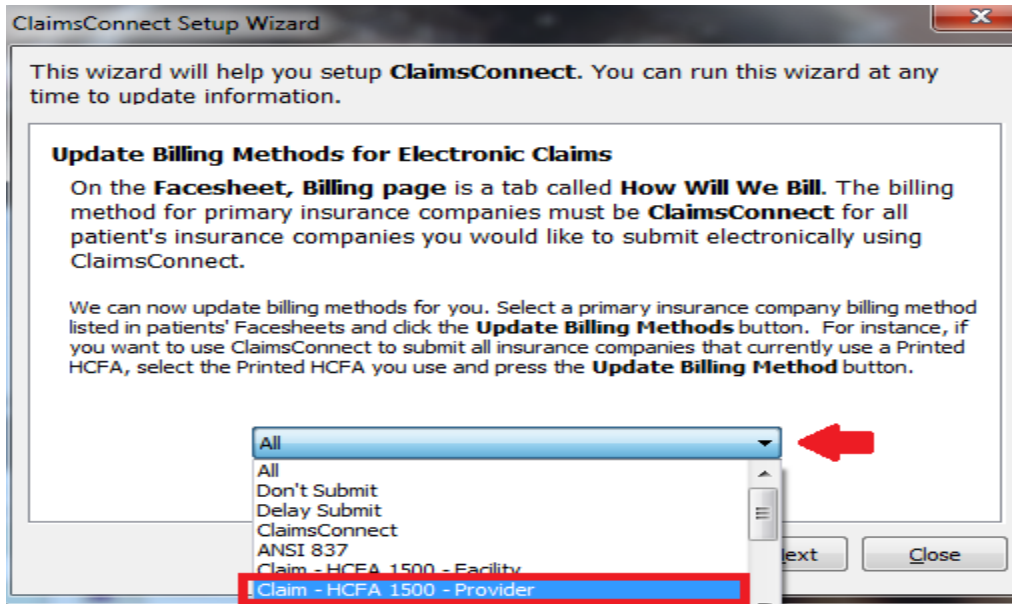
The name of the therapist will now be displayed in the box on the screen below.



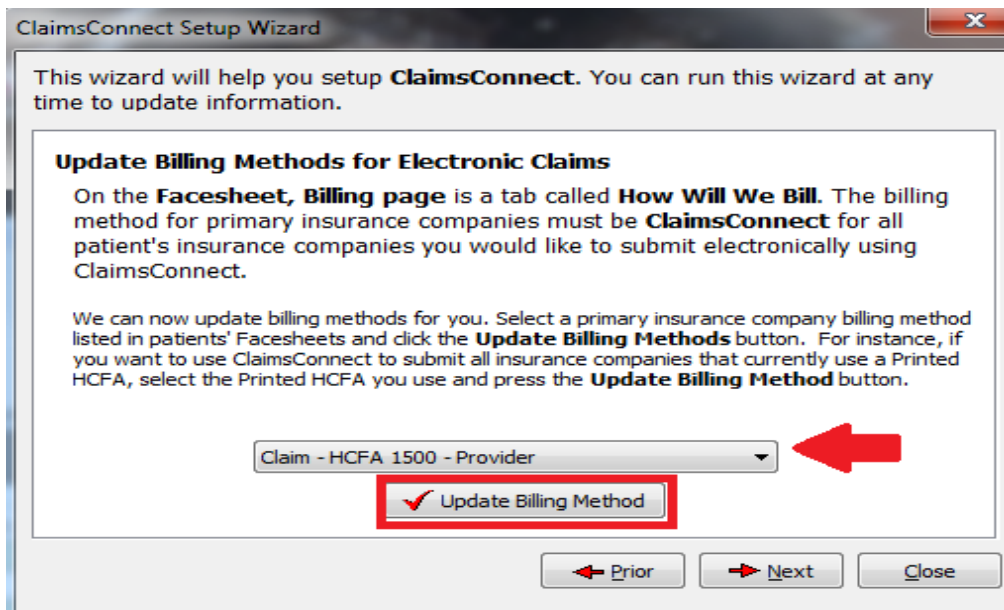
3. Verify the correct name is displayed and click **Next**.



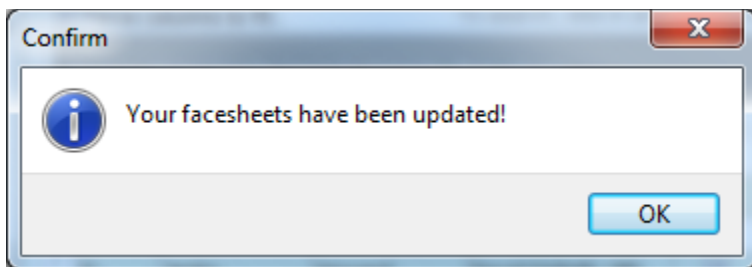
4. Enter the P# number you were given in the Welcome email from the Enrollment team, then click **Next**. The next screen is how you will update the patient facesheets to use ClaimsConnect for a billing method.



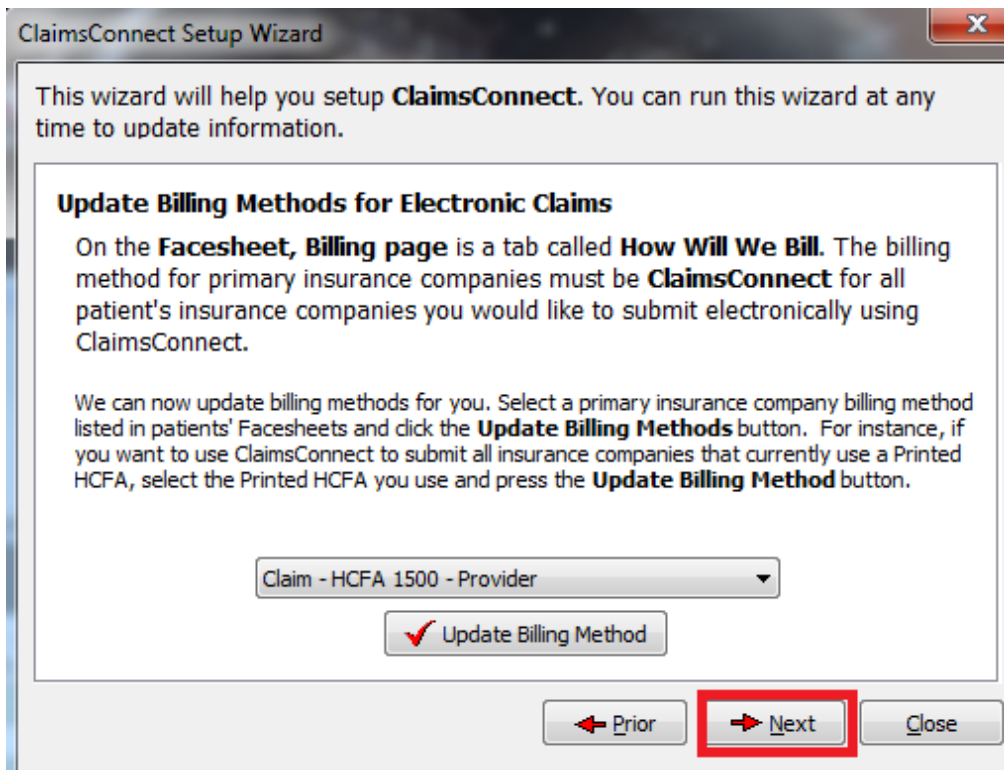
5. Click on the down arrow and select the print method you used for printed claims.



6. Check that the proper billing method is displayed and then click Update Billing Method. You will get a confirmation that your facesheets were updated.

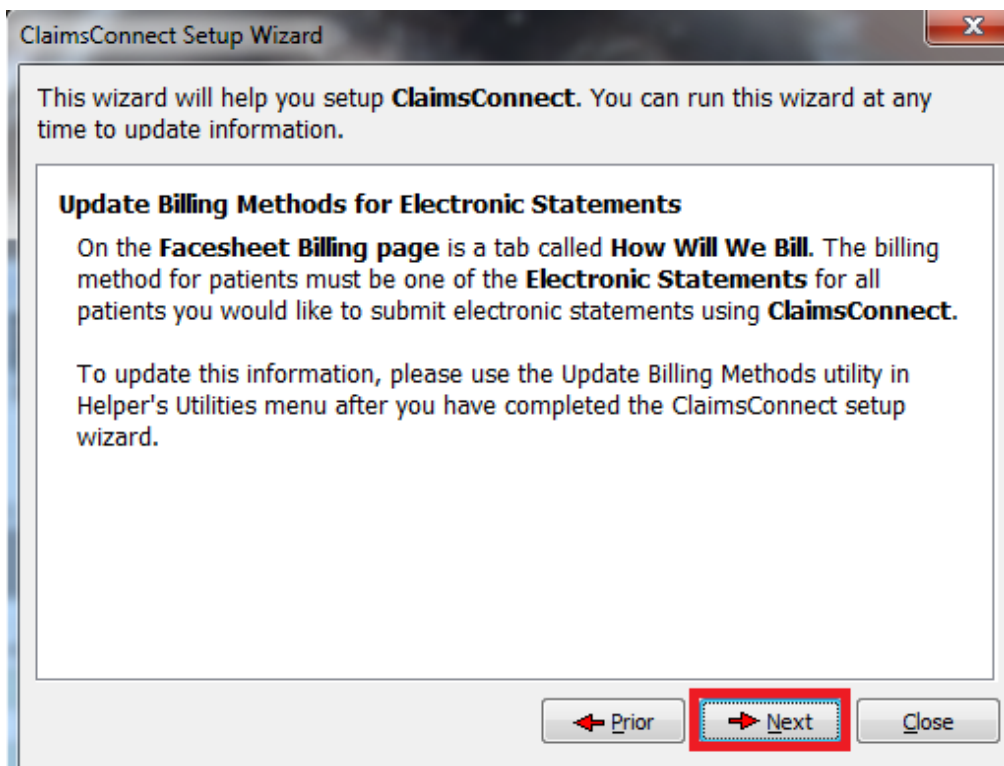


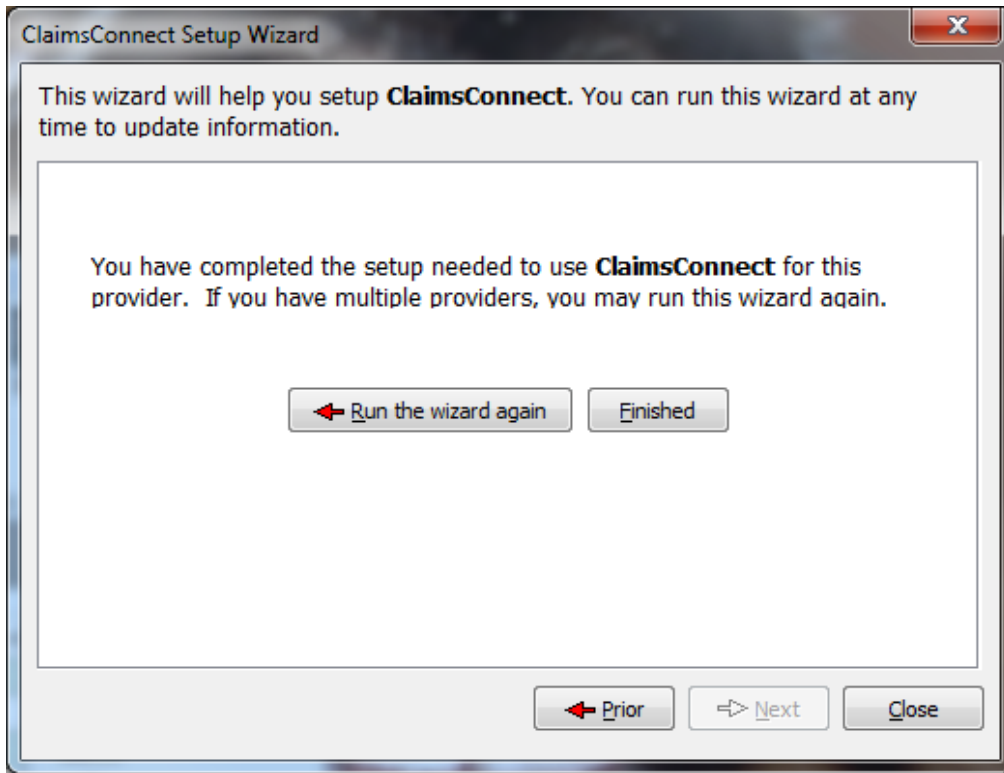
7. Click **OK**.



8. Click **Next**.

The next screen describes how you set your facesheet to use our electronic statements to bill your patients instead of you printing out the patient bill. This option will allow you to use ClaimsConnect to send your patient bill. The patients will receive a paper sent from us.

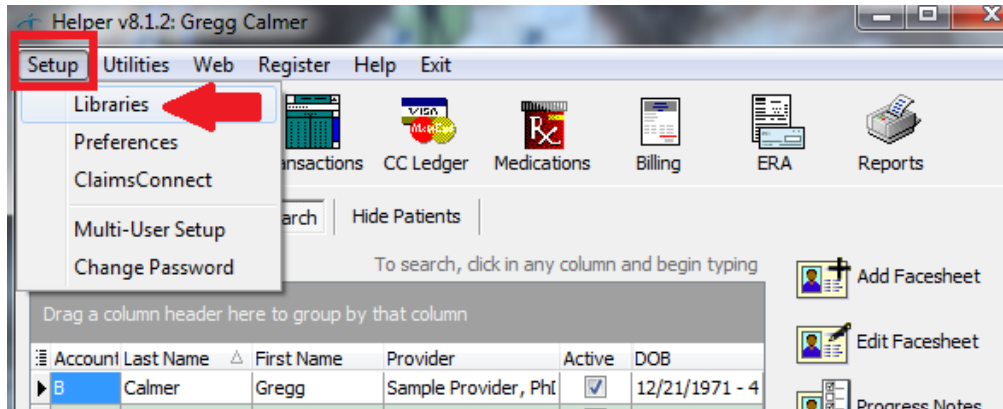




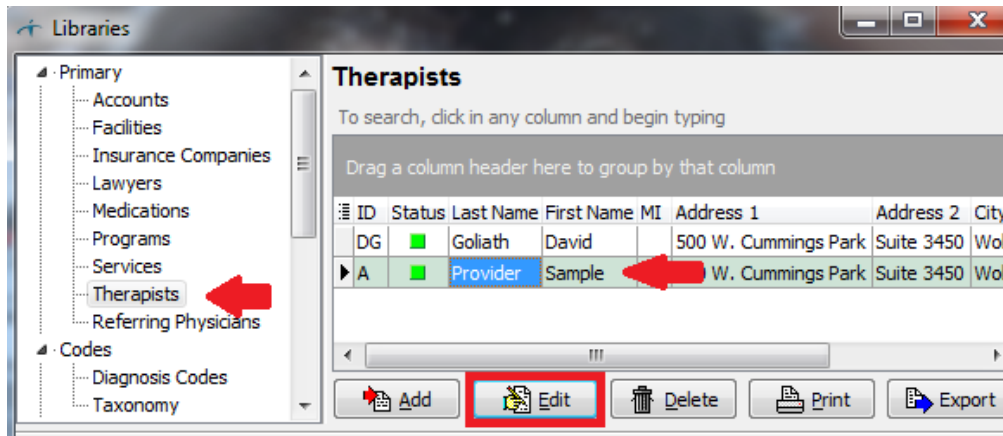
You have completed the ClaimsConnect set up wizard. Now there are several steps needed before you can send the claims using Claims Connect.

Setting up the Provider information

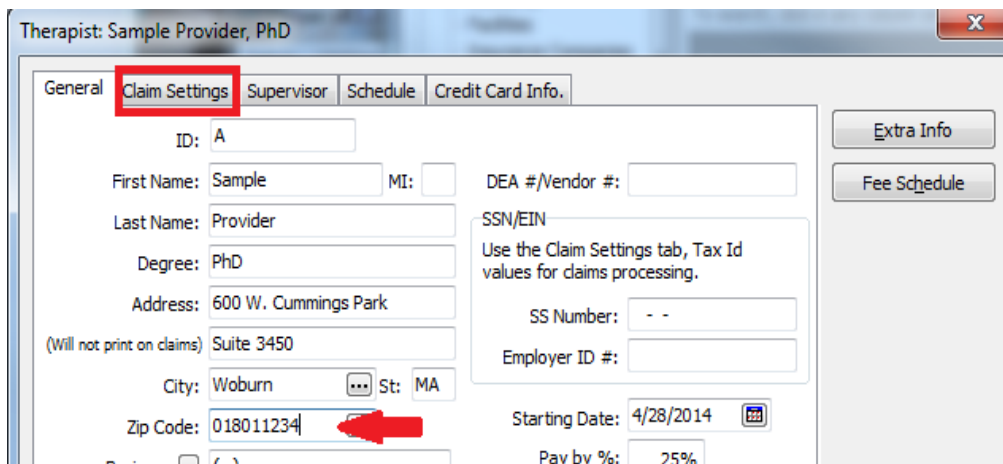
Setting up the therapist.



1. On the Helper main screen, click on **Setup** and choose **Libraries** from the drop down list.



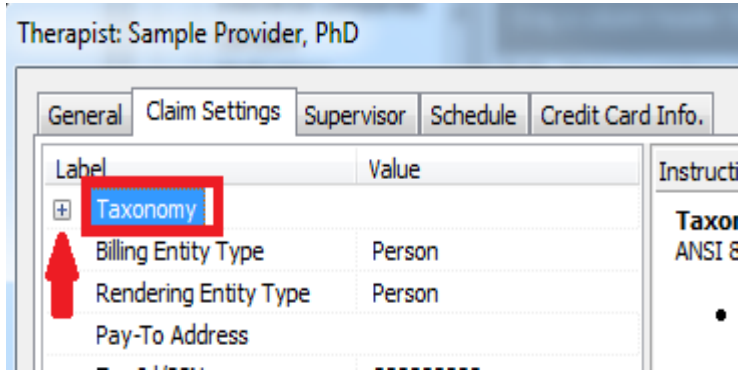
2. On the Libraries screen select **Therapists**. Highlight the name of therapist that will be using ClaimsConnect, then click **Edit**.



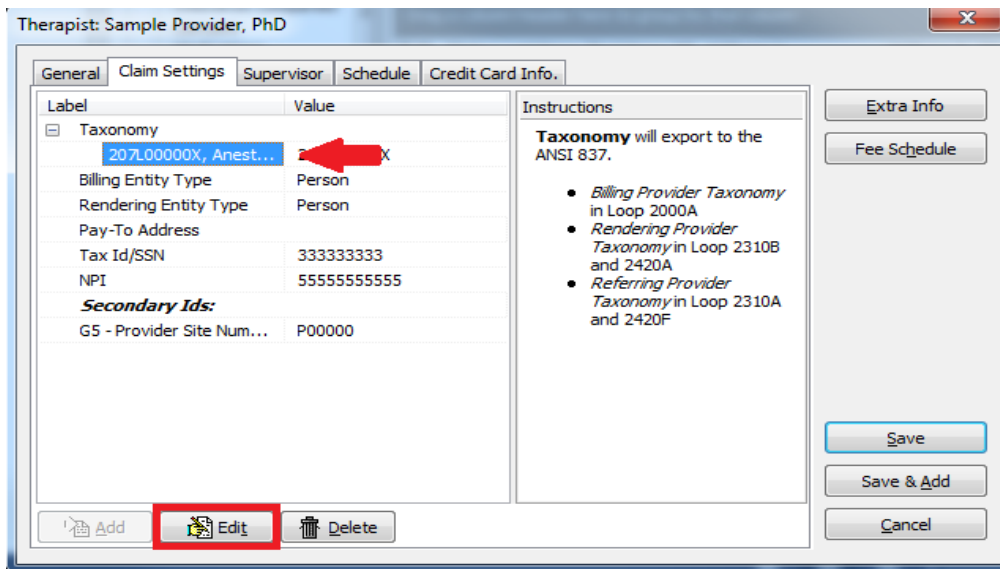
3. Once the Therapist screen is open, check that you have a 9 digit zip code entered with no dashes or spaces. Now click on the **ClaimsConnect** tab at the top of the screen.

Taxonomy Codes

Step A



1. If you have already added a Taxonomy code, click the + symbol next to it.



2. Click on the taxonomy code then click **Edit** on the bottom of the window.

Taxonomy will export to the ANSI 837.

- *Billing Provider Taxonomy* in Loop 2000A
- *Rendering Provider Taxonomy* in Loop 2310B and 2420A
- *Referring Provider Taxonomy* in Loop 2310A and 2420F

Therapist: Provider, Sample
Taxonomy: 207L00000X
Description: 207L00000X, Anesthesiology

Default

OK Cancel

3. Make sure you check the **Default** box then click **OK**.
You will now be back to the claims settings tab. Go to Step C.

STEP B

If you haven't already entered a Taxonomy code, follow these steps.

The screenshot shows a software window titled "Therapist: Sample Provider, PhD". It has several tabs: "General", "Claim Settings", "Supervisor", "Schedule", and "Credit Card Info.". The "General" tab is active. On the left, there is a table with "Label" and "Value" columns. The "Taxonomy" row is highlighted in blue, and a red arrow points to it. Below the table, there are buttons for "Add", "Edit", and "Delete". The "Add" button is highlighted with a red box. On the right, there is an "Instructions" section with a bulleted list of taxonomy codes and their corresponding loops. Below the instructions are buttons for "Extra Info", "Fee Schedule", "Save", "Save & Add", and "Cancel".

Label	Value
Taxonomy	
Billing Entity Type	Person
Rendering Entity Type	Person
Pay-To Address	
Tax Id/SSN	333333333
NPI	5555555555
Secondary Ids:	
G5 - Provider Site Num...	P00000

Instructions

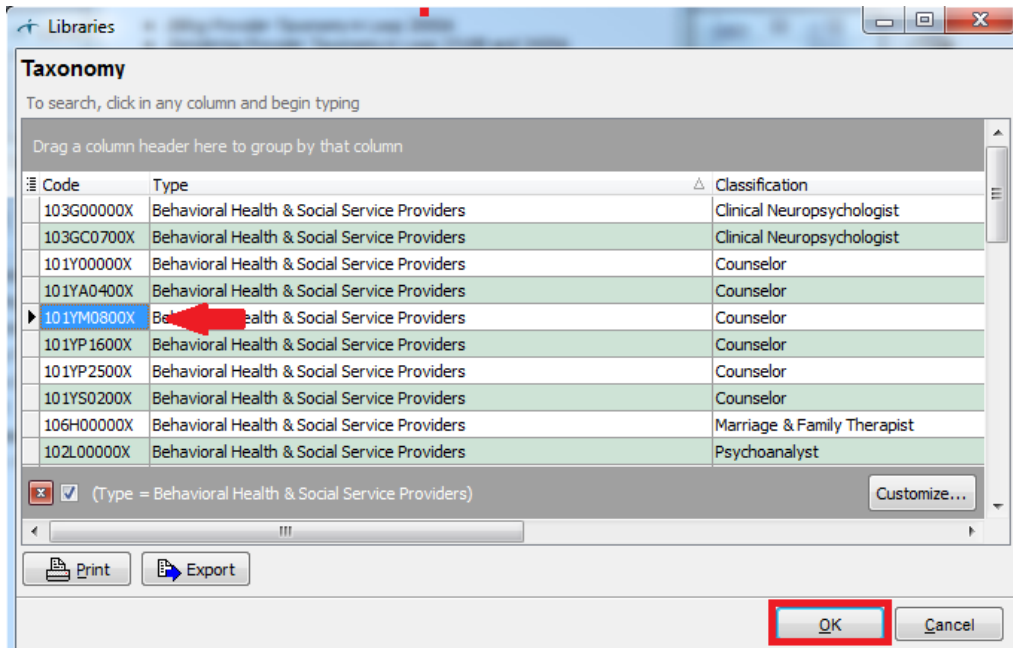
Taxonomy will export to the ANSI 837.

- *Billing Provider Taxonomy* in Loop 2000A
- *Rendering Provider Taxonomy* in Loop 2310B and 2420A
- *Referring Provider Taxonomy* in Loop 2310A and 2420F

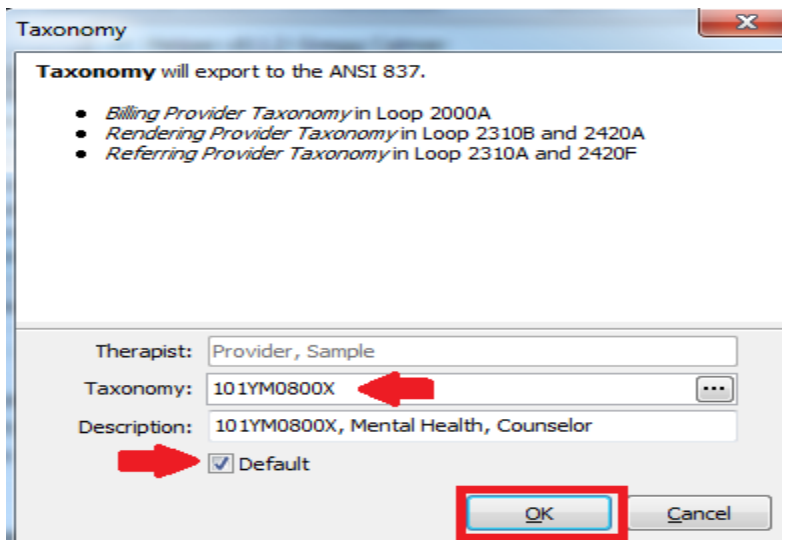
1. Click on Taxonomy than click **Add**.

The screenshot shows a "Taxonomy" dialog box. It contains the same instructions as the previous window. Below the instructions, there are fields for "Therapist:" (with the value "Provider, Sample"), "Taxonomy:" (with a red box around the 3-dot ellipsis button to its right), and "Description:". There is also a "Default" checkbox and "OK" and "Cancel" buttons at the bottom.

2. Click on the 3 dot ellipses to the right of the Taxonomy line.



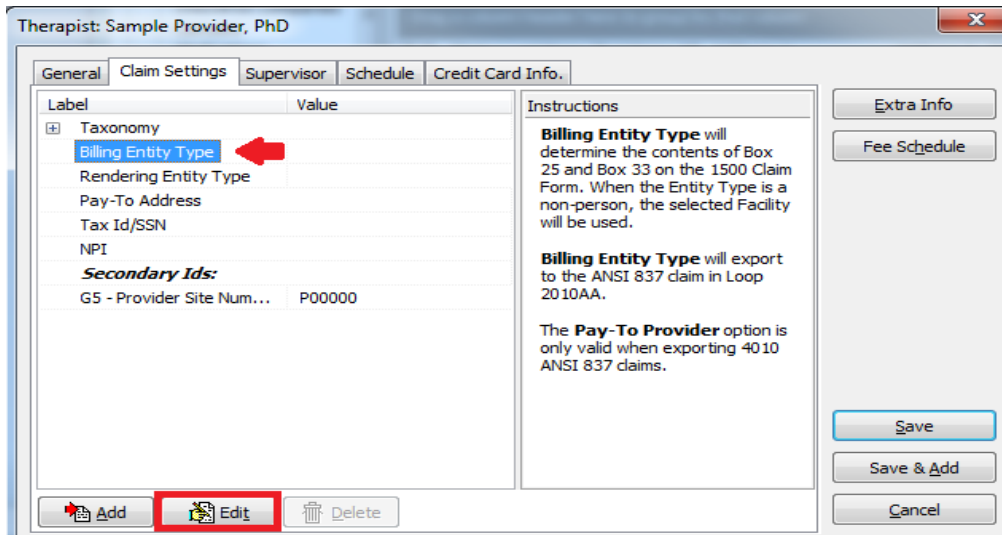
3. Click on the taxonomy code for your specialty and click **OK**.



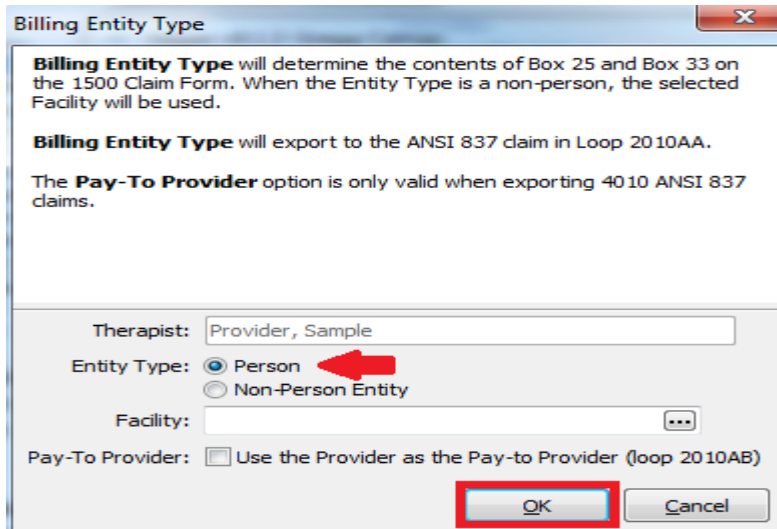
4. Verify the proper Taxonomy code is entered. Make sure to check the **Default** box is checked. Click on the **OK** button.

STEP C

Now you need to set up your Billing Entity Type. This will determine whether you bill as an individual provider or as a group. If you bill as an individual continue here, if you bill as a group go to step D.



1. Highlight the **Billing Entity Type** and then **click Edit**.



2. Make sure to click on the circle next to person. Click on the **OK** button.

STEP D

The screenshot shows a software window titled "Therapist: Sample Provider, PhD" with a "Claim Settings" tab selected. On the left, a table lists various labels and their values. The "Billing Entity Type" label is highlighted in blue, with a red arrow pointing to it. Below the table, the "Secondary Ids" section shows "G5 - Provider Site Num..." with a value of "P00000". On the right, an "Instructions" box contains text explaining the "Billing Entity Type" and "Pay-To Provider" options. At the bottom, a toolbar contains "Add", "Edit", and "Delete" buttons, with the "Edit" button highlighted by a red box.

Label	Value
Taxonomy	
Billing Entity Type	
Rendering Entity Type	
Pay-To Address	
Tax Id/SSN	
NPI	
Secondary Ids:	
G5 - Provider Site Num...	P00000

Instructions

Billing Entity Type will determine the contents of Box 25 and Box 33 on the 1500 Claim Form. When the Entity Type is a non-person, the selected Facility will be used.

Billing Entity Type will export to the ANSI 837 claim in Loop 2010AA.

The **Pay-To Provider** option is only valid when exporting 4010 ANSI 837 claims.

1. Highlight the **Billing Entity Type** and click on **Edit**.

The screenshot shows a dialog box titled "Billing Entity Type". It contains instructions about the entity type and facility selection. Below the instructions, there are fields for "Therapist" (set to "Provider, Sample"), "Entity Type" (with radio buttons for "Person" and "Non-Person Entity", where "Non-Person Entity" is selected), and "Facility" (with a three-dot menu icon highlighted by a red box). There is also a checkbox for "Pay-To Provider" labeled "Use the Provider as the Pay-to Provider (loop 2010AB)". At the bottom are "OK" and "Cancel" buttons.

Billing Entity Type will determine the contents of Box 25 and Box 33 on the 1500 Claim Form. When the Entity Type is a non-person, the selected Facility will be used.

Billing Entity Type will export to the ANSI 837 claim in Loop 2010AA.

The **Pay-To Provider** option is only valid when exporting 4010 ANSI 837 claims.

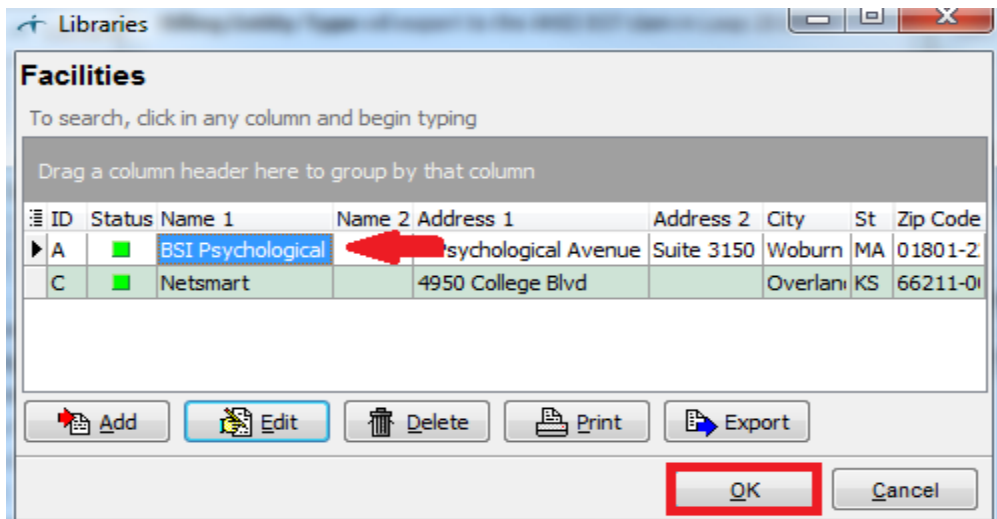
Therapist: Provider, Sample

Entity Type: Person Non-Person Entity

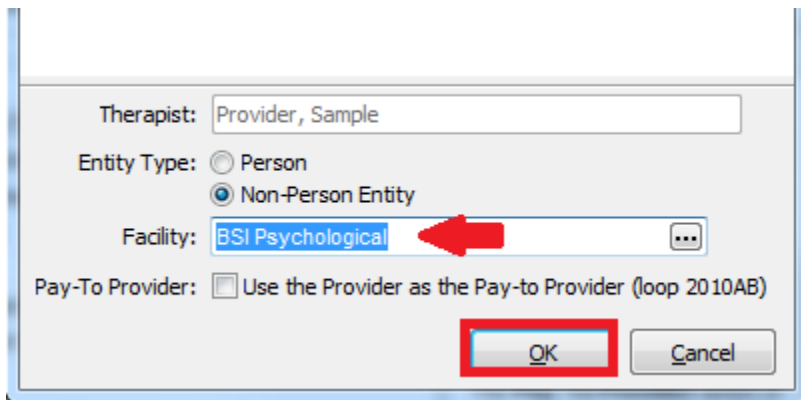
Facility: ⋮

Pay-To Provider: Use the Provider as the Pay-to Provider (loop 2010AB)

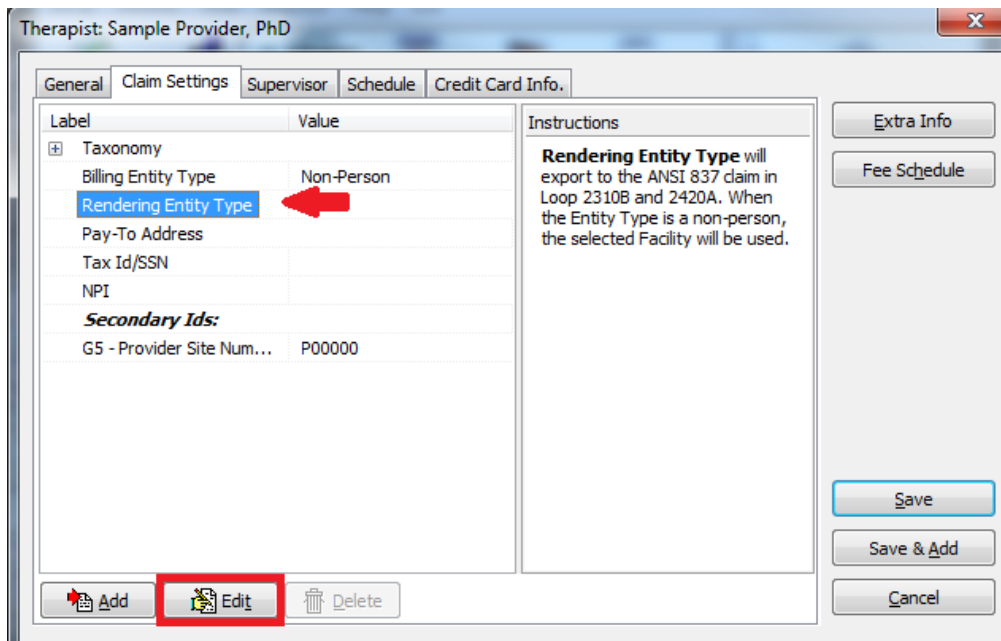
2. Click the circle next to **Non-Person Entity** then click the 3 dot ellipses to the right the **Facility** box.



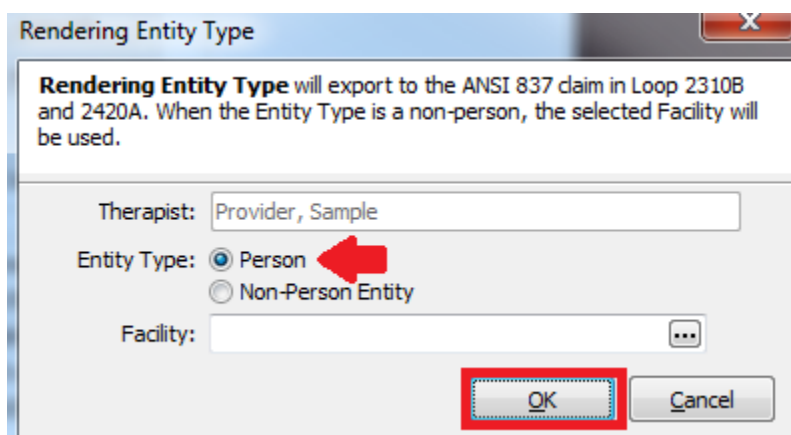
3. Highlight the name of the facility you wish to use for your billing information. Click on the **OK** button.



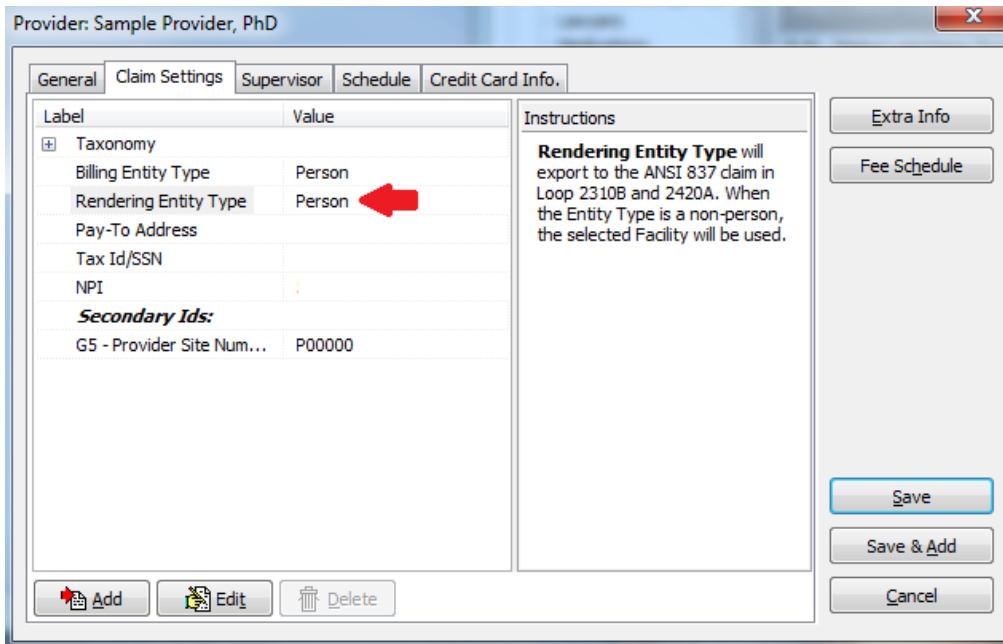
4. Verify the correct facility name is in the **Facility** section and click **OK**. You should now be back to the **ClaimSettings** tab.



5. Highlight the **Rendering Provider** line and click on the **Edit** button.

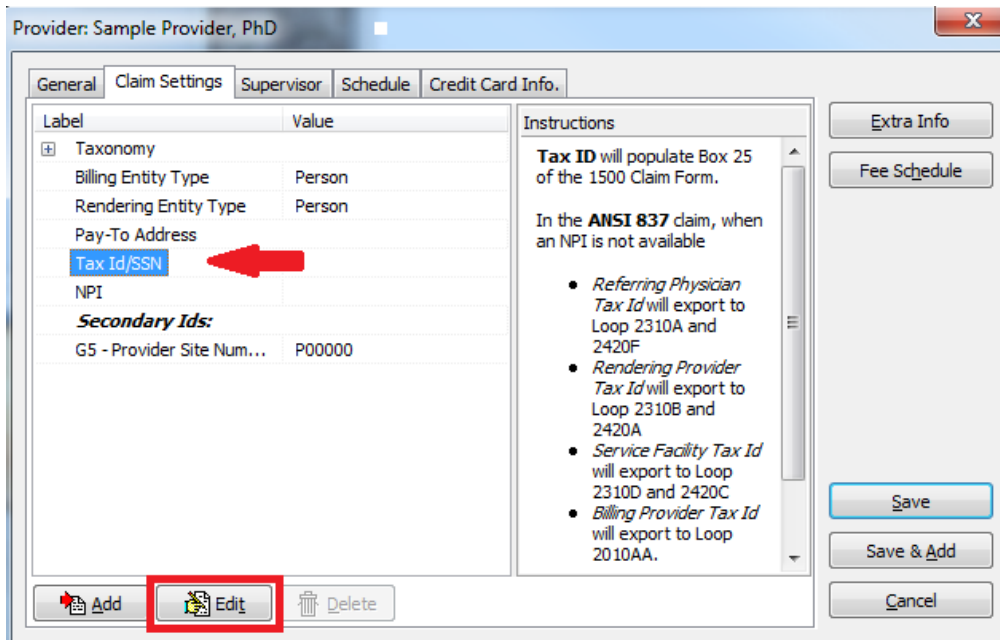


6. Select **Person** and click the **OK** button.



7. Verify it says **Person** next to **Rendering Entity Type**.

8. Select Tax ID/SSN, then select the **Edit** button



Tax Id/SSN

Tax ID will populate Box 25 of the 1500 Claim Form.

In the **ANSI 837** claim, when an NPI is not available

- Referring Physician Tax Id will export to Loop 2310A and 2420F
- Rendering Provider Tax Id will export to Loop 2310B and 2420A
- Service Facility Tax Id will export to Loop 2310D and 2420C
- Billing Provider Tax Id will export to Loop 2010AA.

During an NPI transition period the Tax Id will be output along with the NPI.

Provider:

Tax Id/SSN:

Tax Id Type: SSN EIN

Claim Box 25: Don't check 1500 Claim Form Box 25

9. Enter your **Tax Id/SSN** and then select the proper **Tax Id** type. The box for **Claim Box 25** is typically not checked. Now click the **OK** box.

Provider: Sample Provider, PhD

General Claim Settings Supervisor Schedule Credit Card Info.

Label	Value
Taxonomy	
Billing Entity Type	Person
Rendering Entity Type	Person
Pay-To Address	
Tax Id/SSN	333333333
NPI	
Secondary Ids:	
G5 - Provider Site Num...	P00000

Instructions

NPI is the Health Care Financing Administration **National Provider Identifier**.

On the **1500 Claim Form (08/05)**

- Referring Source NPI will print in box 17b
- Rendering Provider NPI will print in box 24J
- Facility NPI will print in box 32a
- Billing Provider NPI will come from the Provider when the Billing Entity Type is a person and from the

10. Verify the correct Tax Id is entered. Then highlight NPI and click on **Edit**.

Provider: Sample Provider, PhD

General Claim Settings Supervisor Schedule Credit Card Info.

Label	Value
⊕ Taxonomy	
Billing Entity Type	Person
Rendering Entity Type	Person
Pay-To Address	
Tax Id/SSN	333333333
NPI	555555555
Secondary Ids:	
G5 - Provider Site Num...	P00000

Instructions

NPI is the Health Care Financing Administration **National Provider Identifier.**

On the **1500 Claim Form (08/05)**

- Referring Source NPI will print in box 17b
- Rendering Provider NPI will print in box 24J
- Facility NPI will print in box 32a
- Billing Provider NPI will come from the Provider when the Billing Entity Type is a person and from the

Extra Info

Fee Schedule

Save

Save & Add

Cancel

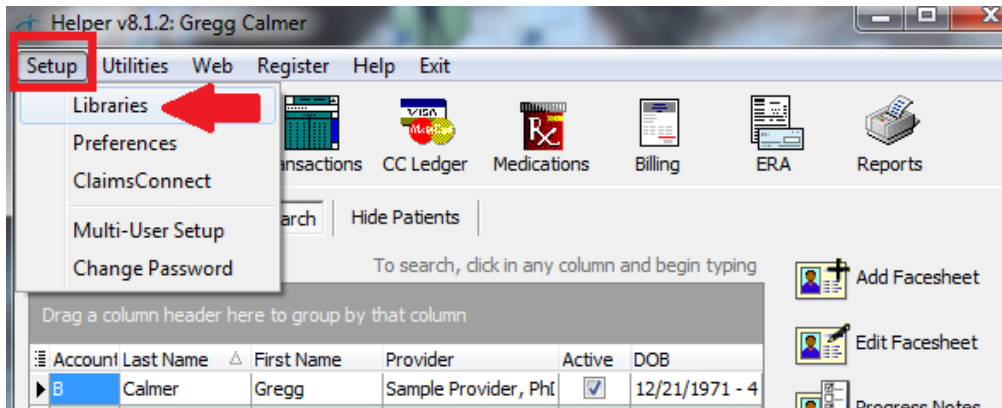
Add Edit Delete

11. Verify you entered the correct NPI #. Now click Save. You have completed Therapist set up.

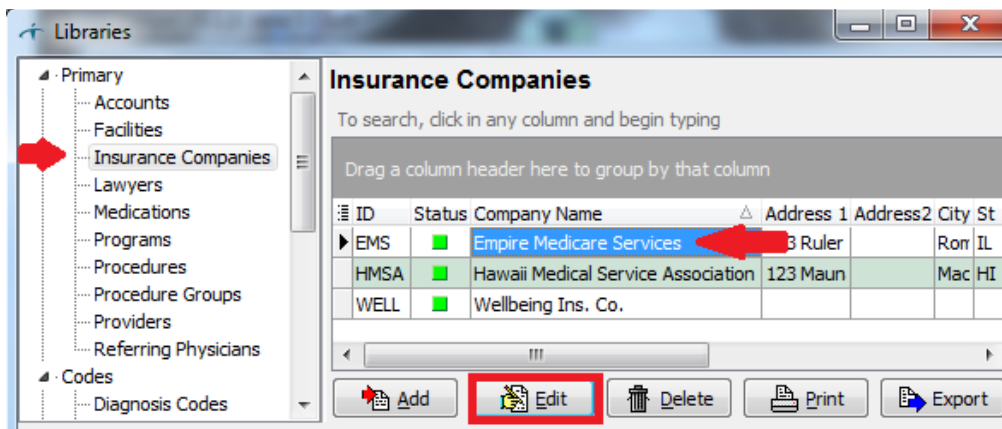
Next you need check the insurance company settings.

Setting up Insurance Company information

These are the steps to set up the Insurance Companies to use ClaimsConnect.



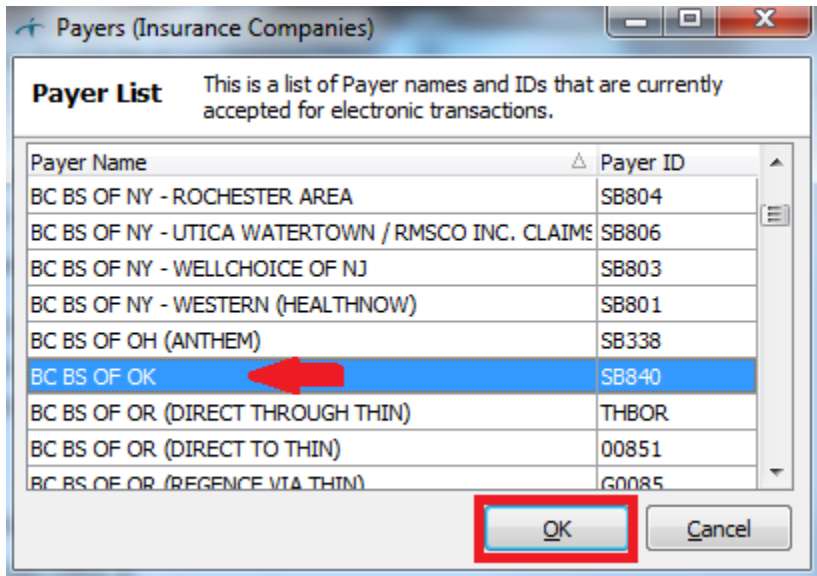
1. From the main Helper screen, click on **Setup** and select **Libraries**.



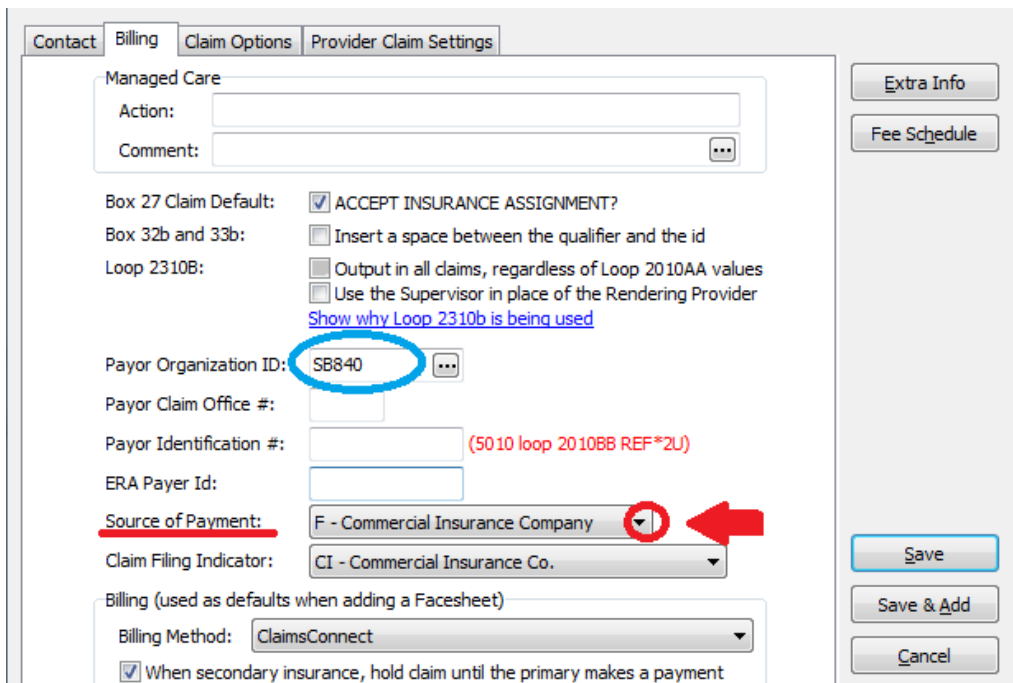
2. Click on **Insurance Companies**. The right side of the screen will display the names of the insurance companies. Highlight the one you will be using with ClaimsConnect and click on **Edit**.

3. Enter the Contact information of the Insurance company. Then, select the **Billing** tab.

4. Enter the payer ID of the insurance company. Click the 3 dot ellipses in the **Payer Organization ID** line.



- The Payer List will be on the screen. Scroll down the list and find the Insurance company that is going to use ClaimsConnect, highlight it and then click the **OK** button.



- The Payer ID for the insurance company will now be displayed in the Payor Organization ID field. Now go to the Source of Payment line. This needs to match the type of insurance. Click the down arrow and select the proper insurance type.

Payor Identification #: (5010 loop 2010BB REF*2U)

ERA Payer Id:

Source of Payment: **F - Commercial Insurance Company**

Claim Filing Indicator: **F - Commercial Insurance Company**

Billing (used as defaults when adding a Facesheet)

Billing Method: **Claims**

When secondary insurance makes a payment

Save
Save & Add
Cancel

7. Select the proper one.

Payor Identification #: (5010 loop 2010BB REF*2U)

ERA Payer Id:

Source of Payment: **G - Blue Cross / Blue Shield**

Claim Filing Indicator: **CI - Commercial Insurance Co.**

Billing (used as defaults when adding a Facesheet)

Billing Method: **ClaimsConnect**

When secondary insurance, hold claim until the primary makes a payment

Save
Save & Add
Cancel

Source of Payment now shows the value you chose. Repeat this process for the Claim Filing Indicator.

Insurance Company: Empire Medicare Services

Contact Billing Claim Options Provider Claim Settings

Managed Care

Action:

Comment:

Box 27 Claim Default: ACCEPT INSURANCE ASSIGNMENT?

Box 32b and 33b: Insert a space between the qualifier and the id

Loop 2310B: Output in all claims, regardless of Loop 2010AA values
 Use the Supervisor in place of the Rendering Provider
[Show why Loop 2310b is being used](#)

Payor Organization ID: SB840

Payor Claim Office #:

Payor Identification #: (5010 loop 2010BB REF*2U)

ERA Payer Id:

Source of Payment: **G - Blue Cross / Blue Shield**

Claim Filing Indicator: **BL - Blue Cross/Blue Shield**

Billing (used as defaults when adding a Facesheet)

Billing Method: **ClaimsConnect**

When secondary insurance, hold claim until the primary makes a payment

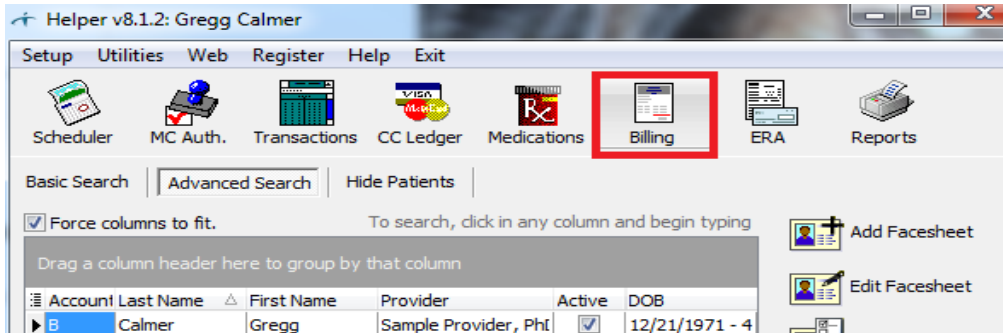
Extra Info
Fee Schedule

Save
Save & Add
Cancel

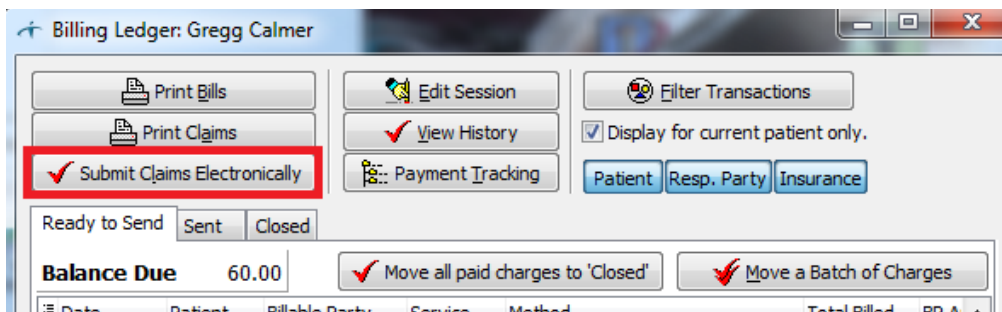
8. Now Source of Payment and Claim Filing Indicator should match the insurance. Finally, click the box to **hold the claim until primary pays**. Click the **save** button. This finishes the insurance company set up. Repeat these steps for each insurance company you will be ending claims to.

Adding the Submitter Contact information

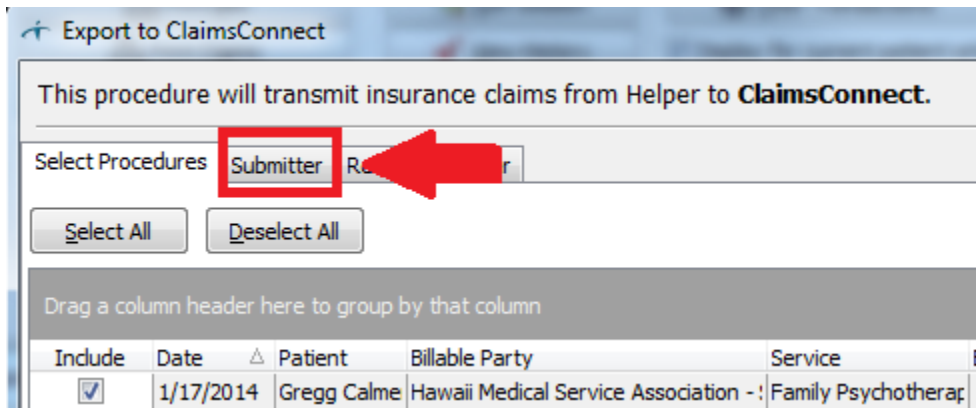
You need to add a submitter contact information. To do this follow the following steps.



1. Click on **Billing** on the top of the Helper screen.



2. Click **Submit Claims Electronically**.




3. When the Export to ClaimsConnect screen loads, click on the **Submitter** tab.


Select Procedures	Submitter	Receiver	Other
-------------------	-----------	----------	-------

Submitter Entity Type is a Person
 Last Name First Name Middle Name

Submitter Entity Type is a Non-Person
 Organization Name

Submitter Identifier Electronic Transmitter Identification Number (ETIN).
Established by trading partner agreement.

 Submitter Contact Name

 Telephone Number () -

Facsimile () -

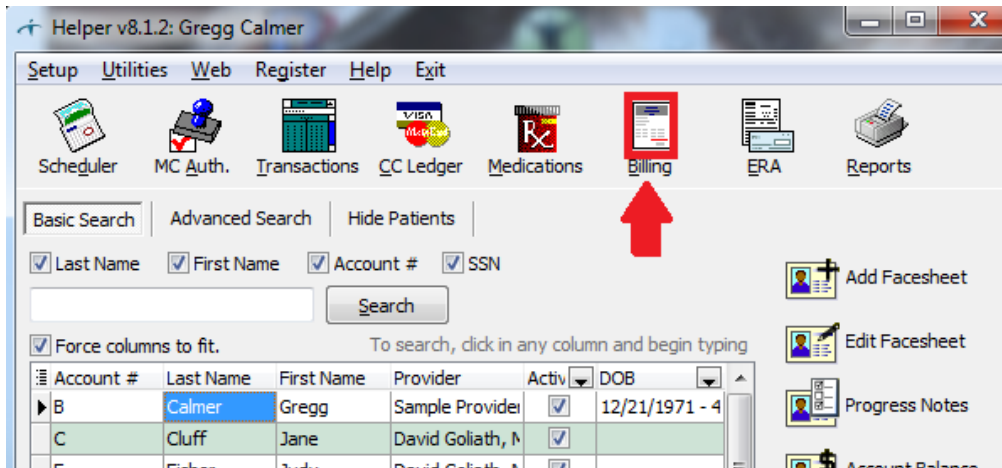
Electronic Mail

- Where it says **Submitter Contact Name** and **Telephone Number**, enter a contact for the insurance to call if they need to reach you, then click on **Close**.

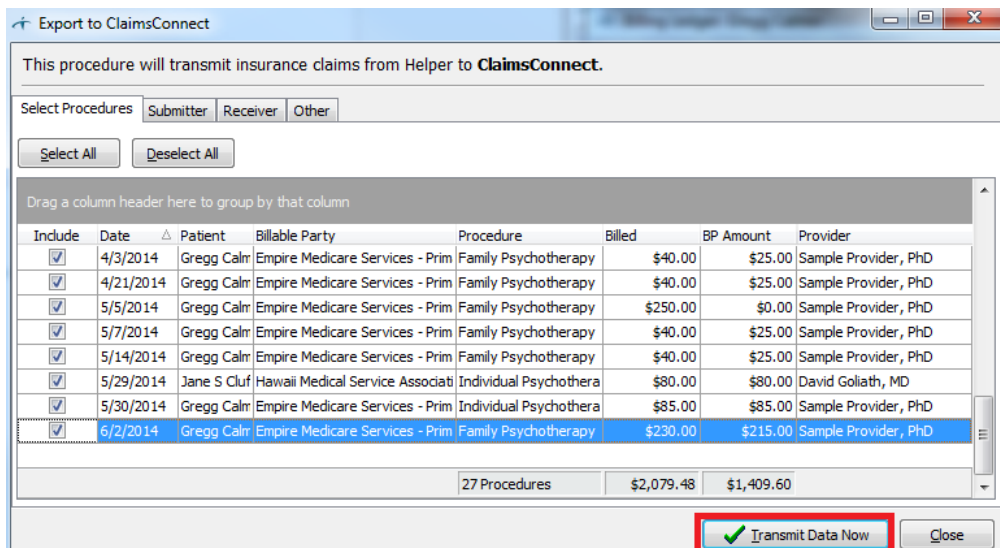
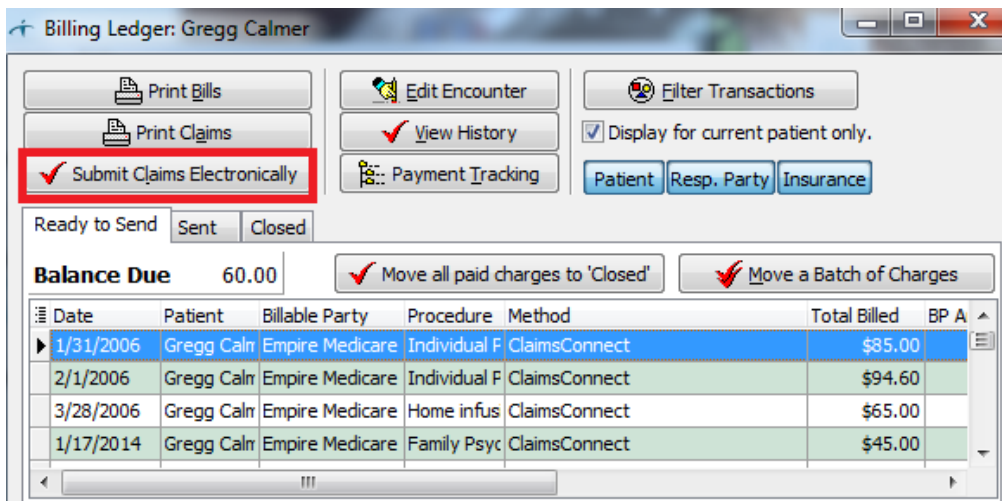
You are now ready to send some claims!

How to Send Claims Using Claims Connect

The following steps will guide you through sending electronic claims using ClaimsConnect.



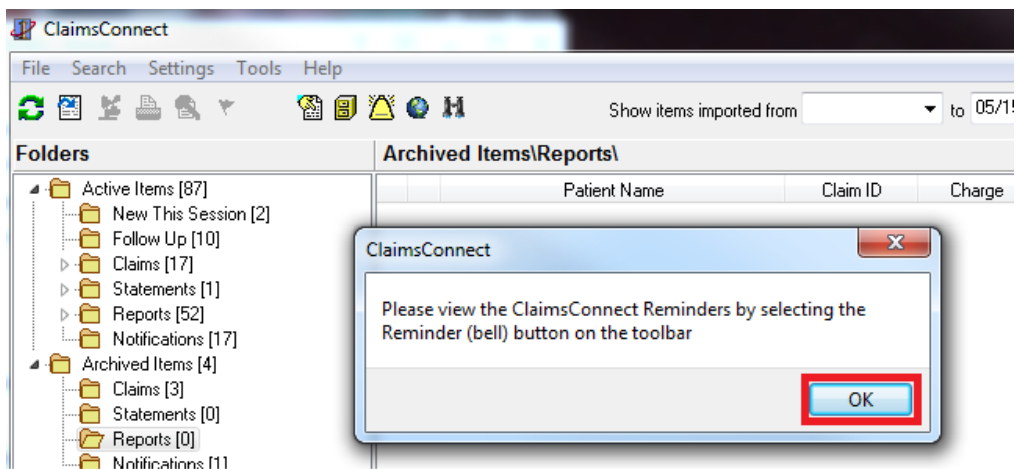
1. Click on the **Billing Icon** at the top of the Helper screen.



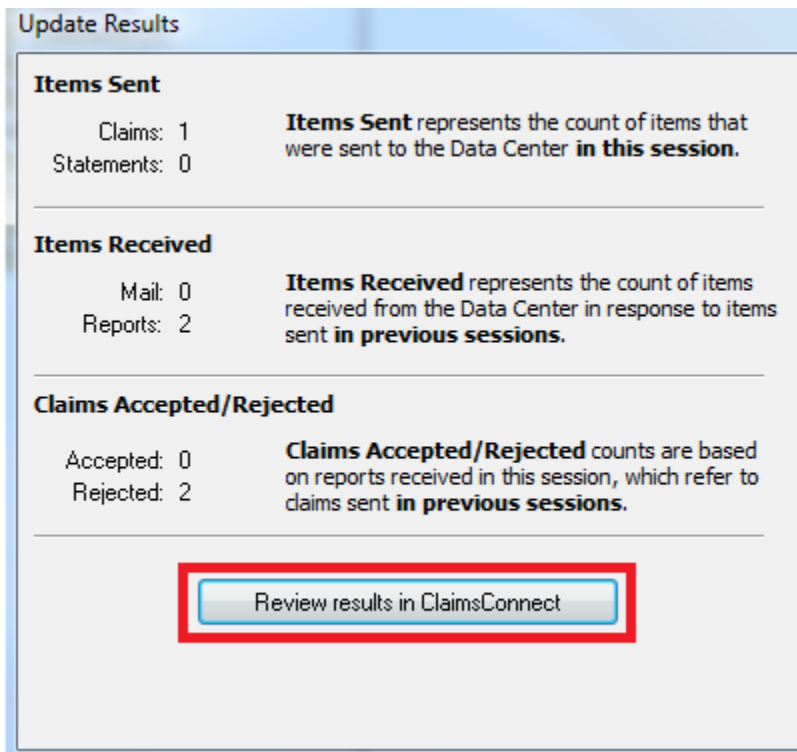
3. The Export to ClaimsConenct screen will now be displayed. It will show all the claims that are ready to be sent. Click on **Transmit Data Now**.



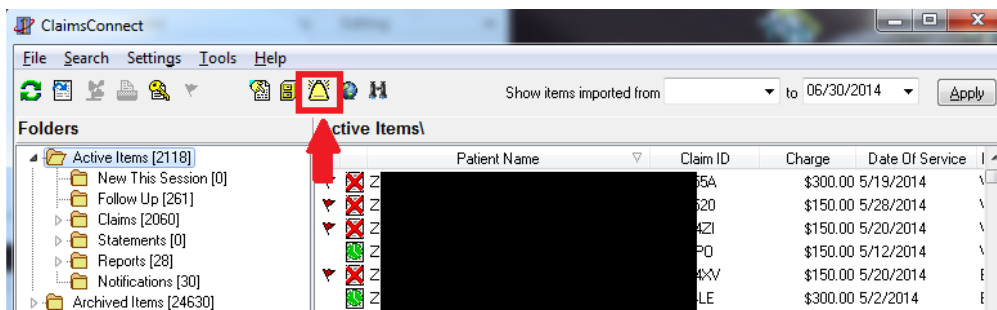
4. Enter the Username and Password you created for ClaimsConnect. Click **OK**.



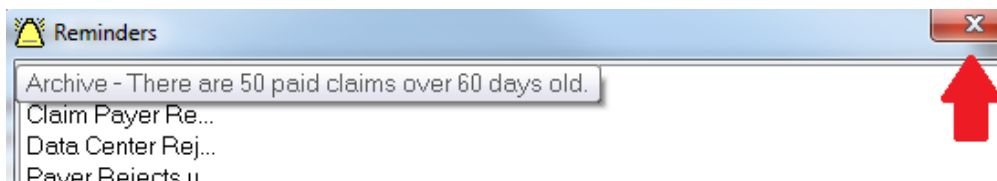
5. ClaimsConnect will open. Click on the **OK** button.



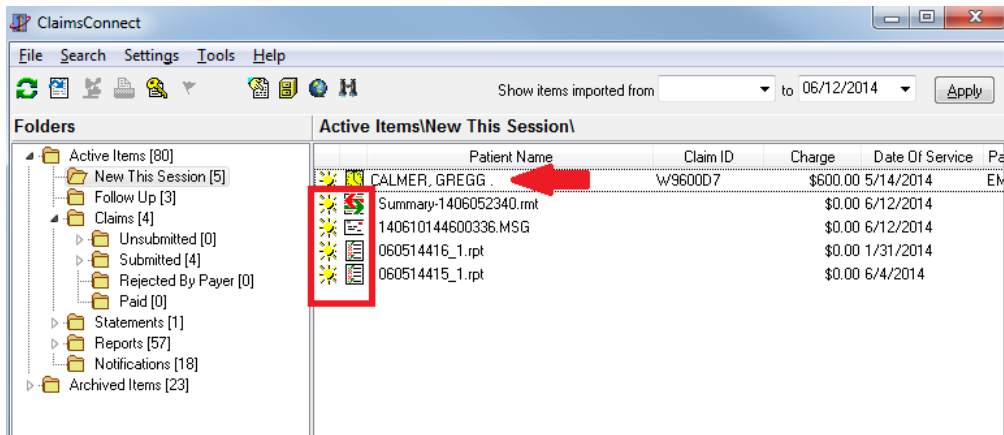
6. Click on **Review results in ClaimsConnect**.



7. When ClaimsConnect opens, click on the yellow bell icon at the top of the screen. This will open the reminders screen.



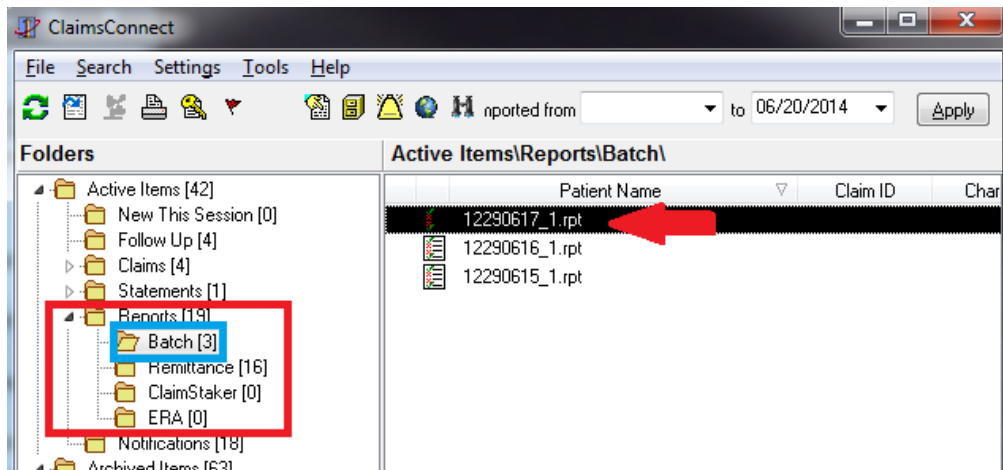
8. This screen displays 4 lines. If you place your mouse cursor over one of the lines it will display issue that you should fix. For the example here, it is showing that there are 50 claims still in the active folder that have been paid. It is recommended you archive the claims. After you have gone over the reminders, close the reminder window by clicking the X at the top right of the screen.



This screen shows you the results of your sending the claims. The first line shows the claim you sent. The yellow sun icon to the left indicates it was just sent. The yellow clock icon next to that indicates it has been sent to our data center. This means that we have received your claim but it has not yet been forwarded to the insurance company.

ClaimsConnect Reports

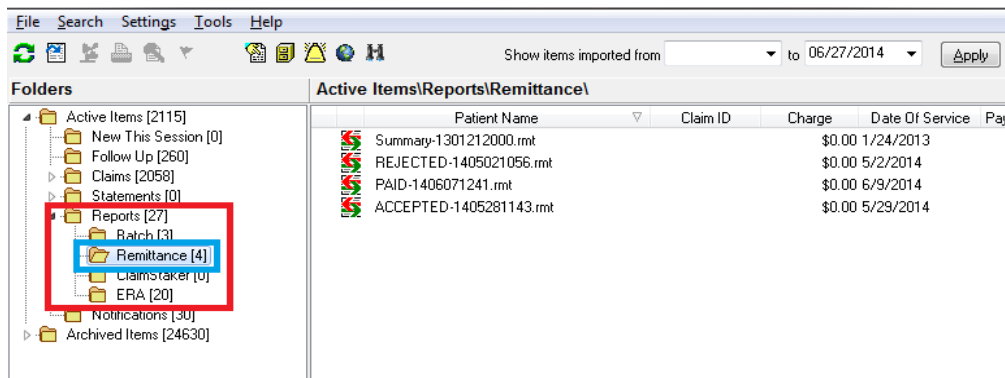
The information in the red box are reports. We will cover the different report types next.



The left side of the ClaimsConnect screen shows the different folders. The section in red contain the reports you will receive regarding your claims. The blue box are for the **Batch reports**. These are reports from our data center. The individual reports are displayed on the right. If you double click on the report it will open.

Once the report is opened it will list each claim that was sent in that batch and if the claim was rejected by our data center it will describe why it was rejected. The bottom of the report will total the number of claims sent, the total rejected and the number accepted and the total value of the accepted claims. Once you've read the report **made any corrections to rejected claims** click **Archive** on the bottom of the report.

The next type of report is the **Remittance report**. These reports are sent by the clearing house, Change Healthcare and from the insurance companies.



The four main types of reports you will see are Summary Reports.

Remittance Report (Summary-1301212000)
 Date Received: 01/24/2013

Provider Summary: P [REDACTED] - N [REDACTED], A [REDACTED]

Rejections	:	1	\$275.00
Forwarded Paper	:	0	\$0.00
Forwarded EDI	:	23	\$3,145.00
Processed	:	24	\$3,420.00

MAILBOX Summary : G [REDACTED] - C [REDACTED] FOR [REDACTED] W [REDACTED]

Rejections	:	1	\$275.00
Forwarded Paper	:	0	\$0.00
Forwarded EDI	:	107	\$16,790.00
Processed	:	108	\$17,065.00

Follow up Note

Follow Up Archive Print

This report shows the total number of claims sent on the date at the top of report. It list the total number of claims sent by provider and a total for the pracatice at the end of the report.

The next type of report is the **Rejected report**.

Provider Name : P [REDACTED] - N [REDACTED], A [REDACTED]

Patient Name : E [REDACTED] M [REDACTED] Date of Service : 05/01/2014
 Pat. Acct # : W8 [REDACTED] Claim Tracking ID: G21 [REDACTED] OP
 Carrier Trace#: 17 [REDACTED] 55 Payer Trace# :
 Total Charges: \$150.00 Amount Paid : N/A
 Message From : AVAILITY Report Created : 05/02/2014 12:20:42
 Payer Name : SB900 - BLUE CROSS BLUE SHIELD OF TEXAS

Explanation : A3 : Acknowledgement/Returned as unprocessable claim-The claim/en
 Explanation : Value of sub-element HI01-02 is incorrect. Expected value
 is from external code list - ICD-9-CM Diagnosis Code (131)
 when HI01-01='BK'. Segment HI is defined in the guideline
 at position 2310. Invalid data: 3140
 2300 HI 1

Number of Claims referenced: 1
 Total Charges : \$150.00

Follow up Note

Follow Up Archive Print

This report will list the provider and patient information. It will also indicate who sent the report (BLUE BOX). The name of the payer (Purple Box), and the reason for the rejection. These can be fairly difficult interpret but there is usually a spot where it will describe the actual reason. In this case it is the diagnosis code which is underlined in red. Once the claim has been corrected click Archive at the bottom of the report.

The next type of report is the **PAID report**.

PAID CLAIMS REPORT Date: 06/07/2014 12:41:40 PM Page: 1

Provider Name : P [REDACTED] C [REDACTED], C [REDACTED]
Patient Name : H [REDACTED] F [REDACTED] Date of Service : 04/29/2014
Pat. Acct # : W8 [REDACTED] Claim Tracking ID:
Carrier Trace#: Payer Trace# : C14 [REDACTED] 0
Total Charges : \$150.00 Amount Paid : \$0.00
Message From : BLUECROSS BLUESHIELD OF TEXAS Report Created : 06/06/2014 14:31:00
Payer Name : SB900 - BLUECROSS BLUESHIELD OF TEXAS
Explanation : F1 : Finalized/Payment-The claims/line has been paid.
Explanation : 90837 CO 16 - Claim/service lacks information which is needed for adjudication. At least one Remark Code must be provided (may be comprised of either the Remittance Advice Remark Code or NCPDP Reject Reason Code.).

Number of Claims referenced: 1
Total Charges : \$150.00

Follow up Note

Follow Up Archive Print

The PAID report will indicate who the message is from (BLUE BOX). It will also let you know the payer name (PURPLE BOX). The amount of the payment will be on the report as shown in the RED BOX. Once you have reconciled this report click **Archive** at the bottom of the report.

The last report type we'll look at is the **ACCEPTED report**.

ACCEPTED CLAIMS REPORT Date: 05/28/2014 11:42:25 AM Page: 1

Provider Name : P [REDACTED] C [REDACTED] C [REDACTED]
Patient Name : F [REDACTED] I [REDACTED] Date of Service : 03/27/2014
Pat. Acct # : W7 [REDACTED] Claim Tracking ID: G2 [REDACTED] 5503
Carrier Trace#: 140 [REDACTED] 79 Payer Trace# : 14 [REDACTED]
Total Charges : \$150.00 Amount Paid : N/A
Message From : PAYER Report Created : 05/27/2014 16:36:23
Payer Name : 37602 - GOLDEN RULE INSURANCE COMPANY
Explanation : A1 : Acknowledgement/Receipt-The claim/encounter has been received
Explanation : ACK RECPT- CLM ENCOUNTER RECEIVED. DOES NOT MEAN THAT CLM HAS BEEN ACCEPTD FOR ADJUDICATION.:ENTITY ACKNOWLEDGES RECEIPT OF CLAIM ENCOUNTER.

Number of Claims referenced: 1
Total Charges : \$150.00

Follow up Note

Follow Up Archive Print

This report will let you know that the claim has been accepted by the message from section (BLUE BOX). This may be the clearing house or the payer. It will indicate the payer (PURPLE BOX). The explanation will explain it has accepted and sent on for adjudication.

In general your claims will go through 3 stages of verification. The first will be done by us at our data center. We then send the claim to the clearing house, Change Healthcare. The clearing house will forward the claim to the insurance company. If a claim is rejected at one of these stages it will not be forwarded on and you will receive a rejection report. If you receive a report from the insurance stating they have accepted the claim, you will need to contact the insurance company for further updates.

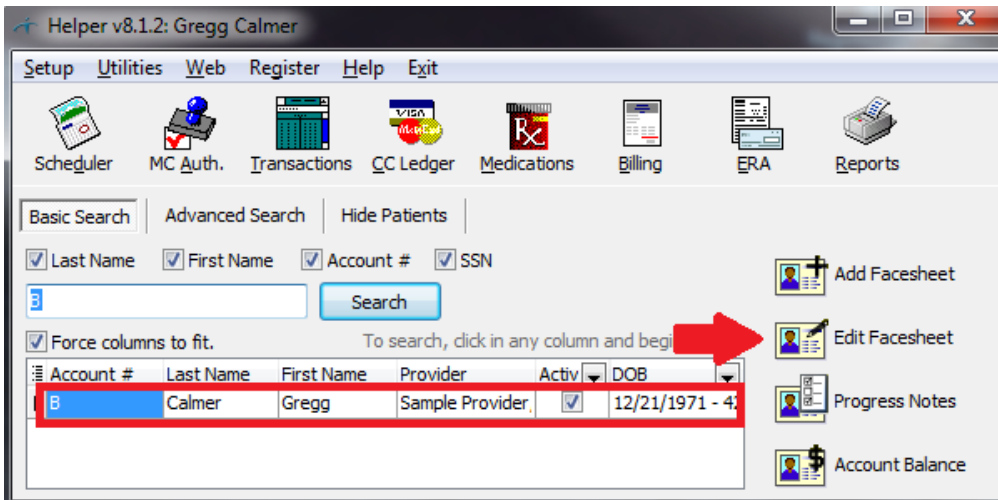
How to Configure Patient Statements to Send Electronically

Helper and ClaimsConnect can be used to send out your patient statements. If you wish to use this service, the statement will be sent to us through ClaimsConnect. We will then print and mail the statement to client for you. There is a fee for this service and your account will be invoiced based on the number of statements sent each month. Below are the steps to follow to set up this feature.

First you will need to change the billing method in the patient facesheets to electronic statement for the clients. There are several ways to do this.

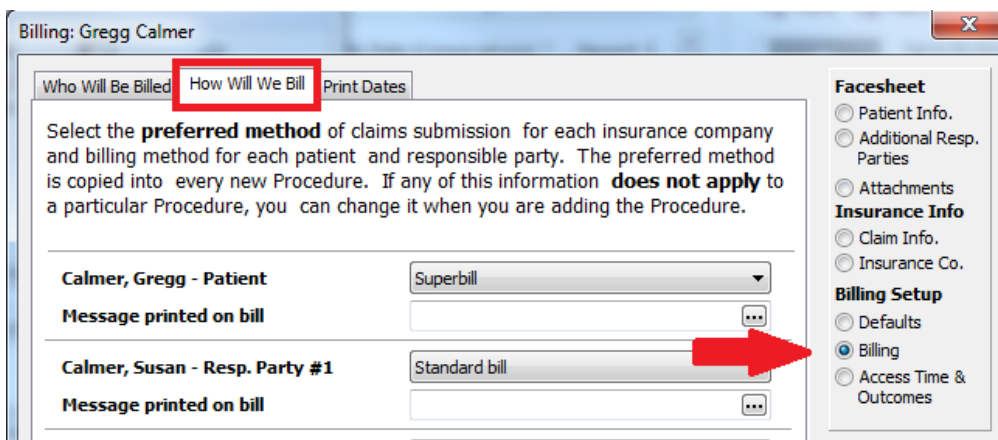
You can edit an individual face sheet or you can use the Update Facesheet Utility to edit all or certain groups of patients (page 50).

Edit an Individual Facesheet:

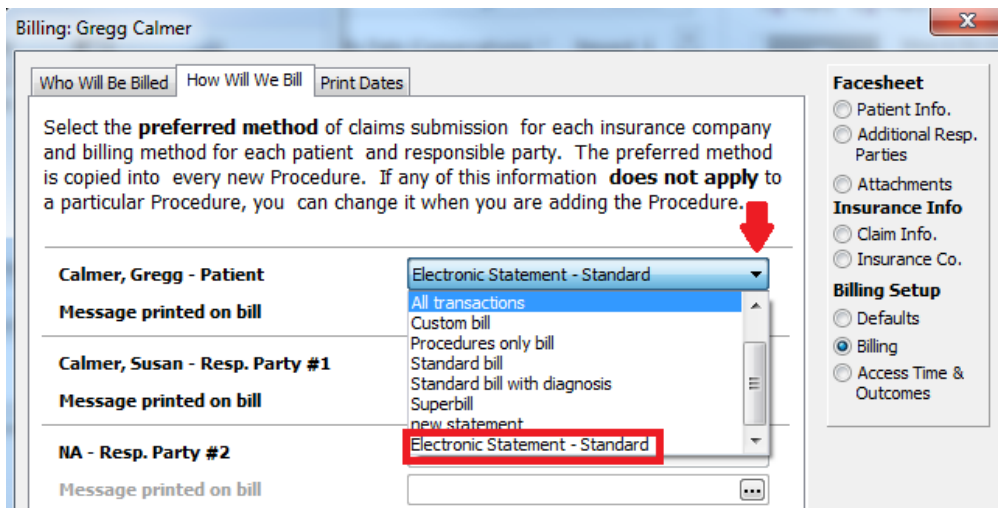


1. Highlight the patient name on your patient search screen and click **Edit Facesheet** on the right of the screen.

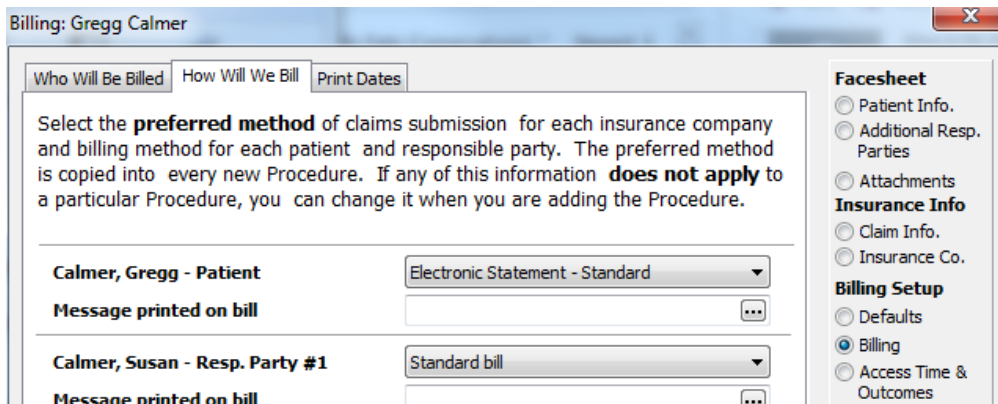
This will display the patient facesheet.



2. On the facesheet screen, click on **Billing** to the right. You will now have a set of tabs at the top of screen. Click on the **How Will We Bill** tab.



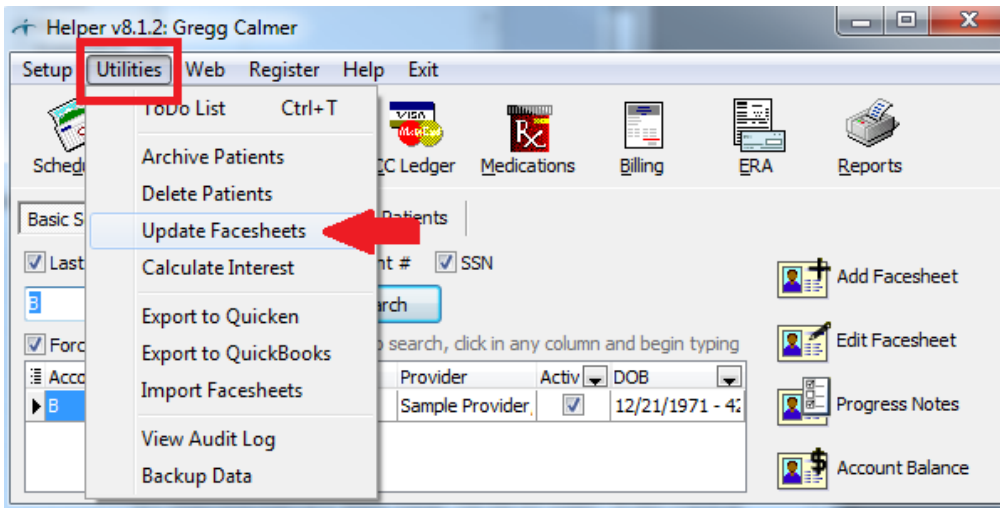
- Next, click on the down arrow to the right of the current billing method. Click on Electronic Statement – Standard from the drop down list.



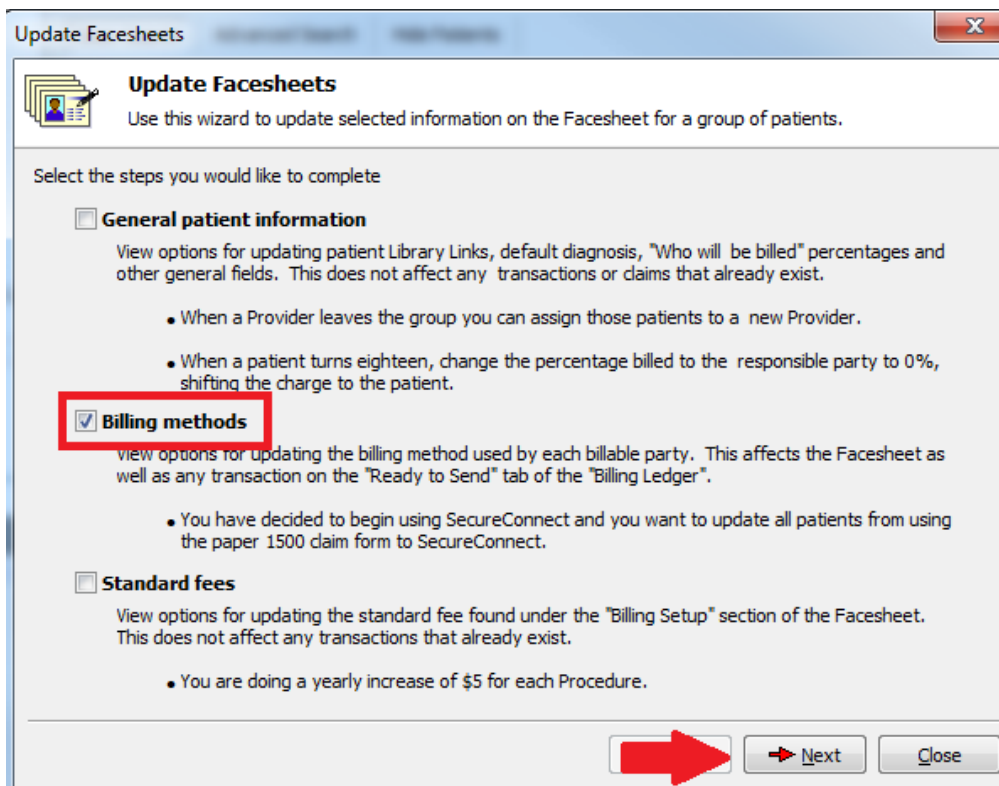
The patients billing method should now show Electronic Statement – Standard. If you are using responsible parties as the billing party, follow the same steps for them. Once you have selected the new billing method, save the facesheet.

Update Facesheet Utility:

Another way to change the billing methods is to use the Update Facesheet Utility. This will allow you to either change all your billable parties to the Electronic Statements or to select groups a patients to change.



1. From the patient list screen, select **Utilities** at the top. From the drop down list select **Update Facesheets**.



2. On this screen check the box next to **Billing Methods** and then click **Next**.

Update Facesheets
Use this wizard to update selected information on the Facesheet for a group of patients.

Select groups of patients to update. Then review and refine the list of selected patients

Select All Deselect All

Drag a column header here to group by that column

Include	Account #	Last Name	First Name	MI	DOB	Provider	Procedure
<input checked="" type="checkbox"/>	B	Calmer	Gregg		12/21/1971	Sample Provider, PhD	90847, Family Psychotherap
<input checked="" type="checkbox"/>	C	Cluff	Jane	S		David Goliath, MD	90806, Individual Psychothe
<input checked="" type="checkbox"/>	F	Fisher	Judy	E		David Goliath, MD	90806, Individual Psychothe

Prior Next Close

- If you want to update all your patients to the Electronic Statements click **Next**. Otherwise continue to **Option B** (next page).

Update Facesheets
Use this wizard to update selected information on the Facesheet for a group of patients.

Billing Methods

Select the Billing Party you want to update and their new billing method. Optionally, select an Insurance Company for the Primary Insurance and Secondary Insurance. Only insured parties with the selected Insurance Company will be updated.

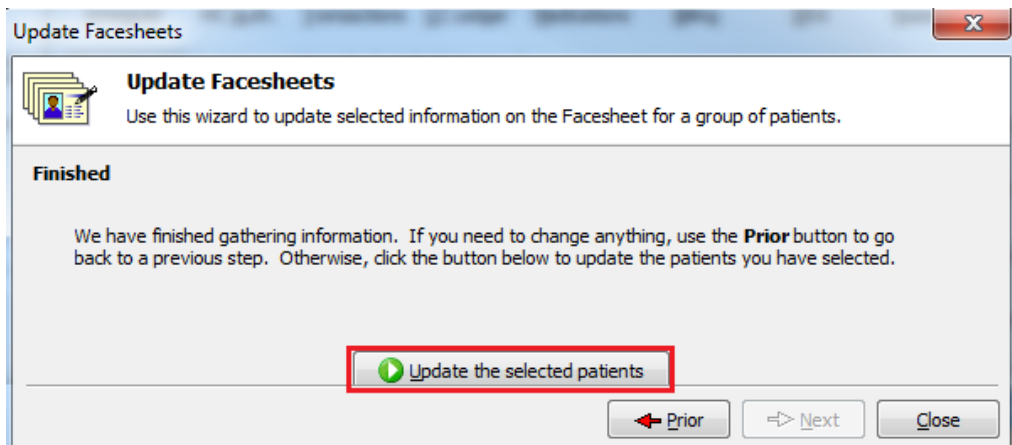
Billing Party	Billing Method to change to	Insurance Co. matches (optional)
<input checked="" type="checkbox"/> Patient		
<input checked="" type="checkbox"/> Resp. Party #1		
<input checked="" type="checkbox"/> Resp. Party #2		
<input type="checkbox"/> Primary Insurance		...
<input type="checkbox"/> Secondary Insurance		...

Additional Secondary Insurance Option

Hold claim until the primary makes a payment Don't update

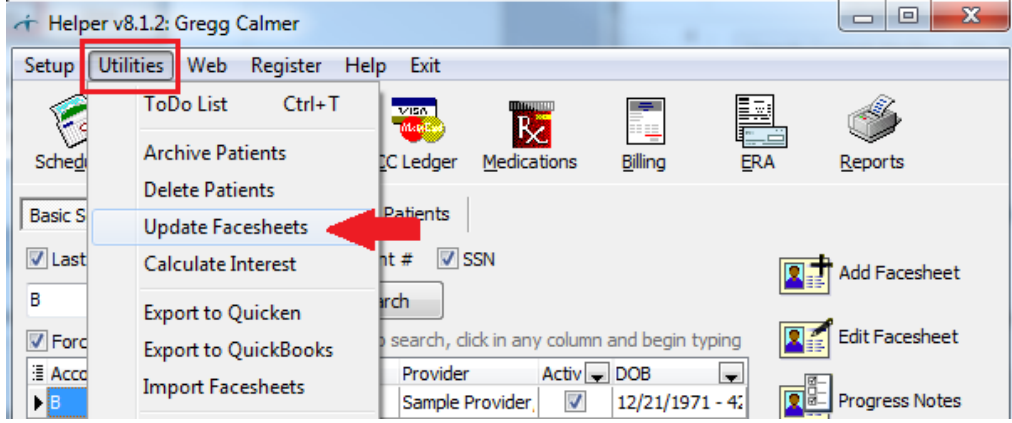
Prior Next Close

- Check the boxes next to all the Billing Parties you want to use the Electronic Statement as their billing method. In the column for **Billing Method to change to**, click the down arrow to the right of the box and select Electronic Statement for the drop down list for each billable party you selected. Do not make any changes to the Insurance company part of this screen. Click **Next**.

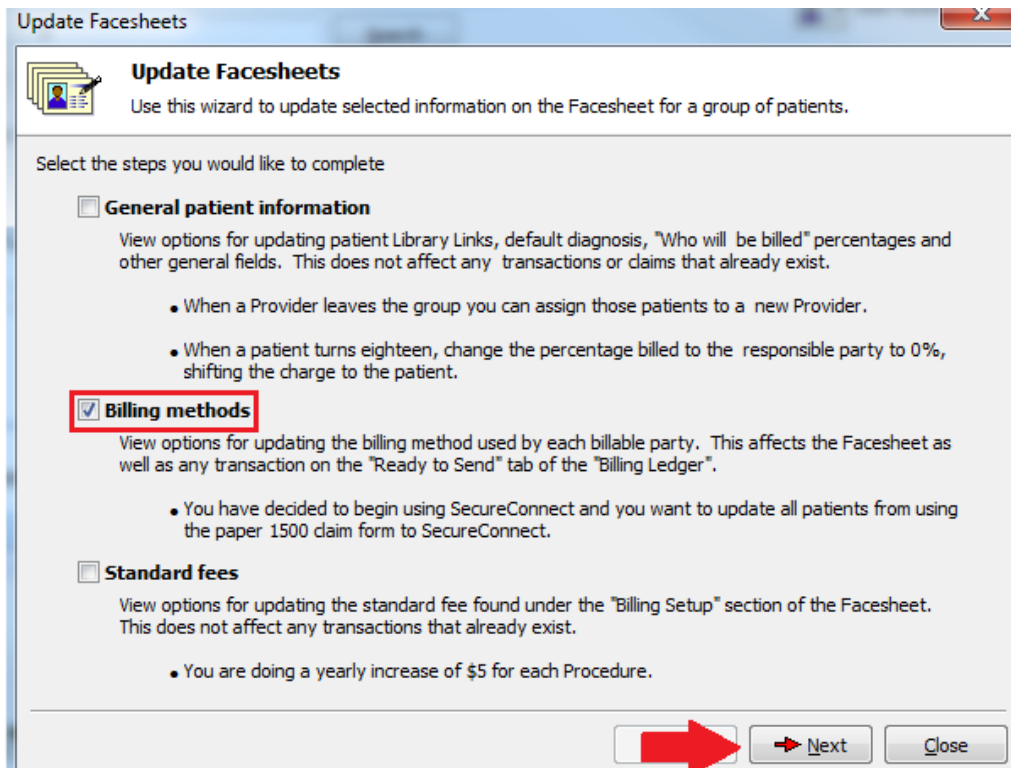


5. Click **Update the selected patients**. Now all your facesheets are updated.

Option B How to change specific groups of patients to the Electronic Statement.

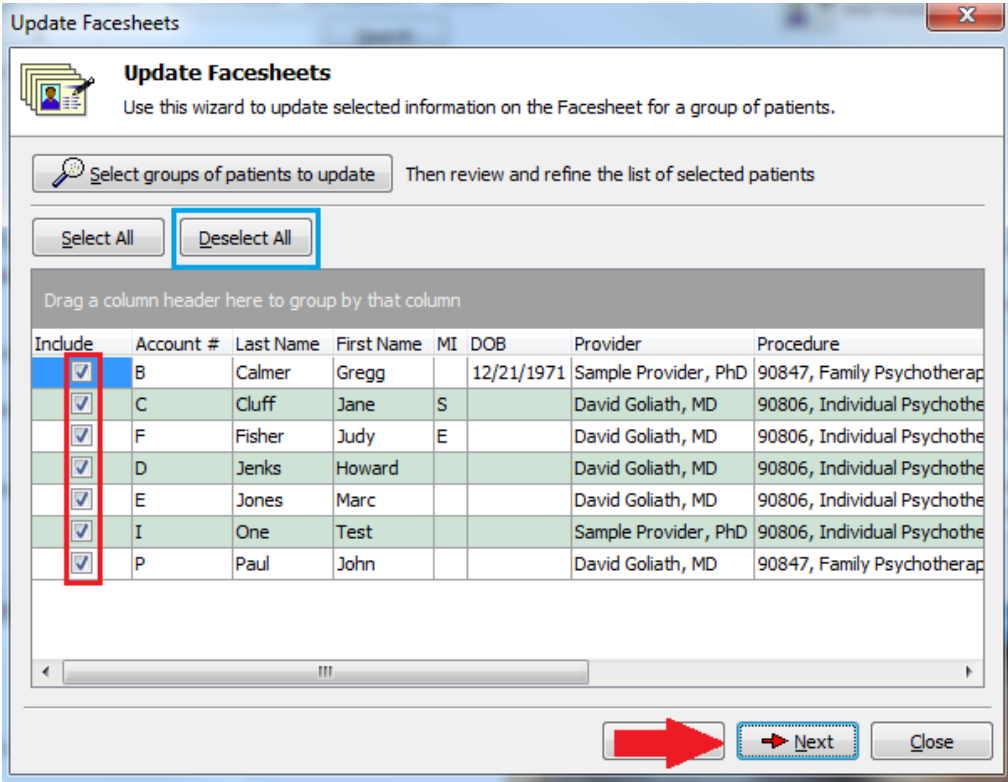


1. On the patient list screen, click on **Utilities** at the top of the screen. Select **Update Facesheets** from the drop down list.



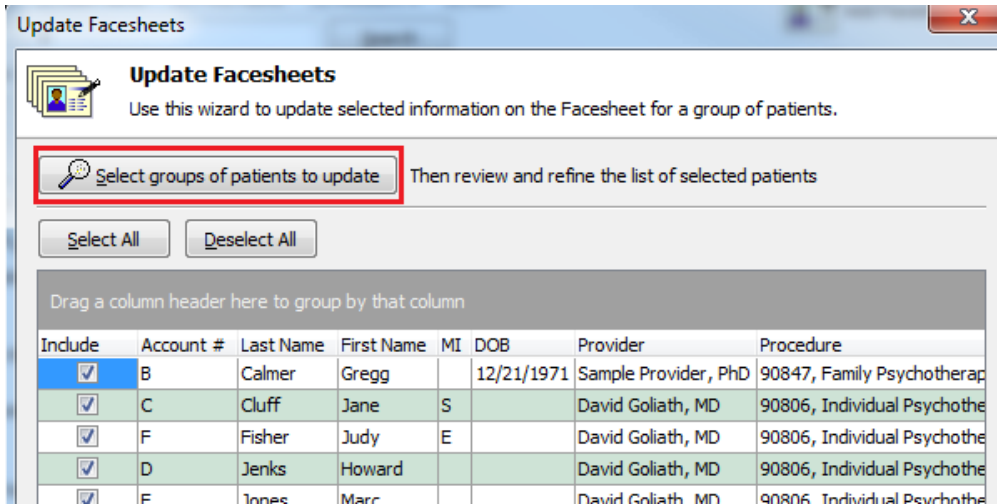
2. Check the box next to **Billing methods** and then click **Next**.

Method 1

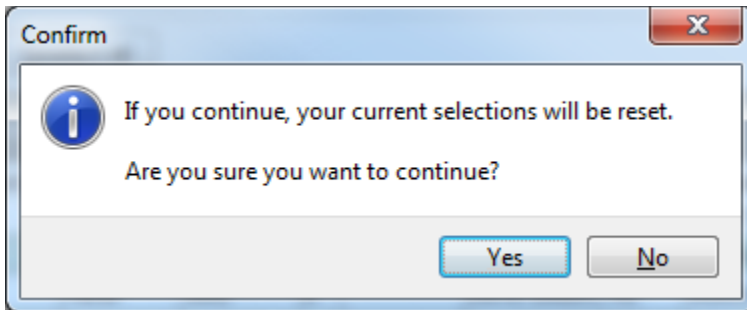


On this screen you can use **Deselect All** (Blue Box). Then you can select individual patient names. Once you have checked the names you want to use the new billing method, click **Next**.

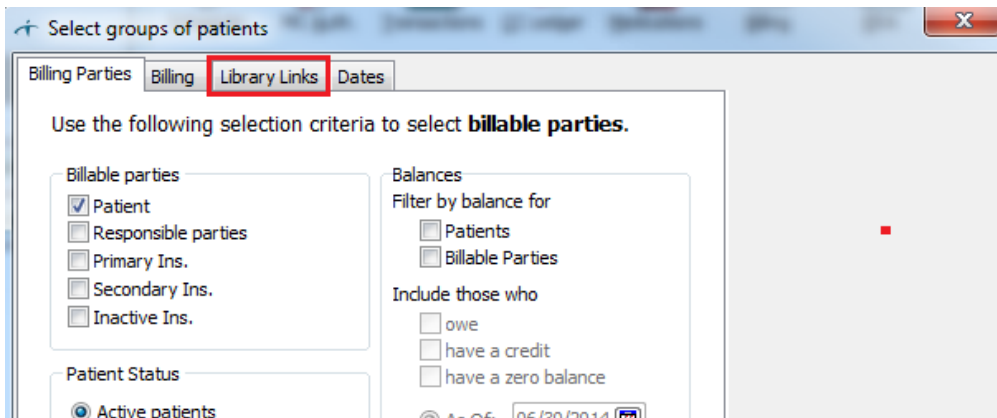
Method 2



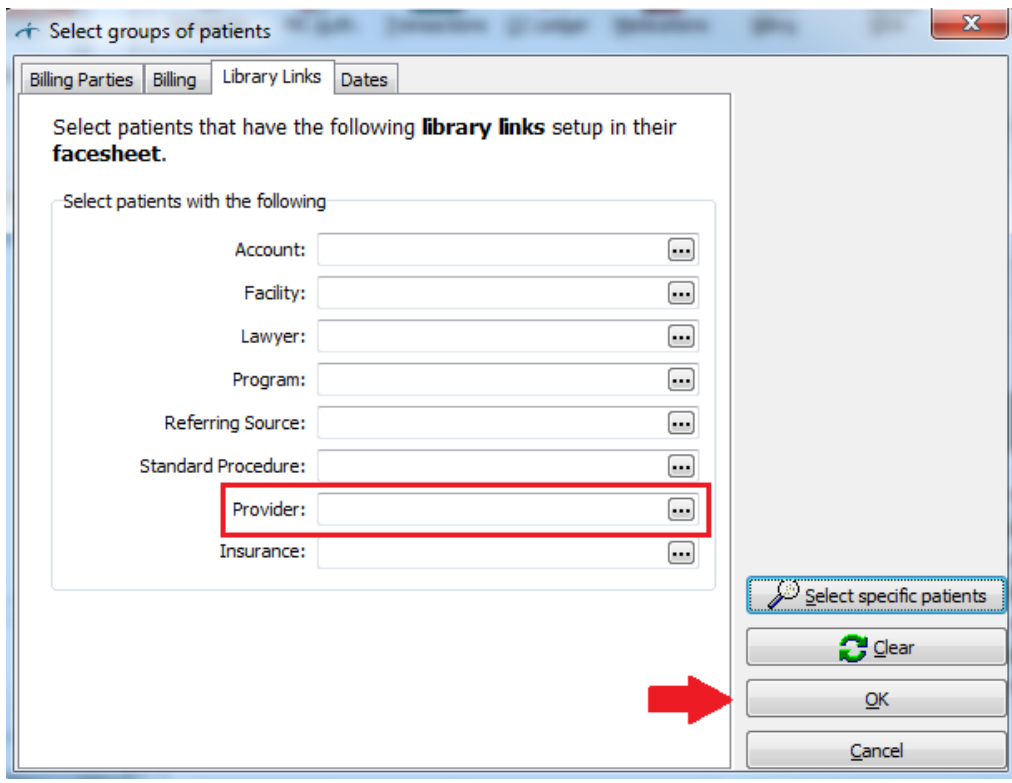
1. Click on **Select groups of patients to update**.



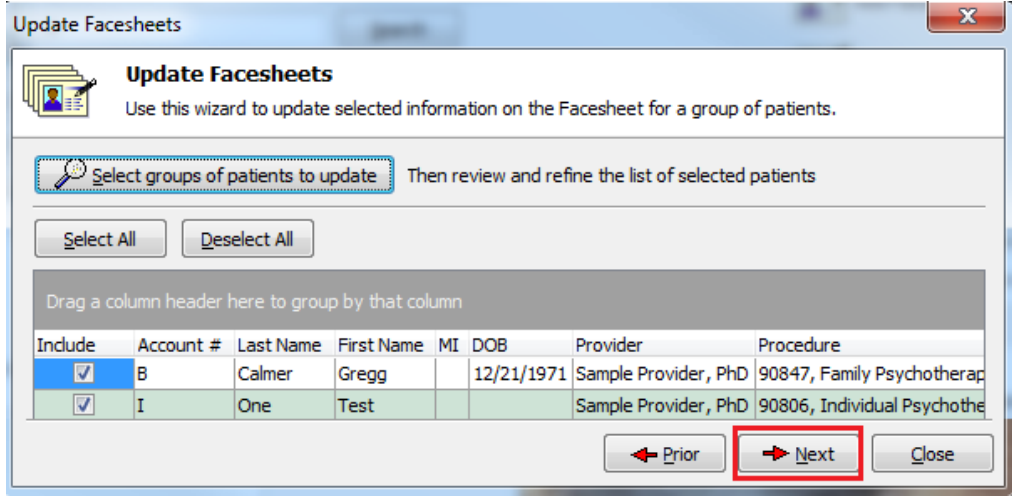
2. Click **Yes** on this warning screen.



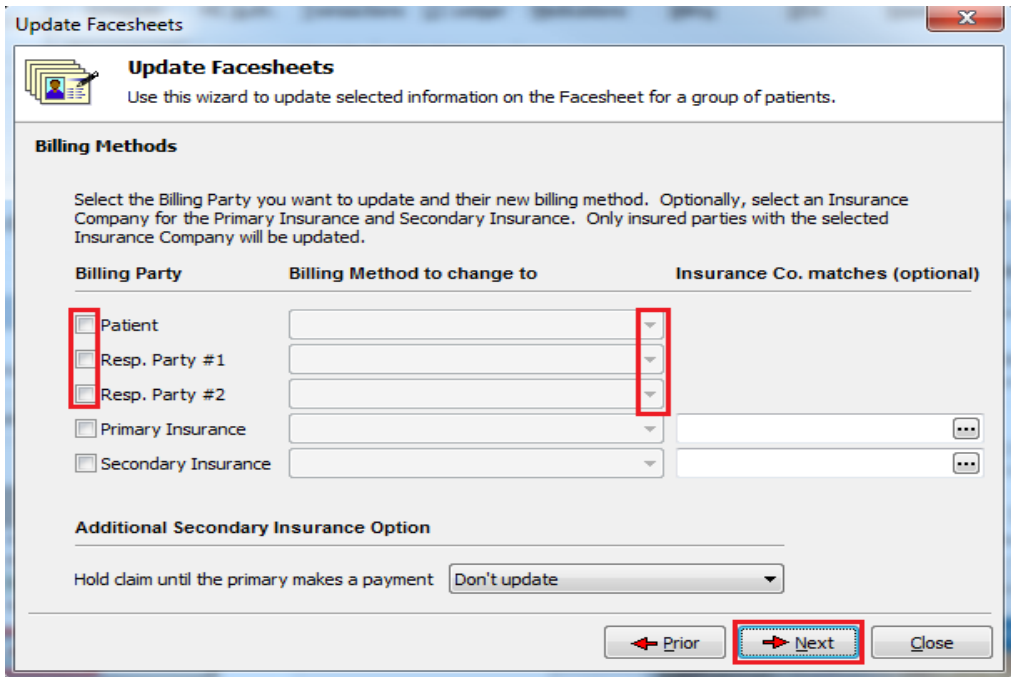
3. On this screen there are several tabs you can use to define which patients you want to update. For example click on Library Links.



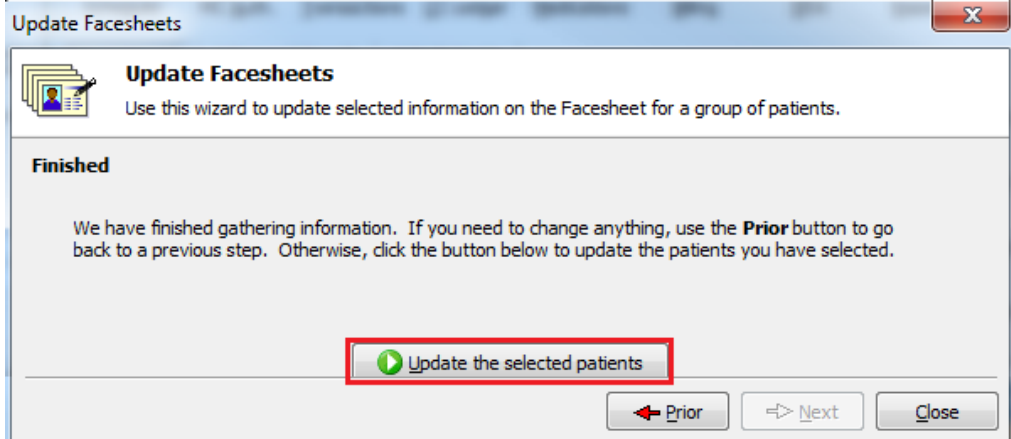
4. You can enter a **Provider** name here and click **OK**.



5. You are now back to the patient list screen. It will only display the patients that have the provider assigned as their primary provider in the facesheet, then click **Next**.

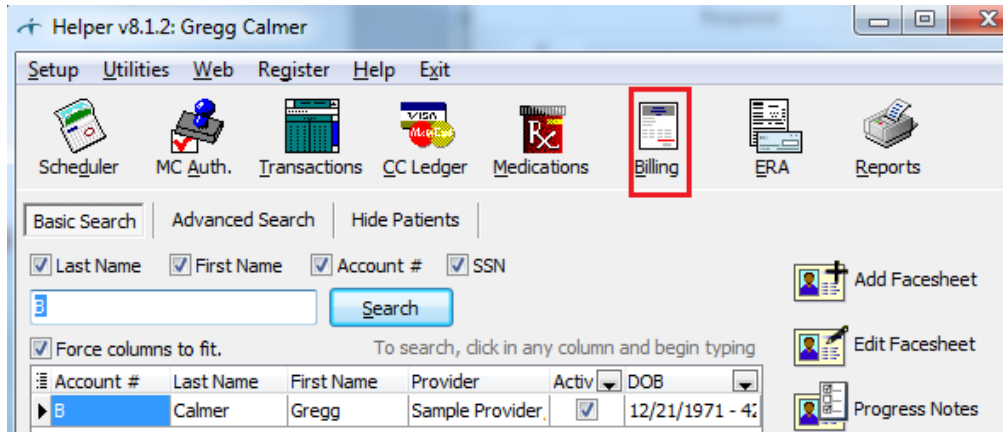


6. Check the boxes next to all the Billing Parties you want to use the Electronic Statement as their billing method. In the column for **Billing Method to change to**, click the down arrow to the right of the box and select Electronic Statement for the drop down list for each billable party you selected. Do not make any changes to the Insurance company part of this screen. Click **Next**.

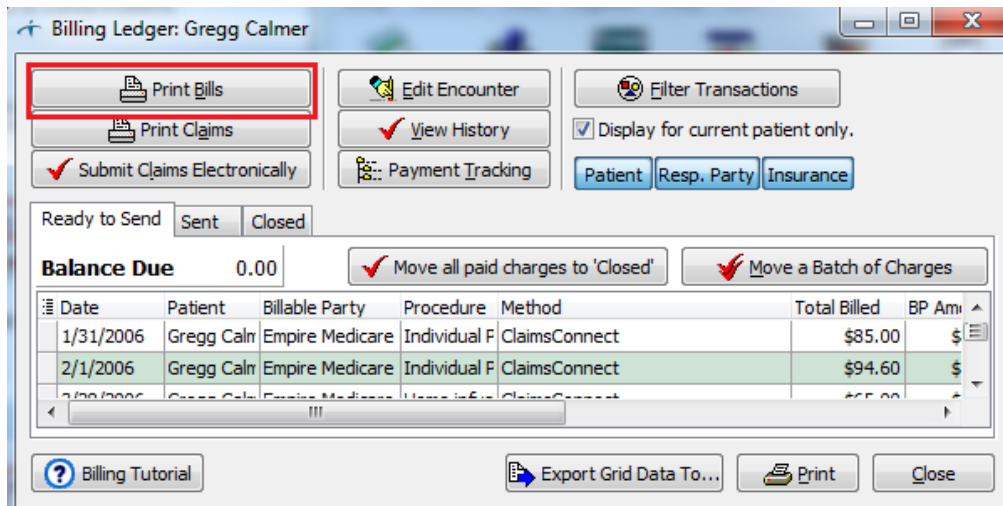


7. Click **Update the selected patients**. Now all your facesheets are updated. You are now ready to send the Electronic Statements!

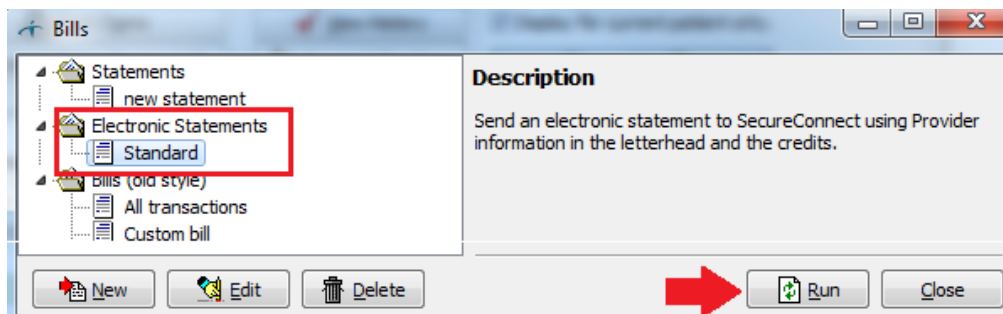
Sending Patient Statements



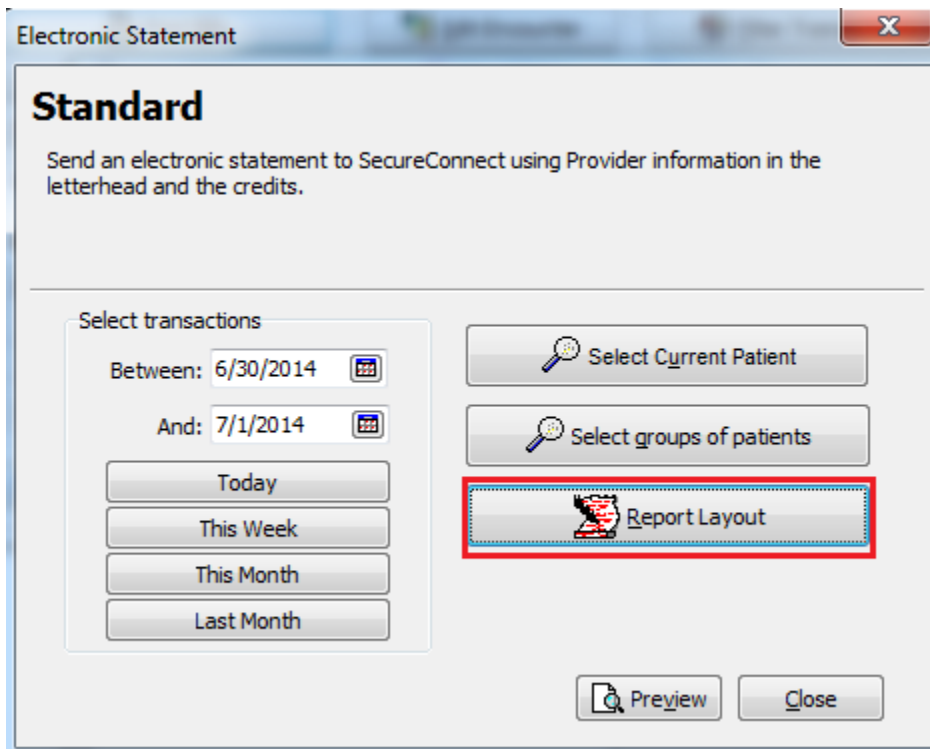
1. Click on Billing at the top of the Patient list.



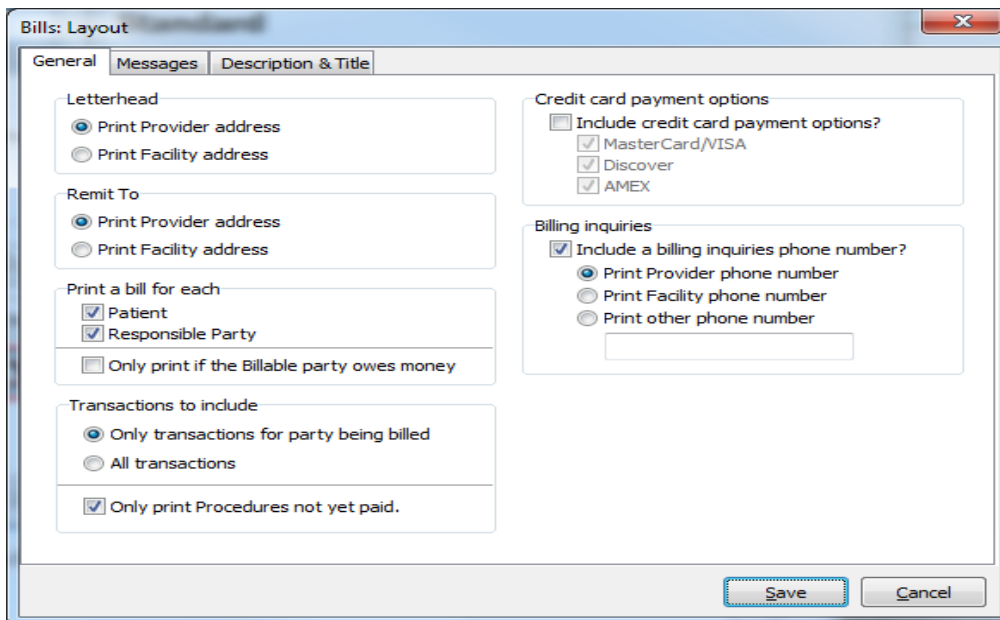
2. Select **Print Bills**.



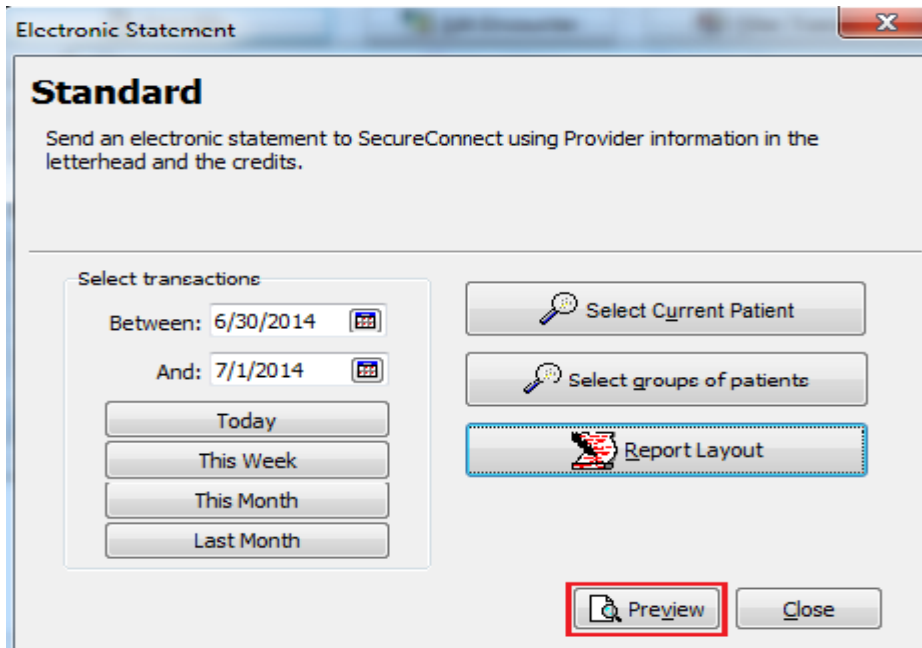
3. Under Electronic Statements, select Standard and click **Run**.



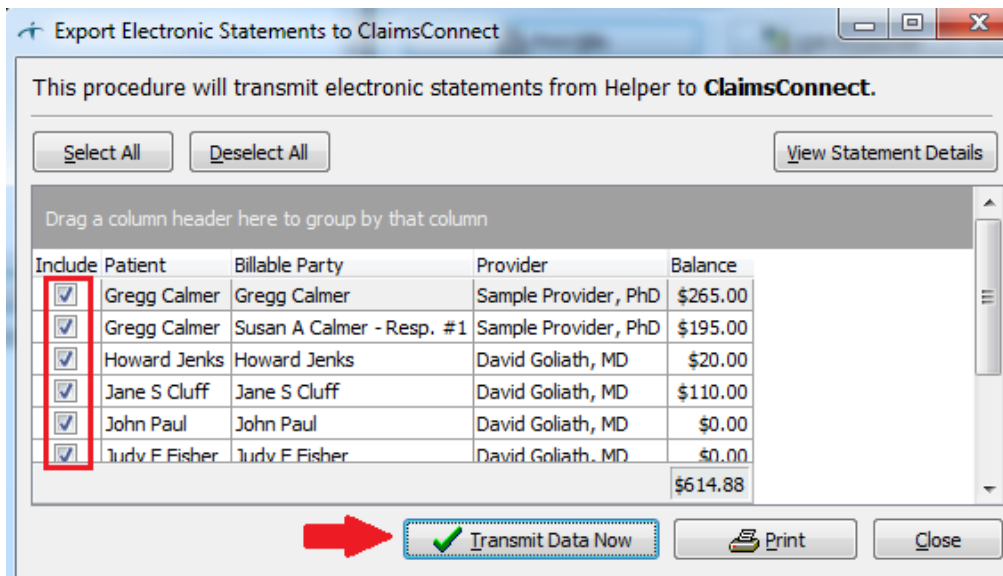
4. Choose the date range you want to send the bills for. Now click on **Report Layout**.



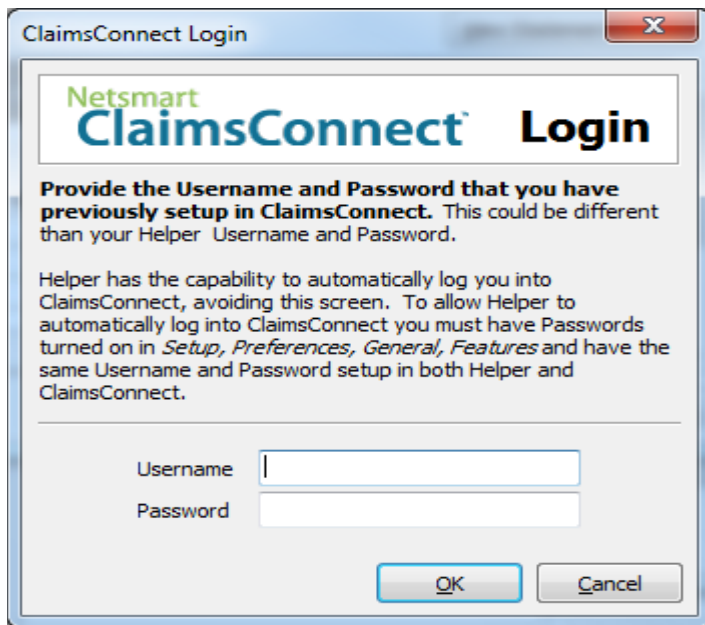
5. Use this section to select the options you want to include on the bill and click **Save**.



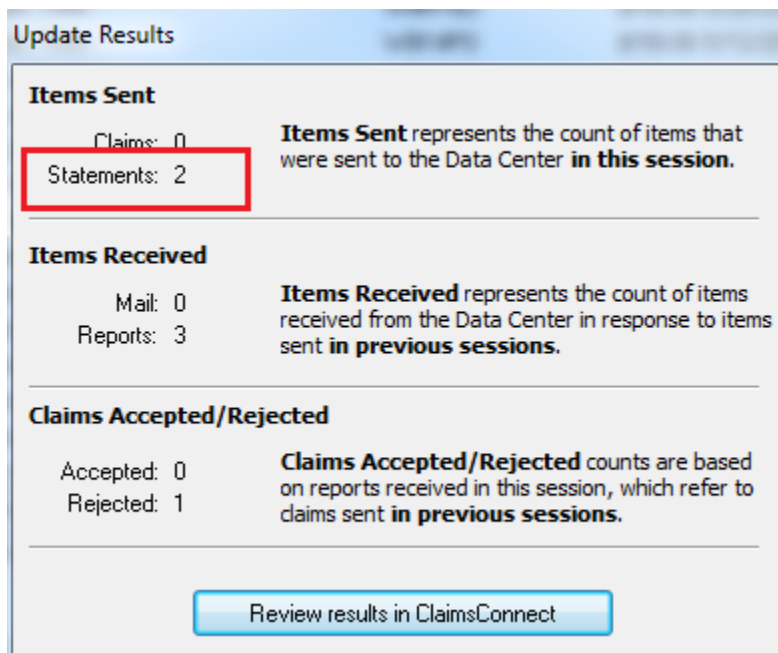
6. Click **Preview**.



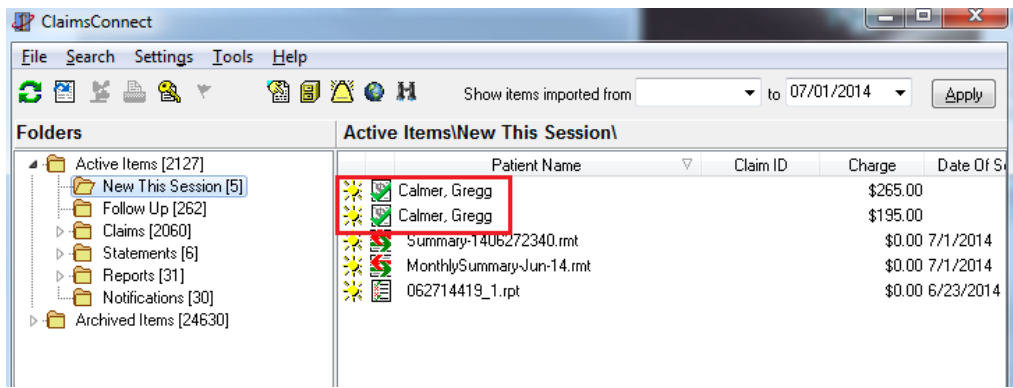
7. Here you can choose to send all the statements or you can uncheck any you wish to send later. Once you have selected the patients to send, click **Transmit Data Now**.



8. Login to ClaimsConnect.



9. This screen will confirm the amount of Statements that were sent. In this case two were sent. Click Review results in **ClaimsConnect**.



10. This screen will verify that the statements were sent.

Claim Status Icon Definitions

The following claim status icons are available in ClaimsConnect to indicate the current status of each claim:



This is the default status when a claim is initially imported into ClaimsConnect and reflects that the claim has not been submitted to the clearinghouse.



ClaimsConnect checks the format of the imported claim using some basic validation rules. If any validation errors are found, this status will be assigned. You need to correct these claims and re-import them through your practice management system.

Note: All client-side edits can be overridden (by using the right-click menu) to allow the claim to be submitted to the clearinghouse regardless of the errors found.



This status indicates the claim has been submitted to the ClaimsConnect Data Center, but no status has been received by the Data Center.



After the ClaimsConnect Data Center receives the claim, additional validation rules are checked. If any of these errors are found, the Data Center will return this status and the claim will be rejected.

Note: Data Center rejections cannot be overridden. These claims must be corrected and resubmitted from the respective practice management system.



When the ClaimsConnect Data Center validates the claim and finds no errors, the claim is sent to the payer and the claim is assigned this status.



A new function within the ClaimsConnect Client is the option to submit a Claim Status transaction to check the status of the corresponding claim. When a Claim Status transaction is created, this status is assigned to the claim indicating ClaimsConnect is waiting to receive the Claim Status response.



The claim will receive this status if the Claim Status request is rejected for any reason. Reasons for the Claim Status rejection can be viewed by reviewing the claim detail.



These claims have been paid by the payer. Claims can be marked as Paid either as a result of a Status Request or manually through ClaimsConnect. After the claim has been paid, the claim is given a "Paid" status.

Note: The only way ClaimsConnect can recognize that a claim has been paid is through an Electronic Remittance Advice transaction. If the user is not processing ERA transactions, ClaimsConnect will leave the status as “Claim In Progress” but the status can be updated manually using the right-click menu.

Useful Links

If you need to reinstall your ClaimsConnect software use this link.

http://support.helper.com/down/upgrade/action.jsp?file_name=SCCUP

For further documents about ClaimsConnect

<http://www.helper.com/client-center/client-support/>