

Electronic Document Management System (EDMS)

Completion: Verify

Medicaid Information Technology System (MITS)

HP Enterprise Services



Medicaid Information
Technology System



EDMS Catalog of Courses

Business Courses

Introduction to EDMS

Document Preparation, Scanning, and Manual IQC

Correction Processing – Completion: NEW

Quality Assurance – Completion: VERIFY

FileNet One Step Workflow

COLD Reports

Technical Courses

Orientation to FileNet System Administration

Orientation to Captiva System Administration



EDMS: Completion: Verify

Course Objectives

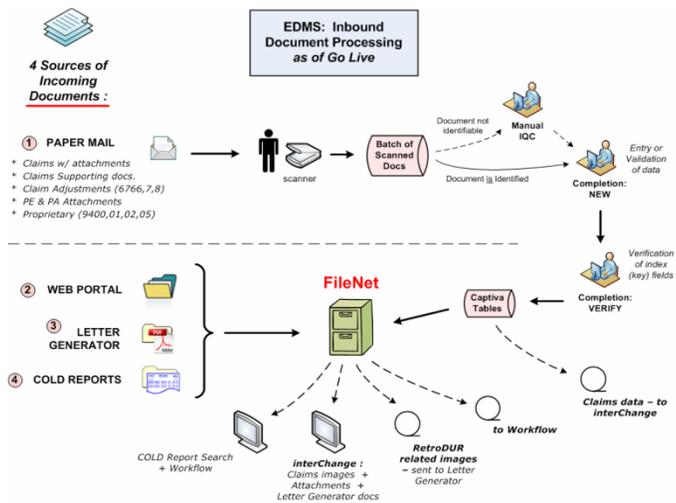
1. Summarize the scanning process within EDMS
2. Describe the objective and the activities of each step of the *Completion: Verify* process in detail, including:
 - a) The types of scanned documents
 - b) Captiva's role in verifying data, for both red optical character recognition (OCR) type forms and black 'Key From Image' (KFI) forms
 - c) The types of validation within each type of document
 - d) How to verify the required data fields and complete the scanning process



Agenda

1. Introduction
2. Background – What Is Being Scanned?
3. Documents and Batches
4. The Completion: Verify Process





Introduction

EDMS Related Definitions

| Term | Definition |
|---------|---|
| Captiva | Commercial off-the-shelf (COTS) software that manages the scanner, from interpreting the scanned documents through storing the resulting images on the FileNet data repository with index values. Captiva can be programmed to recognize certain documents (such as claim forms). |
| OCR | Optical character recognition, which is the Captiva software's ability to 'read' black typed data off red forms and eliminate the need for data entry. |
| FileNet | The database in which EDMS stores all MITS application data received for storage. |



EDMS – A Bird's Eye View ...

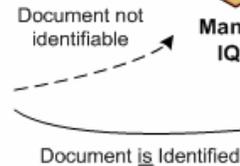
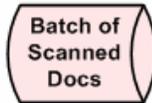


4 Sources of Incoming Documents :

EDMS: Inbound Document Processing as of Go Live

1 PAPER MAIL

- * Claims w/ attachments
- * Claims Supporting docs.
- * Claim Adjustments (6766,7,8)
- * PE & PA Attachments
- * Proprietary (9400,01,02,05)



Manual IQC



Completion: NEW

Entry or Validation of data

2 WEB PORTAL



3 LETTER GENERATOR



4 COLD REPORTS



COLD Report Search + Workflow

FileNet



Verification of index (key) fields

Completion: VERIFY



interChange :
Claims images + Attachments + Letter Generator docs



RetroDUR related images
- sent to Letter Generator

to Workflow



Claims data - to interChange



What Is the Full EDMS Process?

- 1) Inbound mail is received
- 2) Documents are sorted, batched, and scanned
- 3) Manual IQC operators research any unscannable documents and try to resolve the problem
- 4) Completion: New operators manually key fields flagged by Captiva software as being in error, as well as all verification fields for claim form ADA 2006
- 5) **Completion: Verify operators key in all critical information as a final QA step**
- 6) Scanned documents' images are stored in FileNet
- 7) Workflow processes are initiated where necessary

Bold is within the scope of this training



Agenda

1. Introduction
2. Background – What Is Being Scanned?
3. Documents and Batches
4. The Completion: Verify Process



Background: What Is Being Scanned

What is the goal of scanning?

- To create electronic images of paper documents related to Claims, Claim Adjustments, provider enrollment (PE) requests, prior authorization (PA) requests, and other MITS-related 'transactions.'

How does EDMS store these documents?

- Each document has one or more keys or indexes, such as Provider, Recipient, internal control number (ICN), and other values.
- These index values will 'link' these documents to certain Providers, Claims, etc., and be accessible correctly in interChange.



Background: What Is Being Scanned?

How does *Completion: Verify* fit into the process?

- **Every** document that is scanned must go through the *Completion: Verify* process.
- Captiva (the scanning software) validates critical fields in every scanned document; any that do not pass the built-in validation edits are presented to the *Completion: New* worker to key in.
- The *Completion: Verify* worker then must key in every predefined verification field for each type of form as a final quality assurance step prior to the scanned information being stored in EDMS.



Agenda

1. Introduction
2. Background – What Is Being Scanned?
3. Documents and Batches
 - a. What is a document?
 - b. What is a batch?
 - c. Scanning and quality control
4. The Completion: Verify Process



What is a document?

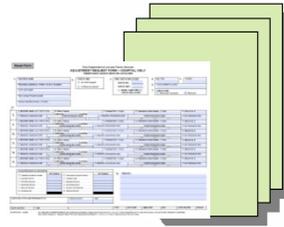
A **Document** is a claim, a claim adjustment, a proprietary document, or a cover sheet with attachments.

A document has two components:

1. A form (e.g., CMS 1500, 6766, 9401, cover sheet)
2. One or more attachments (almost always present)



***Claim
Document***



***Claim Adj.
Document***



***Cover sheet
Document***

Completion: New and *Completion: Verify* only involve the forms – never the attachments.

What is a document?

With Go-Live, four types of documents will be scanned – and all are within the scope of the *Completion: Verify* function

1. Claims (CMS 1500, UB04, ADA 2006) – **only those with attachments**
2. Claims Adjustments (6766, 6767, 6768)
3. Proprietary forms (9400, 9401, 9402, 9405)
4. Paper attachments sent by the Provider to support Claims, PEs, and PAs that the Provider uploaded via the Web Portal



What is a document?

1. Claims – with Attachments

There are three types of Claims:

- A. **CMS 1500 – Health Insurance Claim form**
- B. **UB04 – Institutional Claims form**
- C. ADA 2006 – Dental Claim form

OCR reads all information off the **red** claim forms – Captiva is programmed to find the key fields on each red form.

For black forms, data entry (KFI) is done to capture the important information in the *Completion: New* step.



What is a document?

When a **red form** is scanned, the scanner's 'red drop' feature drops the form's **red ink**, leaving just the black text in the scanned image.

That black text is all that is read and stored in EDMS.

1500
HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA OTHER
(Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID#) (SSN or ID) (SSN) (ID)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
Ima Sick

3. PATIENT'S BIRTH DATE SEX
11 24 47 x F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)
123456789

5. PATIENT RELATIONSHIP TO INSURED
Self Spouse Child Other

6. INSURED'S ADDRESS (No. - Street)
123 Happy Lane

7. INSURED'S ADDRESS (No. - Street)
CITY STATE ZIP CODE TELEPHONE (Include Area Code)

8. PATIENT STATUS
Single Married Other

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)
Ima Sick

10. IS PATIENT'S CONDITION RELATED TO:
123456789

11. INSURED'S POLICY GROUP OR FECA NUMBER
123456789

12. OTHER INSURED'S POLICY OR GROUP NUMBER
123456789

13. OTHER INSURED'S DATE OF BIRTH SEX
MM DD YY M F

14. EMPLOYER'S NAME OR SCHOOL NAME
Happy Town ID

15. INSURANCE PLAN NAME OR PROGRAM NAME
83000

16. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize to process this claim. I also request payment of government benefits below.)
SIGNED
Ima Sick 123 Happy Lane Happy Town ID 83000

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

18. RESERVED FOR LOCAL USE

19. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Please list)
04 01 10 04 03 10 3 12345 aa 12 1234.00

20. DATE OF CURRENT ILLNESS (First symptoms) OR INJURY (Accident OR PREGNANCY/LLMP)
MM DD YY

21. NAME OF REFERRING PROVIDER OR OTHER SOURCE

22. RESERVED FOR LOCAL USE

23. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. D. EMG C
MM DD YY MM DD YY
04 01 10 04 03 10 3 1 987654321 1234.00

24. FEDERAL TAX I.D. NUMBER SSN EIN
987654321

25. PATIENT'S ACCOUNT NO.

26. ACCEPT ASSIGNMENT? (If you accept, you agree)
YES NO

27. TOTAL CHARGE \$

28. AMOUNT PAID \$

29. BALANCE DUE \$
1234.00

30. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
Signature on file

31. SERVICE FACILITY LOCATION INFORMATION

32. BILLING PROVIDER INFO & PH # ()

ISSUED DATE

NUCC Instruction Manual available at: www.nucc.org APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)



What is a document?

Examples of **RED** and **BLACK** claim forms

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

| | | | |
|--|--|---|--|
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PICA | | | |
| 1. MEDICARE <input type="checkbox"/> (Medicare #) | MEDICAID <input type="checkbox"/> (Medicaid #) | TRICARE CHAMPUS <input type="checkbox"/> (Sponsor's SSN) | CHAMPVA <input type="checkbox"/> (Member ID#) |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) | | 3. PATIENT'S BIRTH DATE MM DD YY | SEX M <input type="checkbox"/> F <input type="checkbox"/> |
| 5. PATIENT'S ADDRESS (No., Street) | | 6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> | |
| CITY | STATE | 8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> | |
| ZIP CODE | TELEPHONE (Include Area Code) () | 7. INSURED'S A CITY | |
| 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) | | 10. IS PATIENT'S CONDITION RELATED TO: | |
| a. OTHER INSURED'S POLICY OR GROUP NUMBER | | a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| b. OTHER INSURED'S DATE OF BIRTH MM DD YY | | b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| c. EMPLOYER'S NAME OR SCHOOL NAME | | c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| d. INSURANCE PLAN NAME OR PROGRAM NAME | | 10d. RESERVED FOR LOCAL USE | |
| 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. | | | |
| SIGNED _____ | | DATE _____ | |
| 14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY(LMP) MM DD YY | | 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY | |
| 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE | | 16. DATES PATI FROM MM | |
| 17a. _____ | | 18. HOSPITALIZ MM | |

ADA Dental Claim Form

| | | | |
|--|---|--|-------------------|
| HEADER INFORMATION | | | |
| 1. Type of Transaction (Mark all applicable boxes) <input type="checkbox"/> Statement of Actual Services <input type="checkbox"/> Request for Predetermination/Preauthorization <input type="checkbox"/> EPSDT/Title XIX | | | |
| 2. Predetermination/Preauthorization Number | | | |
| INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION | | | |
| 3. Company/Plan Name, Address, City, State, Zip Code | | | |
| OTHER COVERAGE | | | |
| 4. Other Dental or Medical Coverage? <input type="checkbox"/> No (Skip 5-11) <input type="checkbox"/> Yes (Complete 5-11) | | | |
| 5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix) | | | |
| 6. Date of Birth (MM/DD/CCYY) | 7. Gender <input type="checkbox"/> M <input type="checkbox"/> F | 8. Policyholder/Subscriber ID (SSN or ID#) | |
| 9. Plan/Group Number | 10. Patient's Relationship to Person Named in #5 <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other | | |
| 11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code | | | |
| RECORD OF SERVICES PROVIDED | | | |
| 24. Procedure Date (MM/DD/CCYY) | 25. Area of Oral Cavity | 26. Tooth Number or Letter(s) | 27. Tooth Surface |
| | 28. Tooth Surface | 29. Procedure Code | |



What is a document?

1. Claims – with Attachments (*continued*)

Possible types of claim attachments:

- A. Coordination of Benefits (COB) and/or Other Insurance (OI) forms –replacing Medicaid form 6780, which will *no longer be accepted as of Go Live*

*Special Note: The COB and OI forms are discussed in this training, but may not be scanned as of Go Live. An Ohio Department of Job and Family Services (ODJFS) decision is pending to limit these forms to **portal upload only**.*



What is a document?

1. Claims – with Attachments (*continued*)

More possible types of Claim attachments:

B. 6653 forms (for claims over 365 days old) *

C. Hysterectomy, Abortion, and Sterilization forms (HAS) consent forms *

D. Any other documents that may accompany a claim

* *6653 and HAS forms **should not** be mailed in **without** a claim.*



What is a document?

2. Claim adjustment forms (6766, 6767, 6768)
3. Proprietary forms (9400, 9401, 9402, 9405)
4. Paper attachments sent by provider

*All four types of documents mentioned above **may** require some keying by the [Completion: New](#) worker in the following situations:*

- *To fix edit errors detected by Captiva (red forms)*
- *For full data entry of predetermined data fields (black forms)*



What is a batch?

Definition of a batch:

1. A group of 'like' documents, grouped together into batches after the inbound mail is opened and sorted.
2. Captiva software is configured to scan documents in batches.
3. Up to 50 documents, of one or more pages each, will comprise a batch.



What is a batch?

Below are the different types of batches and their contents.

| Type of Batch | Contents |
|----------------------|-------------------------------|
| Claim | CMS 1500 + attachments |
| Claim | UB04 + attachments |
| Claim | ADA 2006 + attachments |
| Coversheet | PA, PE, and/or claim docs |
| Claim Adj. | 6766 and/or 6767 forms |
| Claim Adj. | 6768 forms ONLY |
| Proprietary | 9400, 01, 02, and/or 05 forms |



What is a batch?

EDMS Cover Sheets and Document Dividers

- To understand more about the contents of batches, we need to first learn about **EDMS cover sheets** and **document dividers**.
- All batched documents, except for one type we will discuss later, must have either EDMS cover sheets or document dividers that *separate each document in the batch*.
- We will first look at the EDMS cover sheet, which **will** affect the *Completion: Verify* process, and then at the document divider.



What is a batch?

EDMS Cover Sheet

- The EDMS Cover Sheet is a standard, **fixed format** page that Captiva will use to identify the type of document and the provider, recipient, etc., that the document pertains to.
- It also indicates to Captiva that a new document is beginning in the current batch.

 **EDMS COVER SHEET**

Fax Information:
Name: _____ Date: _____ No. of Pages: _____ (including this cover sheet)
Phone: _____
To FAX documents, please set fax machine's quality settings to High or Fine. Failing to do so may result in a delay in processing of your documents.

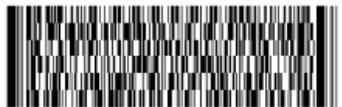
Document Type:
 Provider Recipient Correspondence Prior authorization Supporting documents for claim
 Accounts receivable Payment deduction Expenditure Hospital cost settlement LTC cost settlement
 Declaration of election of hospice benefit Attending physician written certification Revocation of hospice benefit
 Statement of termination of hospice benefit Selection of a different hospice provider IDG written certification
 Programs RetroDUR patient profile RetroDUR survey RetroDUR reports RetroDUR other documents

Sub Categories for Prior Authorization Documents:

Compression Garments Decubitus Care Equipment Dental Dressings, Surgical
 Enteral Nutrition & Supplies EPISOT Hospital Beds Hospital Inpatient Hospital Outpatient Hearing Aids
 Incontinence Supplies Increased State Plan Home Health Misc Equipment Orthodontics Orthotics (MTA)
 Orthotics/Prosthetics (Nurses) PDN Repairs Respiratory (MTA) Respiratory (Nurses)
 Supplies (Misc) Speech Generating Devices Transportation Therapies Vision Wheelchairs Others

Index Field & Values (if applicable):

Application Tracking Number: _____ Recipient ID: _____ Prior Authorization Number: _____
NPI: _____ Medicaid Provider ID: _____
ICN: _____ Contact Tracking Number: _____
Financial Record Number: _____ Status: _____ Program Control Number: _____
Hospice Enrollment ID: _____ Hospice Attachment ID: _____ Intervention ID: _____



Confidentiality Notice:
The sender of this facsimile transmission intends to communicate the contents of this transmission only to the Ohio Department of Job and Family Services. This transmission may contain information that is privileged, confidential or otherwise exempt from disclosure under applicable law. If you are not the designated recipient or the employee or agent responsible for delivering the transmission to the designated recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone at 1-800-656-1515 and promptly destroy the original transmission. Thank you for your assistance.

JFS 00300 (Rev. 12/10/2009) Ohio Department of Job and Family Services

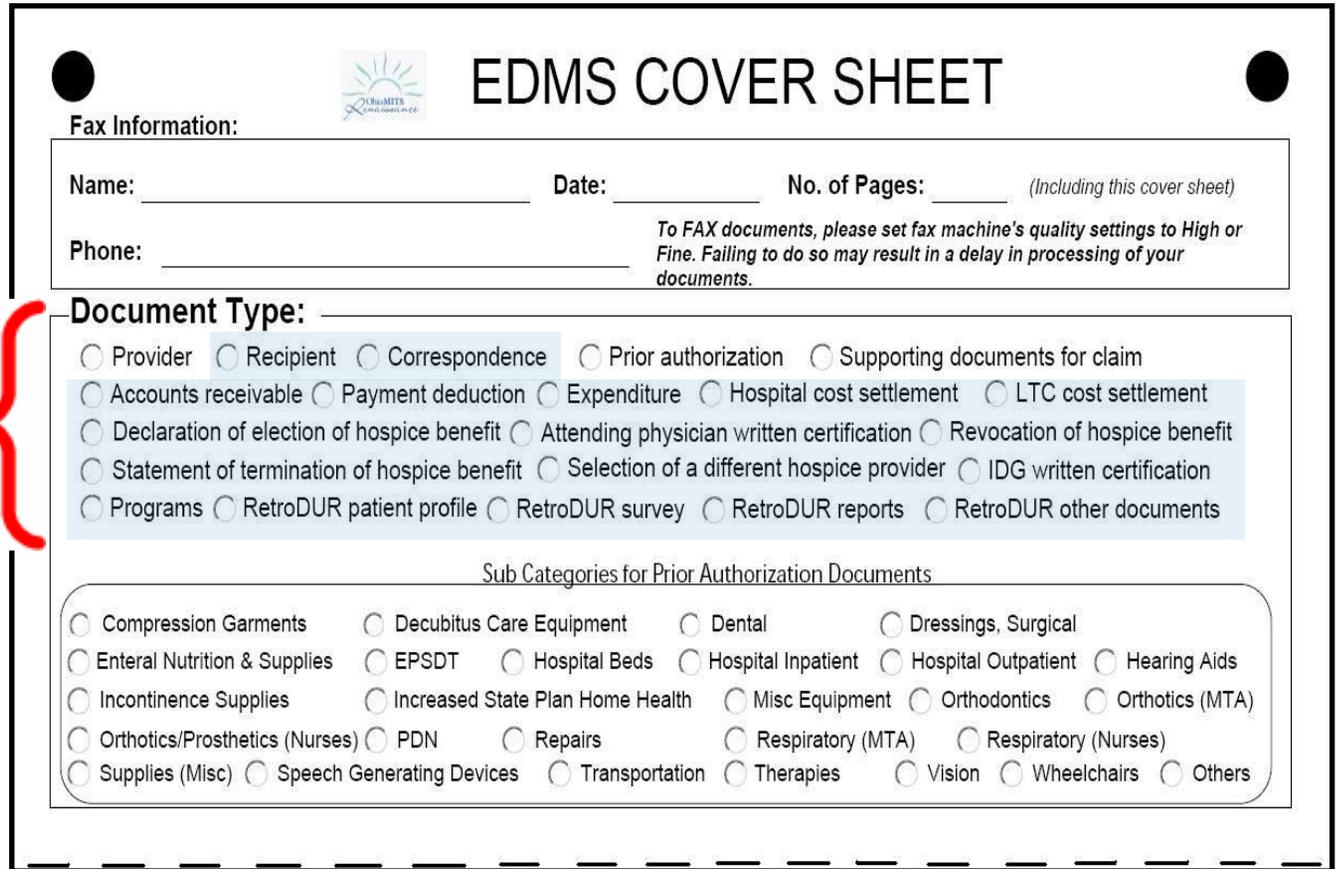


What is a batch?

Radio buttons will indicate the type of document that is being scanned.

Only Provider, Prior Authorization, and Supporting Documents for Claim are valid at Go Live. All other doc types will be returned.

EDMS Cover Sheet (top half)



The image shows the top half of an EDMS Cover Sheet form. At the top center is the logo for "Go LIVE" (a sun with rays) and the text "EDMS COVER SHEET". Below the logo is the "Fax Information:" section, which includes fields for "Name:", "Date:", "No. of Pages:" (with a note "(Including this cover sheet)"), and "Phone:". A note below these fields reads: "To FAX documents, please set fax machine's quality settings to High or Fine. Failing to do so may result in a delay in processing of your documents." Below the fax information is the "Document Type:" section, which lists various document types with radio buttons. A red bracket on the left side of the form highlights the "Document Type:" section. Below the document types is a section titled "Sub Categories for Prior Authorization Documents" which lists various sub-categories with radio buttons.

EDMS COVER SHEET

Fax Information:

Name: _____ Date: _____ No. of Pages: _____ (Including this cover sheet)

Phone: _____

To FAX documents, please set fax machine's quality settings to High or Fine. Failing to do so may result in a delay in processing of your documents.

Document Type:

Provider Recipient Correspondence Prior authorization Supporting documents for claim

Accounts receivable Payment deduction Expenditure Hospital cost settlement LTC cost settlement

Declaration of election of hospice benefit Attending physician written certification Revocation of hospice benefit

Statement of termination of hospice benefit Selection of a different hospice provider IDG written certification

Programs RetroDUR patient profile RetroDUR survey RetroDUR reports RetroDUR other documents

Sub Categories for Prior Authorization Documents

Compression Garments Decubitus Care Equipment Dental Dressings, Surgical

Enteral Nutrition & Supplies EPSDT Hospital Beds Hospital Inpatient Hospital Outpatient Hearing Aids

Incontinence Supplies Increased State Plan Home Health Misc Equipment Orthodontics Orthotics (MTA)

Orthotics/Prosthetics (Nurses) PDN Repairs Respiratory (MTA) Respiratory (Nurses)

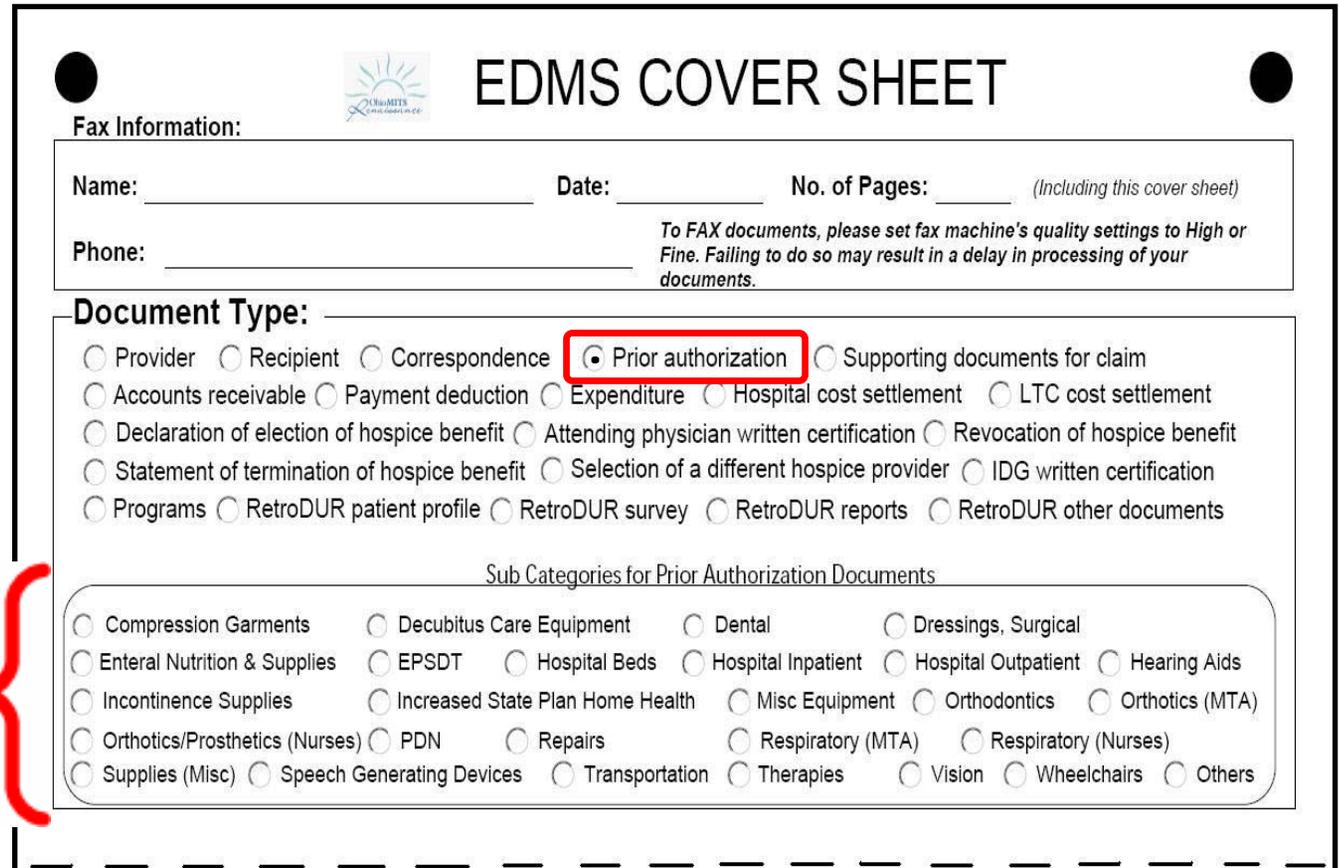
Supplies (Misc) Speech Generating Devices Transportation Therapies Vision Wheelchairs Others

What is a batch?

EDMS Cover Sheet (top half)

Prior Authorization documents have sub-categories to further define the document

(Used only when the PA radio button is selected)



The image shows the top half of an EDMS Cover Sheet form. At the top center is the logo for OhioMITS (Ohio Medical Information Technology Services) and the title "EDMS COVER SHEET". Below the logo is the "Fax Information:" section, which includes fields for "Name:", "Date:", "No. of Pages:", and "Phone:". A note below these fields states: "To FAX documents, please set fax machine's quality settings to High or Fine. Failing to do so may result in a delay in processing of your documents." Below the fax information is the "Document Type:" section, which contains a list of radio button options. The "Prior authorization" option is highlighted with a red box. Below this section is a "Sub Categories for Prior Authorization Documents" section, which contains a grid of radio button options for various medical supplies and services. A red bracket on the left side of the form groups the "Document Type:" and "Sub Categories" sections.

Fax Information:

Name: _____ Date: _____ No. of Pages: _____ (Including this cover sheet)

Phone: _____

To FAX documents, please set fax machine's quality settings to High or Fine. Failing to do so may result in a delay in processing of your documents.

Document Type:

Provider Recipient Correspondence Prior authorization Supporting documents for claim

Accounts receivable Payment deduction Expenditure Hospital cost settlement LTC cost settlement

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Incontinence Supplies Increased State Plan Home Health Misc Equipment Orthodontics Orthotics (MTA)

Orthotics/Prosthetics (Nurses) PDN Repairs Respiratory (MTA) Respiratory (Nurses)

Supplies (Misc) Speech Generating Devices Transportation Therapies Vision Wheelchairs Others

What is a batch?

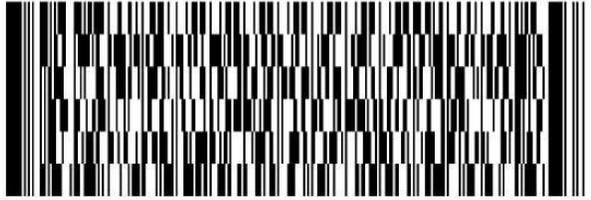
The bottom half of the Cover Sheet will be populated with one or more key / index values, pertaining to the type of document scanned.

These values normally will be typed, but **could** be hand written.

EDMS Cover Sheet (bottom half)

Index Field & Values (if applicable): _____

| | | |
|------------------------------|--------------------------|---|
| Application Tracking Number: | Recipient ID: | Prior Authorization Number: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| NPI: | Medicaid Provider ID: | <i>Use only if you do not have NPI.</i> |
| <input type="text"/> | <input type="text"/> | |
| ICN: | Contact Tracking Number: | |
| <input type="text"/> | <input type="text"/> | |
| Financial Record Number: | Status: | Program Control Number: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Hospice Enrollment ID: | Hospice Attachment ID: | Intervention ID: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |



Confidentiality Notice: _____

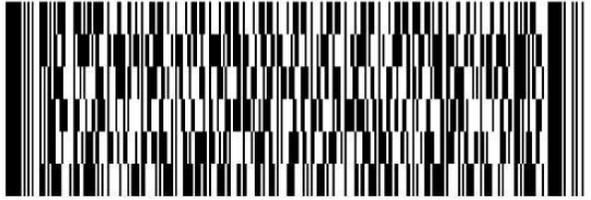


What is a batch?

EDMS Cover Sheet (bottom half)

The barcode is always at the bottom of the cover sheet.

It contains all the data that Captiva needs to capture the document type and the key / index values.

| Index Field & Values (if applicable): | | |
|--|--------------------------|---|
| Application Tracking Number: | Recipient ID: | Prior Authorization Number: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| NPI: | Medicaid Provider ID: | |
| <input type="text"/> | <input type="text"/> | <i>Use only if you do not have NPI.</i> |
| ICN: | Contact Tracking Number: | |
| <input type="text"/> | <input type="text"/> | |
| Financial Record Number: | Status: | Program Control Number: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Hospice Enrollment ID: | Hospice Attachment ID: | Intervention ID: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|  | | |
| Confidentiality Notice: _____ | | |



What is a batch?

What documents to be scanned at *Go Live* require an EDMS cover sheet?

- ✓ Supporting documents for claims
- ✓ Provider enrollment attachments
- ✓ Prior authorization attachments



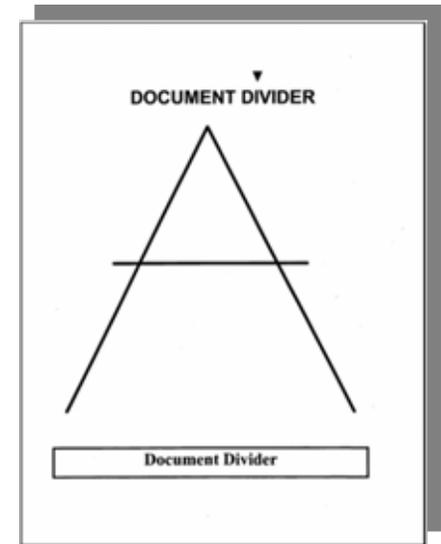
What documents do **not** require (and cannot have) an EDMS cover sheet?

- ✗ Claims (CMS 1500, UB04, ADA 2006)
- ✗ Claims Adjustment forms (6766, 6767, 6768)
- ✗ Proprietary forms (9400, 9401, 9402, 9405)

What is a batch?

Document Dividers

- The document divider (doc divider) is a standard page inserted between documents in *most* batches that do *not* use EDMS cover sheets.
- When a batch of several documents is scanned, it tells Captiva where each document ends and the next one starts.
- Like the EDMS cover sheet, the doc divider acts as a separator page, between documents in a batch. **Unlike** the cover sheet, however, the doc divider is **not** stored in FileNet with the document.



What is a batch?

EDMS Cover Sheets and Document Dividers

- In every batch of scanned documents (except the 6768 form), every document needs **one or the other** form preceding it:
 - EDMS cover sheet, **or**
 - Document divider
- The 6768 is a single page form with no attachments; it needs no separator page such as an EDMS cover sheet or doc divider. 6768s will be in their own batch.

The image shows two forms. The top form is the 'EDMS COVER SHEET' with various fields for Name, Date, No. of Pages, and checkboxes for document types like 'Invoice', 'Receipt', 'Complaint', etc. The bottom form is a 'DOCUMENT DIVIDER' featuring a large triangle with a horizontal line across its middle and the text 'DOCUMENT DIVIDER' at the top and 'Document Divider' in a box at the bottom.

The image shows the '6768' form, titled 'PLEASE DO NOT FOLD OR STAPLE ANY PART OF FORM'. It is a 'CLAIM CHECK FEDERAL FORM' from the 'DEPARTMENT OF JOB AND FAMILY SERVICES'. It contains various sections for 'Reason for Adjustment', 'Reason for Discontinuation', 'Reason for Termination', and 'Administrative' information, with checkboxes for different reasons.



What is a batch?

EDMS cover sheet is required for:

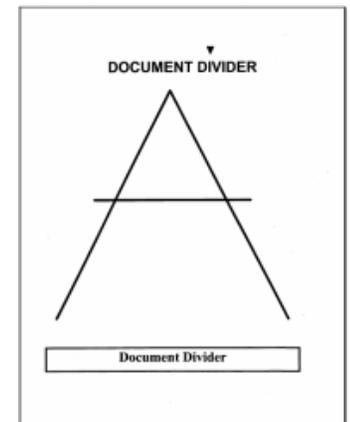
- Supporting documents for claims
- Provider enrollment attachments
- Prior authorization attachments



The image shows a form titled "EDMS COVER SHEET". It includes fields for Name, Title, and No. of Pages. Below these are sections for "Document Type" with various checkboxes, and "All Claims for the Submission System" with more checkboxes. There is also a section for "Index Field & Values (if applicable)" with a table for Application Tracking Number, Request ID, and Prop. Application Number. A barcode is located at the bottom right of the form.

Document divider is required for:

- Claims (CMS 1500, UB04, ADA 2006)
- Claims adjustment forms (6766, 6767)
- Proprietary forms (9400, 9401, 9402, 9405)

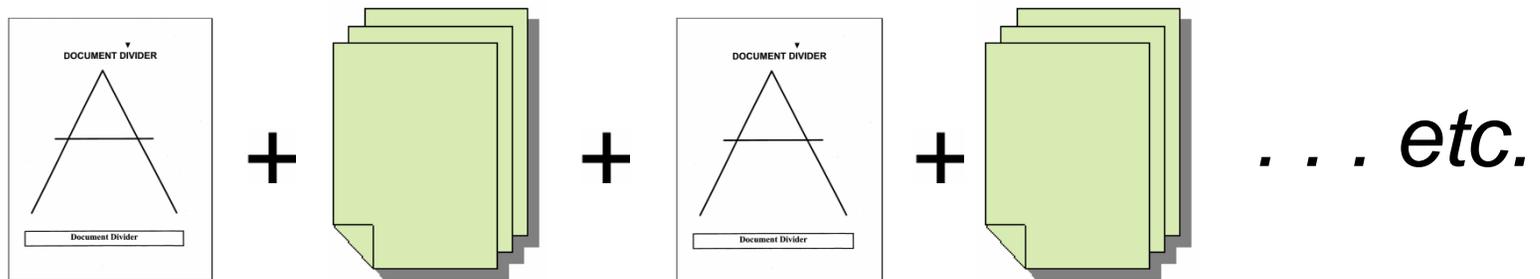


What is a batch?

Batches with cover sheets:

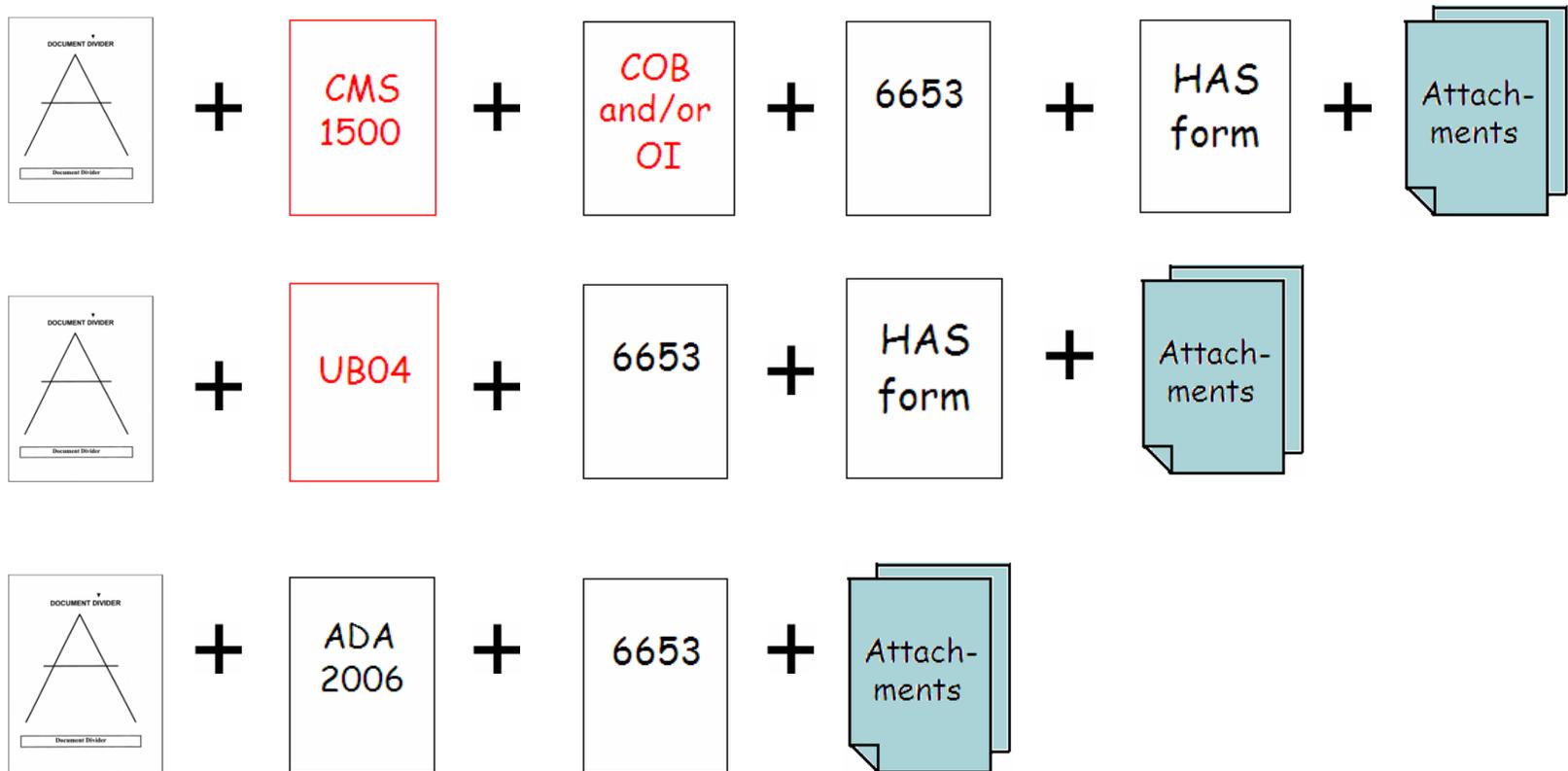


Batches with document dividers:



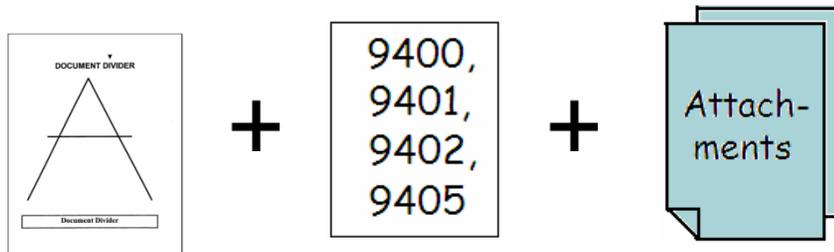
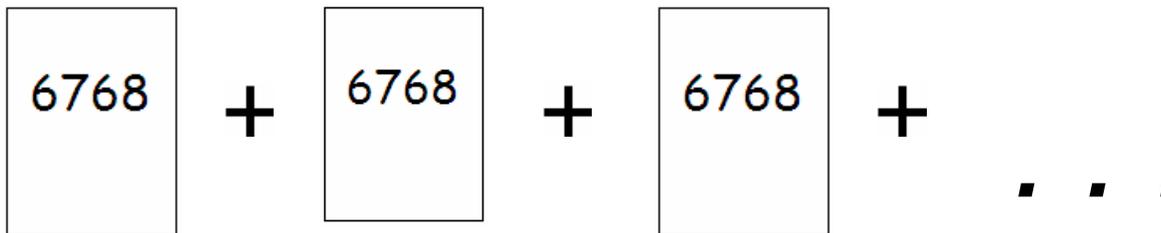
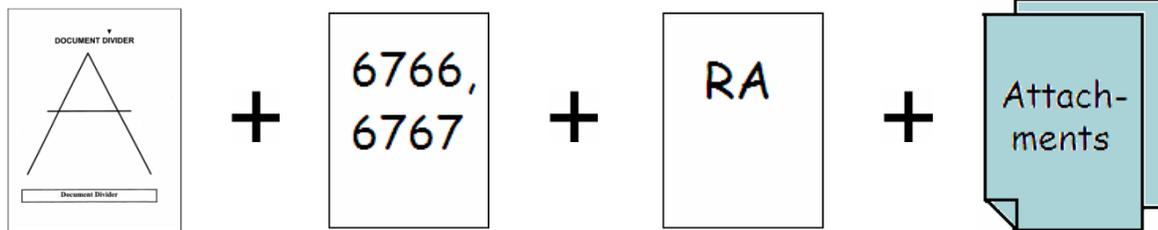
What is a batch?

Examples of batches of Claim documents:



What is a batch?

6766, 6767, 6768, or 9400 series documents
(possibly with attachments), in a batch



Scanning and Quality Control

What exactly is generated from scanning?

1. Images are created – of **every** page in the batch, including the EDMS cover sheet and doc dividers.
2. Key/index data are read by Captiva and saved. This data is captured from:
 - ❑ EDMS cover sheets (attachments for PA, PE, and Claims). Captiva reads this information from the 2D Barcode (PDF 417).
 - ❑ **Red** forms (CMS 1500 and UB04 claims, and the COB and OI forms that accompany some claims) – Captiva reads this information using OCR.



Scanning and Quality Control

What scanned information is subject to *Completion: New* and *Completion: Verify*?

1. The key/index data that Captiva captured from the EDMS cover sheets and the **red** forms.
2. Other predetermined information from the claims, claims adjustment, and proprietary forms.

The **images** generated from scanning are **not** modified by the *Completion: New* and *Completion: Verify* processes.

They will be stored *as is* in EDMS, for viewing in interChange. One exception: doc divider images are **not** stored in EDMS.



Scanning and Quality Control

What does quality control mean, in terms of scanned data?

- ✓ Verify that required fields are present
- ✓ Validate certain fields for length and format (numeric, alphanumeric)



NOTE: No lookup will be done to see whether a key field, such as a Provider ID, Recipient Number, or Application Tracking Number, exists within MITS.

The Completion: Verify Process

Agenda

1. Introduction
2. Background – What is Being Scanned?
3. Documents and Batches
4. *The Completion: Verify Process*
 - a. Definition
 - b. Rules



The Completion: Verify Process

Definition – Completion: Verify is the last step in the EDMS scanning process. Its purpose is to do a final manual validation that:

1. The required information is present for every claim, claim adjustment, and all other scanned documents
2. All data fields scanned were captured accurately, as they exist on the original paper document
(even if they do not pass the validation edits)

Completion: Verify is the last opportunity to catch any scanning or keying errors prior to committing the data to interChange and sending documents and index information to FileNet.



The Completion: Verify Process

Logging In

The *Completion: Verify* worker must begin the work day by logging on to Captiva:

1. The worker first logs on to the Captiva Remote Desktop Server (RDC) – *refer to the handout for step-by-step details.*
2. Then, the worker clicks on the *Completion: Verify* icon.
3. Finally, the worker logs on via Single Sign-on with an ID and password.



The Completion: Verify Process

While the worker remains logged on, the FormWare Completion panel automatically displays. This is a split screen, showing part of the scanned image in the top half and the verification area in the bottom half.

FormWare Completion - CLAIMPACK36 - [109553_15_1_1380]

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA PICA

1 MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER 1a INSURED'S ID NUMBER (For Program in Item 1) **123456789012**

2 PATIENT'S NAME (Last Name, First Name, Middle Initial) **KAPIL DEV** 3 PATIENT'S BIRTH DATE (MM DD YY) M F 4 INSURED'S NAME (Last Name, First Name, Middle Initial) **KAPIL DEV**

5 PATIENT'S ADDRESS (No., Street) **1234 PORT LANE** 6 PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other 7 INSURED'S ADDRESS (No., Street) **1234 PORT LANE**

CITY **DUBLIN** STATE **OH** 8 PATIENT STATUS Single Married Other CITY **DUBLIN** STATE **OH**

ZIP CODE **43016** TELEPHONE (Include Area Code) **614 1234567** ZIP CODE **43016** TELEPHONE (Include Area Code) **614 1234567**

CLAIMPACK CMS 1500-- U 3.7 SP1

**** Patient Information ****

Patient's Last Name First Name

2.

**** Insured Information ****

Insured's ID Number

1a.

Verify On Standard CMS1500R FIA_Insured_Id 1

ENTER UP TO 12 CHARACTERS



The Completion: Verify Process

For each field to be verified, Captiva highlights the field in the image (blue), and prompts the worker to key in the contents of that field in the window at the bottom.

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

1 MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA COVERED
(Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID) (SSN or ID) (SSN) ()

1a INSURED'S ID NUMBER (For Program in Item 1)
123456789012

2 PATIENT'S NAME (Last Name, First Name, Middle Initial)
KAPIL DEV

3 PATIENT'S BIRTH DATE (MM DD YY) SEX (M F)

4 INSURED'S NAME (Last Name, First Name, Middle Initial)
KAPIL DEV

5 PATIENT'S ADDRESS (No., Street)
1234 PORT LANE

6 PATIENT RELATIONSHIP TO INSURED (Self Spouse Child Other)

7 INSURED'S ADDRESS (No., Street)
1234 PORT LANE

CITY STATE CITY STATE
DUBLIN OH DUBLIN OH

8 PATIENT STATUS (Single Married Other)

9 Full-Time Part-Time

ZIP CODE TELEPHONE (include Area Code) ZIP CODE TELEPHONE (include Area Code)
43016 / 614 1234567 43016 / /

CLAIMPACK CHS 1500-- U 3.7 SP1

**** Insured Information ****
Insured's ID Number
1a.

**** Patient Information ****
Patient's Last Name First Name
2.

Verify On Standard CHS1500R F1A_Insured_Id 1

ENTER UP TO 12 CHARACTERS



The Completion: Verify Process

- The top half of the FormWare Completion panel always shows the image that was scanned from the original paper documents.

**Partial
Scanned
Image**



FormWare Completion - CLAIMPACK36 - [109553_15_1_1380]

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

| | | | |
|---|--|--|--|
| 1 MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA OTHER | | 1a INSURED'S I D NUMBER (For Program in Item 1) | |
| <input type="checkbox"/> (Medicare #) <input checked="" type="checkbox"/> (Medicaid #) <input type="checkbox"/> (Sponsor's SSN) <input type="checkbox"/> (Member ID) <input type="checkbox"/> (SSN or ID) <input type="checkbox"/> (ID) | | 123456789012 | |
| 2 PATIENT'S NAME (Last Name, First Name, Middle Initial) | | 3 PATIENT'S BIRTH DATE SEX | |
| KAPIL DEV | | MM DD YY M <input checked="" type="checkbox"/> F <input type="checkbox"/> | |
| 5 PATIENT'S ADDRESS (No., Street) | | 6 PATIENT RELATIONSHIP TO INSURED | |
| 1234 PORT LANE | | Self <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> | |
| CITY STATE | | 7 INSURED'S NAME (Last Name, First Name, Middle Initial) | |
| DUBLIN OH | | KAPIL DEV | |
| 8 PATIENT STATUS | | CITY STATE | |
| Serge <input type="checkbox"/> Married <input checked="" type="checkbox"/> Other <input type="checkbox"/> | | DUBLIN OH | |
| ZIP CODE TELEPHONE (include Area Code) | | ZIP CODE TELEPHONE (include Area Code) | |
| 43016 / 614 1234567 | | 43016 / / | |

Full-Time Part-Time

CLAIMPACK CHS 1500-- U 3.7 SP1

- If the *Completion: New* worker modified a field value, the *Completion: Verify* worker is still shown the original field value in the scanned image.



The Completion: Verify Process

How Fields Are Modified:

A field can evolve through three different values during the scanning process:

1. What Captiva originally captured from OCR
2. What the *Completion: New* worker may have changed it to
3. What the *Completion: Verify* worker is now changing it to

In the event of changes to any field, how is this handled by the worker and by Captiva?



The Completion: Verify Process

A 'Worst Case Scenario'

1. Captiva scanned Field X on the form, and 'read' a value of **123**.
2. The *Completion: New* worker then viewed the image, and overrode what Captiva captured by entering a new Field X value of **456**.
3. And now, the *Completion: Verify* worker looks at Field X on the image, and enters a value of **789**.

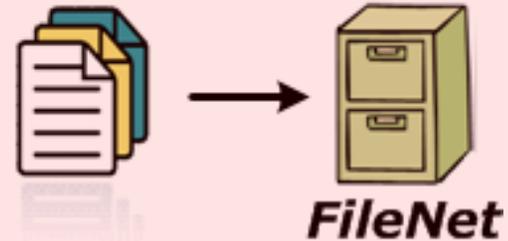
***Yes, it's an unlikely example, but it raises the question:
What will be accepted for storage in EDMS?***



The Completion: Verify Process

Answer:

The **Completion: Verify** worker always has the final say in what value is stored in FileNet, for every field.



The Completion: Verify Process

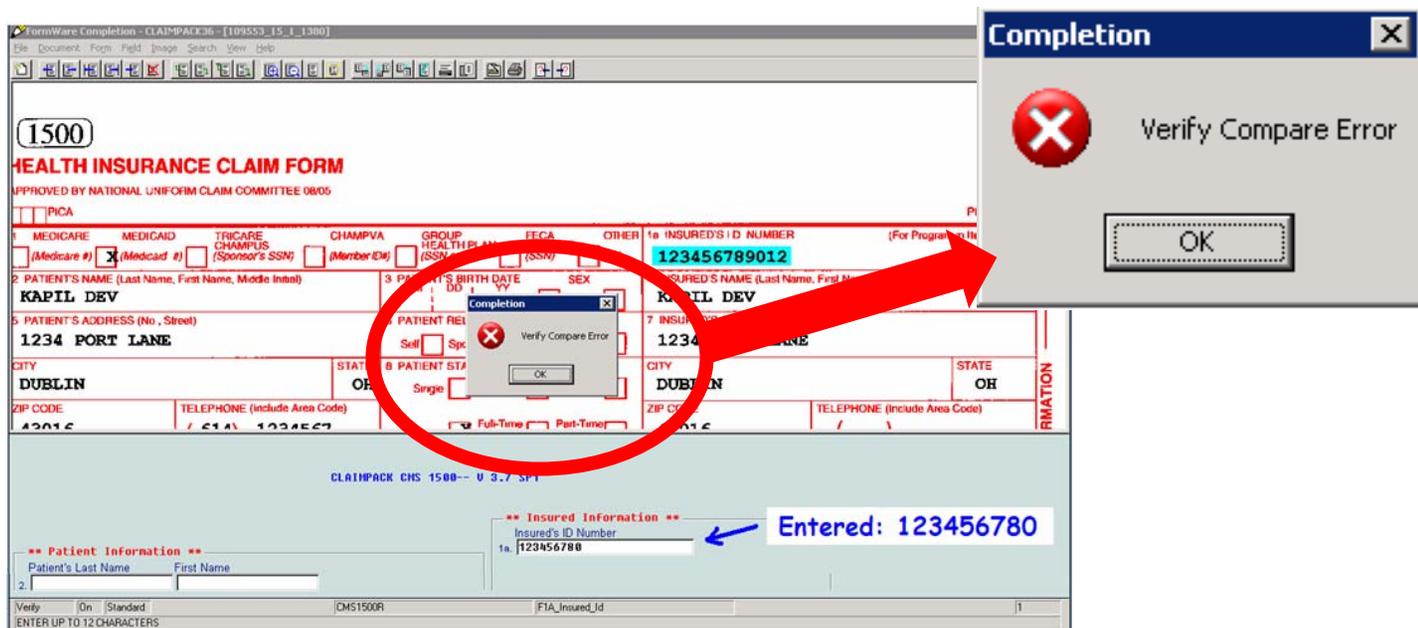
If the *Completion: Verify* worker keys in a different value from what Captiva understands to be the value of that field (the pink column below), the **Verify Compare Error** popup is shown to notify the worker of the discrepancy.

| Scanned | → | Compl. NEW | → | Compl. VERIFY | RESULT |
|---------|---|------------|---|---------------|-----------------------------|
| 123 | → | 123 | → | 123 | <i>No error or warning</i> |
| 123 | → | 456 | → | 456 | <i>No error or warning</i> |
| 123 | → | 456 | → | 123 | VERIFY COMPARE ERROR |
| 123 | → | 123 | → | 456 | VERIFY COMPARE ERROR |



The Completion: Verify Process

Below, the worker entered a different value from what came out of the *Completion: New* process, and Captiva immediately displays the **Verify Compare Error** popup:



Value according to Captiva: 123456789012
Completion: Verify entered: 123456780



The Completion: Verify Process

What should the worker do when the verify compare error is shown?

The worker should then check the scanned image more closely to make sure of what it shows.

To assist with a closer examination, a **zoom capability** is available for the worker to more closely view any area on the scanned image.

To begin that process, click on the Full Screen Viewport button, which makes the panel display the entire image:



The Completion: Verify Process

When the Full Screen Viewport button is clicked, the entire scanned image is available to zoom in and view:

FormWare Completion - CLAIMPACK36 - [11-10-159-002]

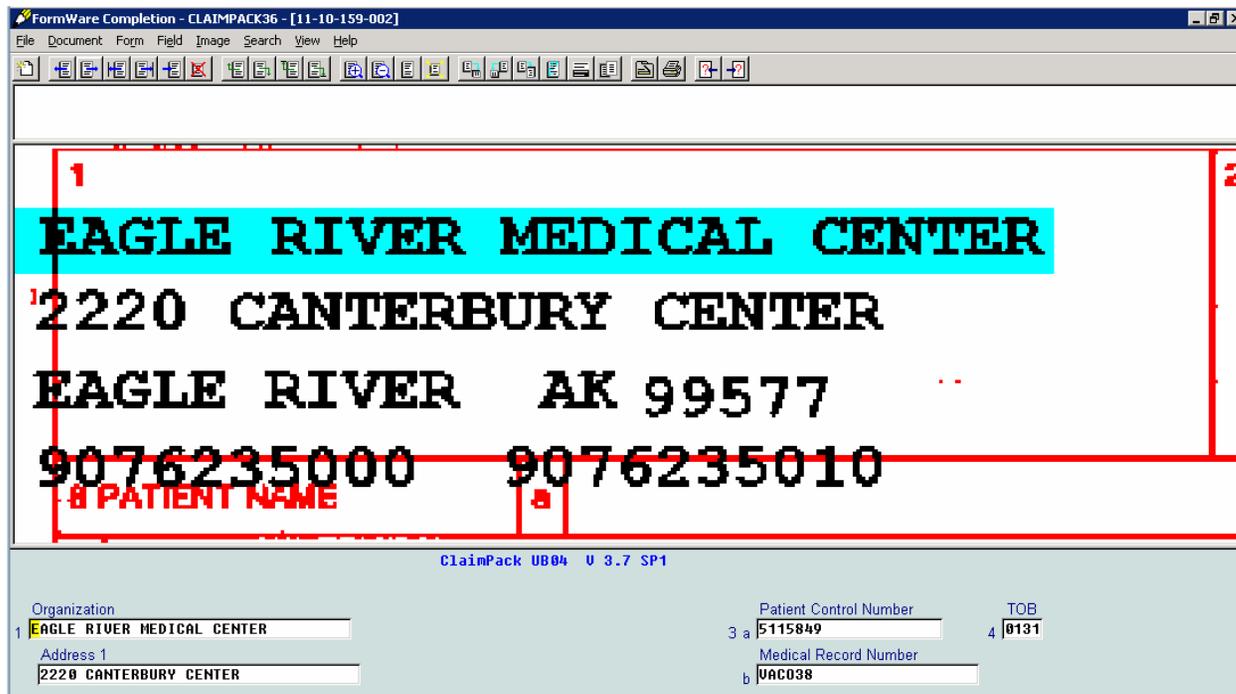
File Document Form Field Image Search View Help

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|-------------------------------|--|-------------------|--|----------------------------------|--|--------------|--|------------------------------|--|---------------|--|------------------|--|------------------|--|----|--|
| EAGLE RIVER MEDICAL CENTER 2220 CANTERBURY CENTER EAGLE RIVER AK 99577 9076235000 9076235010 | | | | | | | | | | 3a PAT. CNTRL. # 5115849 | | 4b MED. SEC. # VAC038 | | 5 FED. TAX ID. # | | 6 STATEMENT COVERS PER FROM THRU | | | | | | | | | | | | | |
| 8 PATIENT NAME WELLS RANDOLPH | | | | | | | | | | 9 PATIENT ADDRESS 5612 E. 27TH STREET | | | | | | | | | | | | | | | | | | | |
| 10 BIRTH DATE 09071962 | | | | | | | | | | 11 SEX M | | 12 DATE 06130501 | | 13 ADMISSION 9 | | 14 TYPE 16 | | 15 SPC 01 | | 16 DHR 01 | | 17 STAT AK | | 18 STATE 9957 | | | | | |
| 38 RANDOLPH WELLS 5612 E. 27TH STREET EAGLE RIVER, AK 99577 | | | | | | | | | | 39 VALUE CODES CODE AMOUNT | | 40 VALUE CODES CODE AMOUNT | | 41 CODE | | | | | | | | | | | | | | | |
| 42 REV. CO. | | | | | | | | | | 43 DESCRIPTION | | | | | | | | | | 44 HCPCS / RATE / HIPP5 CODE | | 45 SERV. DATE | | 46 SERV. UNITS | | 47 TOTAL CHARGES | | 48 | |
| 0259 | | | | | | | | | | DRUGS/OTHER | | | | | | | | | | 061305 | | 7 | | 40700 | | | | | |
| 0259 | | | | | | | | | | DRUGS/OTHER | | | | | | | | | | J2180 | | 061305 | | 1 | | 3750 | | | |
| 0259 | | | | | | | | | | DRUGS/OTHER | | | | | | | | | | J2250 | | 061305 | | 1 | | 3750 | | | |
| 0271 | | | | | | | | | | NON-STER SUPPLY | | | | | | | | | | 061305 | | 2 | | 4000 | | | | | |
| 0272 | | | | | | | | | | STERILE SUPPLY | | | | | | | | | | 061305 | | 5 | | 58908 | | | | | |
| 0278 | | | | | | | | | | SUPPLY/IMPLANTS | | | | | | | | | | 061305 | | 1 | | 11600 | | | | | |
| 0300 | | | | | | | | | | LAB | | | | | | | | | | 87077 | | 061305 | | 2 | | 7400 | | | |
| 0300 | | | | | | | | | | LAB | | | | | | | | | | 87086 | | 061305 | | 2 | | 7600 | | | |
| 0300 | | | | | | | | | | LAB | | | | | | | | | | 87186 | | 061305 | | 2 | | 9800 | | | |



The Completion: Verify Process

The 'zoom in' and 'zoom out' buttons let the worker control the level of magnification:



The Completion: Verify Process

Changing a field value (1 of 3)

When the *Completion: Verify* worker is shown the **Verify Compare Error** after entering a new value for a field, the worker has two options:

1. Instruct Captiva to accept the new value just keyed in.

The *Completion: Verify* worker can hit **Shift-ENTER** to tell Captiva to accept the value just keyed in. Captiva accepts it and moves on to the next field to be verified.

(continued)



The Completion: Verify Process

Changing a field value (2 of 3)

2. The *Completion: Verify* worker can switch to 'Field Correct Mode' to view the field value that Captiva is expecting, and decide from there what to do:
 - a. The *Completion: Verify* worker presses **F9** to enter 'Field Correct Mode'.
 - b. Captiva then displays the value that it expected in the verification field, which is either the original value from the image, or a new value that was entered in *Completion: New*.

(continued)



The Completion: Verify Process

Changing a field value (3 of 3)

Field Correct Mode (*continued*)

- c. The worker can either decide to stay with the expected value (**Shift-ENTER** to accept that value), or change it by typing over it (followed by **Shift-ENTER**).
- d. Captiva saves that value.

*Let's look at an example of the sequence of events with **F9** and **Field Correct Mode**, and see how the worker tells Captiva what value to accept.*



The Completion: Verify Process

Field correct mode - example of F9

Here is an example:

- a) Captiva captured a field value of **123**
- b) The *Completion: New* worker changed it to **456**
- c) The *Completion: Verify* worker attempts to key in **123**, which is the original scanned value but was changed by the *Completion: New* worker, and gets the **Verify Compare Error** popup



– *continued* –

The Completion: Verify Process

Field correct mode - example of F9

1. The scan shows 123; the worker starts to enter 123, but Captiva immediately stops and shows the **Verify Compare Error** popup.

The screenshot shows a data entry form with several fields. A popup window titled "Completion" with a red 'X' icon and the text "Verify Compare Error" is overlaid on the form. The form fields include:

- GROUP HEALTH PLAN (SSN or ID)
- FECA BLK LUNG (SSN)
- OTHER (ID)
- 1a INSURED'S ID NUMBER (Fo...): 123
- INSURED'S BIRTH DATE (DD YY)
- SEX (M F
- 4 INSURED'S NAME (Last Name, First Name, Middle): BANES BILL A
- 7 INSURED'S ADDRESS (No, Street): 100 BILLINGS WAY
- CITY: OWENSVILLE

At the bottom of the form, there is a section titled "** Insured Information **" with a field for "Insured's ID Number" containing the value "1".

– continued –



The Completion: Verify Process

Field correct mode - example of F9

2. The worker clears the popup box, and then presses **F9** to learn what Captiva expects for this field.

Captiva shows the saved **456** value in the verification window.

| | | | |
|--|--|-------------------------------------|--|
| GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/> | FECA BLK LUNG (SSN) <input type="checkbox"/> | OTHER (ID) <input type="checkbox"/> | 1a INSURED'S ID NUMBER (For F 123 |
| INSURED'S BIRTH DATE (DD YY) M <input type="checkbox"/> F <input type="checkbox"/> | | | 4 INSURED'S NAME (Last Name, First Name, Middle) BANES BILL A |
| INSURED'S RELATIONSHIP TO INSURED <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> | | | 7 INSURED'S ADDRESS (No , Street) 100 BILLINGS WAY |
| INSURED'S STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input checked="" type="checkbox"/> | | | CITY OWENSVILLE |

3500-- U 3.7 SP1

Captiva shows '456'

**** Insured Information ****

Insured's ID Number

1a. **456**

– continued –



The Completion: Verify Process

Field correct mode - example of F9

3. Whatever the worker now enters, followed by **Shift-Enter**, will be accepted by Captiva.

The worker entered the scanned value, **123**, and hit **Shift-Enter** to save that value.

| | | | |
|--|--|--|---|
| PLAN (ID) <input type="checkbox"/> | FECA BLK LUNG (SSN) <input type="checkbox"/> | OTHER (ID) <input type="checkbox"/> | 1a INSURED'S ID NUMBER 123 |
| BIRTH DATE YY | SEX M <input type="checkbox"/> F <input type="checkbox"/> | 4 INSURED'S NAME (Last Name, First Name) BANES BILL A | |
| RELATIONSHIP TO INSURED Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> | | | 7 INSURED'S ADDRESS (No , Street) 100 BILLINGS WAY |
| MARRIAGE STATUS Married <input type="checkbox"/> Other <input checked="" type="checkbox"/> | | | CITY OWENSVILLE |

U 3.7 SP1

**** Insured Information ****

Insured's ID Number

1a.



The Completion: Verify Process

Changing a field value



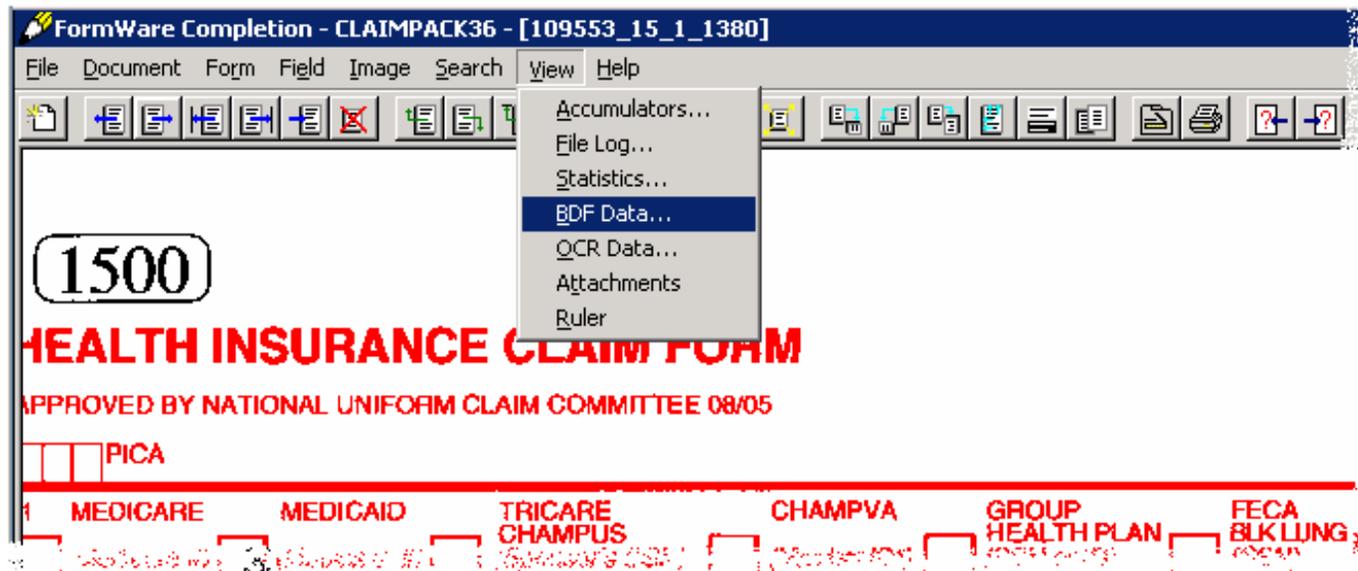
Reminder: When the *Completion: New* or *Completion: Verify* worker changes a scanned field value, the scanned image is not changed.

The changed data value is important however. It will be the “data of record” and be visible in interChange, and it may be used to index (access) the document.

The Completion: Verify Process

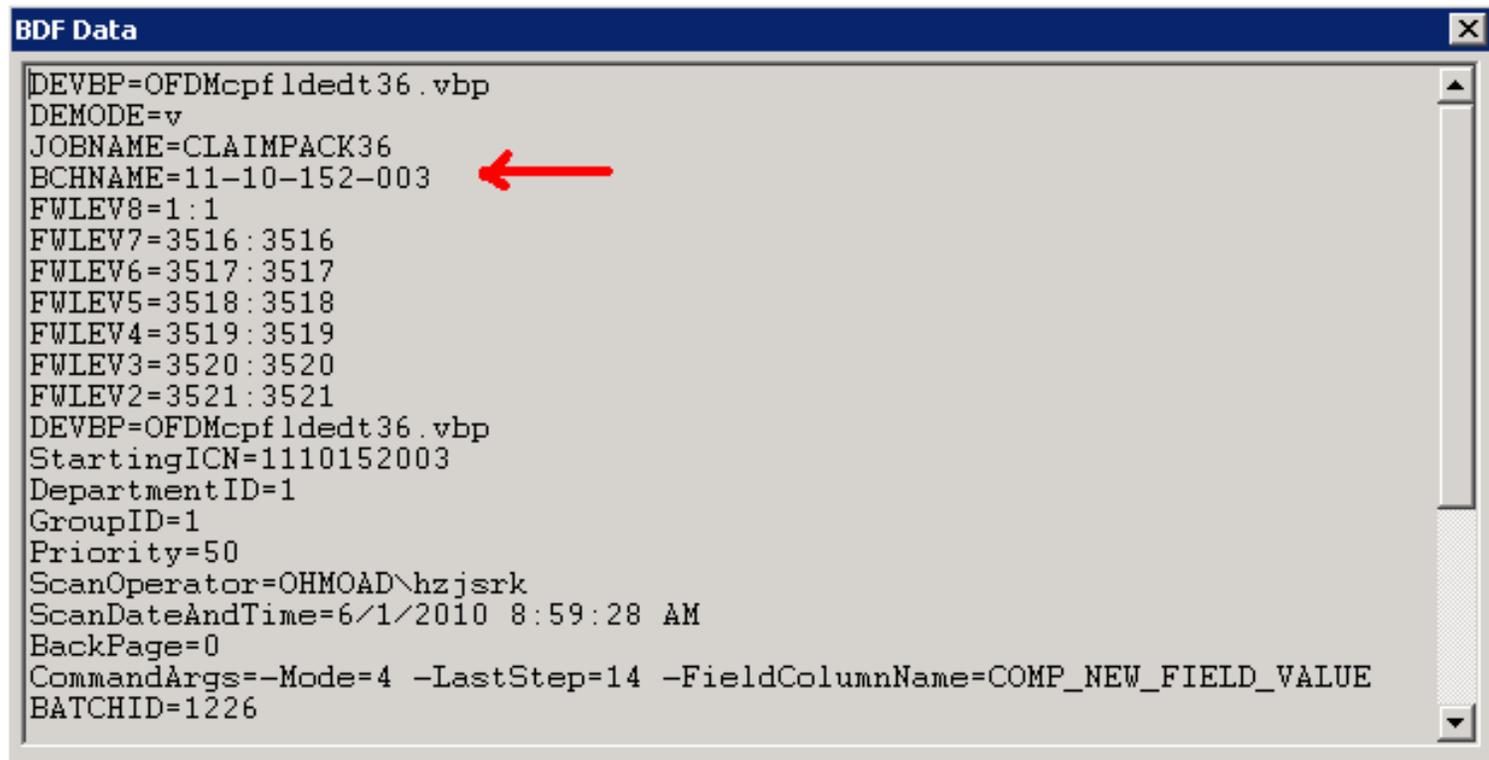
Finding the batch name

If the worker needs to see what batch is being displayed, the View menu option followed by BDF Data can open a window with batch-related information.



The Completion: Verify Process

The Batch Definition File (BDF) data is then displayed, showing the Batch Name (red arrow), and other information such as the scanning operator, job name (the batch type, such as CLAIMPACK36), and the Priority.



```
BDF Data
DEVBP=OFDMcpfldedt36.vbp
DEMODE=v
JOBNAME=CLAIMPACK36
BCHNAME=11-10-152-003
FWLEV8=1:1
FWLEV7=3516:3516
FWLEV6=3517:3517
FWLEV5=3518:3518
FWLEV4=3519:3519
FWLEV3=3520:3520
FWLEV2=3521:3521
DEVBP=OFDMcpfldedt36.vbp
StartingICN=1110152003
DepartmentID=1
GroupID=1
Priority=50
ScanOperator=OHMOAD\hzjsrk
ScanDateAndTime=6/1/2010 8:59:28 AM
BackPage=0
CommandArgs=-Mode=4 -LastStep=14 -FieldColumnName=COMP_NEW_FIELD_VALUE
BATCHID=1226
```



The Completion: Verify Process

Common verification situations

Next we shall see some common *Completion: Verify* error situations, to illustrate several of the built-in edits that Captiva is doing.



The Completion: Verify Process

Coversheet: *Invalid NPI*

Index Field Values (if applicable):

Application Tracking Number: Recipient ID: Prior Authorization Number:

NPI: 8 5 3 0 1 4 3 3 9 7 Medicaid Provider ID: *Use only if you do not have NPI*

ICN: Contact Tracking Number:

Financial Record Number: Status: Program Control Number:

Hospice Enrollment ID: Hospice Attachment ID: Intervention ID:

Index Field & Values (if applicable):

Application Tracking Number: Recipient ID: Prior Authorization Number:

NPI: 8530143397 Medicaid Provider ID: *Use only if you do not have NPI*

ICN: Contact Tracking Number:

Enter On Standard COVERSHEET NPI

INVALID NPI NUMBER

↑ **INVALID NPI NUMBER (FAILS A CHECK DIGIT EDIT)**



The Completion: Verify Process

CMS 1500: *Invalid date of service*

FormWare Completion - CLAIMPACK36 - [10-10-154-001]

File Document Form Field Image Search View Help

| | From | To | PLACE OF | (Explain Unusual Circumstances) | DIAG |
|---|----------|----------|----------|---------------------------------|------|
| | MM DD YY | MM DD YY | SERVICE | CPT/HCPCS | POS |
| 1 | 02 01 07 | 02 03 09 | CQ | ANC12 33 01 01 01 | 1 |
| 2 | 09 11 07 | 02 11 09 | 4R | SDAS 65 01 21 21 | 2 |
| 3 | 09 19 06 | 12 11 08 | 34 | DFS3 99 01 23 88 | 3 |
| 4 | 09 11 07 | 07 30 08 | TT | S345 34 01 21 21 | 4 |
| 5 | 04 18 06 | 03 10 07 | GT | 34563 3 01 11 11 | 2 |
| 6 | 09 12 07 | 02 11 08 | EE | TR34 54 99 99 99 | 3 |

| 24. From Date | To Date | POS | HCPCS | Modifier(s) | Mod2 | Mod3 | Mod4 | Pointer | Charges | Units | EPSDT | ID# | |
|-------------------|-------------|----------|-------|-------------|------|------|------|---------|---------|-----------|-------|-----|----|
| Line #1 Supp Info | FIRST LINE | | | | | | | | | | | | |
| #1 | 02012007 | 02032009 | CQ | | 33 | 01 | 01 | 01 | 1 | 001312300 | 1 | E | 10 |
| Line #2 Supp Info | SECOND LINE | | | | | | | | | | | | |
| #2 | 09112007 | 02112009 | 4R | | 65 | 01 | 21 | 21 | 2 | 000032499 | 3 | R | 40 |
| Line #3 Supp Info | THIRD LINE | | | | | | | | | | | | |
| #3 | 09192006 | 12112008 | 34 | | 99 | 01 | 23 | 88 | 3 | 000342400 | 3 | F | 20 |
| Line #4 Supp Info | FOURTH LINE | | | | | | | | | | | | |
| #4 | 09112007 | 07302008 | TT | S345 | 34 | 01 | 21 | 21 | 4 | 000367850 | 4 | R | 24 |
| Line #5 Supp Info | | | | | | | | | | | | | |

Enter On Standard CMS1500R F24a_Svc_From_Date_3

EDIT ALERT: DATE IS OLDER THAN 3 YEARS

Error message:

**DATE IS OLDER
THAN 3 YEARS**

(09/19/06)



The Completion: Verify Process

CMS 1500: *Sum of charges is wrong*

↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓

| | | | | | | | | | | | | | | | | | | |
|--|----|----|----|----|----|--|------|-------------------------|----|----|--|---|------------------|---|----------------|-----|----------------|--|
| 02 | 11 | 09 | 10 | 12 | 07 | CD | 213D | 55 | 04 | 04 | 1 | 1000 | 00 | 1 | R | NPI | 0000000006 | |
| PHYSICIAN OR SUPPLIER | | | | | | | | | | | | | | | | | | |
| NPI | | | | | | | | | | | | | | | | | | |
| NPI | | | | | | | | | | | | | | | | | | |
| NPI | | | | | | | | | | | | | | | | | | |
| 5 FEDERAL TAX I D NUMBER | | | | | | SSN EIN | | 26 PATIENT'S ACCOUNT NO | | | 27 ACCEPT ASSIGNMENT? <small>(For gov't claims, see back)</small> | | 28. TOTAL CHARGE | | 29 AMOUNT PAID | | 30 BALANCE DUE | |
| | | | | | | | | 23413112 | | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | \$ 5375,99 | | \$ 2000,00 | | \$ 3375,99 | |
| 1 SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS <small>(I certify that the statements on the reverse apply to this bill and are made a part thereof)</small> | | | | | | 32 SERVICE FACILITY LOCATION INFORMATION | | | | | | 33 BILLING PROVIDER INFO & PH # COLUMBUS OUT PATIENT 50 W TOWN ST COLUMBUS, OH 43026 a 1566455675 b 1423422 | | | | | | |
| SIGNED | | | | | | DATE | | | | | | | | | | | | |

UCC Instruction Manual available at: www.nucc.org

| | | | |
|-----------------------|---------------|---------------|---------------|
| Patient's Account No. | Total Charge | Amount Paid | Balance Due |
| 26. 23413112 | 28. 000537599 | 29. 000200000 | 30. 000337599 |

Enter On Standard CMS1500R F28_Total_Claim_Charges 2

EDIT ALERT: FIELD DATA <> TOTAL LINE CHARGES <100000>

↖ FIELD DATA <> TOTAL LINE CHARGES

Captiva's calculation of the sum of the line charges disagrees with the total on the form

The Completion: Verify Process

Frequently used keyboard shortcuts for *Completion: Verify*

| | |
|--------------------|--|
| CTRL-F6 | Toggle to reject or un-reject an image. |
| F3-S | Suspend the current Completion session. |
| SHIFT-F3 | Duplicate the field from the previous detail line of a CMS-1500 or UB04 detail area. |
| SHIFT-F4 | Duplicate from the current field to the end of the line from the previous detail line on a CMS-1500 or UB04 detail area. |
| [F9] | Enable "Field Correct Mode". |
| SHIFT-ENTER | Accept the data currently in the field. |
| ENTER | Accept the data to the left of the cursor, and discard data to the right of the cursor. |
| [F5] [F9] | Change the current data form. |



What Happens Next in EDMS Scanning?

Once a batch is successfully through the scanning, the *Completion: New*, and *Completion: Verify* processes:

1. The batched documents are accepted for storage in EDMS.
2. Information from new claims (CMS 1500, UB04 and ADA 2006) that were just scanned are transmitted by EDMS to the MITS automated claim processing application.
3. Workflow processes may be initiated, when appropriate, based on what has been scanned.





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