



QuickClaim Guide

Administered by:
Group Health Cooperative of Eau Claire
2503 North Hillcrest Parkway | Altoona, WI 54720
715.552.4300 or 888.203.7770
group-health.com



Purpose Statement:

"Optimize the healthcare of our members through the Cooperative's pooling of health-related resources."

TABLE OF CONTENTS

Website Address4

Registration5

Login6

Home - Main Menu Options7

Typing and Submitting Claims Online8

 Required fields8

 Time saving features9

 Tips10

 How to check claim status10

How to Submit an 837 Electronic Claims File11

Reminder: Logout to protect yourself and your patients' data.....12

QuickClaim is a claims submission program powered by Smart Data Solutions (SDS), a Minnesota-based provider of data processing solutions for the health care industry. This program combines direct online data entry and automation, allowing providers to submit HIPAA compliant claims directly to Group Health Cooperative of Eau Claire at no cost to the provider. This solution eliminates paper claims, reduces costs and shortens claims processing turnaround time.

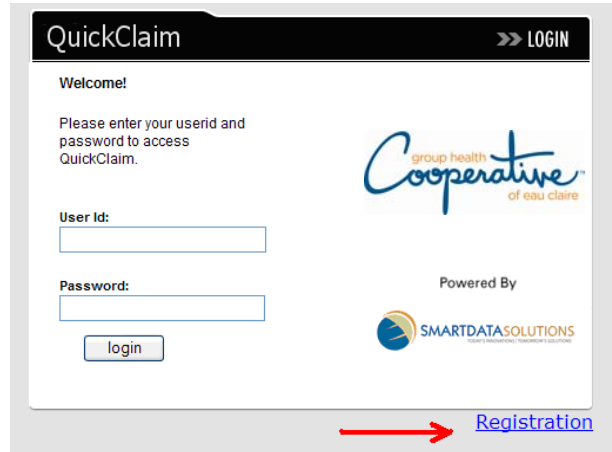
WEBSITE ADDRESS

To access QuickClaim (you should see the Cooperative logo): <https://quickclaim.smart-data-solutions.com:8443/quickclaim/servlet/quickclaim/template/CustomLogin.vm/c/GRH>

Or: group-health.com/QuickClaim

REGISTRATION

1. First time users should open the QuickClaim home page and select the **“Registration”** link in the lower right hand corner to open the Registration Page.



2. **Register the facility:** Enter your **facility's name, address, Tax ID** and **NPI number** as you want it to appear on the Claim Form and press **“Submit”** to complete the Registration.



3. **Register the Administrator:** A second page will open to register an administrator for your facility. Enter the administrator's **email address** and create a **User Name** and **Password**, then select **"Submit"**. *(Please Note: Group Health Cooperative will review and approve all submissions and will contact you via the email address provided when your registration has been approved. This may take a couple hours to complete.)*


 Powered By


Please enter your registration information.
 Please register an administrator for Provider Number GRH000045

Email :

User Name :

Password :

Confirm Password :

HOW TO LOGIN

1. Once you receive notification from the Cooperative that your registration has been approved, you may log in and begin entering claims electronically.
2. Enter your **User ID** and **Password**, then **"login"**.



QuickClaim >> LOGIN

Welcome!

Please enter your userid and password to access QuickClaim.

User Id:

Password:


 Powered By


[Registration](#)

HOME- MAIN MENU OPTIONS

After logging in, the "Home" page will appear. To access this page at any time prior to Logout, simply click "Home" at the top of the screen.

When you are finished using the site, be sure to click "Logout" at top right of the screen. This protects yourself and your patients' data.

While it appears there are several options available from the Home screen, only a couple options are active:

- A) **Claims:** Click this to submit claims by typing claim information online. You can also see a list of claims previously submitted by using this method.
- B) **Confirmation Reports:** This feature is only applicable after you Upload Files.
- C) **Upload Files:** Click this to upload HIPAA-compliant 837 electronic claim files that you have already created in the proper format. (This often requires that you own your own special software to create files in the correct format.)

The screenshot shows the QuickClaim Control Panel interface. At the top, there is a navigation bar with the SmartData Solutions logo on the left and the Group Health Cooperative of Eau Claire logo on the right. The text "QuickClaim Control Panel" is centered below the SmartData Solutions logo. The navigation bar includes links for "Home", "Account Management", and "Logout". Below the navigation bar, a red banner reads "Welcome to the SDS QuickClaim Control Panel!". The main content area is titled "Group Health Cooperative of Eau Claire - GRH" and contains a list of menu items: "Claims", "Confirmation Reports", "Upload Files", "Member Look Up", and "Claim Status Inquiries". At the bottom of the page, there is a copyright notice: "Copyright © 2002-2008 Smart Data Solutions, Inc. All rights reserved. Served by sdsquickclaim5. Control panel last cached 340 seconds ago."

TYPING AND SUBMITTING CLAIMS ONLINE (Direct Data Entry)

1. Select **"Claims"** from the Home menu.
2. Ensure that the correct provider/clinic is shown, and then go to the row below this.
3. Select **provider type** from drop down list (Medical, Hospital or Dental).
 - CMS-1500 template (HCFA) for professional claims
 - UB04 template for institutional claims
 - Dental template is the ADA Dental Claim form
4. **Enter the patient's ID then select "Create"** and the appropriate claim form template will open. The patient's ID that you enter will automatically populate the insured's ID (box 1a) and patient account number (box 26).

5. **Enter the following required pieces of information.** A clean CMS-1500 claim is considered to have the following data elements (numbered as shown on claim form):
 - 1a. Insured's Identification Number (ForwardHealth, Social Security or member ID number)
 2. Patient's complete name (to include middle initial when appropriate)
 3. Patient's birth date
 4. Insured's name
 5. Patient's complete address, if known
 7. Insured's address, if known
 9. Other insurance information (if applicable)
 - 9a. Other insurance policy or group number (if applicable also complete 9b & 9d)
 10. X appropriate box if related to employment/auto accident/other
 - 11-d. Is there another health benefit plan?
 17. Name of referring physician or other source, if different than attending physician
 - 17b. Referring NPI, if different than attending NPI

- 21. Diagnosis or nature of illness or injury
- 24a. Date(s) of service
- 24b. Place of service
- 24d. Procedures, services, or supplies (CPT/HCPCS to include modifier when appropriate)
- 24e. Number of diagnosis code listed in Box 21 related to service
- 24f. \$ Charges (**Important:** Enter both dollars and cents. See "Tips" below for details.)
- 24g. Days or units (**Important:** This will default to "1" if nothing is entered.)
- 24j. Rendering Provider NPI (this should be entered in the lower box to the right of NPI)
- 25. Federal tax ID number
- 26. Patient's account number, if desired (this is printed on the remittance advice)
- 27. Accept assignment?
- 28. Total charge
- 29. Amount Paid
- 30. Balance Due
- 31. Attending physician or supplier information
- 32. Service Facility
- 32a. Service Facility NPI
- 33. Complete billing provider information to include name, address, city, state, zip code +4
- 33a. Billing Provider NPI
- 33b. Taxonomy

6. **Time saving features:**

- a. Copy Patient information to the Insured information section (and vice versa) by clicking the arrows at the top of the screen.
- b. Box 32 and 33 can be easily copied by clicking the arrows at the bottom of the screen (Medical/Professional claim form).
- c. If you need to submit a small amount of additional information, you can type this in Box 19 ("Reserved for internal use") on a Medical/Professional claim. This will be sent in the Notes segment of the 837p electronic claim. Note: This space is limited to 59-characters and certain special characters (* ~ <) are automatically deleted.
- d. Although the current website requires more time to type patient information initially, it is much faster to submit a second claim for the same patient. When you select "Create a new medical claim for Patient ID_____", the system will automatically populate the patient's and insured's information from a previously submitted claim.
- e. Dates can be typed in various formats (e.g., M-D-YY) and the computer will automatically convert them to the YYYYMMDD format after the claim is submitted. Next to each Date field, there is a small icon with three dots that automatically pulls up a calendar from which the user can click a date. This works best with current and recent dates. The calendar always appears at the top of the claim form, so it might not be visible without scrolling to the top of the form.
- f. Instead of mailing paper remits from other payers to the Cooperative, you can submit secondary claims using this same process with the addition of Coordination of Benefits (COB) information. To submit COB information, click "More..." next to the Line Number of the claim when you are completing the online claim form.

7. If you decide that you do **not** want to submit a claim that you are typing, click "**Reject Claim**" at the bottom left of the screen.

8. When you are done typing the claim, claim **"Save Claim"** to submit it. The system will immediately alert you if there are any critical errors that will prevent the claim from reaching the Cooperative. Any critical errors must be corrected before the claim will be sent to the Cooperative.
 - a. If there are no critical errors, the Cooperative typically receives the claim into its claims processing system on the next business day. Certain discrepancies (e.g., incorrect patient ID number) can cause this to be delayed up to a week.
 - b. Certain errors (e.g., unknown patient) can force the Cooperative to reject a claim. If this should occur, the Cooperative will print the claim information with a cover sheet and mail it to the billing entity.
 - c. If there are no critical errors and the claim is not mailed back, the claim will be processed and should appear on a remittance advice (i.e., claim detail usually supplied with payment) in the near future.

TIPS

- If you start a claim but don't submit it for a couple days, it would be better to start a new claim rather than to submit an old claim since the system periodically discards old incomplete data.
- Although some fields auto-populate, you can easily type different information into fields as needed.
- A current version of Internet Explorer is recommended. Other browsers (e.g., Firefox) might not display the information as well on your screen.
- When typing billed amounts, it is important to submit both dollars AND cents. If you simply type "100" as a billed amount, the website views it as \$1.00 and passes it to our claims processing system as \$1.00.

HOW TO CHECK CLAIM STATUS

From the Home menu, click "Claims". Select the correct provider/office, enter the desired date range, and click "Show Claims". This will show a listing of claims that have been partially entered ("Keying Incomplete") or submitted to the Cooperative using this online tool. Depending on the claim's status, you might have any of the following options on the right side of the screen:

- Key Claim: Select this to continue typing a claim.
- Remove Claim: Select this if you want to permanently discard the claim.
- "View Claim": Select this if you want to view and/or print a claim that has been submitted. If "View Claim" does not bring up the claim image, you might either click "View PNG Image" or install a viewer (e.g., www.AlternaTIFF.com).

Claim payment status is not available on this site. Provider Services, (866) 563-3020, is available to help you with this from 8:00 a.m. – 5:00 p.m. during regular business days.

Please refer to the top of this page if you have other questions about claim status.

HOW TO SUBMIT AN 837 ELECTRONIC CLAIMS FILE

From the Home menu, click "Upload Files". Select the file to upload, ensure the correct provider/office is listed, and select the type of file (837) to upload.

- 837= Electronic claim file. Only this file type should be selected.
- 834= Electronic eligibility file. Do not select this file type.
- 835= Electronic remittance advice. Do not select this file type. Contact the Cooperative's provider services at (866) 563-3020 if you would like to receive your remittance advice electronically. Note: This is a special formatted file that is not viewer friendly.

Note that this will only allow you to upload HIPAA-compliant 837 electronic claim files that you have already created in the proper format. (This often requires that you own your own special software to create files in the correct format.) Files that are not in the correct format cannot be processed and will not be received by the Cooperative.

The screenshot shows the 'QuickClaim Control Panel' interface. At the top, there are logos for 'SMARTDATA SOLUTIONS' and 'group health Cooperative of eau claire'. Below the logos are navigation links: 'Home', 'Account Management', and 'Logout'. The main heading is 'File Upload'. Underneath, there is a section titled 'Upload a file' with a light green background. It contains the following elements: 'Upload file (Max size 10MB)' with a text input field and a 'Browse...' button; 'Provider:' with a dropdown menu showing 'AAA Provider Test'; 'Type of File' with a dropdown menu showing '837'; and a 'Submit File' button. At the bottom of the form area, there is a copyright notice: 'Copyright © 2002-2010 Smart Data Solutions, Inc. All rights reserved. Served by sdsquickclaim5. Control panel last cached 262 seconds ago.'

REMINDER

When you are finished using the site, be sure to click "Logout" at top right of the screen. This protects yourself and your patients' data.

