

A photograph of two business professionals, a man and a woman, both wearing white shirts. The man is on the left, looking at a computer monitor with his hand to his chin in a thoughtful pose. The woman is on the right, looking at the same monitor. The background is a blurred office setting.

# Health-E Claims Training

rev. 01/01/2010

**INGENIX.**

# Introduction

To begin, you need your assigned INGENIX Connectivity Solutions (ICS) User ID, password, and organization ID

- This should be delivered to you in the ICS welcome letter via fax 3–4 days after enrollment.
- You can also call Technical Support at (866) 367-9778 to obtain your login information

## What is a Health-e Claim?

- Health-e Claim is web-based application that allows you process print image claim files to many insurance carriers.
- Unlike other products, Health-e Claim allows you to correct claims errors in real-time via the ICS web portal

This lesson will show you how to:

- Find the ICS home page and login
- Enter information on providers, billing addresses, and facility addresses
- Send claim files, review results, correct errors, and review submission history
- View and use Message Center Reports

Questions or problems can be reported to Technical Support at:

Email: [tsupport@ENShealth.com](mailto:tsupport@ENShealth.com)

Phone: (866) 367-9778

# Let's Get Started

From a web browser ,locate the Main Home Page at: [http:// www.enshealth.com](http://www.enshealth.com)  
Helpful hint: once you are at the Home Page, save it as a favorite for future use

**INGENIX**.Connectivity Solutions

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Ingenix has Connectivity Solutions for:

- Physicians
- Payers
- Hospitals
- Channel Partners
- Work Comp/P & C Billing

Quick Links:

- Client Access Login
- Sign Up Online
- Customer Support
- Download Center
- Partner Access
- Payer Lists

Click →

Cost effective, compliant connectivity to providers and trading partners

Welcome to Ingenix Connectivity Solutions – your trusted partner for health care EDI transaction exchange, industry news, and more.

Ingenix offers comprehensive connectivity solutions to improve health care that are open, flexible and affordable.

**Get the most out of EDI**

Contact us today for a complimentary, no-risk assessment of your current EDI process.

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Upcoming Events & Webinars

- > [AHIP America's Health Insurance Plans](#)  
June 2-5, 2009  
San Diego, CA
- > [MicroMD Reseller Conference](#)  
TBD

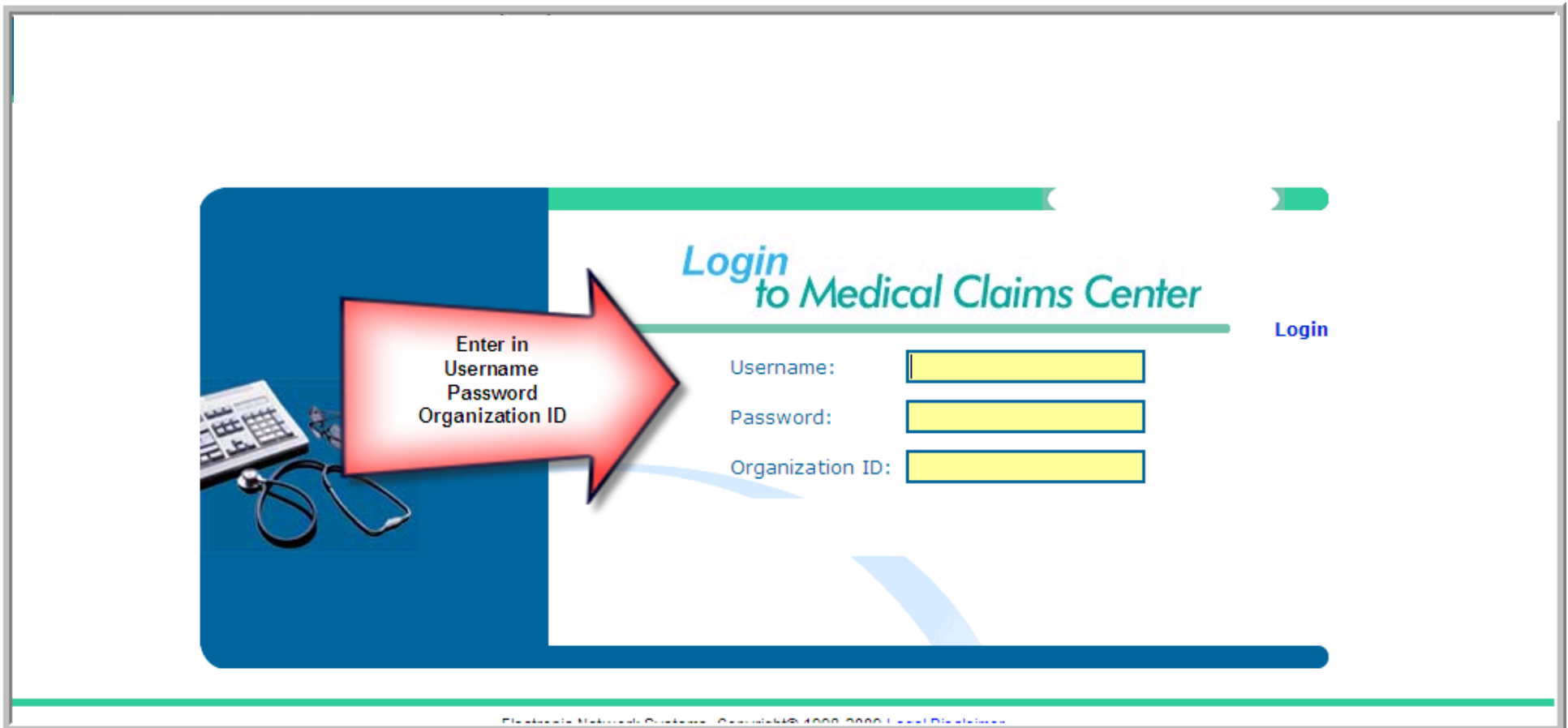
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**INGENIX**.

# Logging In



# Manage Provider Information

- To set up your provider information, click on the Manage Provider Information located on the left hand side.

**Health-e Network® Services**

- Health-e Claims
- Health-e Eligibility
- Real-Time Claim Status
- Referral Request Home
- Administrator
- Message Center
- File Upload
- Electronic Claims Tracking (ECT)
- Manage Provider Information**
- Electronic Remittance Advice

**Your source for ICD-10 Resources, News & Solutions**

[Click here](#) to visit Ingenix ICD-10 Prepared.

**INGENIX.**

**to Launch new website on Thursday, 5/21**

- [Click here for details](#)

**New! Improved Message Center**

- Search for provider reports!
- [Click here for details](#)

**Health-e Network**

- NPI enhancements and setup
- [Click here for details](#)

**IEDIS Payer Lists**

- [Medical Claims](#)
- [Hospital Claims](#)
- [Eligibility](#)
- [Claim Status](#)
- [Referrals / Authorizations](#)
- [ERA](#)

# Manage Provider Information

The manage provider information screen shows a summary of all information that has been entered. The first time you visit, this screen will show no providers, billing, or facility addresses. 's" tab.

**Health-e Claims**

- Health-e Claim Home
- Create New Provider
- Create New Billing Address
- Create New Facility Address
- Health-e Network Home

## Manage Provider Information

**Provider(s)**

Name	Tax ID/SSN	NPI		
------	------------	-----	--	--

**Billing Address(es)**

Name ▲	Address	NPI		
			Edit	Delete

**Facility Address(es)**

Name ▲	Address	NPI		
			Edit	Delete



# Enter New Facility Addresses

Click on the create new facility address button.

1

Health-e Claims

- Health-e Claim Home
- Create New Provider
- Create New Billing Address
- Create New Facility Address
- Health-e Network Home

Facility Address

Required Fields \*

**NOTE:** The Facility name is used for matching purposes during claim processing, so please ensure that the Facility name is exactly as it appears on the claim.

2

Enter the name and address of the facility. Note: the name of the facility must match *exactly* what appears on the claim output from your practice management Software. The facility NPI can be entered here.

Name\* John Smith MD

Address 1\* 123 Fake St Suite 103

Address 2

City\* Colorado Springs State\* COLORADO

Zip\* 80820 example: 12345-1234 or 12345

Facility ID

3


Once the facility is entered, click save and then click on manage provider information again. Repeat steps one through three for all

Save

# Enter New Billing Address

Click on the create new billing address button.

1



Health-e Claims

- Health-e Claim Home
- Create New Provider
- Create New Billing Address
- Create New Facility Address
- Health-e Network Home

Enter the billing/remittance address that will appear in Box 33 of the HCFA claim form and then click save. The group NPI number can also be entered here.

2

3

Once the billing address is entered, click save and then click on manage provider information again. Repeat steps one through three for all billing addresses that need to be entered.

Billing Address

Required Fields \*

Name\* JOHN SMITH MD

Address 1\* 1200 S SOUTHERN AVE

Address 2

City\* MESA State\* ARIZONA

Zip\* 85202 *example: 12345-1234 or 12345*

Phone *example: 5551234567 or (555)123-4567*

NPI 12312312312

Save



# Enter New Providers

**Health-e Claims**

- Health-e Claim Home
- Create New Provider**
- Create New Billing Address
- Create New Facility Address
- Health-e Network Home

Click on the create new provider button. ①

## Provider

Required Fields \*

First Name\* JOHN

Middle Initial

Last Name\* SMITH

Degree

NPI 12312312312

TIN/SSN\* 123456789 Type Tax ID #

UPIN

Specialty Code Addiction Medicine

Billing JOHN SMITH MD

Default Facility JOHN SMITH MD

Other Facilities:

- JOHN SMITH MD
- TEST HOSPITAL

Enter the provider demographics, including the providers' individual NPI. ②

Under other facilities, check all facilities associated with this provider. ③

Once the provider is entered, click save and then click on manage provider information again. Repeat steps one through four for all providers that need to be entered. ④

Save

# Review Provider Information

All the provider information that has been entered will be displayed on the manage provider information screen. This information may be edited or deleted at any time. New facilities, billing addresses, and providers may also be added from this screen

**Health-e Claims**

- Health-e Claim Home
- Create New Provider
- Create New Billing Address
- Create New Facility Address
- Health-e Network Home

## Manage Provider Information

**Provider(s)**

Name	Tax ID/SSN	NPI		
------	------------	-----	--	--

**Billing Address(es)**

Name ▲	Address	NPI		
John Doe	123 Main Street	987654321	Edit	Delete

**Facility Address(es)**

Name ▲	Address	NPI		
John Doe	123 Main Street	987654321	Edit	Delete

# Health-E Claims- Sending Claims

From the manage provider information screen, click on the Health-e Network home button.

**Health-e Claims**

John Smith

## Manage Provider Information

**Provider(s)**

Name	Tax ID/SSN	NPI		
MALLARD, JOHN	123456789		Edit	Delete
MALLARD, JOHN	521393939		Edit	Delete
MISHRA, AJIT	123456789		Edit	Delete

**Billing Address(es)**

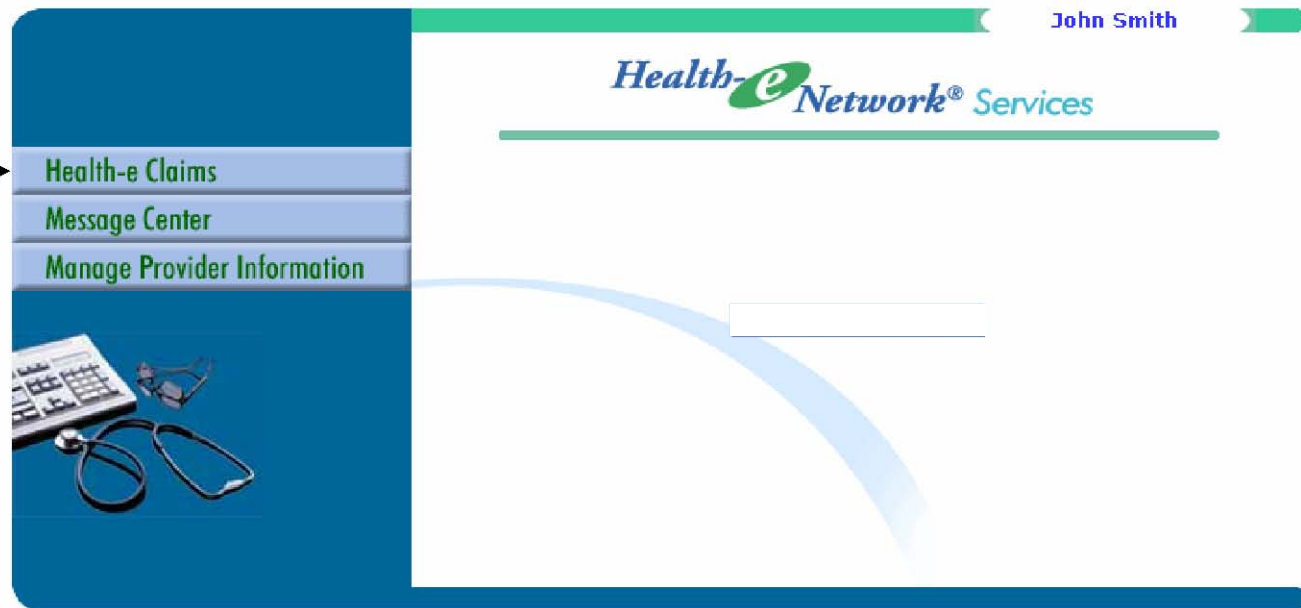
Name	Address	NPI		
HAPPY VALLEY MEDICAL CLINIC	5222 E BASELINE RD		Edit	Delete
ABC HOSPITAL	2 STREET LANE		Edit	Delete

**Facility Address(es)**

Name	Address	NPI		
DESERT VALLEY	1200 S SOUTHERN		Edit	Delete

# Sending Claims, cont.

Click on the Health-e Claims button.





# Selecting the Claim File

Click on the send claim file button.

①

Health-e Claims

- Send Claim File
- View Claim Errors
- Manage Printable Claims
- Submission History
- Manage Provider Information
- User Preferences
- Health-e Network Home

## Send Claim File

### To Send Claims to ENS:

1. Create and save your claims printfile within your practice management billing software.
2. Put the file name into the box below by either typing the file name directly or by clicking the "Browse" button and selecting your file.

**\*Make sure you do not send duplicate files to ENS. You can prevent this by either checking your claims file creation date or by naming your claims file with a naming scheme if possible.**

- 3. To transmit your claims printfile to ENS, click the 'Send Claims' button.

**Based on the claim file size and your transmission speed, it may take a few moments to process your claims. A summary report will display when the claims have been processed.**

②

Select browse to select the claim file you wish to send. Note: Locate the claim file you wish to send before beginning.

Browse...

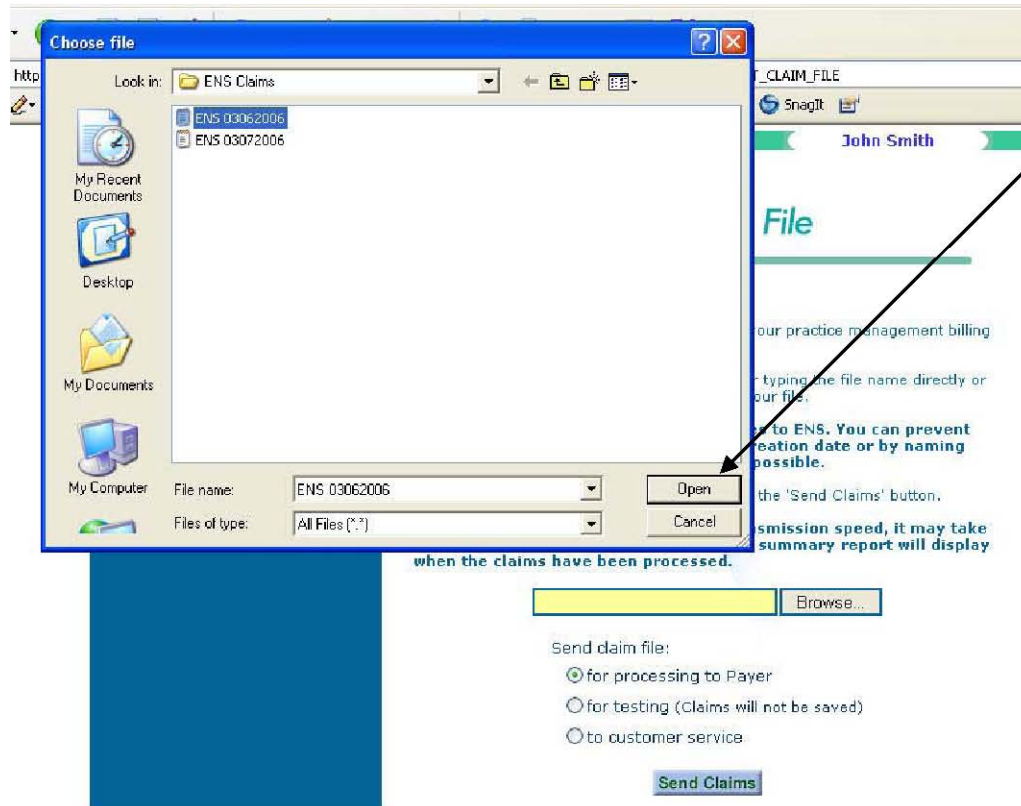
Send claim file:

- for processing to Payer
- for testing (Claims will not be saved)
- to customer service

Send Claims



# Selecting the Claim File, cont.



3 Select the necessary ENS claim file and click open.

## Send Claim File

### To Send Claims to ENS:

1. Create and save your claims printfile within your practice management billing software.
2. Put the file name into the box below by either typing the file name directly or by clicking the "Browse" button and selecting your file.
3. To transmit your claims printfile to ENS, click the 'Send Claims' button.

**\*Make sure you do not send duplicate files to ENS. You can prevent this by either checking your claims file creation date or by naming your claims file with a naming scheme if possible.**

**Based on the claim file size and your transmission speed, it may take a few moments to process your claims. A summary report will display when the claims have been processed.**

C:\ENS Claims\ENS 03072006 Browse...

Send claim file:  
 for processing to Payer  
 for testing (Claims will not be saved)  
 to customer service

Once file has been selected, click on the send claims button.

4

Send Claims

# Viewing Results

## Viewing Results

The view results box will appear. This will enable you to correct any claims errors and resubmit, if necessary. To fix an erred claim, click on the fix claim button.

**ENS** Electronic Network Systems  
INGENIX company

Health-e Claims  
View Results

John Smith

Summary of file submitted 02-16-2007 1:06:54 PM

Claim Status	Claim Count	Value
Erred Claims	8	\$41,3882.77
Accepted Claims	3	\$202,759.20
Paper Claims	0	\$0.00
Invalid Claims	0	\$0.00
<b>Total</b>	<b>8</b>	<b>\$616,441.97</b>

**Erred Claims**

Patient Name	Date of Service	Payer	Claim Total	
LOUER, LISA	12-04-2006	CO BLUE SHIELD	\$10545.76	<a href="#">Fix Claim</a>
<b>Error Field</b>	<b>Error Value</b>	<b>Error Message</b>		
Diagnosis Code	15	Invalid value for diagnosis code (1): must be in ICD-9 list		
Diagnosis Code	150167	Invalid value for diagnosis code (3): must be in ICD-9 list		
<b>Patient Name</b>	<b>Date of Service</b>	<b>Payer</b>	<b>Claim Total</b>	
FIELDS, SALLEY	10-02-2006	HUMANA HEALTH	\$87162.65	<a href="#">Fix Claim</a>
<b>Error Field</b>	<b>Error Value</b>	<b>Error Message</b>		
Insured's Zip Code	80922	Invalid value for insured's zip code (1): must be valid for state		
Patient's Zip Code	80922	Invalid value for patient's zip code: must be valid for state		
<b>Patient Name</b>	<b>Date of Service</b>	<b>Payer</b>	<b>Claim Total</b>	
JONES, LINDA	12-04-2006	IL MEDICAID	\$105461.76	<a href="#">Fix Claim</a>
<b>Error Field</b>	<b>Error Value</b>	<b>Error Message</b>		
Patient's Birthdate		Missing patient's birthdate		
<b>Patient Name</b>	<b>Date of Service</b>	<b>Payer</b>	<b>Claim Total</b>	
LOVELIE, LONNIE	12-20-2006	FLORIDA POWER & L	\$10134.79	<a href="#">Fix Claim</a>
<b>Error Field</b>	<b>Error Value</b>	<b>Error Message</b>		
Service Start Date	12/20/2006	Invalid value for service start date (1): must occur after admission date		
Service Start Date	12/20/2006	Invalid value for service start date (1): must occur after accident date/date of current		
<b>Patient Name</b>	<b>Date of Service</b>	<b>Payer</b>	<b>Claim Total</b>	
JONES, CECE	12-04-2006	IL MEDICAID	\$105461.76	<a href="#">Fix Claim</a>
<b>Error Field</b>	<b>Error Value</b>	<b>Error Message</b>		
Line Item NPI	159199374	Invalid value for Line Item NPI (1)		
NPI	159199374	Invalid value for Referring Provider NPI		

**Accepted Claims**

Patient Name	Date of Service	Payer	Claim Total
LOVELIE, JONNEY	12-29-2006	FLORIDA POWER & L	\$10134.79
JONES, HALLEY	12-04-2006	CO BLUE SHIELD	\$10545.76
BARBONI, DONNA	10-02-2006	HUMANA HEALTH	\$87162.65

# Correct Errors

The CMS1500 claim screen will appear. Boxes highlighted in red indicate items that need to be corrected. Make the necessary corrections and click on the submit claim button

Name of Field In Error	Field Value	Error Description
Diagnosis Code	18	Invalid value for diagnosis code (1): must be in ICD-9 list
Diagnosis Code	150167	Invalid value for diagnosis code (3): must be in ICD-9 list

CO BLUE SHIELD  
P.O. BOX 4488  
DENVER, CO 80018

1. Select Insurance Program:  
Medicare (Medicare #)

2. Patient's Name (Last, First, MI):  
JONES, LARA

3. Patient's Birth Date:  
12-01-1972

4. Patient's Relationship to Insured:  
Self

5. Patient's Address (Number, Street):  
1111 TEST DRIVE

6. Patient's Relationship to Insured:  
Self

7. Insured's Name (Last, First, MI):  
JONES, LARA

8. Insured's Address (Number, Street):  
1111 TEST DRIVE

9. Other Insured's Name (Last, First, MI):  
None

10. Is the Patient's Condition Related to Employment?  
No

11. Insured's Policy Group or TECA #:  
112850

12. Patient's or Authorized Person's Signature:  
Signed: SIGNATURE ON FILE Date: 01-08-2007

13. Date of Current Illness (First Completion) or Injury (Accident) or Pregnancy (LMD):  
12-02-2008

14. Date Patient Has Had Same or Similar Illness (Since First Date):  
None

15. Hospitalization Date for Current Beneficiary From To:  
12-02-2008 12-02-2008

16. Date Patient Unable to Work:  
From To:  
None

17. Name of Referring Physician or Other Source (Last, First, MI):  
YEST, LAUREL A.

18. Hospitalization Date for Current Beneficiary From To:  
12-02-2008 12-02-2008

19. Reason for Local Use:  
None

20. Outside Lab? (Charge):  
None

21. Diagnosis or Nature of Illness or Injury (Please Enter 1, 2, 3, or 4 as Item 28 or Line):  
1. I10 2. I13.0

22. Medical Classification Code:  
None

23. Prior Authorization Number:  
887608A

Line	Date(s) of Service From To	Place of Service	ICD-9-CM	Procedure Code(s) or CPT/HCPCS Modifier	Diagnosis Pointer	Charges	Days or Units	SP507 Family Plan	ICD Qual.	Rendering Provider ID *
1.	THIS IS A TEST FOR LINE ONE OF THE REVISED CMS 1500 FORM								10	0001234
2.	THIS IS A TEST FOR LINE TWO OF THE REVISED CMS 1500 FORM								10	0001432
3.	THIS IS A TEST FOR LINE THREE OF THE REVISED CMS 1500 FORM								10	0001432
4.	THIS IS A TEST FOR LINE FOUR OF THE REVISED CMS 1500 FORM								5V	12001987
5.	THIS IS A TEST FOR LINE FIVE OF THE REVISED CMS 1500 FORM								5V	1591003070
6.	THIS IS A TEST FOR LINE SIX OF THE REVISED CMS 1500 FORM								5V	484848484
7.	THIS IS A TEST FOR LINE SEVEN OF THE REVISED CMS 1500 FORM								10	0001234
8.	THIS IS A TEST FOR LINE EIGHT OF THE REVISED CMS 1500 FORM								10	0001234

25. Federal Tax ID (R07041):  
123456789

26. Patient's Account Number:  
1504777-00

27. Accept Assignment? (Yes):  
Yes

28. Total Charges:  
\$ 100481.76

29. Amount Paid:  
\$ 448.00

30. Balance Due:  
\$ 100033.76

31. Provider Signature (Select Physician or Supplier including Tax ID):  
TESTHOPE, DOCTOR MD (123456789)

32. Name of Facility Where Service Was Rendered (Select Facility from List):  
TESTHOPE MEDICAL CENTER

33. Physician's Supplier's Billing Name, Address, Zip Code and Phone Number:  
TESTHOPE PATROLOGY ASSOC  
1111 TEST WAY  
PROSV, CO 80025

34. 123456789 35. 144556688 36. 10 37. TJA112 38. 1591003070 39. 5V 40. 123456789



# Submission History

From the Health-e Claim home page, click on the submission history button.

①

- Send Claim File
- View Claim Errors
- Manage Printable Claims
- Submission History**
- Manage Provider Information
- User Preferences
- Health-e Network Home

A list of dates and times will be displayed. To view a specific date and time, click on the entry in question.

②

## Submission History

Show history for last  days

Query returned 1 claim batches

**04-13-2006 10:29:40 PM**

A summary of the claims submitted for this selected time will be displayed.

③

**Health-e Claims**

Health-e Claim Home  
View Claim Errors  
Manage Printable Claims

**View Results**

Summary of file submitted 04/17/2006 10:44 AM

Claim Status	Claim Count	Value
Erred Claims	0	\$ .00
Accepted Claims	2	\$210.00
Paper Claims	0	\$ .00
<b>Total</b>	<b>2</b>	<b>\$210.00</b>

Accepted Claims

Patient Name	Date of Service	Payer	Claim Total
AGAIN, DWIGHT	09-03-2002	AZ MEDICARE	\$105.00
WAGNEW, JEREMY	06-01-2002	FL BLUE SHIELD	\$105.00

# Message Center

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an INGENIX company

Electronic Network Systems

**Health-e Network® Services**

- Health-e Claims
- Health-e Eligibility
- Real-Time Claim Status
- Referral Request Home
- Message Center**
- File Upload
- Electronic Claims Tracking (ECT)
- Manage Provider Information
- Electronic Remittance Advice

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**MN AUC Eligibility Notice**

- Changes to UHC's 270/271
- [Click here for details](#)

**Health-e Network**

- NPI enhancements and setup
- [Click here for details](#)

**IEDIS Payer Lists**

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- [Hospital Claims](#)
- [Eligibility](#)
- [Claim Status](#)
- [Referrals / Authorizations](#)
- [ERA](#)

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# Message Center Reports

The select list allows for **30 days, 60 days, 90 days** or **All**.

The **Date** column displays the date of the load and the number of **read** and **unread reports**. To view the number of read reports, '**Show only unread**' must be unchecked.

Each report can be viewed in **.pdf format** either separately or combined by selecting the checkbox to the left of the report name then clicking on the **View Report** button. Selecting the **All checkbox** will check all reports.

Selecting a date will display the specific **Report Name, Date/Load Time, and Read flag** of all reports contained in that load.

Network Systems  
Payer Batch Responses Home

Daily Reports Advanced Claim Search

\*\*Please note that all reports older than twelve months within the Message Center will be purged and no longer available\*\*

Date Range: From:  To:  - or -   Show only unread

Date	View Report	Report Date: 02/12/2009 - Report Details		
02/12/2009 (2 read/2 unread)	<input type="checkbox"/> All	Report Name	Report Load Time	Read
02/11/2009 (0 read/2 unread)	<input type="checkbox"/>	Summary	02/12/2009 01:07 PM	✓
02/03/2009 (0 read/2 unread)	<input type="checkbox"/>	Provider Announcement	02/12/2009 12:04 PM	
	<input type="checkbox"/>	Claim Status		
	<input type="checkbox"/>	Level One		

# Provider Announcement

*The following is covered in this announcement: 01/12/2009 09:50 AM*

Ingenix closed January 19, 2009 - Martin Luther King Jr. Day

Ingenix will be closed on Monday, January 19, 2009 in observance of Martin Luther King Jr. Day. ENS/Ingenix will continue to accept claim files but they will not be processed to the payers until Tuesday, January 20, 2009. Service tickets may be opened online and will be worked in the order received when we return on Tuesday, January 20, 2009.

# Level 1 Reports

<b>Organization:</b>	ZZZ00000	
<b>Receipt Date:</b>	10/17/2008	
<b>Receipt Time:</b>	11:35:30 AM	
<b># of Claims:</b>	40	
<b>Dollar Amount:</b>	\$ 2,259.40	
<b>System:</b>	T1	
<b>Tax ID</b>	<b># of Claims</b>	<b>Dollar Amount</b>
266555000	40	\$ 2,259.40
NOTE: To guarantee the receipt of claims by ENS - You must verify each claim on the Level 2 - ENS Claim Acknowledgement Report - to be delivered within 1 business day of receipt of the claims.		

# Summary Reports

**LEVEL 2 - ENS CLAIM ACKNOWLEDGEMENT REPORT  
CLAIMS RECEIVED BY ENS FOR PROCESSING**

<i>Summary for:</i>			
<b>Payer:</b>	CLAIMS PROCESSED		
<b>Tax ID:</b>			
<b>Date:</b>	05/11/2009		
	<b>Submitted</b>	<b>Accepted</b>	<b>Rejected</b>
<b>Claims:</b>	3	3	0
<b>Charges:</b>	\$434.00	\$434.00	\$0.00
<b>Percentage:</b>		100%	0%

# Congratulations!

- You have now completed Health-E Claims self-service training
- Questions or issues can be reported in one of two ways
  - Email Technical Support at [tsupport@ENShealth.com](mailto:tsupport@ENShealth.com)
  - Or, call at 1-866-367-9778
- We appreciate your business!