Instructions for Using the Online Claims Editor

After logging in, you will find the Online Editor under **Services** on the top menu; then choose **Claim Editor**. As with the File Management Center, you will need to choose the Account/Group/Practice in the dropdown boxes to the left of the page. Then choose a date range of the batches you would like to view and click on the "View Batch List" button.

Batch Listing

You should now see a list of all batches that you submitted within the date range you chose. Each batch entry will show the number of claims in the batch, the number of errored claims, the number of generated claims (i.e., 837 file generated and sent to the payer) and the number of outstanding claims waiting to be generated. The last column shows the release status of the batch. The 4 possible values of the release status are R, H, C or X.

A status of **R** (released) means that all cleared claims have already been released to go to payers. Errored claims within released batches are still available for correction, revalidation and release on the editor; however cleared claims are not. Once a claim is corrected and revalidated, the number of errored claims will decrease and the number of outstanding claims will increase on the batch listing page.

A status of **H** (held for errors) means that the file surpassed the customer's error threshold for auto-releasing claims. i-Plexus staff monitors the inbound file queue for files that have many data errors or at least one critical error (such as finding no provider name match) to surmise whether a mapping issue or a questionable validation rule are the cause of the errors. We work proactively on this side to fix such issues within 24 hours. However, most error holds are due to customer data entry errors or file format errors. In such cases, the customer may choose to fix errors using the Online Editor and then release the file after corrections are made. Or, some customers may opt to release the file, letting the cleared claims go to payers, while they correct the errored claims in their billing software and then resubmit those claims in a new batch.

A status of **C** (customer hold) is used by customers who potentially need to review and update all submitted claims—both errored and cleared—before batches are released. i-Plexus cautions customers against using this setting unless truly necessary because of the possibility of neglecting to release batches in a timely manner on the website. Our current auto-release processing has allowed i-Plexus to forward claims to payers 24 hours faster on average than the previous manual process-and-release methods.

A status of **X** (i-Plexus hold) indicates that we may be researching, testing or updating code that will affect the held batch prior to releasing it.

Batches with H or C status will be listed with a "release" button to the right of the batch entry in order for customers to release batches themselves. Batches with a status of R or X will not show the "release" button. No claims within a batch will be generated until the batch is released. Errored claims within released batches are still available for correction, revalidation and release on the editor; cleared (generated) claims are not.

Claim Listing

From the batch list, you may drill down to a list of the claims within a batch by clicking on "Select" in the left-most column of the batch listing. The claims within a batch are listed in descending order of the quantity of errors per claim. This causes the claims that need the most work to bubble to the top of the listing. You may choose to reorder the claims according to any of the column headers that are underlined such as patient last name or payer name. You may also choose to list them in ascending or descending order by using the checkbox above the list of claims. Batches with a large number of claims will be displayed in pages. You may navigate among the pages of claims using the numbers across the top or bottom of the claims list.

You may drill down to the individual claim by clicking on "Select" in the left-most column of the claim listing, or you may choose to add payment information to an individual claim by clicking on "EOB" in the right-most column (see instructions on Secondaries). If you select a cleared claim in a released batch, a message will show in the Claim Editor that you may not make changes to that claim. To return to the claim list or batch list, click on the desired list in the navigation trail in the blue bar near the top of the page.

Claim Editing

Once you have selected an errored claim in a released batch (or any claim in a batch with a status of "C"), you may use the claim editor to update almost any field in that claim as well as new 837 fields that do not appear on a HCFA 1500 form. The individual data elements are organized on tabs; however, the first tab that appears is the **Current Error** tab, which lets you know what to fix on that claim. You may ignore any error messages with a severity of 0. Any error with a severity of 2 will prevent a claim from being cleared to generate.

After the Current Error tab, there are 4 data tabs:

Patient Info—this tab holds information about the patient, the insured person and other insurance information. The other insured information is important to secondary insurance.

Claim Info—this tab holds information that applies to the entire claim including all service lines. You may also override information that we have defaulted for some important dates on this tab.

Service Info—this tab holds the service line information. Service line information is held on a child table to the claim information; therefore, you must click on "Edit" to the left of each service line to edit that line. You must either "Save" or "Cancel" changes that you have made in service line edit mode before you can return to making changes to the claim.

Billing Info—this tab holds the claim level information that appears below the service lines on a HCFA form including tax ID, rendering provider name and credentials, the facility and the billing entity. It also contains the release of information and payment "boxes" because they related to the accept assignment value that we will use in the generated 837 file.

- If you need to correct a facility, then you must make sure that you correct all fields including the address and the tax ID and the tax ID type. The tax ID type will typically be an EIN (employer identification number).
- The PIN and group number fields are not accessible because we do not use what customers enter on claims for these fields. We use what is on our tables. If you need to change a PIN or group number for a payer, you must call Customer Support to have the ID changed on our tables.
- You may not update the patient account number because that has become a part of the unique claim identifier of the claim in our system.

Once you have finished making changes to a claim, the changes must be validated and saved. The claim header area above the tabs contains a gray button to "Validate and Save" changes. After clicking on this button, you may check the current error tab to ensure that all errors with a severity of 2 are gone. You will notice that any newly cleared claims will cause the number of errored claims to go down and the number of outstanding claims to go up on the Batch Listing view.