



# Allscripts - Payerpath

Professional Claim Form

CMS-1500

August 2013

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# What will be covered...

- Benefits of electronic claims submission
- Required enrollment forms
- Submission contact information
- Signing on to Allscripts-Payerpath
- Creating and viewing claims
- Submitting a CMS-1500 claim form
- Copy claims feature
- Viewing the remittance advice



# Electronic Data Interchange (EDI) Submission

- Eliminates supply costs
  - Preprinted forms
  - Envelopes and postage
  - Allscripts-Payerpath claim submission is free
- Eliminates time-consuming processes and reduces claim errors
  - Document sorting and filing
  - Built-in validation checks
  - Saves historical claim data
- Quicker processing and notification
  - Check status within 48 hours of submission



# Provider Enrollment Documents

www.medicaid.nv.gov



**Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal



<a href="#">Home</a>	<a href="#">Providers</a>	<a href="#">EVS</a>	<a href="#">Pharmacy</a>	<a href="#">Prior Authorization</a>	<a href="#">Quick Links</a>	<a href="#">Contact Us</a>
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**Provider Enrollment**

## Changes to Provider Information

Changes to any information presented on your enrollment documents must be reported to HP Enterprise Services within five business days.

- To report a change in business ownership, resubmit a completed Provider Enrollment Application.
- For all other changes, the [Provider Information Change Form \(FA-33\)](#) may be used.

## Mailing Address

Mail completed enrollment forms and required documentation to HP Enterprise Services, Provider Enrollment Unit, P.O. Box 30042, Reno, NV 89520-3042

## Required Enrollment Documents

- [Provider Enrollment Information Booklet](#): All providers will need the information contained in this booklet, which includes common enrollment questions and information.
- [Enrollment Checklists](#): Copies of certain documents must be included with your Provider Enrollment Packet (e.g., copy of professional certification, proof of insurance).

## Recommended Enrollment Documents

- [Electronic Transaction Agreement for Service Centers \(FA-35\)](#): This form must be submitted if you wish to send electronic claims directly from your practice or clearinghouse.
- [Service Center Operational Information \(FA-36\)](#): This form must be submitted by all Service Centers (clearinghouses) and by all providers who wish to send electronic claims.
- [Service Center Authorization Form for Providers \(FA-37\)](#): This form must be submitted by all providers who wish to send electronic claims. [Click here](#) for further information.
- [Payerpath Enrollment Form \(FA-39\)](#): This form must be submitted by all providers who wish to use Payerpath. Claim submission through Payerpath is free to all providers.



# Payerpath Enrollment Documents

Enrolled providers may submit electronic Nevada Medicaid and Nevada Check Up claims free of charge through Allscripts-Payerpath.

Simply complete the **Service Center Authorization** form **(FA-37)** and the **Payerpath Enrollment** form **(FA-39)** located on the Provider Enrollment webpage and mail in with your completed Provider Enrollment Application.



# Required Registration Forms

- Enrollment forms for Allscripts-Payerpath:  
[www.medicaid.nv.gov](http://www.medicaid.nv.gov)
  - Send in one FA-37 (Service Center Authorization) form for  
EACH Group NPI / API, unless billing each rendering  
provider as an individual

AND

- Send in one FA-39 (Payerpath Enrollment) form and  
include the names of all those who will be using this  
Payerpath account



# Form Submission and Contact Information

- Completed registration forms are to be **mailed** to:  
HP Enterprise Services  
P.O. Box 30042  
Reno, NV 89520-3042
- **Faxed** to: 775-335-8594
- **Emailed** to: NVMMIS.EDIsupport@hp.com
- For assistance, call 1-877-638-3472, option 2, then option 3, to speak with an EDI Coordinator.



# Getting Started



# Accessing Payerpath

 **Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal



[Home](#) [Providers](#) [EVS](#) [Pharmacy](#) [Prior Authorization](#) [Quick Links](#) [Contact Us](#)

## EDI ENROLLMENT FORMS

EDI enrollment forms are for completion and submission by active or enrolling Nevada Medicaid and Nevada Check Up providers only.

Form Number	Title
FA-35	 <a href="#">Electronic Transaction Agreement for Service Centers</a>
FA-36	 <a href="#">Service Center Operational Information</a>
FA-37	 <a href="#">Service Center Authorization</a>
FA-39	 <a href="#">Payerpath Enrollment</a>

## EDI ANNOUNCEMENTS

Title
 <a href="#">EDI Announcement: Dual Use for 4010/5010 Formats Ends June 30, 2012</a>
 <a href="#">Anesthesia Services Claims Submitted Electronically (Updated May 31, 2012)</a>
 <a href="#">EDI Announcement: Nevada Medicaid Version 5010 Solution Limits Diagnosis Codes on 837P Transactions.</a>
 <a href="#">EDI Announcement: Prepare for March 31, 2012, End Date for Dual Use of 5010 and D.0 Formats</a>
 <a href="#">Instructions for EDI Enrollment</a>



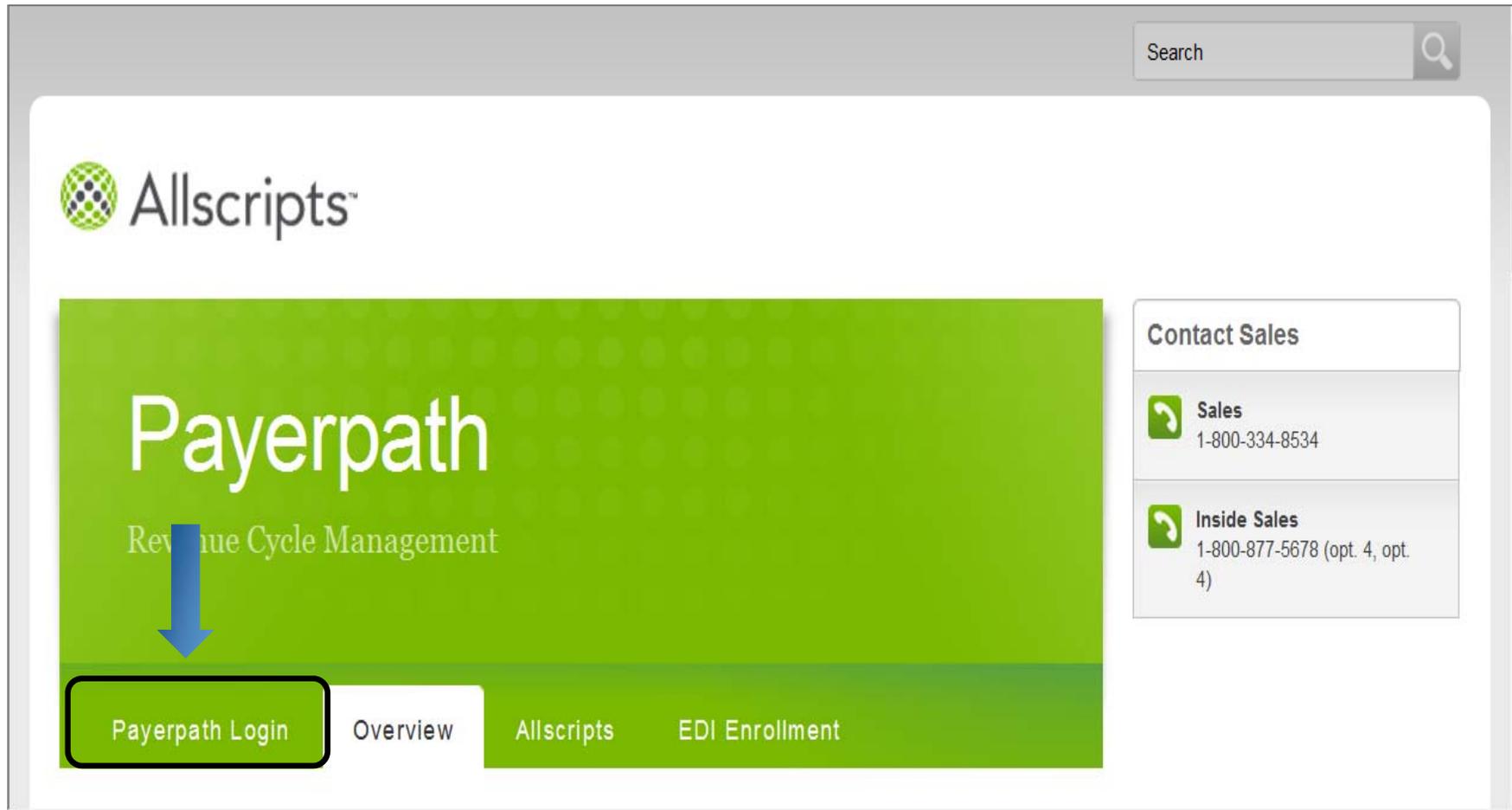
## PAYERPATH

Enrolled providers may submit electronic Nevada Medicaid and Nevada Check Up claims free of charge through [Allscripts-Payerpath](#).

## SERVICE CENTER DIRECTORY



# Payerpath Login Screen



[www.payerpath.com](http://www.payerpath.com)



# Login Page



## Allscripts Payerpath Login

Customer Name:

User Name:

Password:

Remember My Credentials

[Access Allscripts Payerpath](#) ▶

- ▶ [Forgot your Password?](#)
- ▶ [Change your Password.](#)
- ▶ [Contact Allscripts Payerpath Support](#)
- ▶ [Page Help](#)

Payerpath Support: Call 1-877-638-3472 opt 2, then opt. 4 | Mon-Fri, 8:00AM to 5:00PM PT |  
Email - [nvmmis.edisupport@hp.com](mailto:nvmmis.edisupport@hp.com)



# Welcome Page



Welcome

Claims

Patients

Reports

Maintenance

Help

Tools

Resources

Knowledge Center

Quick Links



New Messages



Payer Reports



Remit Reports

My Filters

Claims Filters

*You have not set up any Claims filters.*

Create Filter



# Knowledge Center

Customer: User: 1500 DEFAULT Friday,

**Knowledge Center**

Claims Patients Reports Maintenance Help Tools

**Categories**

- Training Materials - Claims
- Helpful Hints
- General Information
- ANSI Code Sets
- Miscellaneous

Welcome to the all-new Knowledge Center

Here, you will find resources designed to help you fully utilize this web portal. All documentation can be found divided into categories via the navigation bar to the left.



# Training Material - Claims

Customer: User: 1500 DEFAULT Friday, .

Allscripts Knowledge Center

Claims Patients Reports Maintenance Help Tools

Categories

- Training Materials - Claims
- Helpful Hints
- General Information
- ANSI Code Sets
- Miscellaneous

Training Materials - Claims

- User Guide - Professional Claims
- User Guide - Institutional Claims
- HCFA 1500 COB Claims
- UB-92 COB Claims
- 3.0 Quick Guide - Key Entry
- 3.0 Quick Guide - Upload
- 3.0 Quick Guide Upload Institutional
- 3.0 Product Training

Print out the 3.0 Quick Guide – Key Entry or return here to review as needed



# Helpful Hints

Customer: User: 1500 DEFAULT Friday,

Allscripts Knowledge Center

Claims Patients Reports Maintenance Help Tools

Categories

- Training Materials - Claims
- Helpful Hints
- General Information
- ANSI Code Sets
- Miscellaneous

Helpful Hints

- Reassigning Claims
- Rebilling Claims
- January 16, 2006 - HCFA 1500 Form Changes
- Printing Claims
- Internet Explorer 7.0 Quick Guide

The Printing Claims document is very useful. Print it out or return here to review as needed.



# General Information

Customer: User: 1500 DEFAULT Friday,

Allscripts Knowledge Center

Claims Patients Reports Maintenance Help Tools

Categories

- Training Materials - Claims
- Helpful Hints
- General Information
- ANSI Code Sets
- Miscellaneous

General Information

- NV Medicaid Dental Claim Field Values
- NV Medicaid Institutional Claim Field Values
- NV Medicaid Professional Claim Field Values
- Professional Form Modifications For NPI
- Professional Form Modifications For NPI
- ADA2002 Form Modifications For NPI
- ADA2002 Claim Field Values
- Report Enhancements

Print the NV Medicaid Professional Claim Field Values



# Claim Field Values (sample)

## Payerpath NV Medicaid HIPAA Claim Field Values 02/12/08

PAYERPATH FIELD NAME	INSTRUCTIONS / VALUES / COMMENTS
<b>1.a. Insured's I.D. Number</b> 837: Identification Code Industry: Subscriber/Patient Primary Identifier	Enter the 11 digit number printed on the recipient's Medicaid ID card.
<b>2. Patient's Name (Last, First, MI)</b> 837: Name Last and First or Organization Name Industry: Subscriber/Patient Last and First Name	Enter the corresponding patient's Last Name and First Name.
<b>3. Patient's Birth Date</b> 837: Date Time Period Industry: Subscriber/Patient Date of Birth	Enter the corresponding patient's Date-of-Birth Format: MMDDCCYY.
<b>3. Patient's Sex</b> 837: Gender Code Industry: Subscriber/Patient Gender	Select the corresponding patient's Sex. (M) Male - (F) Female
<b>4. Insured's Name (Last, First, MI)</b> 837: Name Last and First or Organization Name Industry: Subscriber/Patient Last and First Name	Enter the corresponding patient's Last Name and First Name. The value typically will be the same as the patient.
<b>6. Patient Relationship</b> 837: Individual Relationship Code Industry: Patient Relationship to Insured	Relationship typically is self.
<b>7. Insured Address (No., Street, City, State, Zip)</b> 837: Address Information, City Name, State, Postal Code Industry: Subscriber Address1, City, State and Zip Code	Enter the corresponding patient's Address 1, City, State and Zip Code.
<b>11.c. Insurance Plan Name</b> 837: Name Last or Organization Name Industry: Payer Name	Enter "Medicaid"
<b>12. Patient or Authorized Persons Signature / Date</b> 837: Release of Information Code Industry: Release of Information Code	Enter one of the following values: N = No, Provider is Not Allowed to Release Data. Y = Yes, Provider has Signed Statement Permitting the Release of Medical Billing Data related to a Claim. Will ensure adjudication to the provider.



# Learning Check

1. What is the website address you would use to directly login to Allscripts-Payerpath?
2. What is one of the first things you should do when getting started with Allscripts-Payerpath?
  - a. Print your remittance advice
  - b. Submit a dental claim
  - c. Copy a claim
  - d. Visit the Knowledge Center
3. Which documents should you review and/or print?
  - a. 3.0 Quick Guide – Key Entry
  - b. Printing Claims
  - c. NV Medicaid Professional Claim Field Values
  - d. All of the above



# Submitting Professional Claim Form CMS-1500



# View Claims

The screenshot shows the Allscripts user interface. At the top left is the Allscripts logo. A green navigation bar contains the word "Welcome" and a menu with items: Claims, Patients, Reports, Maintenance, Help, and Tools. The "Claims" menu item is highlighted, and a sub-menu is visible with a "View Claims" option. Below the navigation bar, there are three main sections: "Resources" (with a "Knowledge Center" link), "Quick Links" (with icons for "New Messages", "Payer Reports", and "Remit Reports", each with a "0" badge), and "My Filters" (with a "Claims Filters" dropdown menu and a "Create Filter" button). A callout box on the left contains the text: "Hover over Claims to see the 'View Claims' prompt. Click on 'View Claims.'".



# Claims List Filter

The screenshot shows the Allscripts Claims List Filter interface. At the top, there is a navigation bar with 'Claims List Filter' and sub-menus for 'Claims', 'Patients', 'Reports', 'Maintenance', 'Help', and 'Tools'. Below this is a 'Saved Filters' dropdown. The main 'Selection Criteria' panel includes:

- Form Type:** A dropdown menu set to 'Professional'. A callout points to this menu with the text: "Select 'Professional'".
- Payer Group:** A dropdown menu set to 'NV Medicaid Professional'.
- Claim Status:** Radio buttons for 'Untransmitted' (selected) and 'Transmitted'. A callout points to these options with the text: "Choose Untransmitted (claims not yet sent) or Transmitted (claims which have been sent)".
- Deleted, Failed, Warning:** A list of claim statuses.
- Provider:** A dropdown menu set to 'ALL'.
- Claim Type:** Checkboxes for 'Primary' and 'Secondary', both checked.
- Pay Trigger:** A dropdown menu.
- Payer Name:** A dropdown menu set to 'ALL'.
- Service Type:** Checkboxes for 'Inpatient' and 'Outpatient', both unchecked.
- Date Range:** Fields for 'Create Date', 'Sent Date' (04/05/2012), and 'Date Of Service', each with 'From' and 'Through' sub-fields.
- Procedure Code:** An empty text field.
- Pat Acct #:** An empty text field.
- Patient Last Name:** An empty text field.

At the bottom of the panel are two buttons: 'DISPLAY LIST' (highlighted with a callout: "Click on 'Display List'") and 'SAVE FILTER'.



# Untransmitted Claims List

Customer:

User: 1500 DEFAULT

Friday,



## Untransmitted Claims List

Claims Patients Reports Maintenance Help **Tools**

# Selected: 0 # of Claims: 4 / 4 \$ Amount: \$1,400.00 / \$1,400.00

Status	Create Date	Pat Last	Pat First	Insured's ID	Pat Acct	Charges	P	Location	NPI Number
<input type="checkbox"/> F	2/23/2012							WADEB	
<input type="checkbox"/> F	2/24/2012	LAST NAME	FIRST NAME	00000000000	CLAIM TEMPLA	\$700.00	NV ME	WADEB	1230089067
<input type="checkbox"/> F	4/6/2012							WADEB	
<input type="checkbox"/> F	4/6/2012	LAST NAME	FIRST NAME	00000000000	CLAIM TEMPLA	\$700.00	NV ME	WADEB	100342022

- Preferences
- Home
- Logout
- Select / Unselect Page
- Select / Unselect List
- Show Summary
- Print Summary
- Assign
- Delete
- Hold
- Hold w/ Reason
- New**
- Print All
- Download All
- Send Selected
- Send All
- Return to Current Filter

Previously entered claims will be displayed on the Untransmitted Claims List.



Page 1 of 1 [records: 1 - 4 of 4]

First | Prev | Next | Last

Jump To Page:

\*\*\*Claims will be deleted after 90 days\*\*\*





# Fields 17-33

14. DATE OF CURRENT [ ] [ ] [ ]	15. SIMILAR ILLNESS DATE [ ] [ ] [ ]	16. DATES PAT UNABLE TO WORK [ ] [ ] [ ] [ ] [ ] [ ]
17. NAME OF REFERRING PHYS [ ] [ ] [ ] [ ] [ ] [ ]	17a. REFERRING PHYS ID/ NPI [ ] [ ] [ ] [ ] [ ] [ ]	18. HOSPITALIZATION DATES [ ] [ ] [ ] [ ] [ ] [ ]
19. RESERVED FOR LOCAL USE		20. LAB CHARGES: Y <input type="radio"/> N <input type="radio"/> [ ]
21. DIAGNOSIS 1 733	DIAGNOSIS 3 [ ]	22. CLAIM FREQ / ORIG. REF NO 1 [ ] [ ]
DIAGNOSIS 2 [ ]	DIAGNOSIS 4 [ ]	23. PRIOR AUTHORIZATION NUMBER [ ] [ ] [ ] [ ]

From Date	To Date	POS	TOS	HCPCS	Mod1	Mod2	Diag code	Charges	Units	FP	EMGCOB	Reserved	NPI	Del
1	01/01/2001	01/01/2001	11				T1019	\$700.00	69					
2														
3														
4														
5														
6														

25. FED TAX ID: 000000000	26. PAT ACCT # CLAIM TEMPLAT	27. ACCEPT? A Assigned=A/Not Assigned=C	28. TOT CHARGE \$700.00	29. AMT PAID [ ]	30. BAL DUE \$700.00
ID TYPE: 24 Emp=24/SSN=34	31. SIGNATURE OF PHYSICIAN Y [ ] [ ] [ ]		32. FACILITY NAME [ ] [ ] [ ] [ ] [ ] [ ]		
32. FACILITY NPI [ ] [ ] [ ] [ ] [ ] [ ]		33. BILLING NAME PROVIDER NAME PROVIDER ADDRESS CITY NW ZIP CODE 7754005263			
		33. BILLING RESERVED FOR PROV ID LOCAL USE NPI [ ] [ ] [ ] [ ] [ ] [ ] ENTER NPI			



If your service requires a Rendering Provider, click on "Electronic Fields" to enter the Rendering Provider NPI information

**NOTE:** Red Fields and fields with text prompts are REQUIRED



# Electronic Fields – NV Medicaid Professional

Customer: 1 User: 1500 DEFAULT Friday,

Allscripts **Electronic Fields - NV Medicaid Professional**

Claims Patients Reports Maintenance Help Tools

Electronic Claim Information

▶ Ambulance	<a href="#">Display Charge Fields</a>
▶ Billing Provider	<a href="#">Display Charge Fields</a>
▶ Codes	<a href="#">Display Charge Fields</a>
▶ Coordination of Benefits - Payer A	<a href="#">Display Charge Fields</a>
▶ Coordination of Benefits - Payer B	<a href="#">Display Charge Fields</a>
▶ Coordination of Benefits - Payer C	<a href="#">Display Charge Fields</a>
▶ Coordination of Benefits Additional Adjustments B	<a href="#">Display Charge Fields</a>
▶ Coordination of Benefits Additional Adjustments C	<a href="#">Display Charge Fields</a>
▶ Coordination of Benefits-Other Payer B	<a href="#">Display Charge Fields</a>
▶ Coordination of Benefits-Other Payer C	<a href="#">Display Charge Fields</a>
▶ Explanation of Benefits	<a href="#">Display Charge Fields</a>
▶ Facility	<a href="#">Display Charge Fields</a>
▶ Information	<a href="#">Display Charge Fields</a>
▶ Insured	<a href="#">Display Charge Fields</a>
▶ Legal Representative	<a href="#">Display Charge Fields</a>
▶ Other Insured-1	<a href="#">Display Charge Fields</a>
▶ Patient	<a href="#">Display Charge Fields</a>
▶ Pay To Provider	<a href="#">Display Charge Fields</a>
▶ Payer A	<a href="#">Display Charge Fields</a>
▶ Payer A Additional Fields	<a href="#">Display Charge Fields</a>
▶ Payer B Additional Fields	<a href="#">Display Charge Fields</a>
▶ Payer C Additional Fields	<a href="#">Display Charge Fields</a>
▶ Provider	<a href="#">Display Charge Fields</a>
▶ Purchased Service Provider	<a href="#">Display Charge Fields</a>
▶ Referring Provider	<a href="#">Display Charge Fields</a>
▶ Rendering Provider	<a href="#">Display Charge Fields</a>
▶ Supervising Provider	<a href="#">Display Charge Fields</a>

Form Navigation -- Webpage Dialog

https://www.payerpath.com/payerpath20/ClaimTool

Errors for LAST NAME, FIRST NAME: Claim 2 of 3  
Pat Acct: CLAIM TEMPLATE

Prov NPI - INVALID CODE.

[Save and Run Edits](#) [Back To Form](#) [Back To List](#)  
[Previous Claim](#) [Next Claim](#)

Internet | Protected Mode: Off

Click on the green triangle next to "Rendering Provider" to expand the section

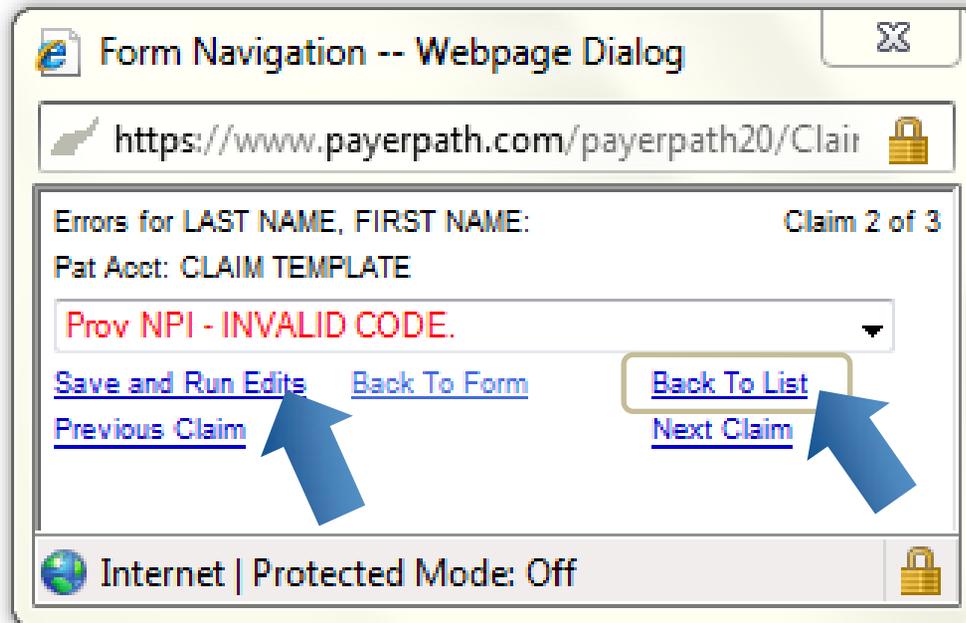


# Rendering Provider Information

▼ Rendering Provider		<a href="#">Display Charge Fields</a>
Rendering Provider Id Qualifier	<input type="checkbox"/>	
Rendering Provider ID	<input type="text"/>	
Rendering Provider Flag	<input type="checkbox"/>	
Rendering Provider First Name	<input type="text"/>	
Rendering Provider Middle Initial	<input type="text"/>	
Rendering Provider Last Name	<input type="text"/>	
Rendering Provider Taxid	<input type="text"/>	
Rendering Provider Qualifier	<input type="checkbox"/>	
Rendering Provider Entity Type Qualifier	<input type="text" value="1"/>	
Rendering Provider 2ND ID Qualifier	<input type="checkbox"/>	
Rendering Provider 2ND ID	<input type="text"/>	
Rendering Provider 3RD ID Qualifier	<input type="checkbox"/>	
Rendering Provider 3RD ID	<input type="text"/>	
Rendering NPI	<input type="text"/>	



# Form Navigation – Webpage Dialog



When you have finished entering all of the required information, click on “Save and Run Edits.” Errors will be displayed in RED. If there are **no** errors, “No Edit Errors” will be displayed in the dialog box and you should now click on “Back To List.”

# Submitting Claim

Customer: User: 1500 DEFAULT Friday,

Allscripts **Untransmitted Claims List**

Claims Patients Reports Maintenance Help **Tools**

# Selected: 0 # of Claims: 4 / 4 \$ Amount: \$1,400.00 / \$1,400.00

Status	Create Date	Pat Last	Pat First	Insured's ID	Pat Acct	Charges	P	Location	NPI Number
<input type="checkbox"/> F	2/23/2012							WADEB	
<input type="checkbox"/> F	2/24/2012	LAST NAME	FIRST NAME	00000000000	CLAIM TEMPLA	\$700.00	NV ME	WA DEB	1230089067
<input type="checkbox"/> F	4/6/2012							WADEB	
<input type="checkbox"/> F	4/6/2012	LAST NAME	FIRST NAME	00000000000	CLAIM TEMPLA	\$700.00	NV ME	WADEB	100342022

Tools menu options: Preferences, Home, Logout, Select / Unselect Page, Select / Unselect List, Show Summary, Print Summary, Assign, Delete, Hold, Hold w/ Reason, New, Print All, Download All, **Send Selected**, Send All, Return to Current Filter

Page 1 of 1 [records: 1 - 4 of 4] First | Prev | Next | Last Jump To Page:

**\*\*\*Claims will be deleted after 90 days\*\*\***

In order to submit/send your claim, it must be in a P (Passed) status. When ready to send, check mark the box to the left of the Status indicator



Once you have selected the claim(s) you would like to send, go to Tools and click on "Send Selected"



# Untransmitted Claims List

Customer: ' User: 1500 DEFAULT Friday

Allscripts **Untransmitted Claims List**

Claims Patients Reports Maintenance Help Tools

# Selected: 0 # of Claims: 3 / 3 \$ Amount: \$700.00 / \$700.00 Show: All Untransmitted

Status	Create Date	Pat Last	Pat First	Insured's ID	Pat Acct	Charges	Payer	Customer	Location	NPI Number	
<input type="checkbox"/> F	2/23/2012							TRAINING	WADEB		V H
<input type="checkbox"/> F	2/24/2012	LAST NAME	FIRST NAME	00000000000	CLAIM TEMPLA	\$700.00	NV MEDICAID	TRAINING	WADEB	ENTER NPI	V H
<input type="checkbox"/> F	4/6/2012							TRAINING	WADEB		V H

Page 1 of 1 [records: 1 - 3 of 3] First | Prev | Next | Last Jump To Page: 1

\*\*\*Claims will be deleted after 90 days\*\*\*  
 \*\*\*Claims in Blue are assigned to Print Mail or Unassigned Payer\*\*\*

Previously entered claims will be displayed on the Untransmitted Claims List. Claims must be in a P (Passed) status before they can be sent

Select "V" for View

Untransmitted claims are retained in the system for 90 days



# Copying a Claim



# View Claims



Welcome

Claims

Patients

Reports

Maintenance

Help

Tools

View Claims

Resources

Knowledge Center

Quick Links



New Messages



Payer Reports



Remit Reports

My Filters

Claims Filters

*You have not set up any Claims filters.*

Create Filter

Hover over Claims to see the "View Claims" prompt. Click on "View Claims."



# Claims List Filter

The screenshot shows the Allscripts Claims List Filter interface. At the top, there is a green header with the Allscripts logo and the title "Claims List Filter". Below the header is a navigation bar with tabs for "Claims", "Patients", "Reports", "Maintenance", "Help", and "Tools". The main content area is titled "Selection Criteria" and contains several sections:

- Form Type:** A dropdown menu set to "Professional".
- Payer Group:** A list with "ALL" selected and "NV Medicaid Professional" below it.
- Claim Status:** Radio buttons for "Untransmitted" (selected) and "Transmitted". A dropdown menu is open, showing options: "All", "Deleted", "Failed", and "Warning".
- Provider:** A list with "ALL" selected.
- Claim Type:** Checkboxes for "Primary" and "Secondary", both of which are checked.
- Pay Trigger:** A dropdown menu.
- Payer Name:** A list with "ALL" selected.
- Service Type:** Checkboxes for "Inpatient" and "Outpatient", both of which are unchecked.
- Date and Code Fields:** A table with columns "From" and "Through" for "Create Date", "Sent Date", and "Date Of Service". "Sent Date" is populated with "04/05/2012". There are also input fields for "Procedure Code", "Pat Acct #", and "Patient Last Name".

At the bottom of the interface are two buttons: "DISPLAY LIST" and "SAVE FILTER".

Callouts from the image:

- "Select 'Professional'" points to the Form Type dropdown.
- "Choose Untransmitted (claims not yet sent) or Transmitted (claims that have been sent)" points to the Claim Status radio buttons and dropdown.
- "Click on 'Display List'" points to the DISPLAY LIST button.



# Untransmitted Claims List

Customer: ' User: 1500 DEFAULT Friday

Allscripts **Untransmitted Claims List**

Claims Patients Reports Maintenance Help Tools

# Selected: 0 # of Claims: 3 / 3 \$ Amount: \$700.00 / \$700.00 Show: All Untransmitted

Status	Create Date	Pat Last	Pat First	Insured's ID	Pat Acct	Charges	Payer	Customer	Location	NPI Number	
<input type="checkbox"/> F	2/23/2012							TRAINING	WADEB		V H
<input type="checkbox"/> F	2/24/2012	LAST NAME	FIRST NAME	00000000000	CLAIM TEMPLA	\$700.00	NV MEDICAID	TRAINING	WADEB	ENTER NPI	V H
<input type="checkbox"/> F	4/6/2012							TRAINING	WADEB		V H

Previously entered claims will be displayed on the Untransmitted Claims List. Claims must be in a P (Passed) status before they can be sent.

Select "V" for View

Page 1 of 1 [records: 1 - 3 of 3] First | Prev | Next | Last Jump To Page: 1

\*\*\*Claims will be deleted after 90 days\*\*\*  
 \*\*\*Claims in Blue are assigned to Print Mail or Unassigned Payer\*\*\*



# Copy Claim

Customer: **HCFA 1500 Form - NV Medicaid Professional** User: 1500 DEFAULT Friday, ...

[Claims](#)
[Patients](#)
[Reports](#)
[Maintenance](#)
[Help](#)
[Tools](#)

[Preferences](#)  
[Home](#)  
[Logout](#)  
[Inbound Claim View](#)  
[Outbound Claim View](#)  
[Acknowledge Warning](#)  
[Copy Claim](#)

1. MEDICARE / MEDICAID / CHAMPUS / CHAMPVA / GROUP / FECA / OTHER		1a. INSUREDS I.D. NU 0000000000
2. PATIENTS name (Last, First, MI) LAST NAME FIRST NAME	3. PAT BIRTHDATE / SEX 01/01/2001 / F M / F	4. INSUREDS NAME (LAST NAME) <b>Copy Claim</b>
5. PATIENTS ADDRESS (No., Street) CITY STATE ZIP / TELEPHONE	6. PATIENT RELATIONSHIP 18 Sif=18 Sp=01 Chd=19 Oth=G8 8. PATIENT STATUS S M O	7. INSUREDS ADDR: 1 TREE ROAD CITY STATE RENO NV ZIP / TELEPHONE 89500
9. OTHER INSUREDS NAME (L, F, M)	10. CONDITION RELATED TO: Auto Accident=AA Employment=FM Other=OA	11. INS POLICY GROU
a. OTHER INSUREDS POLICY	State: a. Accident Indicator 1:	a. INSUREDS BIRTHDATE / SEX
b. OTHER INS BIRTHDATE / SEX	b. Accident Indicator 2:	b. EMPLOYERS NAME OR SCHOOL
c. EMPLOYERS NAME OR SCHOOL	c. Accident Indicator 3:	c. INSURANCE PLAN NAME NV MEDICAID
d. INSURANCE PLAN NAME	10d. RESERVED FOR LOCAL USE	d. ANOTHER HEALTH PLAN? Y N
12. PATIENTS OR AUTHORIZED PERSONS SIGNATURE / DATE	13. INSUREDS SIGNATURE	14. DATE OF CURRENT
14. DATE OF CURRENT	15. SIMILAR ILLNESS DATE	16. DATES PAT UNABLE TO WORK

Form Navigation -- Webpage Dialog

https://www.payerpath.com/payerpath20/ClaimToolBarMain.asp?CLA

Errors for LAST NAME, FIRST NAME: Claim 2 of 4

Pat Acct: CLAIM TEMPLATE

Prov NPI - INVALID CODE.

[Save and Run Edits](#)
[Electronic Fields](#)
[Back To List](#)  
[Previous Claim](#)
[New Claim](#)
[Next Claim](#)

http: Internet | Protected Mode: Off



# Untransmitted Claims List

Customer: ' User: 1500 DEFAULT Friday

Allscripts **Untransmitted Claims List**

Claims Patients Reports Maintenance Help Tools

# Selected: 0 # of Claims: 3 / 3 \$ Amount: \$700.00 / \$700.00 Show: All Untransmitted

Status	Create Date	Pat Last	Pat First	Insured's ID	Pat Acct	Charges	Payer	Customer	Location	NPI Number	
<input type="checkbox"/> F	2/23/2012							TRAINING	WADEB		V H
<input type="checkbox"/> F	2/24/2012	LAST NAME	FIRST NAME	00000000000	CLAIM TEMPLA	\$700.00	NV MEDICAID	TRAINING	WADEB	ENTER NPI	V H
<input type="checkbox"/> F	4/6/2012							TRAINING	WADEB		V H

Previously entered claims will be displayed on the Untransmitted Claims List. Claims must be in a P (Passed) status before they can be sent.

Select "V" for View

Page 1 of 1 [records: 1 - 3 of 3] First | Prev | Next | Last Jump To Page: 1

\*\*\*Claims will be deleted after 90 days\*\*\*  
 \*\*\*Claims in Blue are assigned to Print Mail or Unassigned Payer\*\*\*



# Viewing Remittance Advice



# Remittance Detail

The screenshot displays the Allscripts Payerpath CMS-1500 interface. At the top left is the Allscripts logo. A green navigation bar contains the text "Welcome". Below this is a horizontal menu with tabs for "Claims", "Patients", "Reports", "Maintenance", "Help", and "Tools". The "Reports" tab is selected, and a dropdown menu is open, listing "Billing Summary", "Payer", "Remittance Detail", "Payer Rejects", "Transmitted Claim", and "Payer Report Filter". The "Remittance Detail" option is highlighted. On the left side, there is a "Resources" sidebar with a "Knowledge Center" link. The main content area features a "Quick Links" section with three cards: "New Messages" (0), "Payer Reports" (0), and "Remit Reports" (0). Below this is a "My Filters" section with a "Claims Filters" dropdown menu. The text "You have not set up any Claims filters." is displayed, along with a "Create Filter" button.



# Remittance Detail List



## Remittance Detail List

Claims Patients Reports Maintenance Help Tools

Export to CSV

	Payer	NPI	Check No	Check Amt	Check Date	Received Date	Status			
<input type="checkbox"/>	NV Medicaid Professional		210002480194059	\$5,290.08	07/19/2013	7/14/2013 4:50:53 AM	R			<a href="#">View</a>
<input type="checkbox"/>	NV Medicaid Professional		210002480191411	\$5,744.88	07/12/2013	7/7/2013 5:03:00 AM	R			<a href="#">View</a>
<input type="checkbox"/>	NV Medicaid Professional		210002480188786	\$4,909.39	07/05/2013	6/30/2013 5:04:37 AM	R			<a href="#">View</a>
<input type="checkbox"/>	NV Medicaid Professional		210002480186066	\$4,660.83	06/28/2013	6/23/2013 4:56:53 AM	R			<a href="#">View</a>
<input type="checkbox"/>	NV Medicaid Professional		210002480183559	\$9,760.75	06/21/2013	6/16/2013 4:37:07 PM	R			<a href="#">View</a>
<input type="checkbox"/>	NV Medicaid Professional		210002480178481	\$4,435.92	06/07/2013	6/2/2013 4:51:43 AM	R			<a href="#">View</a>
<input type="checkbox"/>	NV Medicaid Professional		210002480175928	\$7,708.32	05/31/2013	5/26/2013 5:03:05 AM	R			<a href="#">View</a>
<input type="checkbox"/>	NV Medicaid Professional		210002480173295	\$2,000.59	05/24/2013	5/19/2013 4:55:41 AM	R			<a href="#">View</a>
<input type="checkbox"/>	NV Medicaid Professional		210002480170713	\$3,781.44	05/17/2013	5/12/2013 4:56:36 AM	R			<a href="#">View</a>
<input type="checkbox"/>	NV Medicaid Professional		210002480168121	\$1,599.84	05/10/2013	5/5/2013 4:56:22 AM	R			<a href="#">View</a>
<input type="checkbox"/>	NV Medicaid Professional		210002480165439	\$4,435.92	05/03/2013	4/28/2013 4:27:37 PM	R			<a href="#">View</a>
<input type="checkbox"/>	NV Medicaid Professional		210002480162845	\$2,181.60	04/26/2013	4/21/2013 4:54:13 AM	R			<a href="#">View</a>

Displaying items 1 - 12 of 12

Filter List



# Remittance Advice



## NV Medicaid - 835 Remittances

Customer Name:

### Claim Detail

Patient Demographics				Claim Information									
Name:				Claim Status:	1					Total Billed:	\$145.44		
Pat Acct:	CLAIM TEMPLET			Claim Num/ ICN:	2013193701488301					Total Prov Paid:	\$145.44		
Ins Id:													
Rend Prov	Service Date	Proc	Mods	Rmrk Cd	Billed	Allowed	Deduct	Colns	Grp / Re / Qty /	Adj Amt	Prov Adj Cd/ Amt	Prov Paid	Pat Bal Due
	05 Jul - 08 Jul 2013	H2014			\$145.44							\$145.44	\$0.00
					-----								
					\$145.44	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$145.44	\$0.00
Name:				Claim Status:	1					Total Billed:	\$363.60		
Pat Acct:	CLAIM TEMPLET			Claim Num/ ICN:	2013193701488302					Total Prov Paid:	\$363.60		
Ins Id:													
Rend Prov	Service Date	Proc	Mods	Rmrk Cd	Billed	Allowed	Deduct	Colns	Grp / Re / Qty /	Adj Amt	Prov Adj Cd/ Amt	Prov Paid	Pat Bal Due
	07 Jul - 11 Jul 2013	H2014			\$363.60							\$363.60	\$0.00
					-----								
					\$363.60	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$363.60	\$0.00
Name:				Claim Status:	1					Total Billed:	\$145.44		
Pat Acct:	CLAIM TEMPLET			Claim Num/ ICN:	2013193701489201					Total Prov Paid:	\$145.44		
Ins Id:													
Rend Prov	Service Date	Proc	Mods	Rmrk Cd	Billed	Allowed	Deduct	Colns	Grp / Re / Qty /	Adj Amt	Prov Adj Cd/ Amt	Prov Paid	Pat Bal Due
	05 Jul - 08 Jul 2013	H2014			\$145.44							\$145.44	\$0.00
					-----								
					\$145.44	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$145.44	\$0.00
Name:				Claim Status:	1					Total Billed:	\$363.60		
Pat Acct:	CLAIM TEMPLET			Claim Num/ ICN:	2013193701489202					Total Prov Paid:	\$363.60		
Ins Id:													
Rend Prov	Service Date	Proc	Mods	Rmrk Cd	Billed	Allowed	Deduct	Colns	Grp / Re / Qty /	Adj Amt	Prov Adj Cd/ Amt	Prov Paid	Pat Bal Due
	07 Jul - 11 Jul 2013	H2014			\$363.60							\$363.60	\$0.00
					-----								
					\$363.60	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$363.60	\$0.00
Name:				Claim Status:	1					Total Billed:	\$145.44		
Pat Acct:	CLAIM TEMPLET			Claim Num/ ICN:	2013193701489401					Total Prov Paid:	\$145.44		
Ins Id:													
Rend Prov	Service Date	Proc	Mods	Rmrk Cd	Billed	Allowed	Deduct	Colns	Grp / Re / Qty /	Adj Amt	Prov Adj Cd/ Amt	Prov Paid	Pat Bal Due
	05 Jul - 08 Jul 2013	H2014			\$145.44							\$145.44	\$0.00
					-----								
					\$145.44	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$145.44	\$0.00



# Learning Check

1. From the Welcome page, where do you go to start your submission of a claim?
  - a. Tools
  - b. Reports
  - c. Claims
  - d. Help
2. You should always copy the template before entering information.
  - a. True
  - b. False
3. The rendering NPI is entered into Field 24J.
  - a. True
  - b. False
4. Will your claim be automatically submitted once it's in a Passed status?
  - a. Yes
  - b. No



# HP Enterprise Services Contact Information

EDI Help Desk

Phone: (877) 638-3472 (select option 2, then select option 0, then select option 3)

Email: [NVMMIS.EDIsupport@hp.com](mailto:NVMMIS.EDIsupport@hp.com)

Nevada Provider Training

P.O. Box 30042

Reno NV 89520-3042

Phone: (877) 638-3472 (select option 2, then select option 0, then select option 4)

Email: [NevadaProviderTraining@hp.com](mailto:NevadaProviderTraining@hp.com)



Thank you for your attention  
Enjoy the remainder of your day

