



PROVIDER PORTAL

PAYMENT INTEGRITY (PI)

USER GUIDE

Version 4.0

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PROVIDER PORTAL

The **HMS Provider Portal** delivers a powerful, real-time platform that equips providers with all the tools and features needed to manage the reclaim and recoupment process. Each capability is dynamically tailored to the selected contract or product.

This **Provider Portal** document contains.

- **COMMON FEATURES/MODULES** – Applicable across Provider Portal.
- **PAYMENT INTEGRITY (PI)** – [Click Here](#)

COMMON FEATURES/MODULES

The following features are common for all screens and Products.

HMS Portal

- Logging into HMS Portal
- New User Registration

Provider Portal

Features

- Entering Provider Portal
- [Header Section](#)
- [Left Navigation Menu Section](#)
- [Display Section](#)

Modules

- [My Workload](#)
- [Bulk Document Upload](#)
- [New Access Request](#)
- [Reports & Documents](#)
- [Messages](#)
- [Notifications](#)

HMS Portal

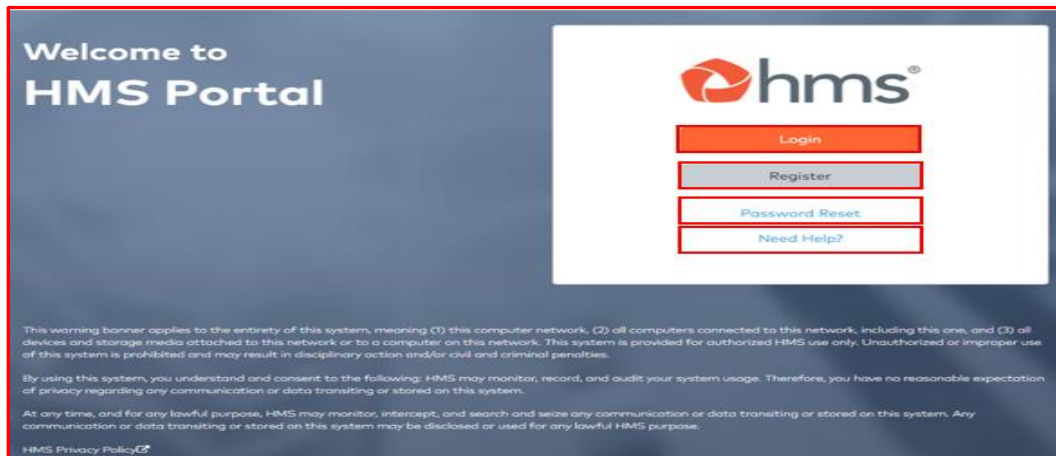
The Health Management Systems (HMS) Portal provides self-service capabilities for both Clients and Providers. HMS supports customers throughout the recovery lifecycle by identifying discrepancies in disallowed amounts through clinical expertise, rules-based logic, and regulatory guidance. Leveraging modern technology, the HMS Portal enables real-time claim status tracking for Providers and Customers.

As a unified digital platform, HMS delivers an enterprise-grade portal that seamlessly connects Providers, Customers, and the HMS internal operations team. This integration promotes transparent collaboration and efficient information exchange. Serving as the central hub throughout the identification and recovery process, the HMS Portal offers a streamlined registration experience, faster recovery timelines, and improved accuracy.

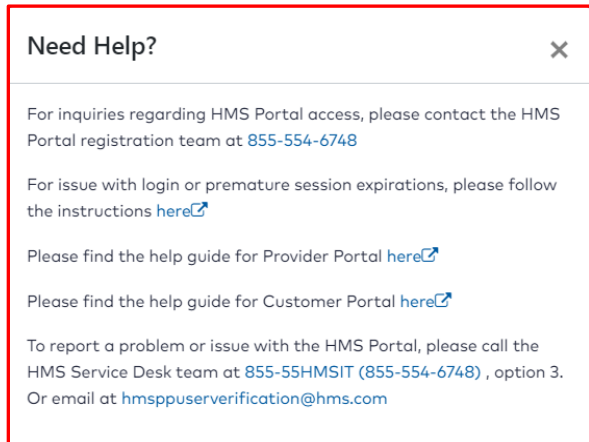
Logging into HMS Portal

The Login screen of HMS Portal provides the following options.

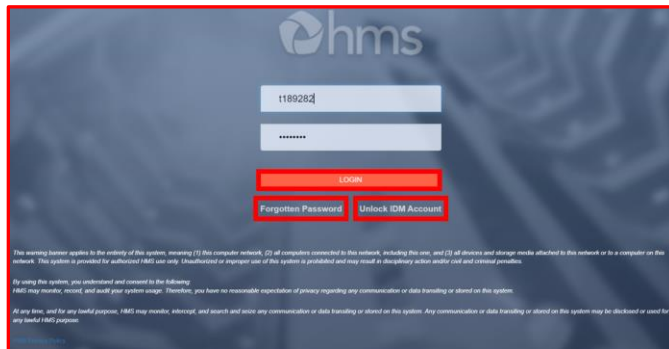
- Click **Login** to log into HMS Portal as an existing user.
- Click **Register** to sign up as a new user.
- Select **Password Reset** to reset password by answering security questions.
- Select **Need Help?** to reach out to HMS for access, login, other issues.



For Help, click “Need Help” to view pop-up window shown below.



When selecting “Login” as an existing user, the below screen will be displayed. Use this screen to enter your login credentials. You will also see options to “Unlock IDM Account” and “Forget Password” if needed.



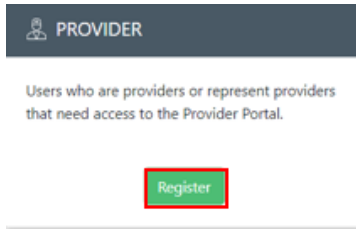
After entering your credentials and selecting “Login” you will be taken to the HMS Portal Dashboard.

New User Registration

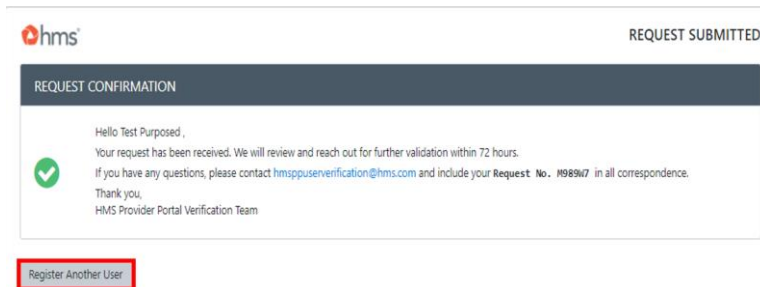
The “Register” feature allows you to register a new HMS Portal user requiring access to Provider Portal.

To register a new user, follow the steps below.

1. Select **Register** to add a new user and view the “NEW REGISTRATION” screen.



2. Select **Register** button in the PROVIDER card.
3. Enter mandatory details and click **Submit** in PROVIDER REGISTRATION form. Application displays REQUEST CONFIRMATION as shown below indicating request is submitted/received for review with options to contact or register another user.



Note: The processing time to complete a request is 72 hours.

Provider Portal

Note: Mandatory fields are represented by * (asterisk) or | bar in the text box, throughout this guide.

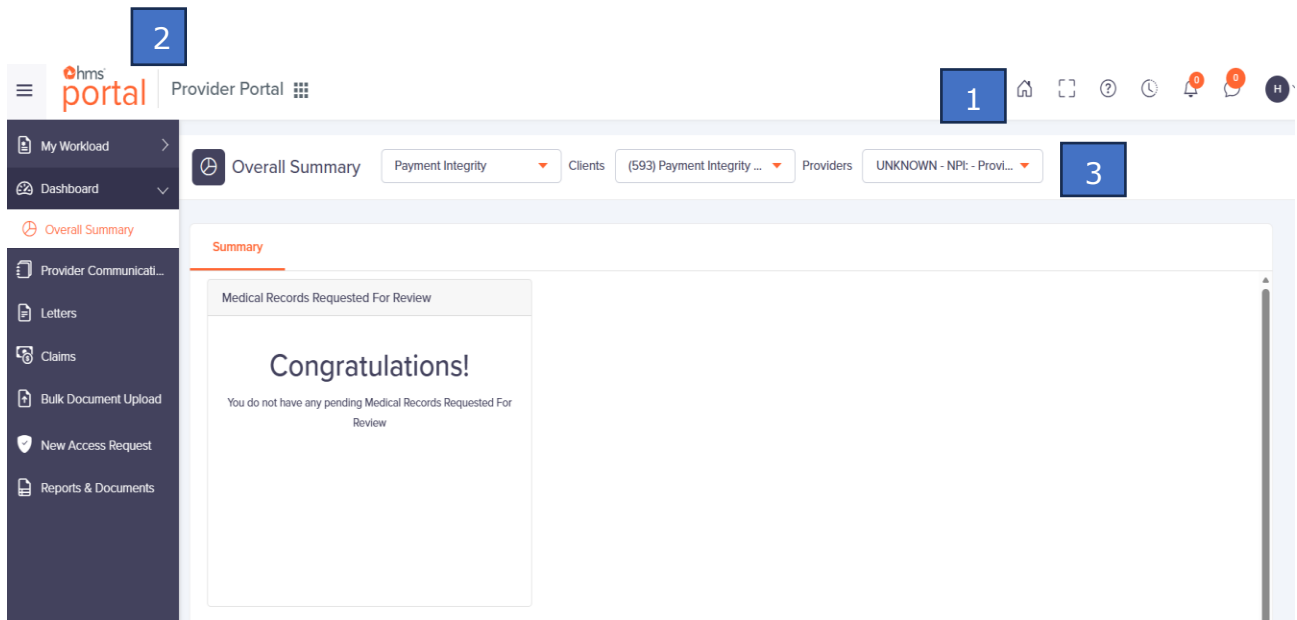
The PROVIDER PORTAL designed exclusively for Providers offers all functionalities and features to review and acknowledge letters, view claims, and their statuses, activities performed on the claim, view reference claims, upload claim documents, add, or update Providers contact information and address management based on access rights.

Entering Provider Portal

Note: After successfully logging in as a Provider using your credentials, application by default sets and displays Provider Portal dashboard screen with options to view "Provider Portal" and "eCenter" applications in "My Apps" based on your role and access rights.

The Dashboard screen for Payment Integrity is shown as an example to illustrate the common screen features appearing in all the screens.

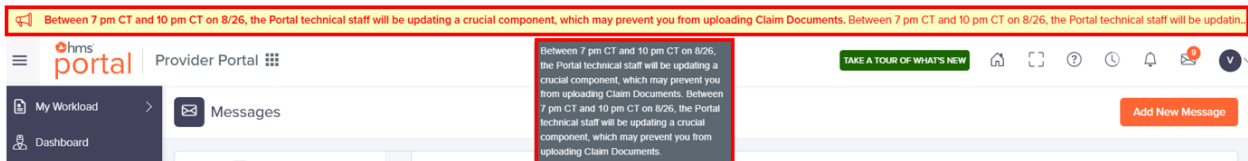
Note: The left Navigation Menu list and its corresponding Display Sections content on the right might vary based on the Product selected but Header section remains the same throughout the Portal.



A screen is divided into the following three sections.

1. **Header Section**– Contains same features across all screens.
2. **Navigation Menu** Section – Contains the same navigation menu across all screens.
3. **Display Section** – Varies based on feature/menu selected.

Banner

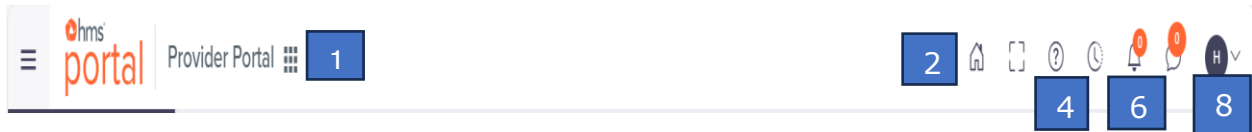


Optional. Need based banner allows important notification across applications or limited to specific Products like PI. Place the cursor on the banner to read the full content as shown above in the black background.

1. Header Section

Note: Hovering over an icon, displays name of the icon.



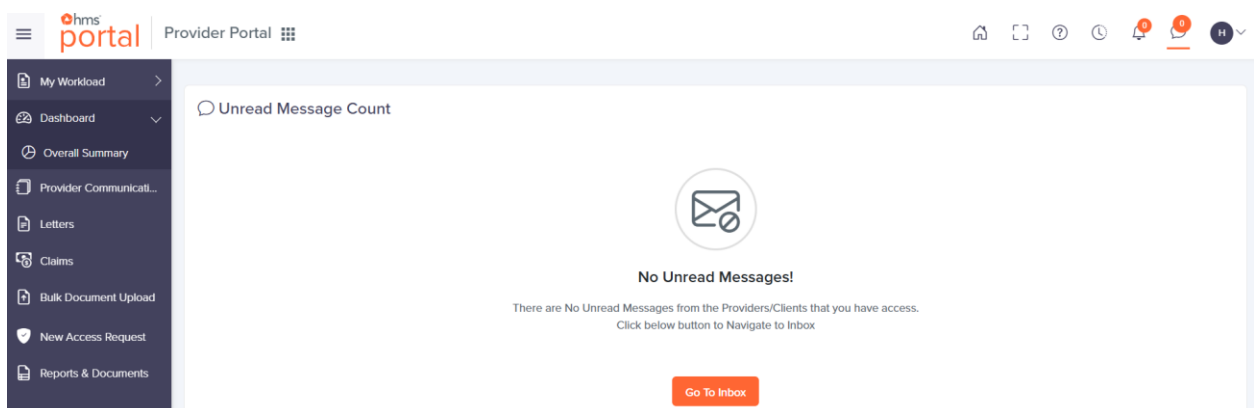


The top Header section includes:

Note: On clicking  logo, application displays "My Workload" section by default.

- 1. My Apps** – Allows to access and switch multiple applications you have access to.
- 2. Home** – Navigates to your default home screen (My Workload> All Work)
- 3. Open View in Full Screen** – Enables to switch to and from full screen.
- 4. Help and Resources** – Provides the following features.
 - A. View and download User Guides
 - B. Training – Access videos
 - C. FAQ (Frequently Asked Questions)
 - D. Accessibility – Usability to all users (with disability)
 - E. Site Map – Major links to respective screens.
 - F. Release Notes – Highlights new features/functionalities/bugs fixed.
- 5. Recent Activities** – A list of your 25 most recently visited locations in the HMS Portal. Simply click any item to go back to that page.
- 6. Notifications** – Enables to view number of notifications available.
- 7. Messages** – Helps to view and create new messages.

- The user can view the list of Unread Message in the Grid (by Line of Business and Clients) and allow user to Navigate to Inbox by clicking on Unread Message count.



8. My Profile and Settings

A. Settings

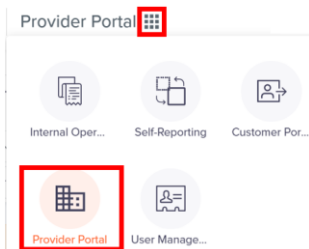
- I. My Profile – View your profile details and set the default application.
- II. My Authorization – View Providers ID assigned to you.
- III. Manage Notifications – Turn on or off notifications.

B. Logout

The following Header section is explained in detail below.

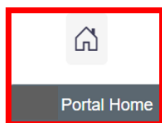
I. My Apps

Upon hovering cursor Provider Portal ☰ over area allows you to view and access applications based on your role and access. For example, you might be able to view only Provider Portal application as a Provider.



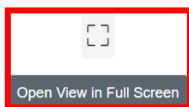
II. HMS Portal Home

Allows you to return to HMS Portal home screen from anywhere in the application.



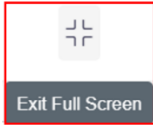
III. Full Screen View

Enables you to view in full screen mode.



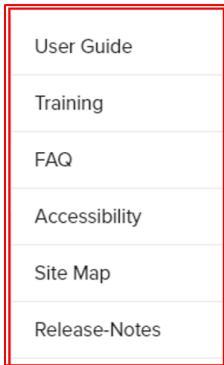
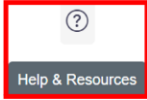
Exiting Full Screen View

Allows you to return to normal screen view.

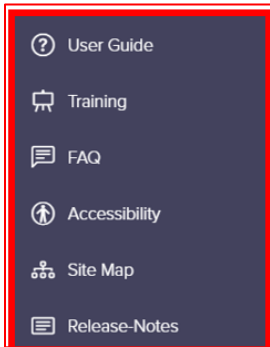


IV. Help & Resources

Provides you with the following help and resources options.

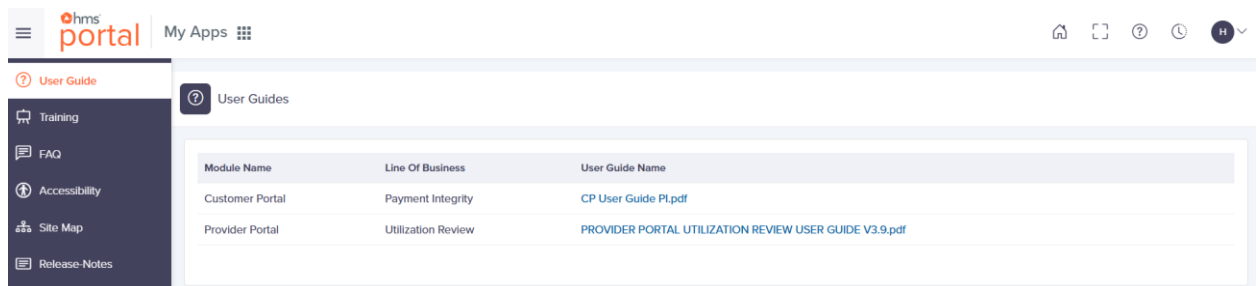


Note: On selecting any of the above links, the same set of links appear on the left navigation menu also as shown below for quick navigation.



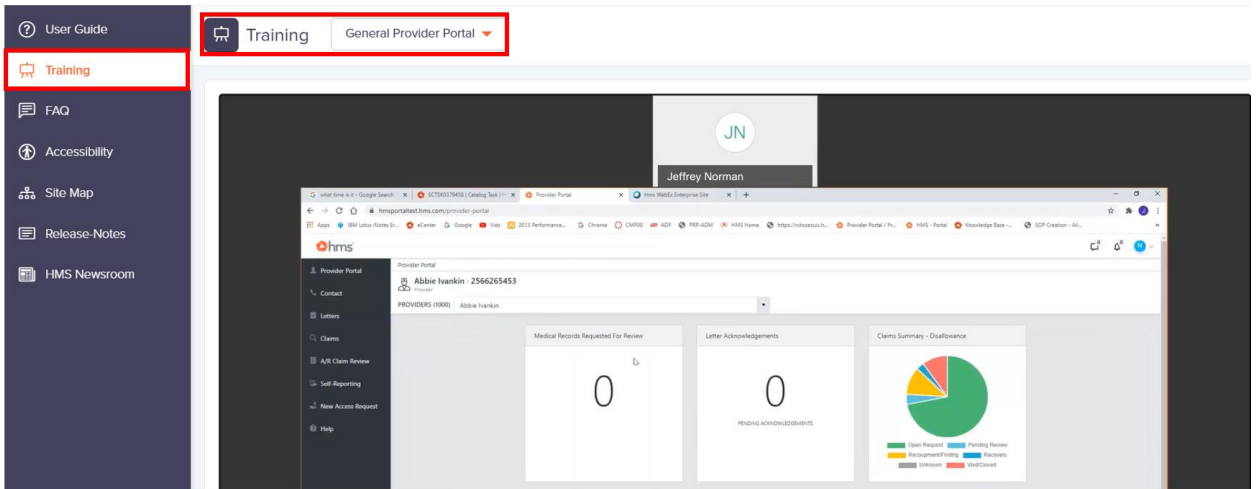
A. User Guide

Allows to view and download User Guides based on the module/application.



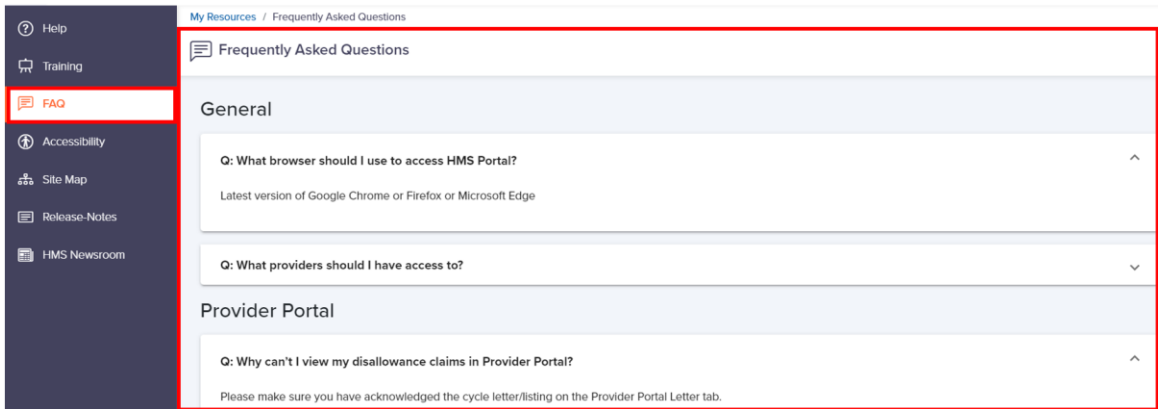
B. Training

Training videos if applicable will appear in this section to help users with information on specific portal functionality.



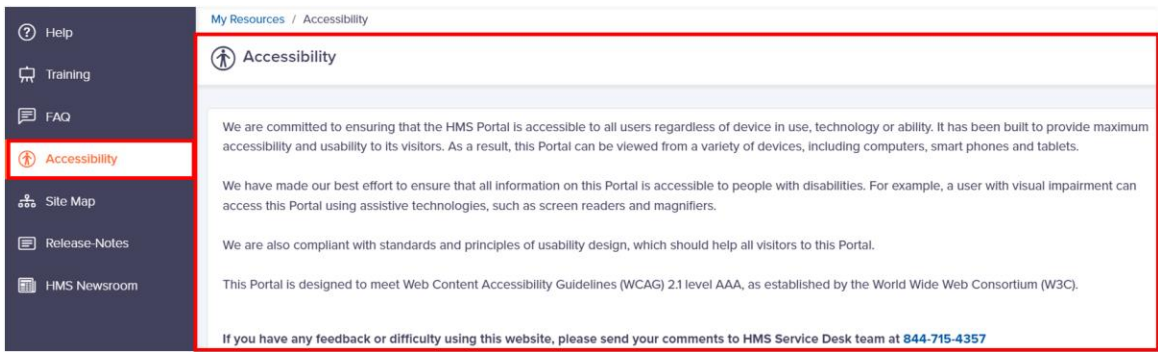
C. FAQ

Answers frequently asked questions from users.



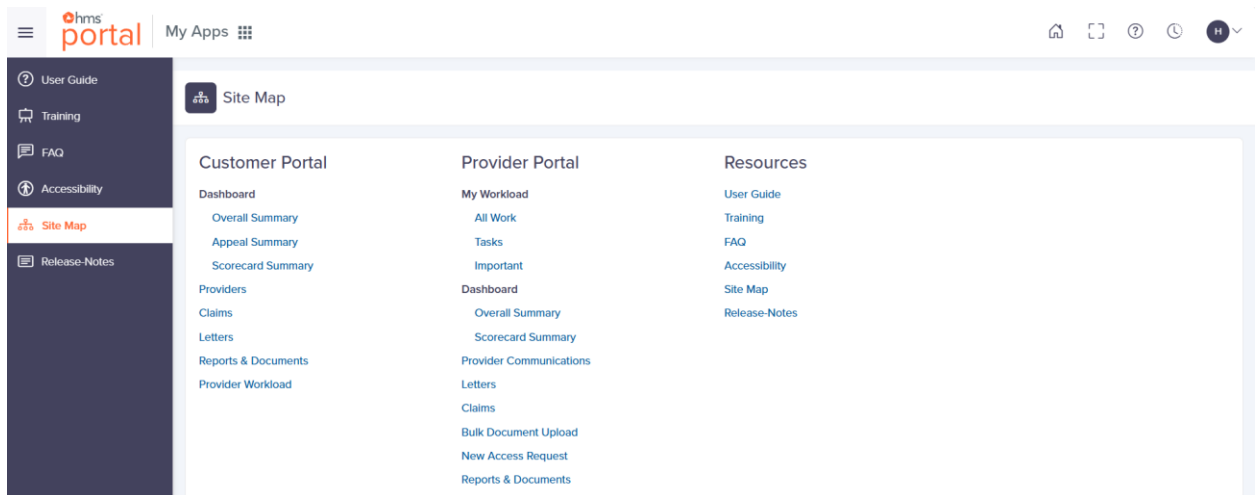
D. Accessibility

HMS adheres to all necessary compliance standards and guidelines to ensure accessibility for users with disabilities, including those with visual impairments.



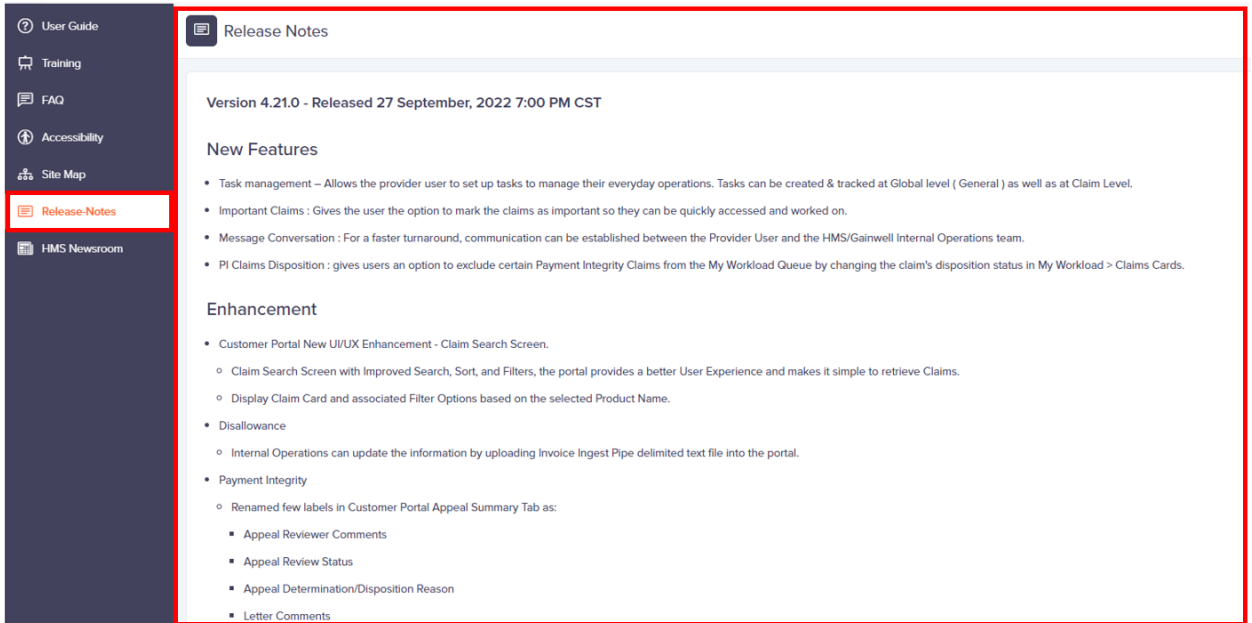
E. Site Map

Provides all major links to the application based on your access, allowing you to navigate to the respective screen from Site Map.



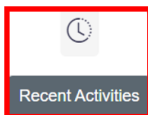
F. Release Notes

Provides an overview of new features, functionalities, and bug fixes included in the latest release, with a focus on release versions.



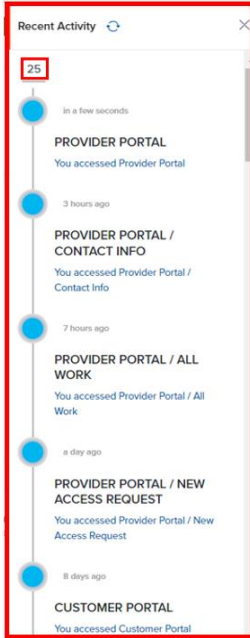
V. Recent Activities

Allows you to revisit recently visited screens directly.



Clicking above icon displays below list of recently visited screen links.

The number on the top left corner in the example below indicates the total number of screens visited in descending order.

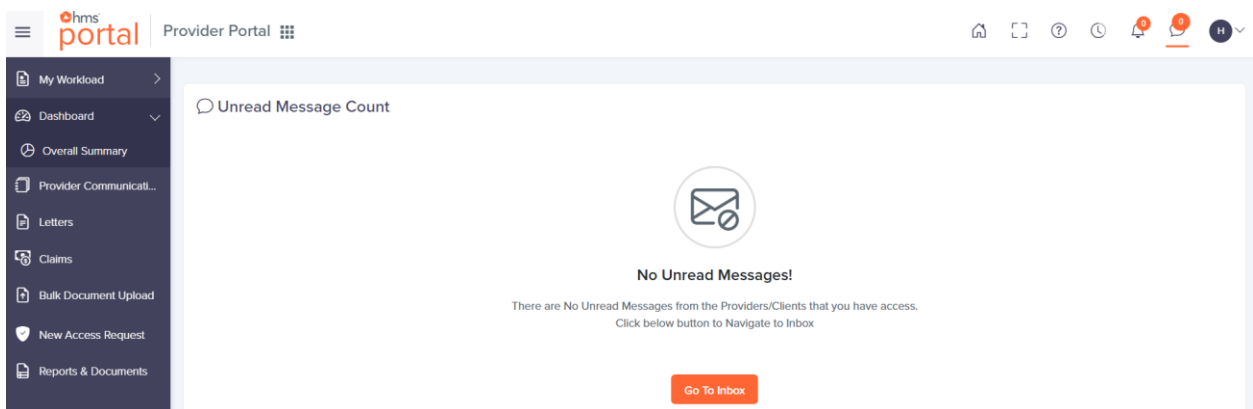


VI. Notifications

Helps you to view notifications and mark them read or unread. For more information, view the Notifications sections.

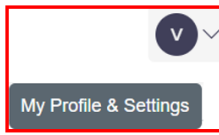
VII. Messages


Enables you to view messages, mark them as unread/closed/open and add new messages. For more information, view the section for Messages.

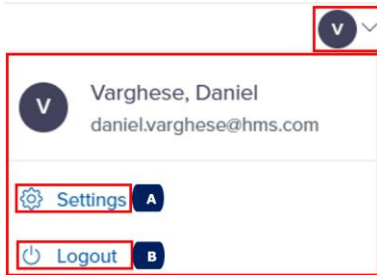


VIII. My Profile & Settings

Helps to view your profile settings, authorization and manage notifications.

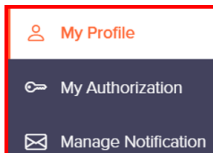


Clicking  displays below pop-up screen.



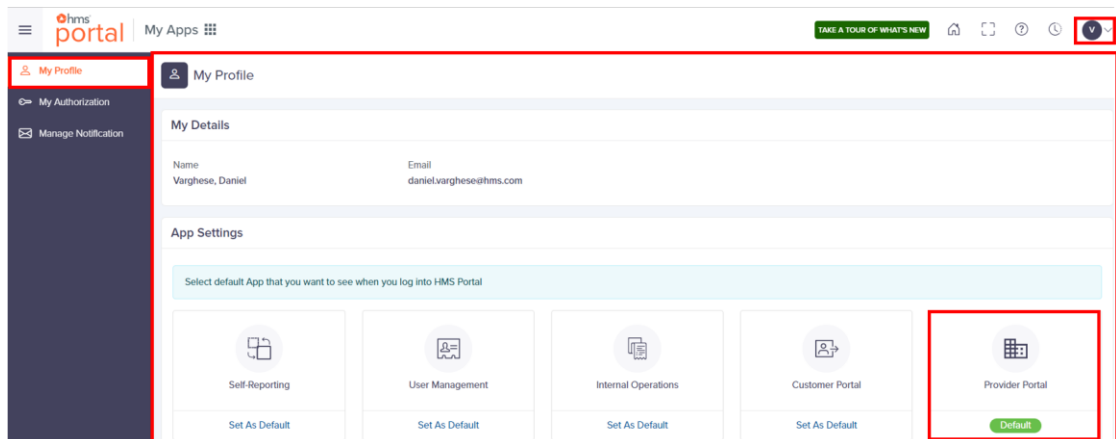
A. Settings

Selecting "Settings" displays following left navigation menu.



I. My Profile

Enables you to view your profile details and choose an application to be set as default to ensure you view the application when you log in each time.



II. My Authorization

Allows you to view Provider IDs assigned to your User ID.

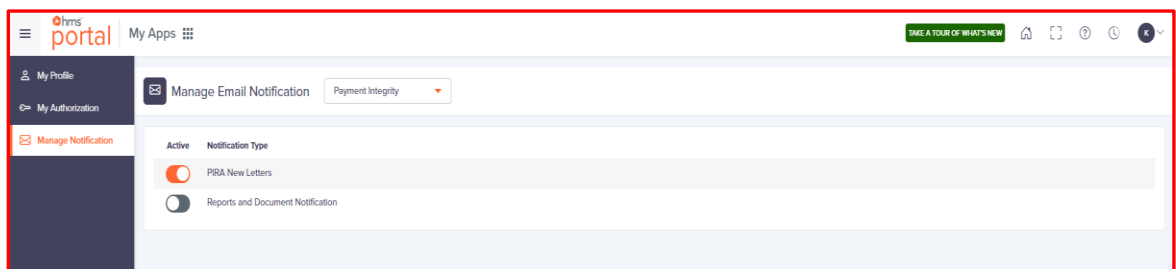
Claim Type	Value
auth://apps	clp-context
auth://apps	clp-role
auth://apps	hmspump
auth://apps	mds-client
auth://apps	mds-role
auth://apps	providerportal
auth://apps	sr-context
auth://apps	sr-role
auth://environment	test
auth://providers	253-1243173
auth://providers	253-1907754
auth://providers	253-3657374
auth://providers	253-5432
auth://providers	253-84715

The Provider ID must be on this list (as shown above) to view or access information about a specific Provider.

III. Manage Email Notifications

To manage your notifications:

1. Locate the toggle switch next to each notification type.
2. Slide the switch to turn the notification ON or OFF.
3. When a notification is turned ON, a brief confirmation message will appear in the top-right corner of your screen.



B. Logout

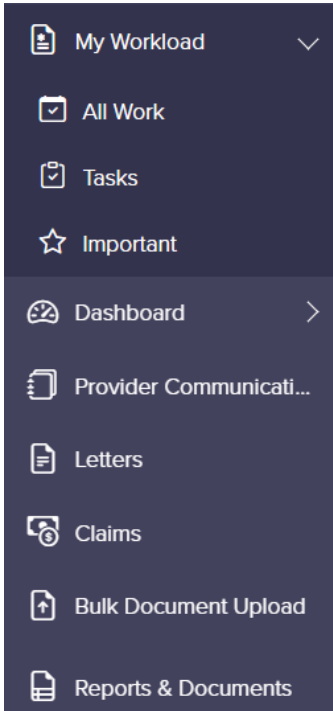
Allows you to sign out of the HMS Portal application.

2. Navigation Menu

Allows you to access and navigate the following functionalities/modules based on **your access level**.



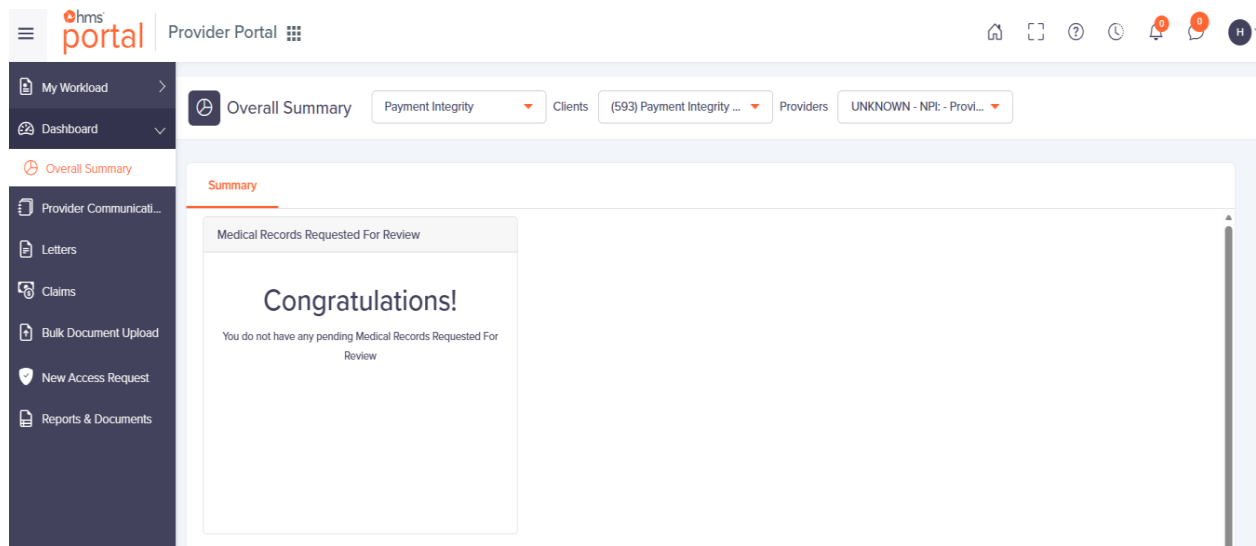
Clicking the above icon once, displays below navigation list.



Clicking the same icon again hides the navigation list as shown below.



3. Display Section



Note: Display sections vary based on the choice in the “Header” section or “Left Navigation Menu”

Bulk Document Upload

Note: This section is available for Lines of Business.

Use the Bulk Upload feature to upload a single document to one or multiple claims associated with a single letter reference number, client case number, or patient name. For a Provider to be listed in the “Provider” dropdown list. (If the user is a single Provider, which will be the default selection.)

1. You must have access to that Provider.
2. You must have a claim in Pending Documentation status to upload Medical Records.

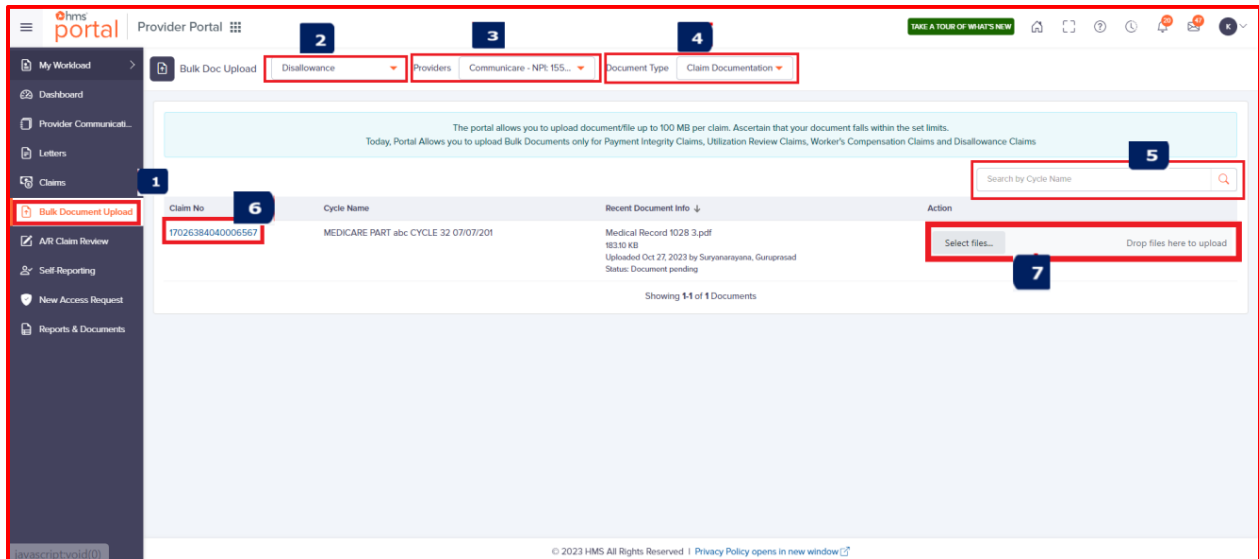
Note: Application lists only claims fulfilling the above two criteria for uploading claim documents.

Only documents with a file size up to 100 MB can be uploaded.

To upload additional documents, simply open the **Claim Details** screen and select the **Documents** tab. There, you can add files one by one.

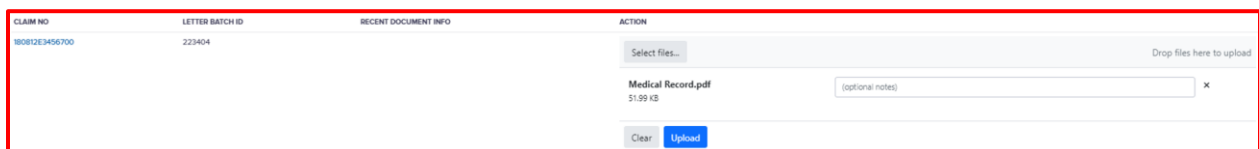
Navigating to “Bulk Document Upload” screen

1. Select “Bulk Document Upload” from the left navigation menu and the application displays the screen below.



2. Use the dropdown list to select Line of Business you have access to.
3. Use dropdown list to select Provider you have access to.
4. Use the dropdown list to select the Type of Document such as Medical Record. Application displays information based on the selected Provider and Document Type.
5. Search: For multiple options, enter Cycle name/Claims number/Letter reference number, click **Save**.
6. Select “Claim No.” to view the Claim Details screen and perform action.
7. Click to upload documents from your system or to drag and drop here.

Application initially displays values for “Claim No” and “Letter Reference ID” fields with “Recent Document Info” field being empty, which gets value after uploading record/document.



8. Affidavit – Client Specific: After uploading a medical record application displays an Affidavit as shown in the pop-up screen.

Records Affidavit

Please enter the correct page count. If it is incorrect in point No.8

1. **A**

By checking this box, I affirm that:

B

- My name is Varghese, Das
- I am over the age of eighteen years of mind, and capable of making this affidavit.
- The facts set out in this affidavit are true, correct, and within my personal knowledge.
- I am the custodian of records for:
 - Display Name: 10024
 - P.O. BOX: 10024 Address Line1 ATTN: 10024 Address Line2
 - CRO VALLEY, AZ 00010024
- I am familiar with the manner in which the above-named Provider's records are created and maintained by virtue of my duties and responsibilities.
- I have performed a diligent search for all records requested of the above-named provider by HMS under the authority of the Texas Health and Human Services Commission (HHSC) via official request dated 03/16/2022 for the following claim:
 - 180812E3456700
 - PAMEBP0M4Y000
 - FirstName92613 X LastName92613
 - 08/07/2018 - 08/08/2018
- The records responsive to the records request described above are exact duplicates of the complete original records of the above-named provider and are in a PDF file to be uploaded.
- The PDF file to be uploaded contains 2 pages.
- The PDF file to be uploaded only contains medical records and no other document is included in the PDF file.
- It is the regular practice of the above-named provider to make this type of record at or near the time of each act, event, condition, opinion, or diagnosis set forth in the record.
- It is the regular practice of the above-named provider for this type of record to be made by, or from information transmitted by, persons with knowledge of the matters set forth in them.
- It is the regular practice of the above-named provider to keep this type of record in the course of regularly conducted business activity.
- It is the regular practice of the business activity to make the records.

By the undersigned, I certify that the above affidavit is true.

C

Please type the word "Acknowledge", which will be accepted as an electronic signature.

D

Application generates the page number.

- A. Enter the correct page number.
- B. Select the check box to confirm all the points mentioned.
- C. Enter "Acknowledge" exactly.
- D. Click Save to store information.

New Access Request

To add a new provider to an existing user account, initiate request in Provider Portal screen by following steps below.

1. Select **New Access Request** from the left navigation menu. Application displays "New Access Request" screen shown below.

The screenshot shows the 'New Access Request' screen in the Provider Portal. The page has a header with the 'hms portal' logo and 'Provider Portal' text. A navigation menu on the left includes 'New Access Request'. The main content area is titled 'My Requests' and contains a table with the following data:

Request Number	Requested Date	Status	Requested Providers
V48HCE	10/25/23	Approved	1 Added 0 Removed
HM6TJG	9/21/23	Approved	1 Added 0 Removed
GNEBPU	9/20/23	Approved	1 Added 0 Removed
PD5RNI	9/12/23	Approved	1 Added 0 Removed
JQSD05	9/12/23	Approved	1 Added 0 Removed
V5KHLE	9/12/23	Approved	4 Added 0 Removed
7P944N	9/12/23	Approved	1 Added 0 Removed
IMSSXW	1/10/22	Approved	0 Added 0 Removed

At the bottom of the page, there is a copyright notice: © 2023 HMS All Rights Reserved | Privacy Policy opens in new window

2. Enter/select Provider seeking new access request. On entering three or more characters of NPI, Provider Number or Tax ID, application provides the option to select a Provider.

Optional. Enter notes/comments regarding the new access requested.

3. Click **Submit** to send the access request form.

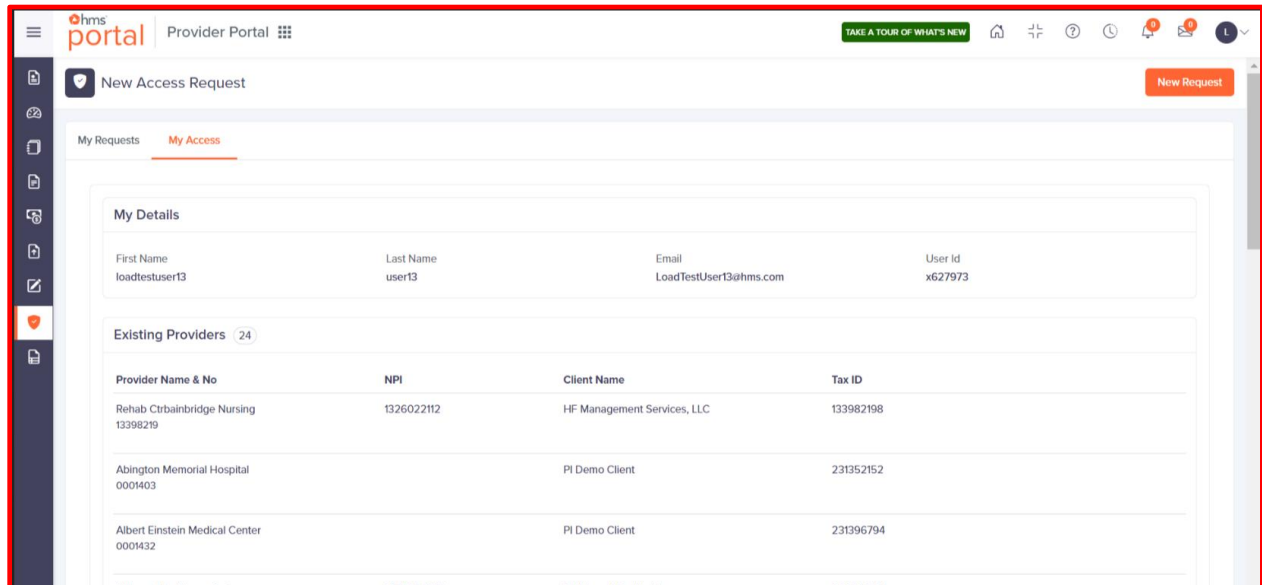


Fig- My Access (within New Access Request screen)

The above screen shows the user the details of the providers they have access to.

Reports & Documents

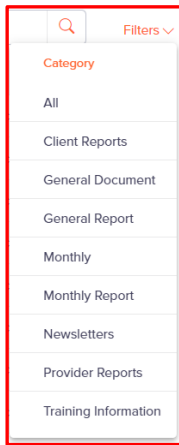
Enables you to view and download Reports/Documents.



Select **Reports & Documents** from the Left Navigation Menu.

The screenshot shows the 'Reports & Documents' section of the hms portal. The left sidebar contains navigation options: My Workload, Dashboard, Provider Communicati..., Letters, Claims, Bulk Document Upload, A/R Claim Review, Self-Reporting, New Access Request, and Reports & Documents (highlighted). The main content area features a table with the following data:

Name	Category	Description	Published Date	Contract Name	Action
UserGuide (2).pdf	Client Reports	test	Jul 18, 2022, 6:17:44 PM	permedion demo contract	Download
Record Retention.v2 (CPL 0015).pdf	Client Reports	test	Sep 14, 2022, 1:14:04 PM	permedion demo contract	Download
pdfcoffee.com_goethe-institute-german-at-test-preparation-pdf-free.pdf	Client Reports	Test	Jul 20, 2022, 6:18:15 PM	permedion demo contract	Download
p_hgtpl_17725_prtgdc2_t177431.pdf	Client Reports	test	Sep 20, 2022, 12:25:21 PM	permedion demo contract	Download
Newsletter Nov 2022.pdf	Newsletters	Nov 2022 Newsletter	Dec 2, 2022, 4:07:11 PM	permedion demo contract	Download
Monthly Recovery Report - Nov 2022.pdf	Client Reports	Monthly Recovery Report - Nov 2022	Dec 2, 2022, 3:59:24 PM	permedion demo contract	Download

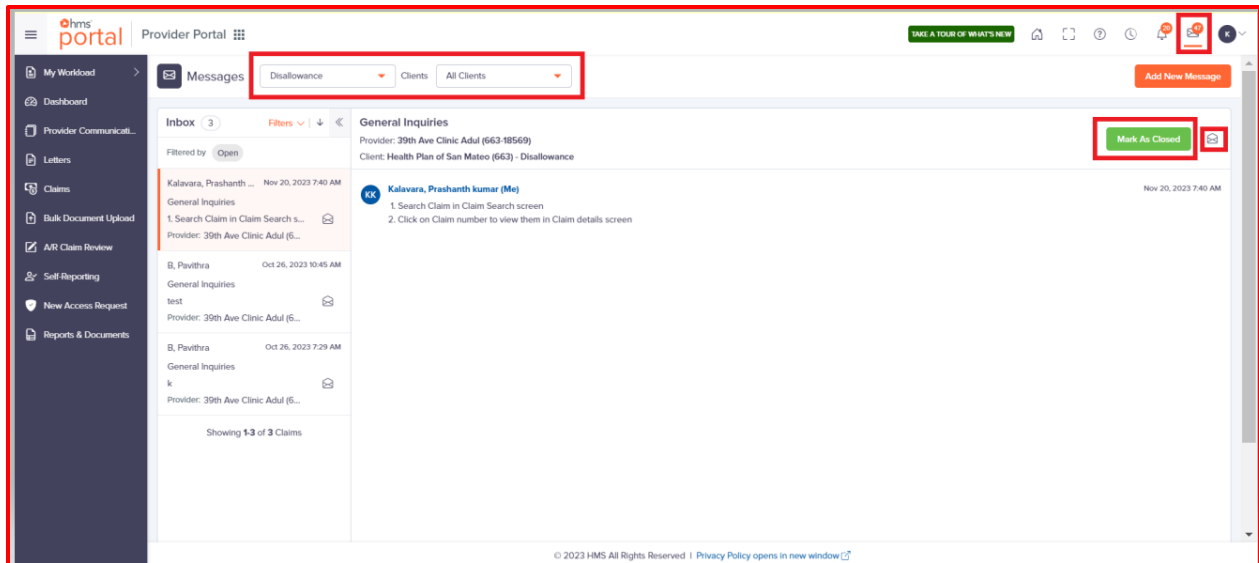
- A. Use "Search" option to search by Report Name, Document Name or Contract Name.
- B. Use "Filter" option to narrow down filter by Category.



- C. Use   in the Grid Header to Sort each column.
- D. Use "Action" option to download the Report/Document.

Messages

The Messaging feature allows you to communicate directly with the Gainwell Provider Services team. You can view new messages, update their status (open, unread, or closed), and create new messages. Messages can be easily accessed from the portal Header section.




1. Select Line of business (Disallowance, Payment Integrity, Utilization Review) from the drop-down menu.
2. Select the respective Clients from the drop-down menu.
3. Click **Mark As Closed** icon to mark the message as **Closed** and a confirmation message appears briefly before disappearing.
4. Click icon to mark the message as read and icon changes to .
5. Clicking **Add New Message** displays below pop-up screen.

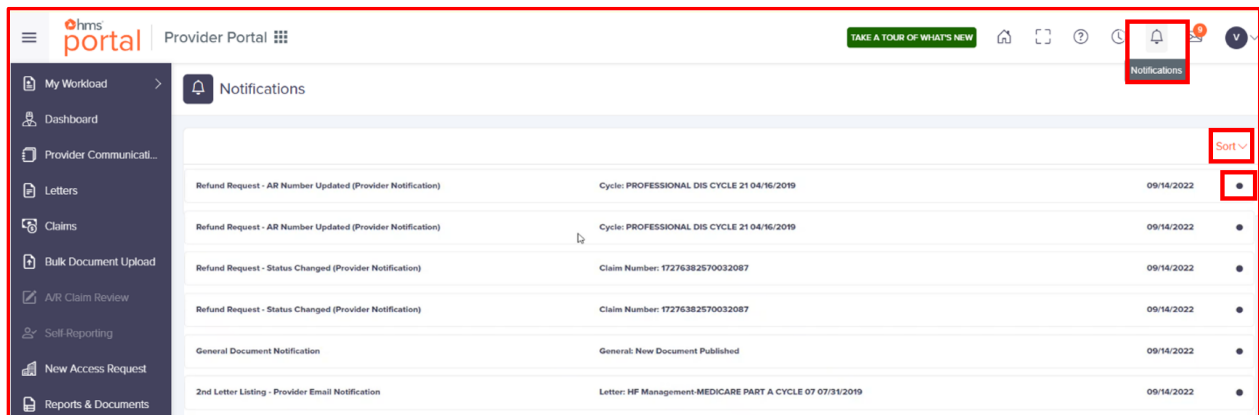
Enter mandatory details (Create Message gets enabled) and click **Create Message** to add a new message to the message list.

Notifications

This feature notifies when automated emails are sent to you once the following events take place:

- Disallowance:
 - New Disallowance Cycle Notification
 - Disallowance Closing Cycle Remainder Notification
 - Refund Request - Status Changed (Provider Notification)
 - Refund Request - AR Number Updated (Provider Notification)
 - Disallowance - Cycle Blast Email Notification
 - 2nd Letter Listing - Provider Email Notification
 - General Document Notification
- Payment Integrity:
 - PIRA New Letters
- Utilization Review:
 - UR New Letter Notification
 - Reports & Documents Notifications

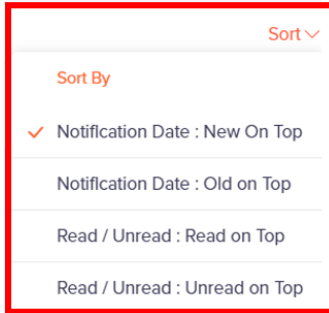
The number on the bell icon in the header section indicates the number of unread notifications. For example,  indicate thirteen unread notifications.



Notification Type	Cycle/Claim Number	Date
Refund Request - AR Number Updated (Provider Notification)	Cycle: PROFESSIONAL DIS CYCLE 21 04/16/2019	09/14/2022
Refund Request - AR Number Updated (Provider Notification)	Cycle: PROFESSIONAL DIS CYCLE 21 04/16/2019	09/14/2022
Refund Request - Status Changed (Provider Notification)	Claim Number: 17276382570032087	09/14/2022
Refund Request - Status Changed (Provider Notification)	Claim Number: 17276382570032087	09/14/2022
General Document Notification	General: New Document Published	09/14/2022
2nd Letter Listing - Provider Email Notification	Letter: HF Management-MEDICARE PART A CYCLE 07 07/31/2019	09/14/2022

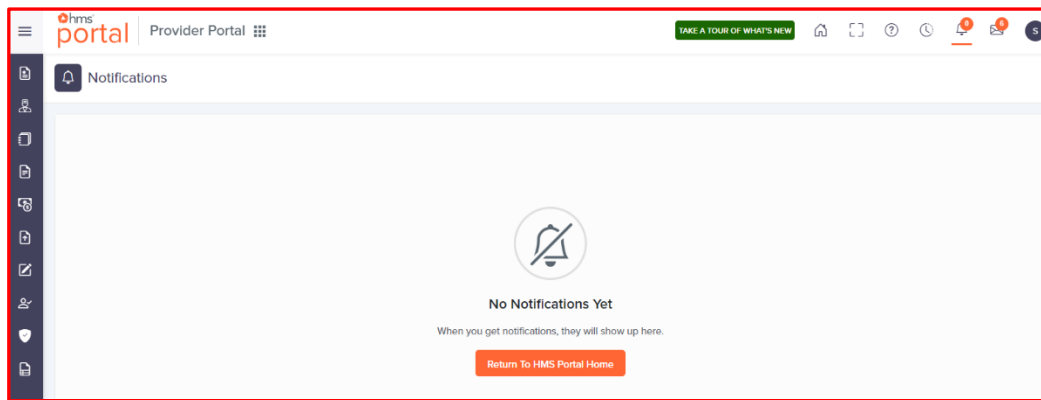
Select  to categorize notifications based on the options provided.

Enables you to sort and view the Notifications in the Notifications screen.



Click to mark as read and the icon changes to and click again to mark as unread.

When there are no Notifications, the screen below is displayed.



Definitions/Terminologies

Terms	Descriptions
Customer/Client	Government/Commercial Payers
PI	Payment Integrity
UR	Utilization Review
WC	Workers Compensation
Provider	Hospitals/Institutions, Clinics, Individual Physicians
Recipient	Patient
NPI	National Provider Identification Number



PAYMENT INTEGRITY (PI)

PAYMENT INTEGRITY (PI)

Overview

The Provider Portal – Payment Integrity (PI) application within the HMS Portal offers comprehensive tools for providers to manage interactions across HMS applications. It enables providers to review medical records, upload documentation based on claim status, update claim details, maintain contact information, and submit appeals for recoupment claims. **Note:** *The * and | (red vertical bar) represents mandatory fields throughout this guide.*

Note: **AR Claim Status* and *Self Reporting* are no longer modules*

Purpose

The purpose of the guide is to help Provider Portal - Payment Integrity (PI) users (referred to as Providers or “you”) to know the various features and functions of the Provider Portal application. This guide is applicable only to Providers (Hospitals/individuals providing healthcare service) users dealing with PI Line of Business.

Structure

This document is based on the modules available in the Provider Portal. The functionalities and features of each of the modules mentioned below form the basis of this document.

- My Workload
- Dashboard
- Provider Communications
- Letters
- Claims
- Bulk Document Upload

My Workload

This section has three parts.

1. All Work
2. Important
3. Tasks

Application by default displays “My Workload” screen on entering Provider Portal.

The screenshot shows the HMS Provider Portal interface. At the top, there is a notification banner: "Between 7 pm CT and 10 pm CT on 8/26, the Portal technical staff will be updating a crucial component, which may prevent you from uploading Claim Documents. Between 7 pm CT and 10 pm CT on 8/26, the Portal technical staff will be updating...". Below the banner, the header includes the HMS logo, "Provider Portal", and a "TAKE A TOUR OF WHAT'S NEW" button. The main navigation menu on the left is highlighted with a red box, showing "My Workload" selected. The main content area displays "All Work" with a "Payment Integrity" dropdown menu highlighted in red. Below this, there are two "Medical Record Request Notification" cards for "PI Demo Client" and "HF Management Services, LLC". The "Letters" section shows a table with columns for Provider Name & No., Letter Reference Number, Sent Date, Claims, and a progress indicator. The table contains five rows of data.

Provider Name & No. Displayname	Letter Reference Number	Sent Date	Claims	Progress
14768 84715	8905	Apr 17, 2012	2/2	0%
8834 1243173	79576	Nov 16, 2017	2/2	0%
& Rehab Ctr 133982198-003	99212	Feb 28, 2018	3/4	25%
& Rehab Ctr 133982198-003	110696	Apr 12, 2018	7/7	0%
& Rehab Ctr 133982198-003	49422-46	Apr 13, 2018	3/5	40%

Upon selecting Payment Integrity product line, the following sections are displayed:

- Letter Type section – Displays a different Letter Type associated for a selected Client.
- Letters section – Letter Reference Number will be unique for each Letter card.

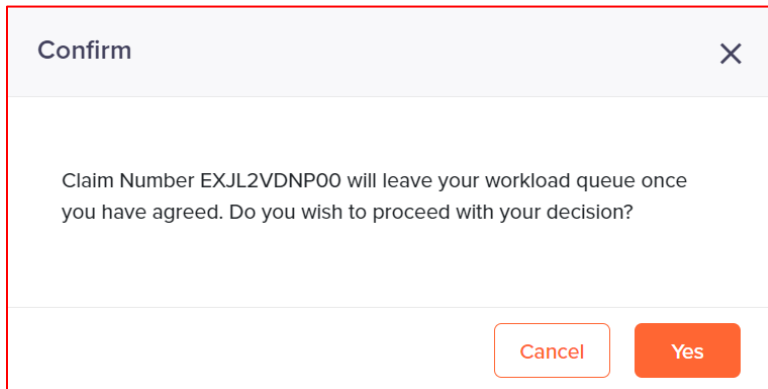
Click on the “View claims” link in the Letters section, to see the list of Claim cards in the Claims section.

Claim Disposition:

- If the Claim status is “Over Payment Identified” or “1st Level Dispute Upheld”, then a toggle button will be displayed.

- The Claim Disposition status would be displayed as “— “(Not Applicable) in My Workload for claims which have any other Claim status, apart from “Over Payment Identified” and “1st Level Dispute Upheld”.
- When user turns ON the toggle button, then it indicates that the user has Agreed to the pay the Overpaid amount and the claim would be automatically removed from the My Workload queue.

Upon turning ON the toggle button (within the Claim card), the following confirmation message will be displayed as shown below.



Navigating to the **All Work** screen

To navigate to All Work screen, follow the steps below.

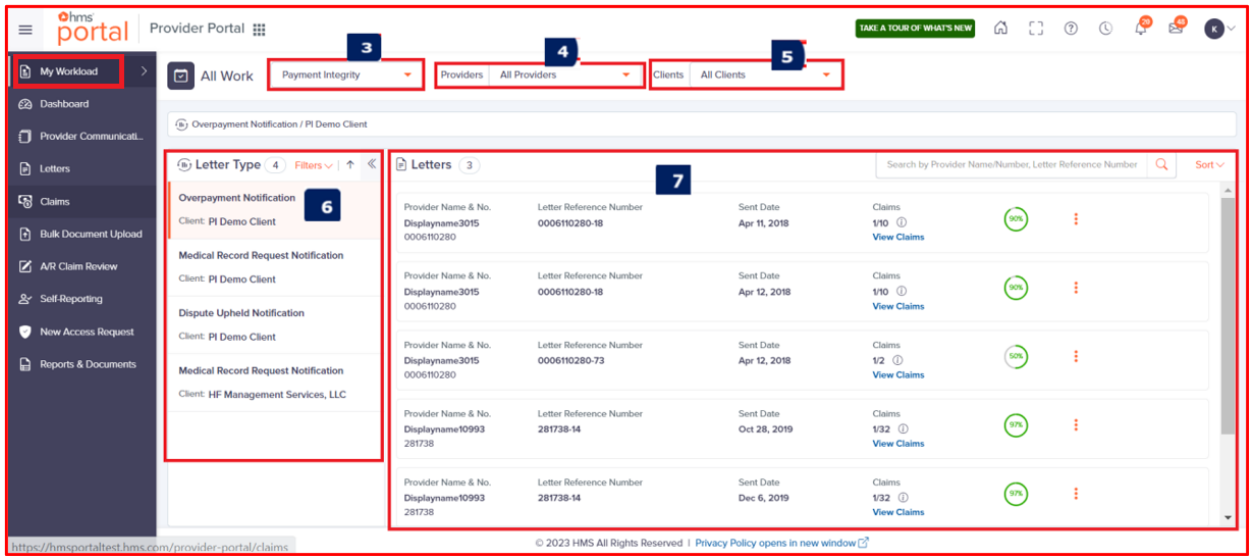
1. Click **My Workload** and application display following options.



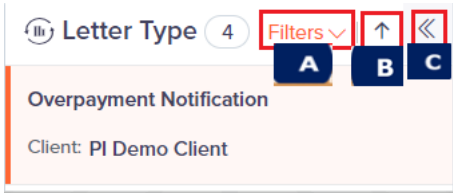
2. Use the dropdown list to select "All Work".



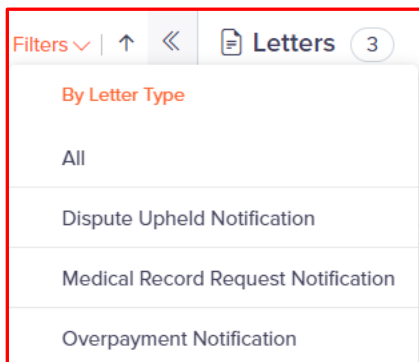
Application displays "All Work" screen as shown below.



3. Select a Line of Business from the dropdown list. For example, choose Payment Integrity.
4. Use the dropdown list to view list of Providers you have access and ability to search.
5. Use the dropdown list to view all Clients you have access to.
6. **Letter Type Section:** Based on the selected value; Provider Name, Client Name, application displays associated Letters.

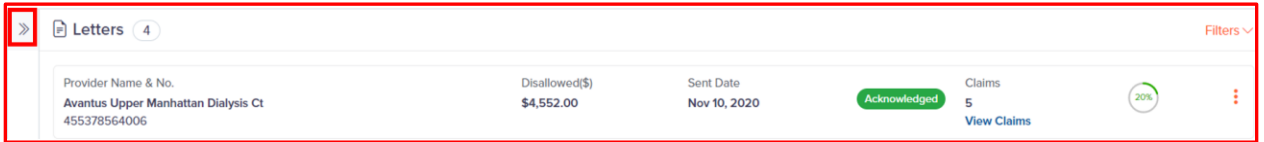


- I. Use "Filters" dropdown list to select and view by Letter type.



- II. Click  to sort by "Client Name A-Z" and display.
- III. Click  to hide Letter Type section fully.

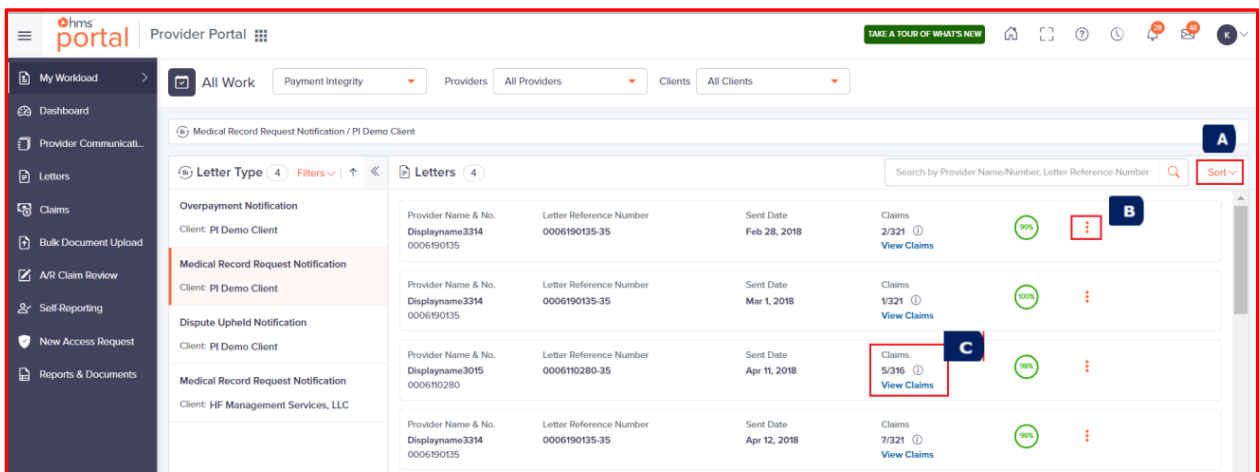
The Application hides the Letter section as shown below.



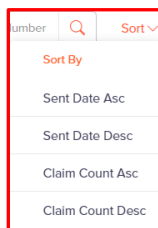
Click again to view Letter Type section fully.

- IV. Click on any of the Letter Type cards in the Letter type section to view its Letters in the Letters section on the right.

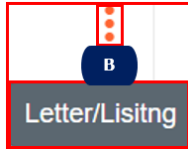
7. Letters Section:  Letters  indicate Letters associated with selected Letter Type.



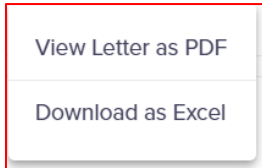
- Use "Sort by" dropdown list to select and view Letters by Letter Sent Date or Claim Count.



- Click  to view Letter Listings in PDF and download Letter information in Excel.



The below image displays the formats in which you can download the letter information.



Select "View Claims" to view Claims section with the number of claims associated to the Letter.



Note:

On selecting "View Claims, application displays Claims Section

For Payment Integrity & Utilization Review, the "View claims" link appears by default.

8. Claims Screen (My Workload → All Work): An example of "Claims" section with claims is shown below.

Claim No.	Line No.	Client Case Number	Claim Disposition	Claim Status
ESABZY77Q00	6	12345	---	Overpayment Identified
EQAB00FYV01	4	---	---	Overpayment Identified
PM35VRZH003	2	---	---	Overpayment Identified
ER9TYSHNR01	7	---	---	Overpayment Identified

A. Click to add a new task in the Tasks pop-up window.

- B. Click ☆ icon to mark the claim important. A message appears on successful completion and color change confirming the claim was marked.
- C. Claim Disposition status:
 - Definition - The option will be used by the provider user to update a claim's disposition status, by confirming that providers will agree to pay the amount determined by HMS, following an audit.
 - A toggle button is displayed in each claim card

Claim No.	Line No.	Client Case Number	Claim Disposition	Claim Status
E5ABZY77Q00	6	12345	---	Overpayment Identified
Patient Name DisplayName132750	Paid Amount \$3,485.42	Patient Control Number 700543529	Medical Record Number Test00112233	
EQAB00FYV01	4	---	---	Overpayment Identified
Patient Name DisplayName132755	Paid Amount \$4,638.27	Patient Control Number 700546003	Medical Record Number ---	

Task

- A. Indicates open tasks.
 - Click on 📄 to add a new task in the Tasks pop-up window.
 - An orange bubble is displayed at the top right hand corner on the task icon in the claim card, indicating that there are open tasks to be reviewed as shown in the image above.
- B. Indicates no open task.
 - No check mark will be displayed on the task icon, in the claim card, indicating no open tasks.

Tasks
Add New Task

Task marked as Completed

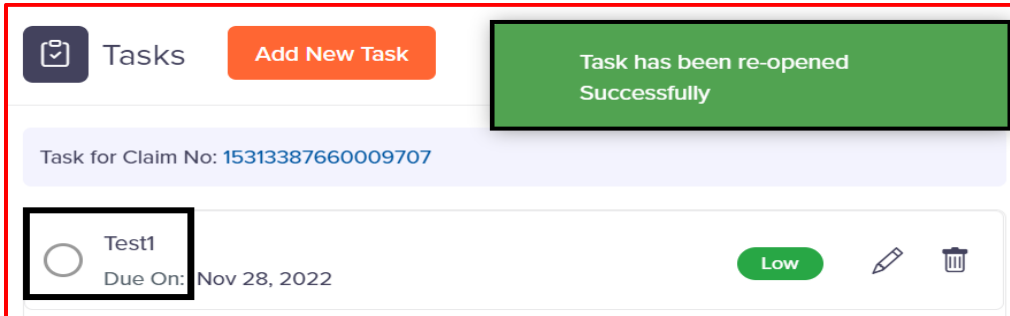
Task for Claim No: 15313387660009707

Test1

Due On: Nov 28, 2022

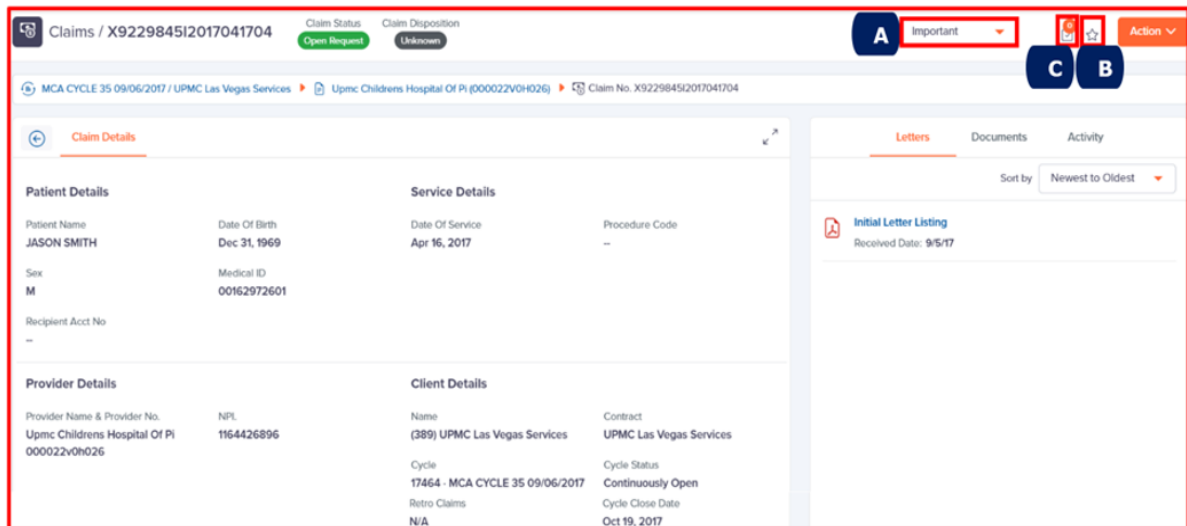
Low
✎
🗑️


- When a task is marked as Completed, a confirmation message (“Task marked as completed”) appears briefly.
- The task title is struck through and prefixed with a completion indicator.



- Tasks can be re-opened by clicking on the check mark.
- On marking the task as re-opened, a message (“Task has been reopened successfully”) will appear briefly.
- If a task does not have a checkmark and is not struck through, it indicates that the task has been reopened.

9. Claims Details Screen: Selecting Claim No. X9229845I2017041704 link displays “Claim Details”.



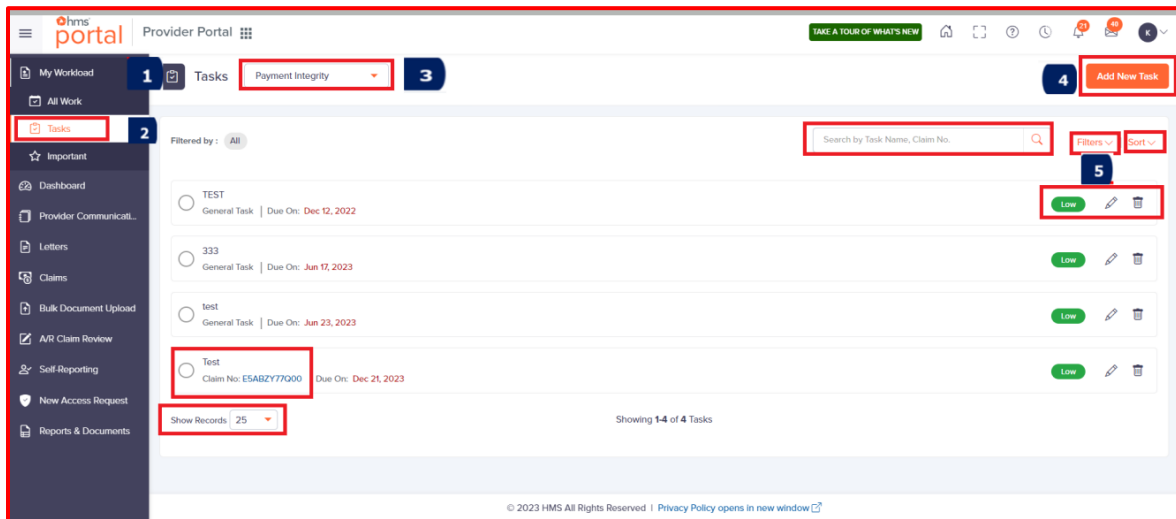
- Use dropdown list to view and mark claims that are important.
- Click ☆ icon to mark the claim important. Disappearing message appears on successful completion and color change.
- Click  icon to add a new task in the Tasks pop-up window.

Navigating to the **Tasks** screen

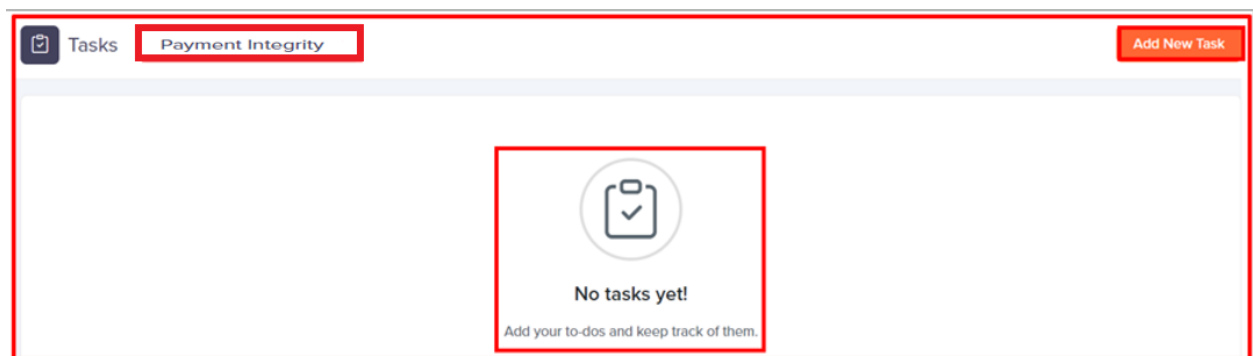
The Portal allows you to create, edit, view, and delete tasks. You can mark tasks as important and view them quickly.

To navigate to the Tasks screen, follow the steps below.

1. Select **My Workload** from the left navigation menu to view the dropdown list.



2. Select "Tasks" from the left navigation menu.
3. Use the dropdown list to select "Payment Integrity" tasks and track your to-do tasks lists. If no tasks are pending, the application displays message below without Search, Filters, Sort, Edit or Delete tasks options and, link to view Claim Details screen.



4. Click **Add New Task** to add a new task to the list.

Enter the mandatory fields and click **Create Task**. The newly added task is added to the list as shown below.

<input type="radio"/>	PI General Task Due On: Sep 12, 2022	Low		
<input type="radio"/>	Claim Disposition Claim No: 010216187491400 Due On: Sep 21, 2022	Low		
<input type="radio"/>	Specific Task General Task Due On: Sep 30, 2022	Medium		

Select checkbox to mark the task as completed. Application closes the task and displays with option to reopen the task.

5. Select the Edit icon to modify task details and click **Update Task** or **Mark Complete** to mark the task as completed.

The screenshot shows the 'Edit Task' form with the following fields and values:

- Task:** Specific Task
- Priority:** Medium
- Due Date:** 9/29/2022
- Note:** Create and submit task before due date.

Buttons: Cancel, Update Task (highlighted in red)

Note: "Update Task" button is enabled upon the user making any changes in this section.

In the Edit Task screen, when you mark a task as complete using Mark Complete, a confirmation message "Task marked as Completed"—will briefly appear. The updated task status will then be reflected on the Task List screen.

The screenshot shows the 'Edit Task' form with the following fields and values:

- Task:** test
- Priority:** Medium
- Due Date:** 11/30/2022
- Note:** (empty)

Buttons: Cancel, Update Task (disabled/greyed out)

The screenshot shows the 'Edit Task' form. At the top left, there is a checkmark icon and the text 'Edit Task'. To its right is an orange button labeled 'Mark Re-Open'. Further right is a green notification box with the text 'Task marked as Completed'. Below these elements is a light blue header area with the text 'Edit your task'. The form contains several fields: 'Task *' with the value 'test', 'Priority *' with a dropdown menu set to 'Medium', 'Due Date' with the value '11/30/2022' and a calendar icon, and a 'Note' field with a character count of '0 / 250 characters'. At the bottom right, there are two buttons: 'Cancel' and 'Update Task'.

6. Users also have an option to reopen the completed task by clicking on “Mark Reopen”. A brief message “Task has been re-opened successfully” will pop-up.

The screenshot shows the 'Edit Task' form. At the top left, there is a checkmark icon and the text 'Edit Task'. To its right is an orange button labeled 'Mark Complete'. Further right is a green notification box with the text 'Task has been re-opened Successfully'. Below these elements is a light blue header area with the text 'Edit your task'. The form contains several fields: 'Task *' with the value 'test', 'Priority *' with a dropdown menu set to 'Medium', 'Due Date' with the value '11/30/2022' and a calendar icon, and a 'Note' field with a character count of '0 / 250 characters'. At the bottom right, there are two buttons: 'Cancel' and 'Update Task'.

7. In the “Task List” screen, based on the status of the task, the corresponding symbol is displayed as shown below.



Fig – Indicates “Open” task.



Fig – Indicates “Completed” task.

Navigating to Mark Claims “Important”.

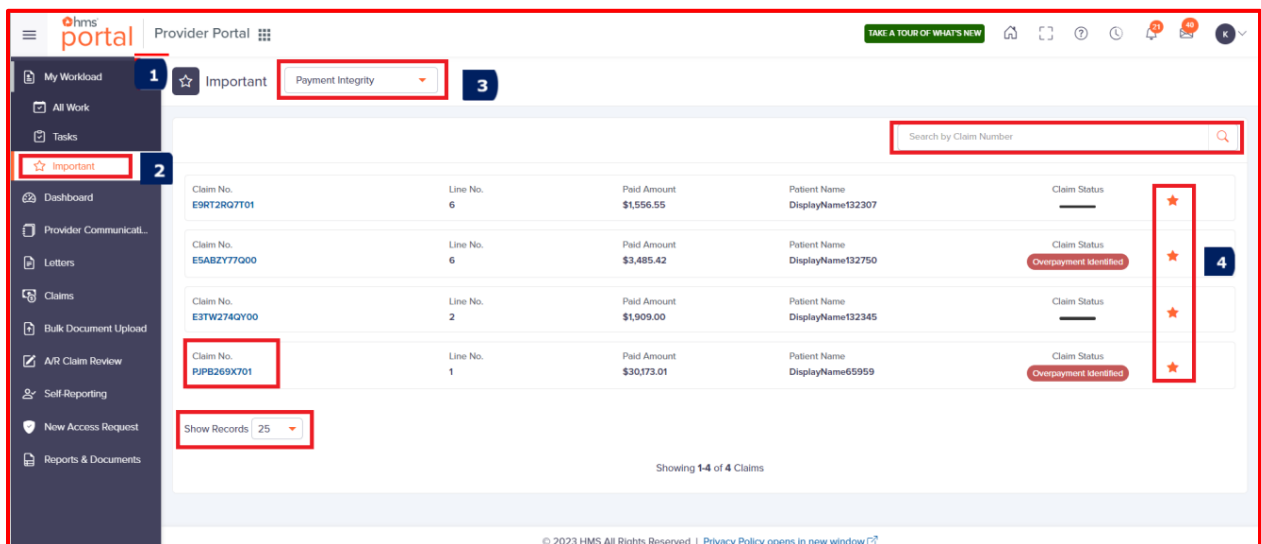
Allows you to mark Claims that are important and view them quickly.

1. From “Important” Left Navigation Menu
2. From “Claims” Left Navigation Menu

To navigate to Important screen, follow the steps below.

1. From “Important” Left Navigation Menu

1. Select **My Workload** from the left navigation menu to view the dropdown list.

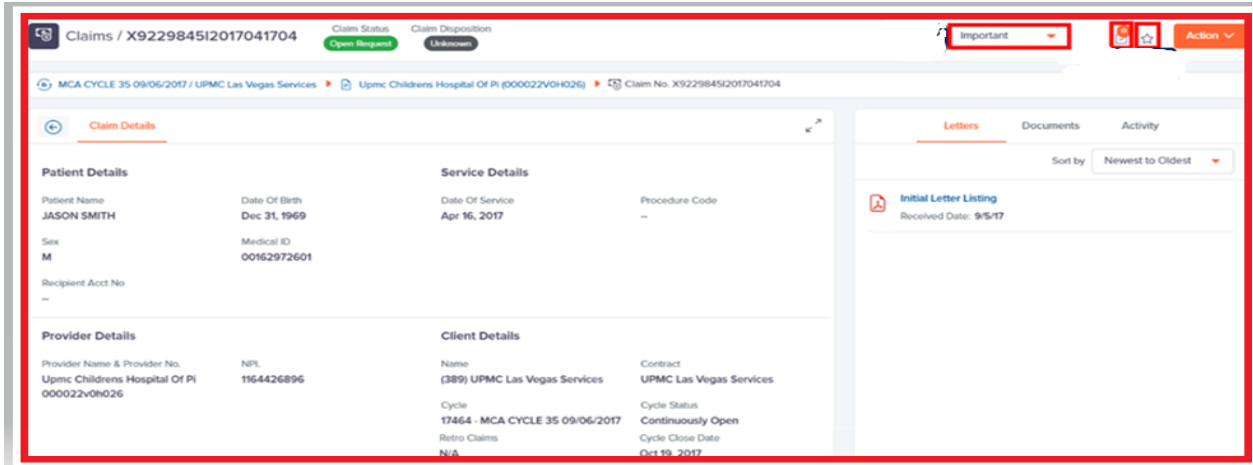


2. Select “Important” from the left navigation menu to view Important screen.
3. Use the dropdown list to select “Payment Integrity” and view list of claims marked ★ (important) earlier.

4. Select ★ icon to indicate the claim as important.

Note: Clicking ★ icon once marks the claim unimportant and clicking the icon again marks the claim important in the Important, Claims and Claim Details screen.

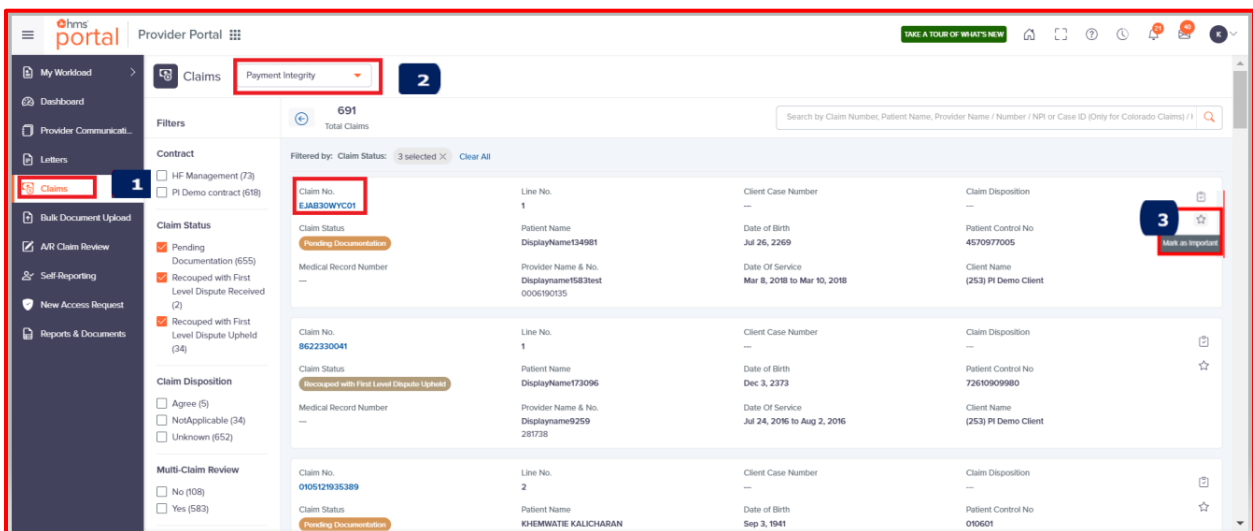
Select "Claim No." link to view Claim Details screen and mark the claim important on the top right.



2. From "Claims" Left Navigation Menu

Note: You can select or unselect the ★ icon in the "Claims" screen and "Claim Details" screen.

1. Select "Important" from the left navigation menu to view the Important screen. **Claims** screen.



2. Use the dropdown list to select "Payment Integrity" and view list of claims marked/unmarked as ★ important earlier.
3. Select ★ icon to mark the claim as important.

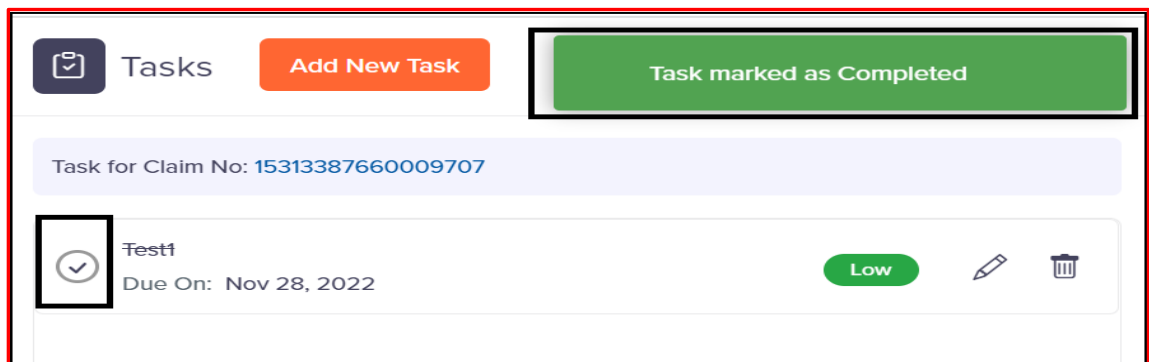


Sample image

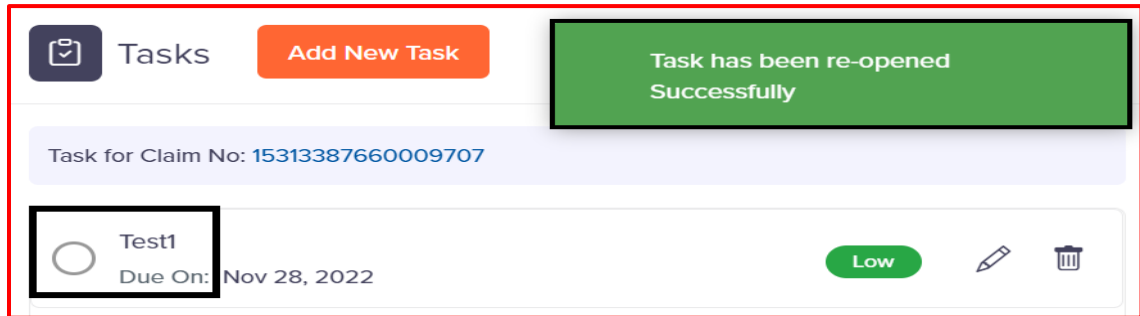
A. Add a new task

- Click on to add a new task in the Tasks pop-up window.
- Once the task is created, an orange bubble is displayed at the top right hand corner of the task icon, within the claim card, as shown in the image above.

B. Once the task is closed, there is no bubble displayed on the task icon of the claim card.

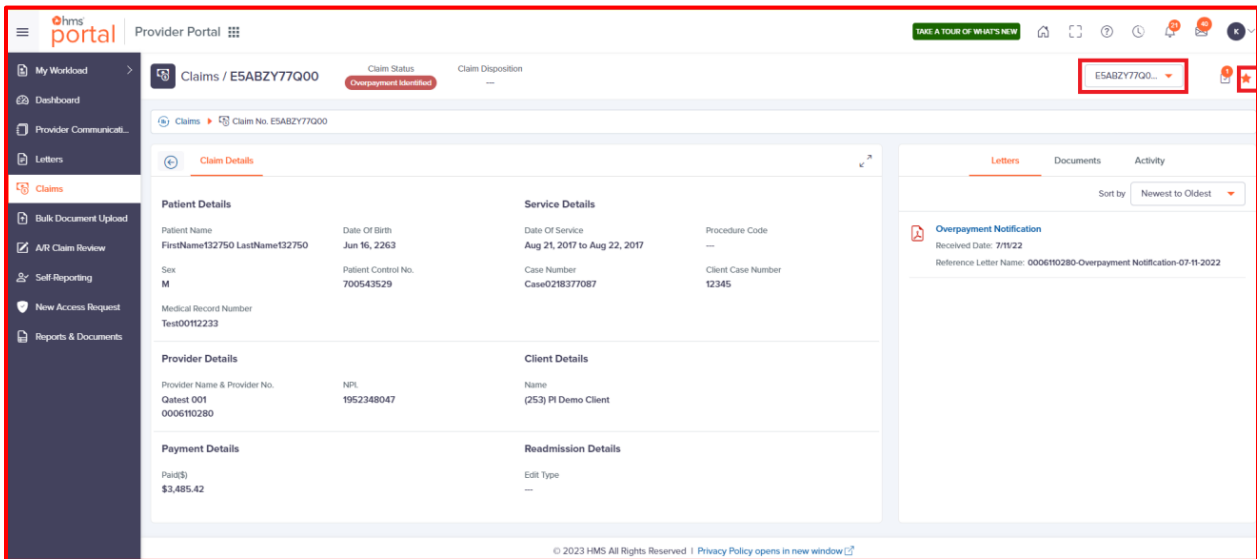


- Once the task is marked as completed, a message "Task marked as Completed" will briefly appear.
- A struck-through task with a check mark indicates that the task is Completed.



- Upon clicking on the same task, it can be reopened.
- On marking the task as reopened, a message "Task has been reopened successfully" will briefly appear.
- If a task does not have a check mark or strike mark, it indicates the task has been reopened.

Select "Claim No." link to view "Claim Details" screen.



Use the dropdown list to move to the next important claim in the "Claim Details" screen.

Select ★ icon to mark the claim as important/unimportant.

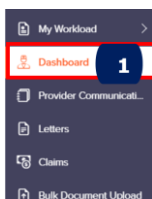
Dashboard

Overall Summary

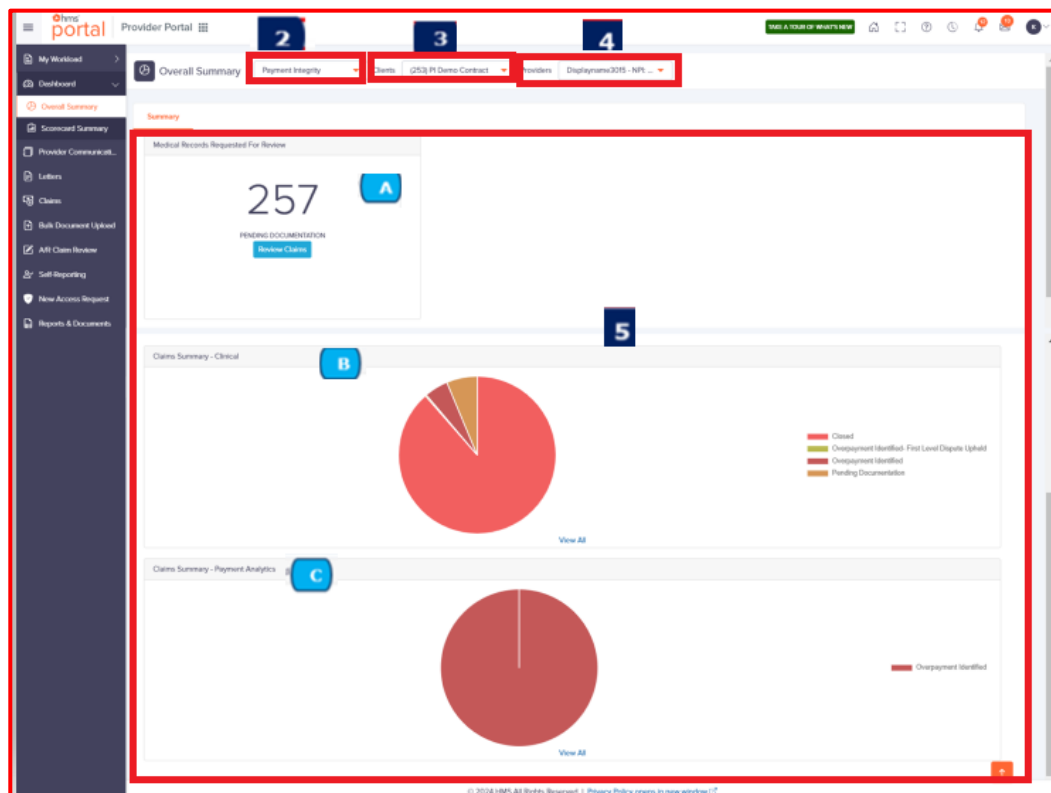
The PI Dashboard screen is explained in detail below.

To view the Dashboard screen, follow the steps below.

1. Select "Dashboard" from the left navigation menu and select "Overall Summary".



2. Use the dropdown list to select the Line of Business you have access to.



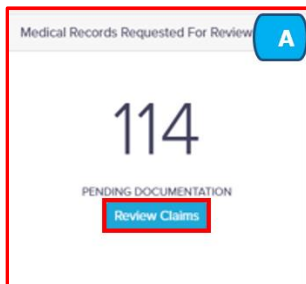
3. Use the dropdown list to select the Clients you have access to.

4. Use the dropdown list to select the Providers you have access to.

Note: Application displays other Lines of Business based on your contract and access rights.

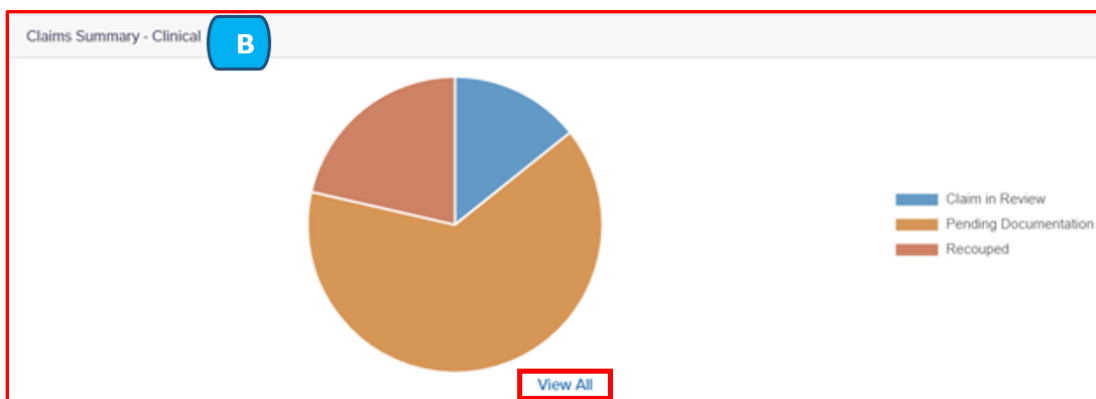
5. Use any of the Cards below to perform action.

A. **Medical Records Requested for Review** - Indicates the number of claims, if any, which require Medical Records to be uploaded. Application displays "Congratulations" message if there are no claims pending documentation



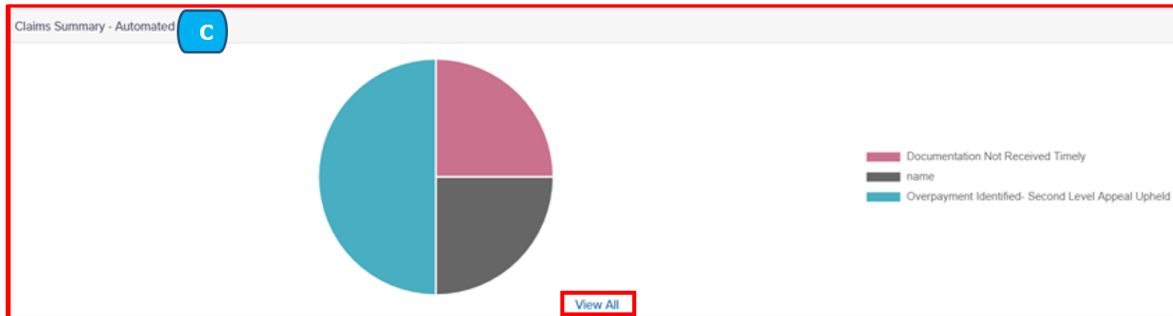
Click **Review Claims** to view the above one hundred and fourteen pending claims and upload Medical Records which are explained in detail later in this document.

B. **Claims Summary – Clinical** - Illustrates number of Clinical claims with their statuses.



- I. Hover over a section to view the number of claims in each status.
- II. Select a section in the pie chart to view the list of claims for that status.
- III. Select "View All" to view detailed statuses of all claims.
- IV. Select "View Less" to view only the legends/representation of entries.

- C. Claims Summary – Automated - Illustrates the number of Automated claims with their statuses.



Provider Communications

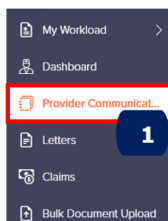
This section allows you to add or modify primary and associated provider’s address, contact information, and set communication preferences.

Navigating to “Provider Communications” screen

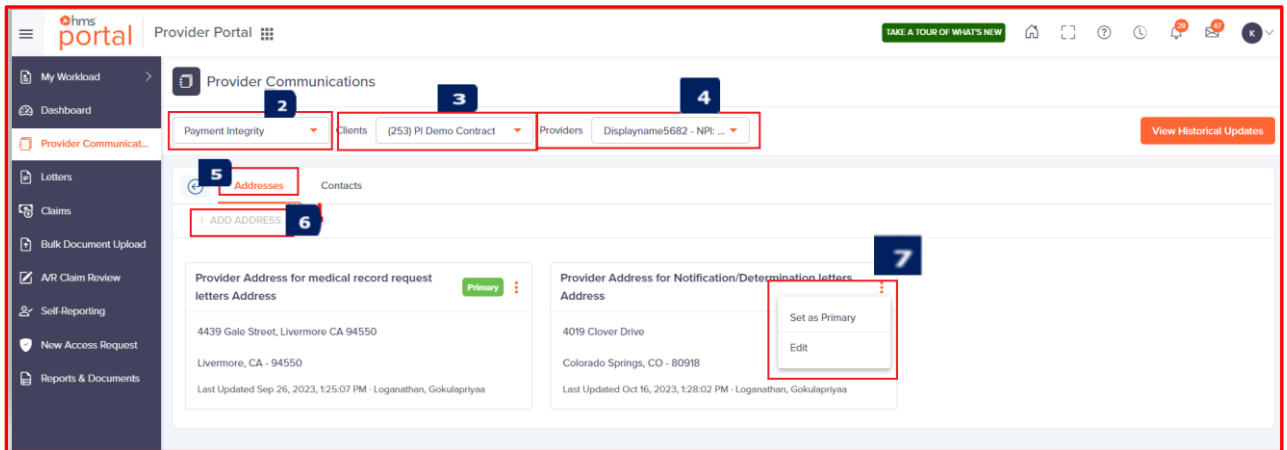
You can navigate to “Provider Communications” screen as shown below.

From Provider Communications (Left Navigation Menu) - To select a provider and update communication details.

1. Click **Provider Communications** from the left navigation menu.



For both “Dashboard” and “Provider Communications”, the application displays the same “Provider Communications” screen with “Addresses” tab by default.



To update Provider addresses/location details, follow steps below.

Note: Based on the Provider and Client, selected, application displays below mentioned address details.

2. Use the dropdown list to select Line of Business (Payment Integrity).
3. If you have access to multiple Clients, use the dropdown list to select Client.
4. If you have access to multiple Providers, use the dropdown list to select Providers.

Addresses

5. Click **Addresses** tab.
6. Click **+ ADD ADDRESS** to create a new address in the pop-up window below.

📍 Add a new address
✕

You are adding a new address for At Riverdalehebrew Home For Aged [(496) HF Management - Payment Integrity]

Line Of Business

Payment Integrity

Address Type *

▼

Address 1 *

Address 2

City *

State *

Zip *

Make this as primary address

Cancel
Add Address

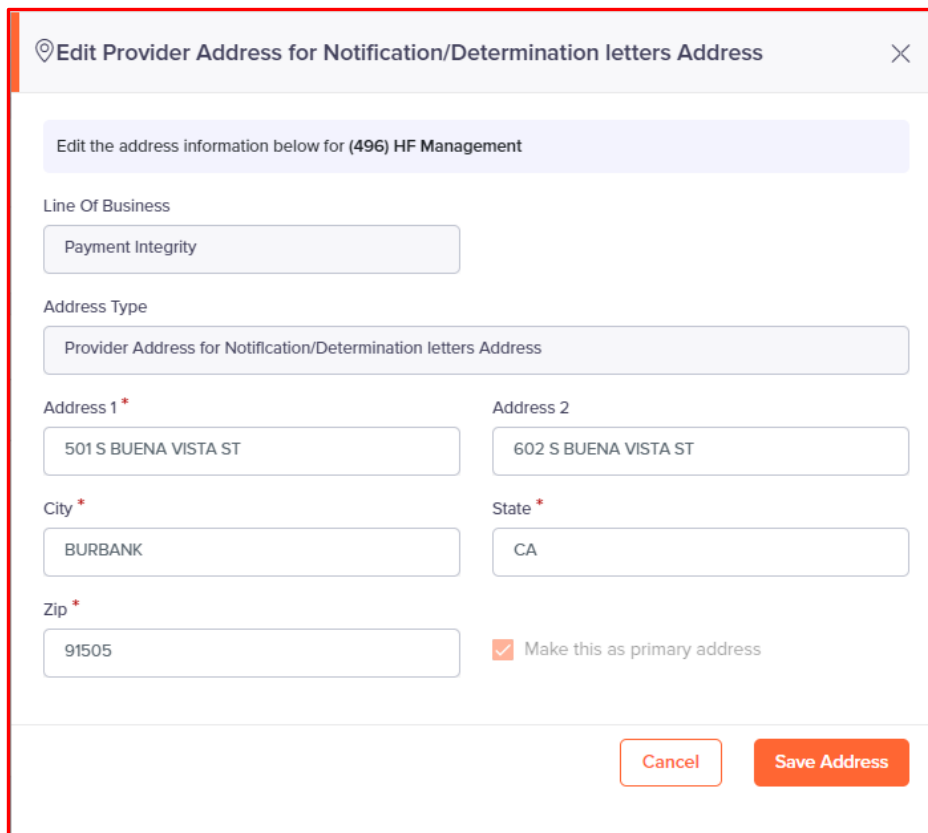
Use the dropdown list to select the type of address such as Provider Addresses for Medical Record and Provider Address for Notification.

Enter *mandatory* fields and click **Add Address** (enabled after entering mandatory fields) to set and save a new address.

7. Select  Filters to set the address as Primary or edit the address.

Select "Set as Primary" to make the address as Primary Address. Application notifies the successful setting as a message for few seconds. **(or)**

Select "Edit" to modify address information and below pop-up window appears.



Update *mandatory* fields and click **Save Address**

Contacts

4. To update contact information such as name, phone number, and other details, complete Steps 1 through 3 in the Addresses tab as described above. Click

Contacts tab to view the below section after selecting Provider Communications.

Addresses **Contacts** 4

+ ADD CONTACT 5

Provider Contact for medical record request letters Contact **Primary**

Name: ContactName10024
Title:
Position:
Email: EmailAddress10024@google.com
Primary Phone: 000010024
Secondary Phone: 000010024
Mobile: 000010024
Fax Phone: 00-000-00010024
Last Updated Mar 5, 2021, 3:07:33 PM - System

Provider Contact for Notification/Determination letters Contact 6

Name: ContactName10024
Title:
Position:
Email: EmailAddress10024@google.com
Primary Phone: 000010024
Secondary Phone: 000010024
Mobile: 000010024
Fax Phone: 00-000-00010024
Last Updated Mar 5, 2021, 3:07:33 PM - System

- Set as Primary
- Edit

5. Click **+ ADD CONTACT** to add a new contact in the pop-up window below.

☎ Add a new contact ✕

You are updating a new contact for Displayname3314 [(253) PI Demo Contract - Payment Integrity]

Line Of Business: Payment Integrity

Name *

Contact Type *

Title

Position

Primary Phone * Ext.

Secondary Phone Ext.

Mobile

Email

Fax

Make this as primary contact

Cancel Add Contact

Use the dropdown list to select the type of contact such as Provider Addresses for Medical Record and/or Provider Address for Notification

Enter *mandatory* fields and click **Add Contact** (this button gets enabled when all mandatory fields are entered) to save a new contact.

6. Select Filters to set the contact as Primary or edit the contact details.

Select "Set as Primary" to make the contact as Primary contact. Application notifies the successful setting as a message for few seconds. **(or)**

Select "Edit" to modify contact information and below pop-up window appears.

The screenshot shows a pop-up window titled "Edit Provider Contact for medical record request letters Contact". The window contains the following fields and options:

- Line Of Business:** Payment Integrity
- Name *:** Anderson K
- Contact Type:** Provider Contact for medical record request letters Contact
- Title:** (Empty field)
- Position:** (Empty field)
- Primary Phone *:** 343-434-3436
- Ext.:** (Empty field)
- Secondary Phone:** (Empty field)
- Ext.:** (Empty field)
- Mobile:** (Empty field)
- Email:** gatestuser13@hms.com
- Fax:** (Empty field)
- Make this as primary contact

At the bottom right of the form, there are two buttons: "Cancel" and "Save Contact".

Update *mandatory* fields and click **Save Contact**.

In the Provider Communications screen, upon clicking on "View Historical Updates", the user is directed to Historical Updates screen, as shown below:

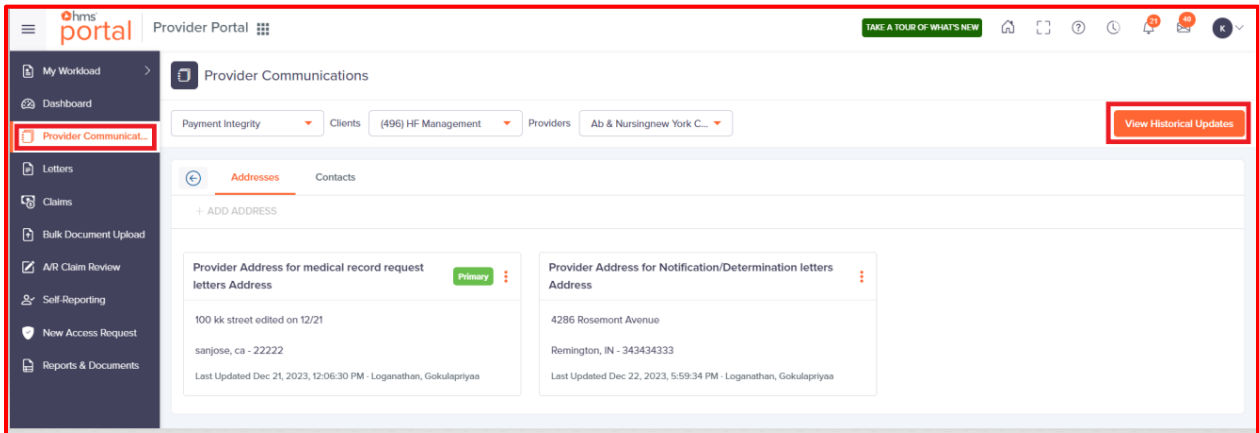


Image – Provider Communications screen

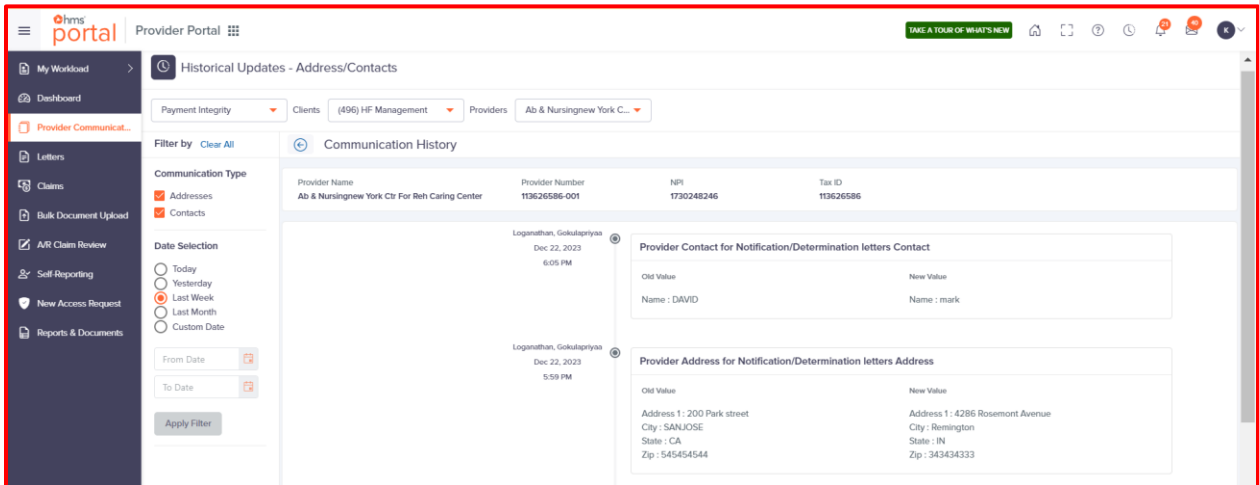


Image – Historical Updates Screen

In the Historical Updates screen, users can select the respective Line of Business, Client and Provider, to view the Communication History, in terms of the changes made to the old Address and Contacts.

Users can also filter by Communication Type and Date selection to view the respective history.

Letters

To search and view Medical Records from “Letters” left navigation menu, follow below steps.

Navigating to “Letters” screen

Note: On selecting “Letters” from the left navigation menu, application by default displays list of all Disallowance cards. You have an option to select the other Product lines (based on your access) to view the associated letters.

In case you have access only to Payment Integrity product line, then the associated Letters will be displayed by default.

1. Select “Letters” from left navigation menu to view “Letters” screen shown below.

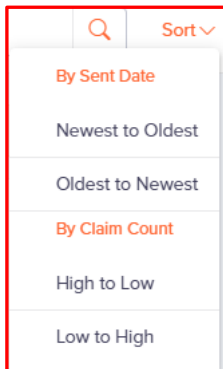
The screenshot shows the HMS Portal interface for the 'Letters' section. The left navigation menu has 'Letters' highlighted with a red box and a blue '1'. The main content area has a 'Letters' header with a dropdown menu set to 'Payment Integrity' (2). Below the header, there are filters for 'Contract' (3) and 'Letter Type'. A search bar is located at the top right of the main area (4). The main area displays a table of letters with columns for 'Provider Name & No.', 'Sent Date', 'Letter Type', and 'Claims'. Each row has a 'View Claims' link (7) and a 'View as PDF' link (6). A 'Download as Excel' link is also present. A 'Claim Export Report' button is in the top right corner (5). The table contains three rows of letter information:

Provider Name & No.	Sent Date	Letter Type	Claims
Carequeens Blvd Extended 46485926-001 Client (496) HF Management Services, LLC	Mar 31, 2021	Medical Record Request Notification	72 View Claims
Displayname9259 281738 Client (253) PI Demo Client	Dec 30, 2019	Medical Record Request Notification	6 View Claims
000610280 Client (253) PI Demo Client	Dec 27, 2019	No Further Action Required Notification	3 View Claims

2. Select Line of Business (Payment Integrity) from dropdown menu.
3. Use filters under “Contract” and “Letter Type” to narrow down your search results. Once you select a checkbox, the application refreshes the screen and displays only Letter cards based on the selection.
4. In “Search” field, enter any one of the options below and click **Search**.
 - A. Enter Provider Name to view the Provider details.
 - B. Enter Provider Number to view the Provider details.
 - C. Enter Letter Reference Number to view recipient details.

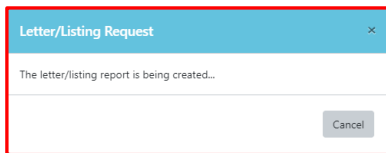
Select “Clear” to remove data and refresh screen with new letter information.

5. Use dropdown list to sort the Letters card "Sort by: Sent Date, "Sort by: Claim Count".



6. Use "Letter/Listing" dropdown option to view specific Letter/Listing to "View as PDF" or download as Excel.

Application displays "Letter/Listing Request" pop-up window as shown below indicating report being created with option to Cancel/Close at this stage.



Subsequently displays PDF Letter in a new browser page as shown below with an option to download.



7. Select "View Claims" to view list of claims associated to the Letter. Application displays each claim line as Claim Card in "Claims" screen.

Note: This screen allows user to view all the Letters sent to the providers, that user has access to.

8. Click on Claim Export Report to download the report.

Claim

This section enables users to View list of Claims and narrow search results using:

- *Filter by:* Claim Status, Claim Disposition, Multi-Claim Review, etc.
- *Search by:* Claim Number, Patient Name, Provider Name/Number/NPI, etc.

Navigating to “Claim Details” screen

Portal provides the following ways to navigate to “Claim Details” screen and upload required claim documents.

- 1) From My Workload Claims section** – Click on the “Claim Number.”
- 2) From Dashboard** – “Medical Records Requested for Review” Card
- 3) From Dashboard** – “Claims Summary - Clinical” Card
- 4) From Dashboard** – “Claims Summary - Automated” Card
- 5) From Claims** (Left Navigation Menu)

1. From My Workload Claims section

The screenshot shows the 'My Workload' interface. The left sidebar has 'My Workload' selected. The main area displays 'All Work' with filters for 'Payment Integrity', 'All Clients', and 'All Providers'. Below this, there's a section for 'Overpayment Notification / Payment Integrity Demo Client' with 'Letter Type' 5 and 'Letters' 8. A table lists provider information and a 'View Claims' link is visible.

Provider Name & No.	Letter Reference Number	Sent Date	Claims
Xxxx 127295703	36626-32	Jan 13, 2026	5/40 ⓘ 88% 🔍 ⋮

Click on “View Claims” and it will take you to the screen below where you can click on the claim number.

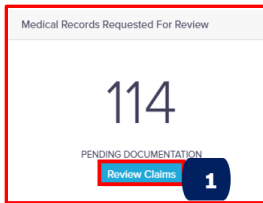
The screenshot shows the 'Claim Details' interface. The left sidebar has 'My Workload' selected. The main area displays 'All Work' with filters for 'Payment Integrity', 'All Clients', and 'All Providers'. Below this, there's a section for 'Overpayment Notification / Payment Integrity Demo Client' with 'Letter Type' 5 and 'Claims' 5/40. A table lists claim information.

Claim No.	Line No.	Client Case Number	Claim Disposition
1000000000000001325	3	---	---
0			
Patient Name	Paid Amount	Patient Control Number	Medical Record Number
Jxxxxxx X Gxxxxxx	\$7,141.78	0XXXXXX3	---

2. From Dashboard – “Medical Records Requested for Review” Card

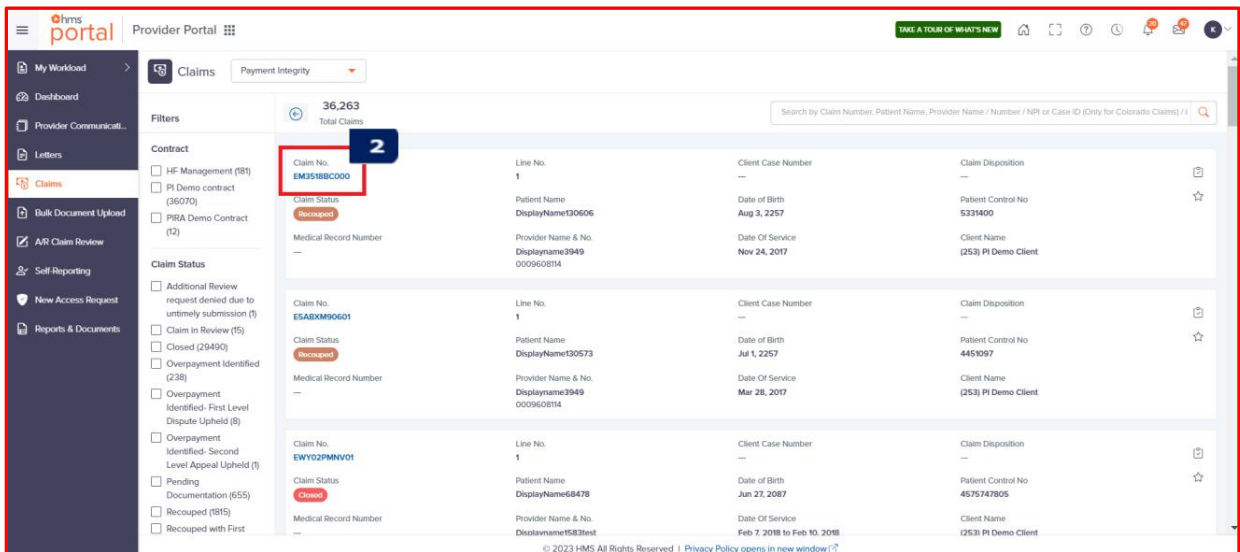
Enables you to view claims (if any) which require Medical Records to be uploaded.

Note: The card below indicates one hundred and fourteen claims require Medical Records to be uploaded. If no records are pending, application displays “Congratulations” message.



To view claims pending documentation, follow the steps below.

1. Click **Review Claims** and the application display claims which require medical records to be uploaded as shown below.



2. Select “Claim No.” to view “Claim Details” screen for the selected Claim as shown below.

Claims / 77676263 Claim Status: Pending Documentation

Claims ▶ Claim No. 77676263

Claim Details

Patient Details		Service Details	
Patient Name	Date Of Birth	Date Of Service	Procedure Code
FirstName46025 LastName46025	Jan 4, 2026	Nov 3, 2015 to Nov 18, 2015	
Sex	Patient Control No.	Case Number	
F	535095601	Case021858136	

Provider Details		Client Details	
Provider Name & Provider No.	NPI	Name	
Displayname7100 1243173		(253) PI Demo Client	

Payment Details		Readmission Details	
Paid(\$)		Edit Type	
\$59,931.98			

Letters **Documents** Activity

Note: The System may auto correct the document type after processing it

Select files... Drop files here to upload

Sort by Newest to Oldest

SampleTestdocument.pdf
File Size: 32.32 MB Received Date: 12/6/17
Uploaded: 1/1/01 by
Type: Medical Record Received
Notes:
Paper Attached Received: 12/6/17
Reference Name: 77676263-Medical Record Received-12-07-2017

3. Click **Documents** tab to upload Medical Records pending for the claim.
4. Click **Select files** to select PDF document from your local folder or drag and drop file in the area mentioned and view the Document Name.

Optional. Use the dropdown list to select the order of claim card to be displayed Sort by: "Newest to Oldest," or "Oldest to Newest".

Letters **Documents** Activity

Note: The System may auto correct the document type after processing it

Select files... Drop files here to upload

Medical Record.pdf 25.09 KB

--Select--

Select Document Type
(optional notes)

Clear Upload

Sort by Newest to Oldest

SampleTestdocument.pdf
File Size: 26.12 MB Received Date: 2/5/20
Uploaded: 1/1/01 by
Type: Medical Record Received
Notes:
FTP Attached Received: 2/5/20
Reference Name: 191029E7747601-Medical Record Received-02-06-2020

5. Use the dropdown list to select the type of document to be uploaded such as Medical Record, Rebuttal, or Appeal.



- **Medical Records:** Upload related records/documents for a Claim number based on request letter received from HMS for review.
- **Rebuttal:** Upload additional documents/reconsideration documents (after submitting Medical Records) for HMS to reconsider and review before going for "Appeal".
Note: "Rebuttal" and "Appeal" options appear based on Claim status.
- **Appeal:** Final option to defend recoupment decision by HMS.

6. Click **Upload** and the document is uploaded for review by HMS.

Note: You can also upload multiple documents against each claim through "Bulk Document Upload" link in left navigation menu.

To learn more about Activity, Documents, Letters and Reference Claims Tabs, see the section below.

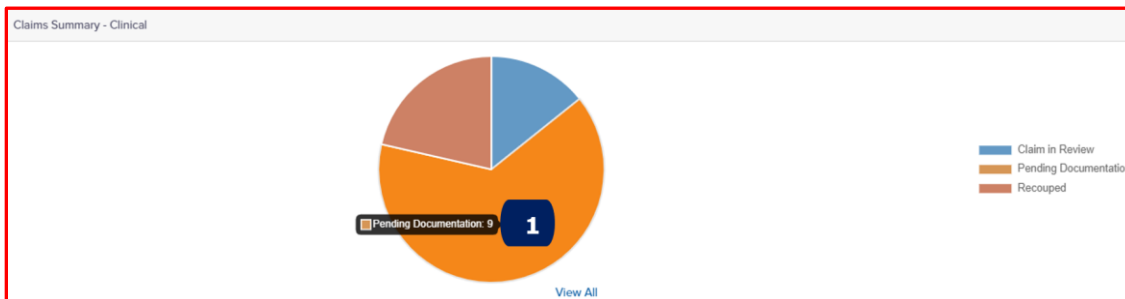
3. From Dashboard – "Claims Summary – Clinical" Card

Allows you to view number of clinical claims and their status in pie chart.

Note: To learn more about "Claims Summary – Clinical" Card details, please refer to the "Dashboard" section earlier in this document.

To view Claims from "Claim Summary – Clinical" card pie chart and upload records, follow steps below.

1. Select a slice in pie chart, like "Pending Documentation" as shown below.



Application displays all the "Pending Documentation" Claims cards with respective filters applied in the "Claims" screen.

Note: For further steps, please refer "From Dashboard – Medical Records Requested for Review" Card earlier in this section.

Reference Claims

Displays reference Claims associated/related to this Claim for viewing.

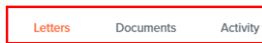
Note: Application enables "Reference Claims" tab only if reference claims exist for the claim number.

The PI Reference Claims are shown as example below.

The screenshot shows the 'Reference Claims' tab selected for claim number 160509E2527900. The table below represents the data shown in the interface:

Claim No.	Claim Status	Date Of Service	Document Count
160502E2977500	N/A	4/20/16 - 4/25/16	0
160502E2977500	N/A	4/20/16 - 4/25/16	0
160502E2977500	N/A	4/20/16 - 4/25/16	0
160502E2977500	N/A	4/20/16 - 4/25/16	0
160502E2977500	N/A	4/20/16 - 4/25/16	0
160502E2977500	N/A	4/20/16 - 4/25/16	0
160502E2977500	N/A	4/20/16 - 4/25/16	0
160502E2977500	N/A	4/20/16 - 4/25/16	0
160502E2977500	N/A	4/20/16 - 4/25/16	0

1. Click **Reference Claims** tab to view list of associated/related claims.
2. Select "Claim No." link to view complete Claim details.



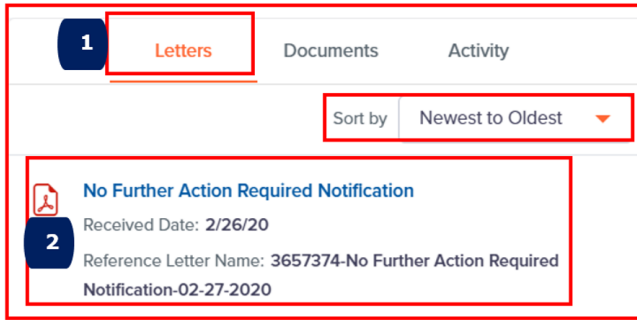
The above tabs remain constant throughout the application.

- **Letters**
- **Documents**
- **Activity**

Each of these tabs are explained in detail below.

Letters

Allows the user to view list of letters received, modified, or uploaded for the claim.



1. Click **Letters** tab to view letters.

Note: Application by default displays Letters tab on opening Claim Details screen.

2. Select the Letter link to view and download the Letter in PDF.

Optional. Use the dropdown to sort Letters from oldest to newest or newest to oldest.

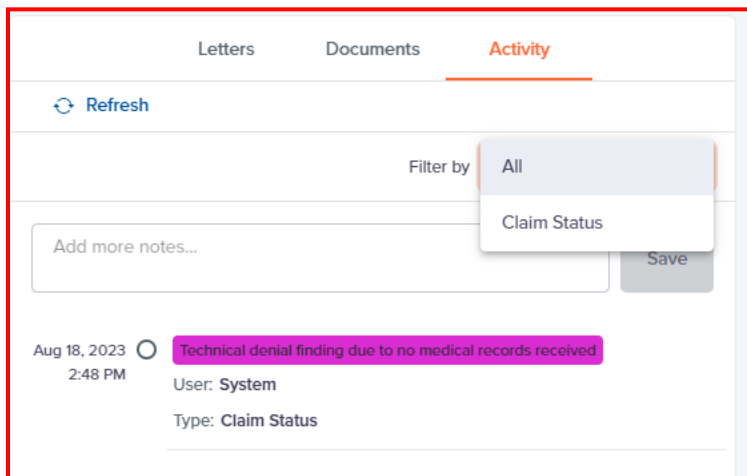
Documents

Allows you to view list of claim documents already uploaded and to upload new claim documents for the claim.

Note: For further steps to upload Medical Records, please refer to the Bulk Document Upload section of this user guide.

Activity

Application captures and displays all activities performed by both system (application) and users on the claim in descending order of dates for viewing.



Users will have the ability to add Notes at a Claim level and have an option to filter by different activity types such as Claim Status update, Claim Document upload, Adding notes, Address/Contact updates, etc.

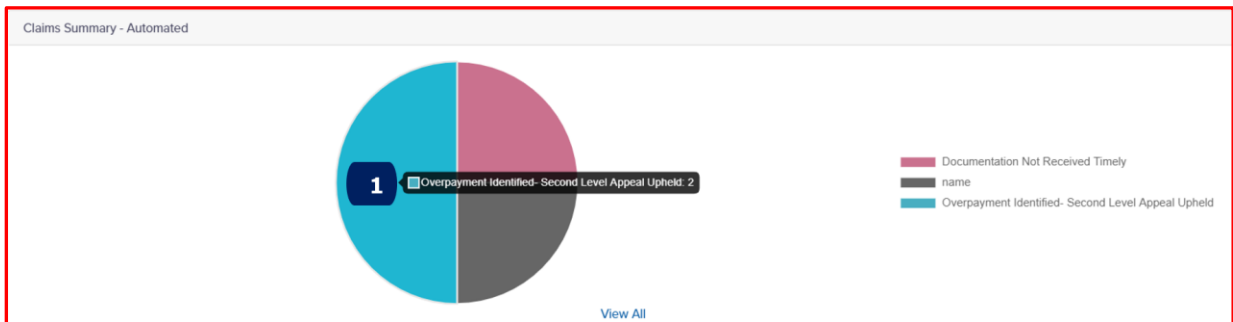
4. From Dashboard – “Claims Summary – Automated” Card

Allows you to view the number of automated claims and their status in pie chart.

Note: To learn more about “Claims Summary – Automated” Card details, please refer to the “Dashboard” section earlier in this document.

To view Claims from “Claim Summary – Automated” card pie chart and upload records, follow steps below.

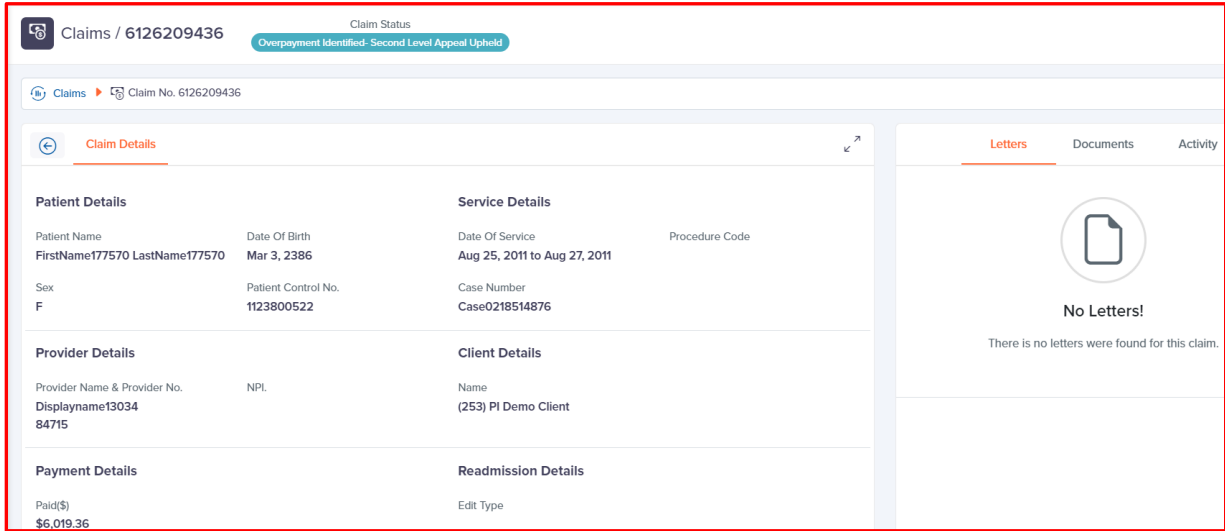
1. Select a slice in pie chart, like “Overpayment Identified” as shown below.



Application displays all the “Overpayment Identified-Second Level Appeal Upheld” Claims cards with respective filters applied as shown below.

Claims		Payment Integrity																																																													
Filters		7 Total Claims																																																													
<input checked="" type="checkbox"/> DisplayName13034 (7)		Search by Claim Number, Patient Name, Provider Name / Number <input type="text"/> <input type="button" value="Search"/> <input type="button" value="Sort"/>																																																													
<input checked="" type="checkbox"/> Overpayment Identified- Second Level Appeal Upheld (7)		Filtered by: Claim Status: Overpayment Id... Provider: DisplayName130... Review Type: Automated <input type="button" value="Clear All"/>																																																													
<input checked="" type="checkbox"/> Automated (7)		<table border="1"> <thead> <tr> <th>Claim No.</th> <th>Line No.</th> <th>Patient Name</th> <th>Date of Birth</th> <th>Patient Control No</th> </tr> </thead> <tbody> <tr> <td>6126209436</td> <td>10</td> <td>DisplayName177570</td> <td>Mar 4, 2386</td> <td>1123800522</td> </tr> <tr> <td colspan="2">Provider Name & No. DisplayName13034 84715</td> <td>Date Of Service Aug 26, 2011 to Aug 28, 2011</td> <td colspan="2">Client Name (253) PI Demo Client</td> </tr> <tr> <td colspan="5">Claim Status: Overpayment Identified- Second Level Appeal Upheld</td> </tr> <tr> <th>Claim No.</th> <th>Line No.</th> <th>Patient Name</th> <th>Date of Birth</th> <th>Patient Control No</th> </tr> <tr> <td>6127104312</td> <td>14</td> <td>DisplayName177563</td> <td>Feb 25, 2386</td> <td>1125700645</td> </tr> <tr> <td colspan="2">Provider Name & No. DisplayName13034 84715</td> <td>Date Of Service Sep 14, 2011 to Sep 16, 2011</td> <td colspan="2">Client Name (253) PI Demo Client</td> </tr> <tr> <td colspan="5">Claim Status: Overpayment Identified- Second Level Appeal Upheld</td> </tr> <tr> <th>Claim No.</th> <th>Line No.</th> <th>Patient Name</th> <th>Date of Birth</th> <th>Patient Control No</th> </tr> <tr> <td>6126209436</td> <td>3</td> <td>DisplayName177570</td> <td>Mar 4, 2386</td> <td>1123800522</td> </tr> <tr> <td colspan="2">Provider Name & No. DisplayName13034 84715</td> <td>Date Of Service Aug 26, 2011 to Aug 28, 2011</td> <td colspan="2">Client Name (253) PI Demo Client</td> </tr> <tr> <td colspan="5">Claim Status: Overpayment Identified- Second Level Appeal Upheld</td> </tr> </tbody> </table>		Claim No.	Line No.	Patient Name	Date of Birth	Patient Control No	6126209436	10	DisplayName177570	Mar 4, 2386	1123800522	Provider Name & No. DisplayName13034 84715		Date Of Service Aug 26, 2011 to Aug 28, 2011	Client Name (253) PI Demo Client		Claim Status: Overpayment Identified- Second Level Appeal Upheld					Claim No.	Line No.	Patient Name	Date of Birth	Patient Control No	6127104312	14	DisplayName177563	Feb 25, 2386	1125700645	Provider Name & No. DisplayName13034 84715		Date Of Service Sep 14, 2011 to Sep 16, 2011	Client Name (253) PI Demo Client		Claim Status: Overpayment Identified- Second Level Appeal Upheld					Claim No.	Line No.	Patient Name	Date of Birth	Patient Control No	6126209436	3	DisplayName177570	Mar 4, 2386	1123800522	Provider Name & No. DisplayName13034 84715		Date Of Service Aug 26, 2011 to Aug 28, 2011	Client Name (253) PI Demo Client		Claim Status: Overpayment Identified- Second Level Appeal Upheld				
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<input type="checkbox"/> No (7)		<input type="checkbox"/> No (7)																																																													

2. Select the Claim No. link to view the Claim Details screen as shown below.

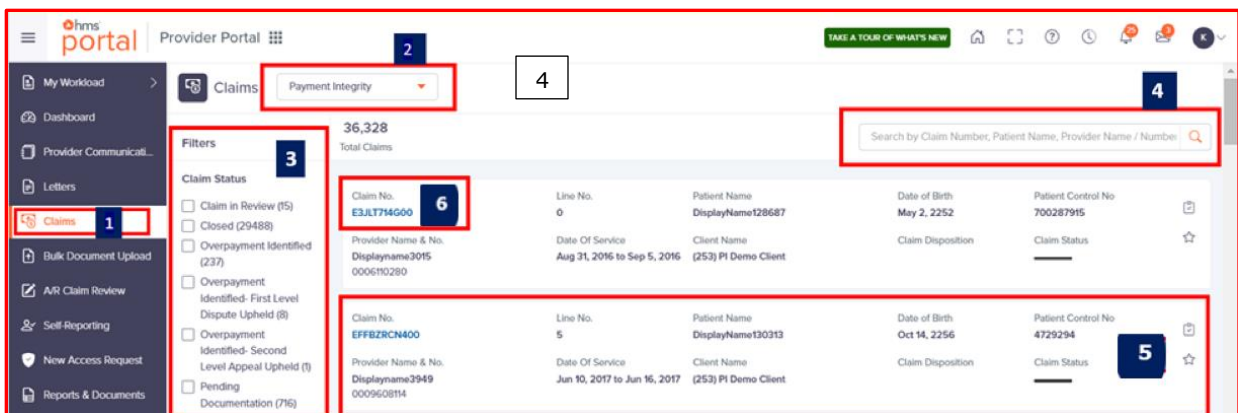


Note: For further steps, please refer "From Dashboard – Medical Records Requested for Review" Card earlier in this section.

5. From Claims - Left Navigation Menu

To search, view and upload Medical Records/documents from "Claims" left navigation menu, follow below steps.

1. Click **Claims** from the left navigation menu. Application displays "Claims" screen as shown below.



2. **Product Line Filter** – Use the drop-down menu to select the desired product line. **Additional Filters** – Use the checkboxes under **Claim Status**, **Claim Disposition**, **Multi-Claim Review**, or **Contract**. When a checkbox is

selected, the application automatically refreshes and displays only the claim cards that match the selected criteria.

3. Search – In the **Search** field, enter any of the following and click **Search**:

- **Provider Name / Provider Number / NPI** to view claims associated with that provider.
- **Patient Name** to view claims related to the patient.
- **Claim Number** to view all line items associated with that claim.

Claim card contains the following data elements (as shown below):

Claim No. EM3518BC000	Line No. 1	Client Case Number ---	Claim Disposition ---	
Claim Status Recouped	Patient Name DisplayName130606	Date of Birth Aug 3, 2257	Patient Control No 5331400	
Medical Record Number ---	Provider Name & No. Displayname3949 0009608114	Date Of Service Nov 24, 2017	Client Name (253) PI Demo Client	

NOTE: The following Claim disposition status may be displayed on the Claim search screen:



a. Agree

Claim No. 0105151956303	Line No. 3	Patient Name G HERRERA SANTIBA	Date of Birth Mar 6, 1946	Patient Control No 028727NCS00000000	
Provider Name & No. Care Centerkings Harbor Multi 133772916-001	Date Of Service Mar 1, 2019 to Mar 21, 2019	Client Name (496) HF Management Services, LLC	Claim Disposition Agree	Claim Status Pending Documentation	

b. Unknown

Claim No. EC35WVZZ401	Line No. 7	Patient Name DisplayName72718	Date of Birth Feb 4, 2099	Patient Control No H18052513801	
Provider Name & No. Displayname2100 0006316125	Date Of Service Nov 4, 2016 to Nov 8, 2016	Client Name (253) PI Demo Client	Claim Disposition UNKNOWN	Claim Status Closed	

c. -- (Not Applicable)

Claim No. 8834703998	Line No. 1	Patient Name DisplayName161015	Date of Birth Nov 5, 2340	Patient Control No 72614627304	
Provider Name & No. Displayname9259 281738	Date Of Service Nov 26, 2018 to Nov 30, 2018	Client Name (253) PI Demo Client	Claim Disposition ---	Claim Status Recouped with First Level Dispute Upheld	

Select "Claim No." to view complete information for the claim and perform activity in "Claim Details" screen such as upload "Documents", view letters associated to claim, view various activities performed on the claim etc. Click pagination numbers available at bottom to find the required Claim card.