



| | |
|-------------|--|
| SOP Name: | <u>Company Claimscape Manual</u> |
| Department: | <u>Billing and Provider Relations</u> |

Version History

| Date | Version | Updated By: |
|----------|---------|----------------|
| 11/16/21 | 1.0 | Solounge Bowen |
| 6/23/22 | 2.2 | Solounge Bowen |

Table Of Contents

| | |
|--|----------|
| Logging In | 3 |
| Getting Your Login Credentials | 3 |
| Switch From Test And Prod Account | 3 |
| Logging In | 5 |
| Changing your Password | 5 |
| Employer Group Accounts | 6 |
| How To Add A Provider | 6 |
| Add Service Group | 7 |
| Add Service Limitations/Restrictions | 9 |
| Scenario 1: Separate limit for adoption and a separate limit for donor/surrogacy services | 9 |
| Scenario 2: Combined lifetime maximum that includes fertility, RX, and donor, surrogacy, and adoption | 12 |
| Scenario 3: Combined annual maximum that includes fertility, RX, Holistic Health, donor, surrogacy but excludes adoption | 13 |
| Assign Fee Schedule | 14 |
| Add/Edit/Delete Carrier Status | 15 |
| Click Setup on the main menu toolbar to open the Claimscape Configuration window | 16 |

| | |
|--|-----------|
| Set Billing Status | 18 |
| Click Group button on the main menu toolbar to search for desired group | 19 |
| Data Validation in Claims Review Queue | 20 |
| Build a Procedure Code into the Fee Schedule | 22 |
| Patients/ Members | 25 |
| Perform Eligibility Check | 25 |
| Check Patient Out Of Pocket With Major Medical Insurance Plan | 26 |
| How To View Dependent's Profile | 27 |
| Click Member on the main menu toolbar and search the desired member and click on the patients, the Primary member's profile will appear. Click on the Dependents tab | 27 |
| The Profile of the Dependent should appear along with their eligibility status | 27 |
| Record Patient Responsibility Payment | 28 |
| Printing A Member's EOB | 30 |
| Check Benefit Utilization Status | 32 |
| Preauthorizations | 34 |
| Add New Preauth | 34 |
| Adding Rx Preauth | 37 |
| Claims | 40 |
| Manually Submitting A Batch Entry Claim | 40 |
| Adjudicating An Inbound 837 Claim From Sds | 45 |
| Confirming Outbound 837 Has Been Sent To SDS | 48 |
| Adding A Claim While Viewing An Existing Member Screen | 48 |
| Delete Duplicate Claim Under Same Authorization | 50 |
| Reports | 52 |
| Generating A Claim Report | 52 |
| Provider Relations | 55 |
| Imported Documents Used | 55 |
| Shortcuts | 55 |

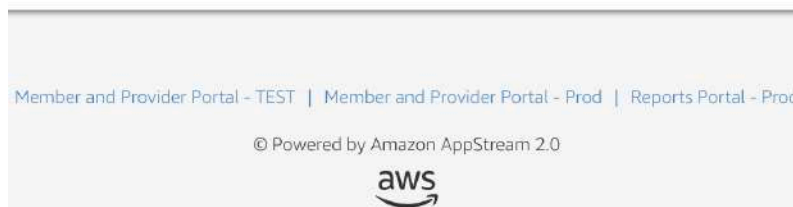
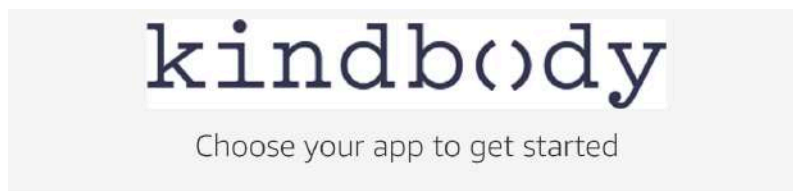
Accessing Claimscape

Getting Your Login Credentials

- a) Signing into Claimscape required two sign ins, Amazon AWS and Claimscape. It is recommended that you use the same password for both to avoid confusion.
- b) In order to get credentials to login to the Amazon AppStream, you'd have to email Vendor Email
- c) To get login credentials for the actual ClaimScape application, you can contact Solounge Bowen

Logging In

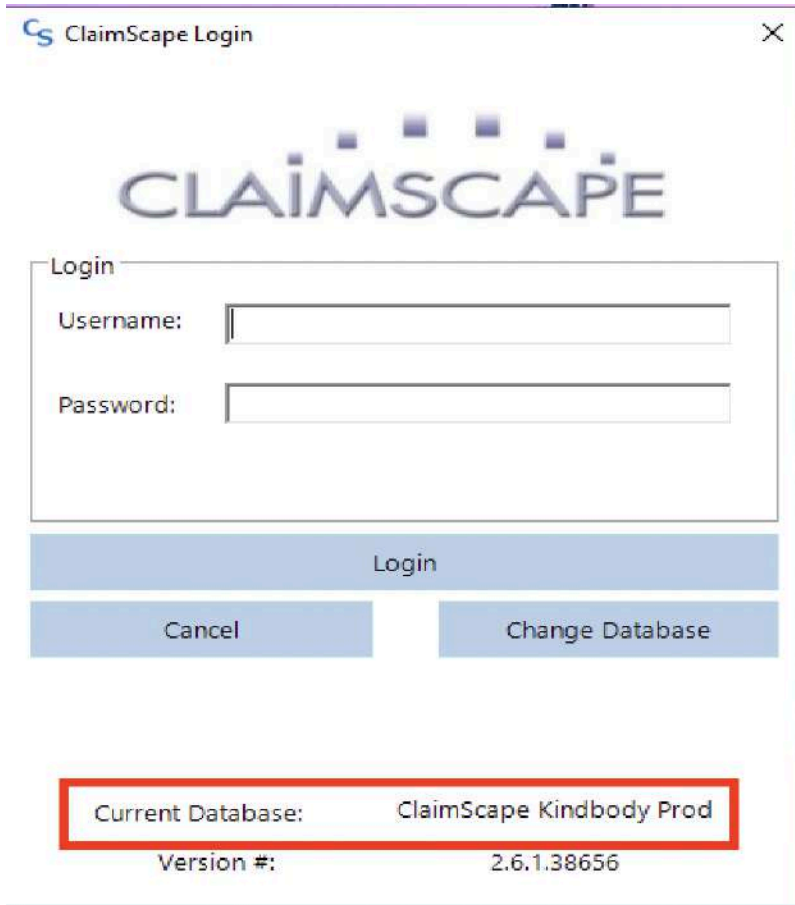
- a) To log into Claimscape you'd have to sign into the Amazon App Stream first. Here is the following link.
 - i) Then, selected the CS Prod logo



- ii) Once this loads, you will have to log in to ClaimScape.
 - 1) This is a separate login from the original one you used.
 - 2) Unfortunately, 1password does not work with this, and you can't use it within the site to put in your credentials.
- iii) Once you put in your login, you will have to do a 2 factor authentication every time you log in.

Switch From Test And Prod Account

- 1) At the Claimscape Log in Page , the current Account that you're in will appear.

A screenshot of the ClaimScape Login window. The window has a title bar that says "ClaimScape Login" and a close button (X) in the top right corner. The main area features the "CLAIMSCAPE" logo at the top. Below the logo is a "Login" section with two input fields: "Username:" and "Password:". Below these fields are three buttons: "Login", "Cancel", and "Change Database". At the bottom of the window, there is a status bar with two rows of text. The first row is "Current Database: ClaimScape Kindbody Prod" and the second row is "Version #: 2.6.1.38656". A red rectangular box highlights the "Current Database" text and its value.

- 2) Click onto "Change Database" and a window will appear that allows you to choose which database you want.

ClaimScape Login

CLAIMSCAPE

Login

Username:

Password:

Login

Cancel Change Database

Current Database: ClaimScape Kindbody Prod

Version #: 2.6.1.38656

Databases

Change Database

Select available Database:

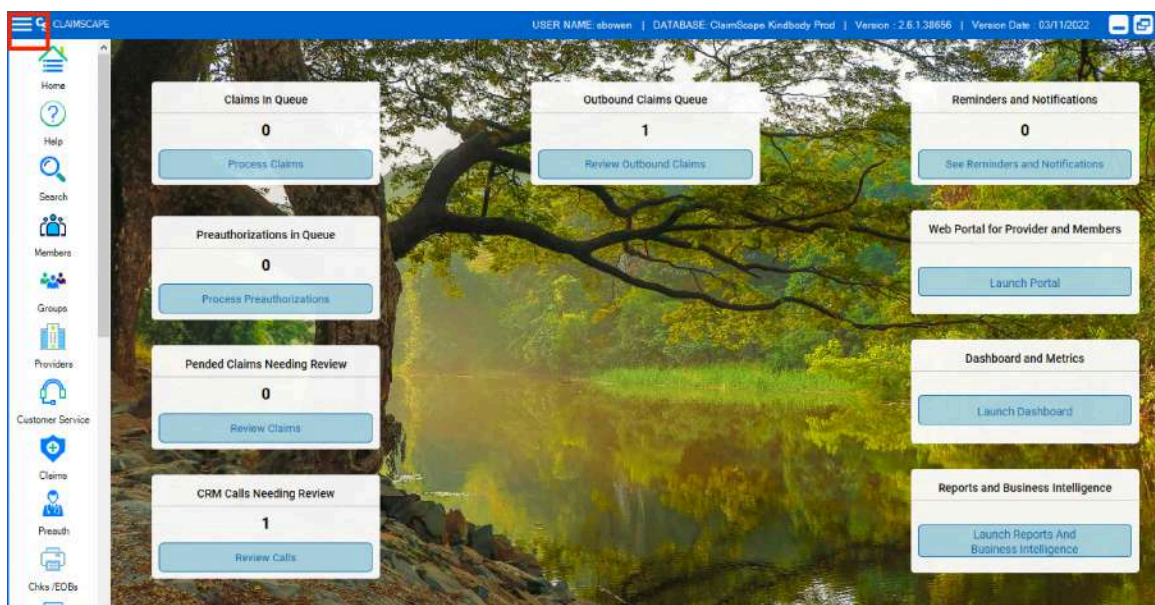
ClaimScape Kindbody Test

ClaimScape Kindbody Prod

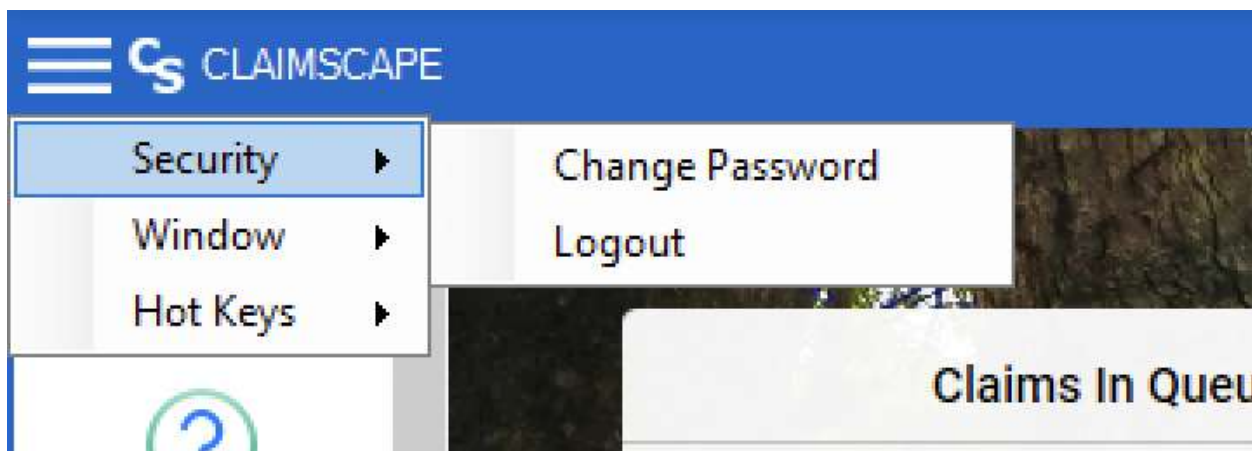
Ok Cancel

Changing your Password

1. At the Claimscape Home Page on the top left corner should show 3 dashes



2. If you hover over the dashes and Security, you will see the option to change password



Employer Group Accounts

How To Add A Provider

- 1) Click "Add" at the top of the window

Provider Profile - Advanced Fertility Care Scottsdale

Advanced Fertility Care Scot Search **Add** Previous Next Delete CLAIMSCAPE

Add New Provider Custom Fields

Provider Profile

Provider TIN: 202888383

Last Name: Advanced Fertility Care Scott

First Name:

Title:

Payee: Advanced Fertility Care Scott

Language: ENGLISH

Currency: US Dollar

Category: Unknown

Street: 9819 N. 95th St. Suite 105

City: Scottsdale

Zip Code: 85258

State: AZ Country: None

Specialty1: ListViewItem: (None)

Specialty2: ListViewItem: (None)

License #:

License Date: / /

Loc Code: 1099 to this address

Email Address:

Contact Name:

Phone:

Fax:

NPI #: 1083773469

Effective Date: 08/19/2019

Termination Date: / /

Internal ID#:

☒ Physician ☐ Lab ☐ Specialist ☒ Is Active ☐ Billing Address

☐ Pharmacy ☐ Facility ☐ PCP-Specialist ☐ Use Vouchers ☐ Service Address ☐ W-9 Required

☐ Acute Care ☒ Contracted ☒ Both Billing And Service Address

Add Details

| Networks/Fee Schedules | | Other Addresses | | Provider Group/Organization | | Credentials/Training | | Recent Activity | |
|------------------------|-------------|-----------------|-----------|-----------------------------|----------|----------------------|--|-----------------|--|
| Fee Schedule | Health Plan | Effective Date | Term Date | Percent | Discount | Capitated | | | |
| Direct Employer Groups | Direct | 08/19/2021 | | 100 | | | | | |

Documents Withhold Setup Billing and Service Location View EFT Setup Edit Add Remove

Provider Options

2) After entering the desired information click Save.

New Provider

Search Add Previous Next Delete

CLAIMSCAPE

Provider Profile

Provider TIN: [Text Box] Street: [Text Box] Loc Code: [Text Box] ☐ 1099 to this address

Last Name: [Text Box] City: [Text Box] Email Address: [Text Box]

First Name: [Text Box] Zip Code: [Text Box] Contact Name: [Text Box] ...

Title: [Text Box] State: [None] Country: [None] Phone: [Text Box]

Payee: [Text Box] Specialty1: [List View Item: (None)] Fax: [Text Box]

Language: [ENGLISH] Specialty2: [List View Item: (None)] NPI #: [Text Box] ☒

Currency: [US Dollar] License #: [Text Box] Effective Date: [/ /]

Category: [None] License Date: [/ /] Termination Date: [/ /]

☒ Physician ☐ Lab ☐ Specialist ☒ Is Active ☒ Billing Address Internal ID#: [Text Box]

☐ Pharmacy ☐ Facility ☐ PCP-Specialist ☐ Use Vouchers ☐ Service Address ☐ W-9 Required

☐ Acute Care ☐ Contracted ☐ Both Billing And Service Address

Networks/Fee Schedules Other Addresses Provider Group/Organization Credentials/Training Recent Activity

| Fee Schedule | Health Plan | Effective Date | Term Date | Percent | Discount | Capitated |
|--------------|-------------|----------------|-----------|---------|----------|-----------|
| | | | | | | |

Documents Withhold Setup Billing and Service Location View EFT Setup Edit Add Remove

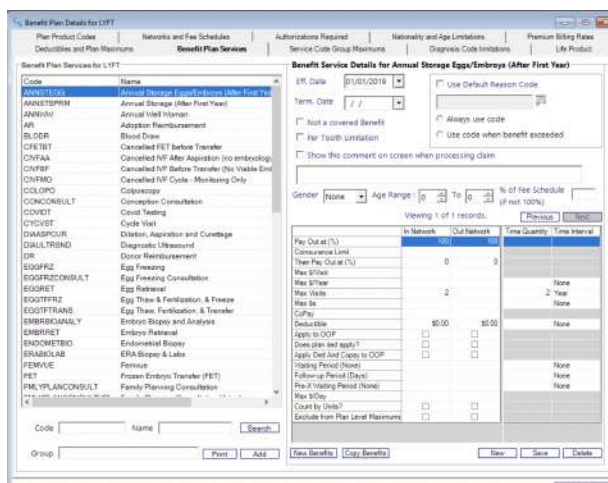
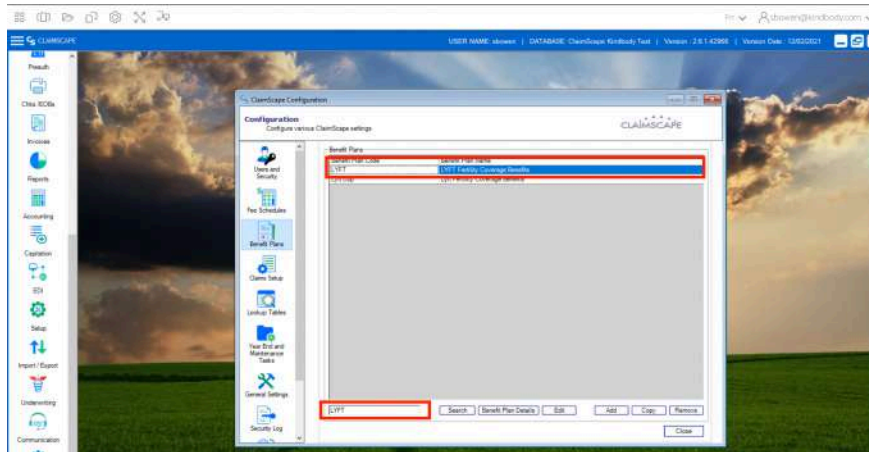
Provider Options

Add Service Group

1) Click Setup on the main menu toolbar, choose the Benefit Plans tab.



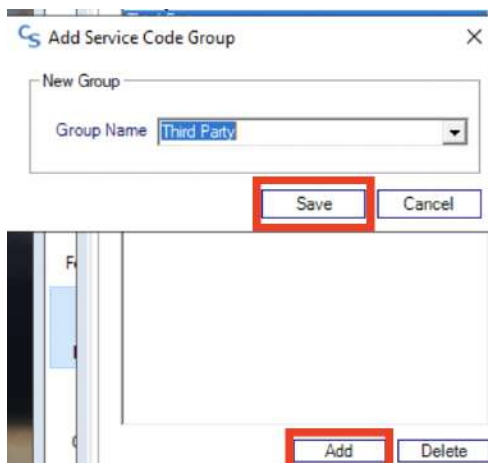
- 2) Search your desired employer and double click to open it's profile



- 3) Click the Service Code Group Maximums tab at the top of the menu



- 4) Click the Add button and choose the desired service group. Remember to click the Save button!



Benefit Plan Services for LYFT

| Code | Name |
|--------------------|---|
| INEXPL | Neoplasm Removal |
| METROPL | Metroplasty |
| NEXPLREM | Neoplasm Removal |
| NURSEVSTCONSENT | Nursing Visit (Virtual) + Consent Signing |
| NURSEVSTVIRCONSENT | Nursing Visit (Virtual) + Consent Signing |
| NUTCONSULTVIR | Nutrition Consultation (Virtual) |
| OCEC | Oocyte/Embryo Cryopreservation - Standalone |
| OCEMTH | Oocyte/Embryo Thaw - Standalone |
| OUTMONCYCVST | Outside Monitoring Cycle Visit |
| PGTA | PGT-A (inclusive of biopsy and lab fee) |
| PGTM | Annual Storage (After First Year)-P |
| PHARM | Pharmacy (Medication) |
| PREGBLDTST | Pregnancy Blood Test |
| PROGBLDTST | Progesterone Blood Test |
| RECIVFASSESSMENT | Reciprocal IVF Assessment |
| SEMANYL | Semen Analysis |
| SEMANYLDROP | Semen Analysis Drop Off |
| SONOG | Sonogram |
| SPRMCRYO | Sperm Cryopreservation |
| ULTRASND | Ultrasound |
| COVIDT | Covid Testing |
| FUPCALL | Follow Up Phone Call |
| HH | Holistic Health |
| TEACHVISIT | Teaching Visit |
| TELEHEALTHCONS | Telehealth Consultation |
| THERSESSVIR | Therapy Session Virtual |
| AR | Adoption Reimbursement |
| DR | Donor Reimbursement |
| SR | Surrogacy Reimbursement |

Code Name

Group

- 7) If you have certain notes that need to be shown when processing the claim, click the checkbox to enable that comment

Benefit Plan Services for LYFT

Benefit Service Details for Adoption Reimbursement

ET Date: 01/01/2019

Term Date: / /

☐ Not a covered benefit

☐ Per Tooth Limitation

☐ Use Default Reason Code

☐ Always use code

☐ Use code when benefit exceeded

☒ Show this comment on screen when processing claim

\$10,000 per child allowance for donor and surrogate services

Viewing 1 of 1 records

| | In Network | Out Network | Time Quantity | Time Interval |
|---------------------------------|-------------------------------------|--------------------------|---------------|---------------|
| Pay Out at (%) | | | | |
| Consurance Limit | | | | |
| Then Pay Out at (%) | 0 | 0 | | |
| Max \$/Year | | | | None |
| Max Visits | | | | None |
| Max \$/ | \$10,000.00 | | | 1 Lifetime |
| CofPay | | | | |
| Deductible | \$0.00 | \$0.00 | | None |
| Apply to DOP | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Over plan and apply? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Apply Ded And Copy to DOP | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Waiting Period (Days) | | | | None |
| Follow-up Period (Days) | | | | None |
| Pre-X Waiting Period (Days) | | | | None |
| Max \$/Day | | | | |
| Country by Unit? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Exclude from Plan Level Maximum | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |

Code Name

Group

- 8) Enter the dollar amount in the “Max \$s” field and click the drop-down under the time interval to choose the desired interval.

| | In Network | Out Network | Time Quantity | Time Interval |
|----------------------------------|-------------------------------------|--------------------------|---------------|---------------|
| Pay Out at (%) | 100 | 100 | | |
| Coinsurance Limit | | | | |
| Then Pay Out at (%) | 0 | 0 | | |
| Max \$/Visit | | | | |
| Max \$/Year | | | | None |
| Max Visits | | | | None |
| Max \$s | \$10,000.00 | | 1 | Lifetime |
| CoPay | | | | |
| Deductible | \$0.00 | \$0.00 | | None |
| Apply to OOP | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Does plan ded apply? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Apply Ded And Copay to OOP | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Waiting Period (Days) | | | | None |
| Follow-up Period (Days) | | | | None |
| Pre-X Waiting Period (Days) | | | | None |
| Max \$/Day | | | | |
| Count by Units? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Exclude from Plan Level Maximums | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |

New Benefits Copy Benefits New Save Delete

- 9) Click the In Network checkbox within the “Exclude from Plan Level Maximums” field and click Save

| | In Network | Out Network | Time Quantity | Time Interval |
|----------------------------------|-------------------------------------|--------------------------|---------------|---------------|
| Pay Out at (%) | 100 | 100 | | |
| Coinsurance Limit | | | | |
| Then Pay Out at (%) | 0 | 0 | | |
| Max \$/Visit | | | | |
| Max \$/Year | | | | None |
| Max Visits | | | | None |
| Max \$s | \$10,000.00 | | 1 | Lifetime |
| CoPay | | | | |
| Deductible | \$0.00 | \$0.00 | | None |
| Apply to OOP | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Does plan ded apply? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Apply Ded And Copay to OOP | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Waiting Period (Days) | | | | None |
| Follow-up Period (Days) | | | | None |
| Pre-X Waiting Period (Days) | | | | None |
| Max \$/Day | | | | |
| Count by Units? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Exclude from Plan Level Maximums | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |

New Benefits Copy Benefits New Save Delete

Scenario 2: Combined lifetime maximum that includes fertility, RX, and donor, surrogacy, and adoption

- 1) Follow the first two steps of the Scenario 1
- 2) Click the Deductibles and Plan Maximums tab

| Plan Product Codes | Networks and Fee Schedules | Authorizations Required | Nationality and Age Limitations | Premium Billing Rates |
|--------------------------------------|----------------------------|-----------------------------|---------------------------------|-----------------------|
| Deductibles and Plan Maximums | Benefit Plan Services | Service Code Group Maximums | Diagnosis Code Limitations | Life Product |

- 3) Enter the dollar amount in the “Lifetime Medical Limit” field and click the Save button

| | In Network | Out Network |
|--|--------------------------|--------------------------|
| Individual Medical Deductible Limit | | |
| Family Medical Deductible Limit | | |
| Individual Dental Deductible Limit | | |
| Family Dental Deductible Limit | | |
| Individual Vision Deductible Limit | | |
| Family Vision Deductible Limit | | |
| Combined Medical/Dental Deductible | <input type="checkbox"/> | <input type="checkbox"/> |
| Individual OOP Limit | | |
| Family OOP Limit | | |
| Yearly Medical Limit | | |
| 4th Qtr Carry Over on Medical Deductible | <input type="checkbox"/> | <input type="checkbox"/> |
| Dental Yearly Limit | | |
| Plan Year Deductibles? | <input type="checkbox"/> | <input type="checkbox"/> |
| Vision Limit | | |
| Ortho Limit | | |
| Family Ortho | | |
| Ortho Creame | | |
| Lifetime Medical Limit | | \$75000 |

1 of 1 deductibles on record. ☒ Accum. In to Out Net. ☒ Accum. Out to In Net.

Scenario 3: Combined annual maximum that includes fertility, RX, Holistic Health, donor, surrogacy but excludes adoption

- 1) Follow the first three steps of Scenario 2
- 2) Click the “Benefit Plan Services” tab

| | | | | |
|-------------------------------|------------------------------|-----------------------------|---------------------------------|-----------------------|
| Plan Product Codes | Networks and Fee Schedules | Authorizations Required | Nationality and Age Limitations | Premium Billing Rates |
| Deductibles and Plan Maximums | Benefit Plan Services | Service Code Group Maximums | Diagnosis Code limitations | Life Product |

- 3) Type Adoption in the search field and click to open it’s detail menu

Benefit Plan Services for LYFT

| Code | Name |
|------------------|---|
| METROPL | Metroplasty |
| NDPLREM | Nephrectomy Removal |
| NURSEVISCONS | Nursing Visit (Virtual) - Consent Signing |
| NURSEVISCONS | Nursing Visit (Virtual) - Consent Signing |
| NUTCONSULTVR | Nutrition Consultation (Virtual) |
| OOC | Oocyte/Embryo Cryopreservation - Standalone |
| OOC | Oocyte/Embryo Thaw - Standalone |
| OUTMONCYCVST | Outside Monitoring Cycle Visit |
| PGTA | PGT-A (Inclusive of biopsy and lab fee) |
| PGTM | Annual Storage (After First Year)-P |
| PHARM | Pharmacy (Medication) |
| PREGBLDTST | Pregnancy Blood Test |
| PROGBLDTST | Progesterone Blood Test |
| RECIVFASSESSMENT | Reciprocal IVF Assessment |
| SEMANALY | Semen Analysis |
| SEMANALYDROP | Semen Analysis Drop Off |
| SONOG | Sonogram |
| SPRMCRYO | Sperm Cryopreservation |
| ULTRASND | Ultrasound |
| COVIDT | Covid Testing |
| FUPCALL | Follow Up Phone Call |
| HH | Holistic Health |
| TEACHVISIT | Teaching Visit |
| TELEHEALTHCONS | Telehealth Consultation |
| THERSESSVR | Therapy Session Virtual |
| AR | Adoption Reimbursement |
| DR | Donor Reimbursement |
| SR | Surrogacy Reimbursement |

Code: _____ Name: _____ Search

Group: _____ Print Add

- Click the “In Network” checkbox within the “Exclude from Plan Level Maximum” field and click Save

| | In Network | Out Network | Time Quantity | Time Interval |
|---------------------------------|-------------------------------------|--------------------------|---------------|---------------|
| Pay Out at (%) | 100 | 100 | | |
| Coinsurance Limit | | | | |
| Then Pay Out at (%) | 0 | 0 | | |
| Max \$/Visit | | | | |
| Max \$/Year | | | | None |
| Max Visits | | | | None |
| Max \$s | \$10,000.00 | | 1 | Lifetime |
| CoPay | | | | |
| Deductible | \$0.00 | \$0.00 | | None |
| Apply to OOP | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Does plan ded apply? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Apply Ded And Copay to OOP | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Waiting Period (Days) | | | | None |
| Follow-up Period (Days) | | | | None |
| Pre-X Waiting Period (Days) | | | | None |
| Max \$/Day | | | | |
| Exclude from Plan Level Maximum | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | |

New Benefits Copy Benefits New Save Delete

Assign Fee Schedule

- Follow the first two steps of the Scenario 1
- Click the Networks and Fee Schedules tab

| Deductibles and Plan Maximums | Benefit Plan Services | Service Code Group Maximums | Diagnosis Code Limitations | Life Product |
|-------------------------------|-----------------------------------|-----------------------------|---------------------------------|-----------------------|
| Plan Product Codes | Networks and Fee Schedules | Authorizations Required | Nationality and Age Limitations | Premium Billing Rates |

- Click the “Add” Button

Benefit Plan Fee Schedules for LYFT

| Ranking | Fee Schedule | Flag Claim In Network? | Eff. Date | Term. Date | Health Plan/PPO | Capitated Plan | Area | Percent |
|---------|------------------------------|-------------------------------------|------------|------------|---------------------|-------------------------------------|------|---------|
| 2 | Direct Employer Groups | <input checked="" type="checkbox"/> | 01/01/2021 | | Direct | <input checked="" type="checkbox"/> | | |
| 5 | Holistic Health Retail | <input checked="" type="checkbox"/> | 01/01/2019 | | Kindbody In Network | <input type="checkbox"/> | | 1 |
| 1 | Major Market Employer Rates | <input checked="" type="checkbox"/> | 01/01/2019 | | Direct | <input type="checkbox"/> | | |
| 3 | Plus Employer Groups | <input checked="" type="checkbox"/> | 01/01/2021 | | Plus | <input type="checkbox"/> | | |
| 4 | Schrafft Group Rate Schedule | <input checked="" type="checkbox"/> | 01/01/2021 | | Pharmacy | <input type="checkbox"/> | | |

Found 5 fee schedules for Plan - LYFT

4) Fill in the blank field and click the “Save” once complete

Benefit Plan Fee Schedules for LYFT

| Ranking | Fee Schedule | Flag Claim In Network? | Eff. Date | Term. Date | Health Plan/PPO | Capitated Plan | Area | Percent |
|---------|------------------------------|-------------------------------------|------------|------------|---------------------|-------------------------------------|------|---------|
| 2 | Direct Employer Groups | <input checked="" type="checkbox"/> | 01/01/2021 | | Direct | <input checked="" type="checkbox"/> | | |
| 5 | Holistic Health Retail | <input checked="" type="checkbox"/> | 01/01/2019 | | Kindbody In Network | <input type="checkbox"/> | | 1 |
| 1 | Major Market Employer Rates | <input checked="" type="checkbox"/> | 01/01/2019 | | Direct | <input type="checkbox"/> | | |
| 3 | Plus Employer Groups | <input checked="" type="checkbox"/> | 01/01/2021 | | Plus | <input type="checkbox"/> | | |
| 4 | Schrafft Group Rate Schedule | <input checked="" type="checkbox"/> | 01/01/2021 | | Pharmacy | <input type="checkbox"/> | | |

Add/Edit Fee Schedule to Benefit Plan

Fee Schedule

Network/Healthplan:

Area: Percentile:

Eff. Date: ☒ Flag Claim In Network

Term. Date: ☐ Capitated Plan

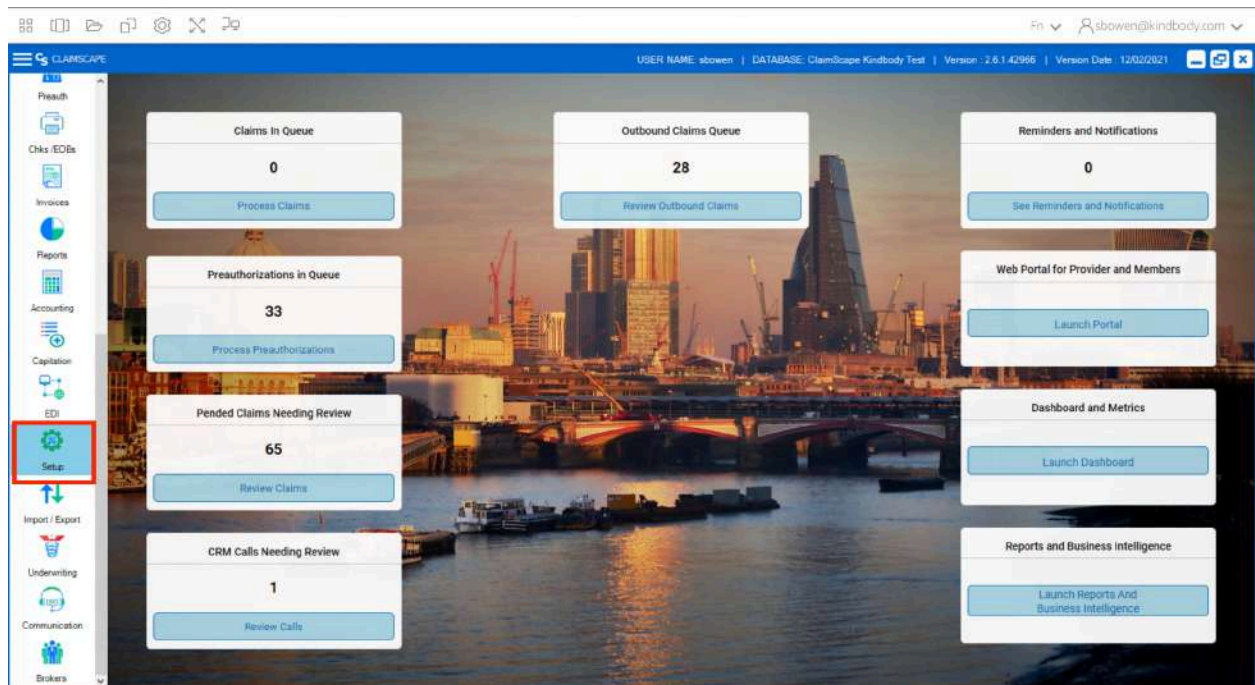
Fee Schedule Name:

Ranking: Currency:

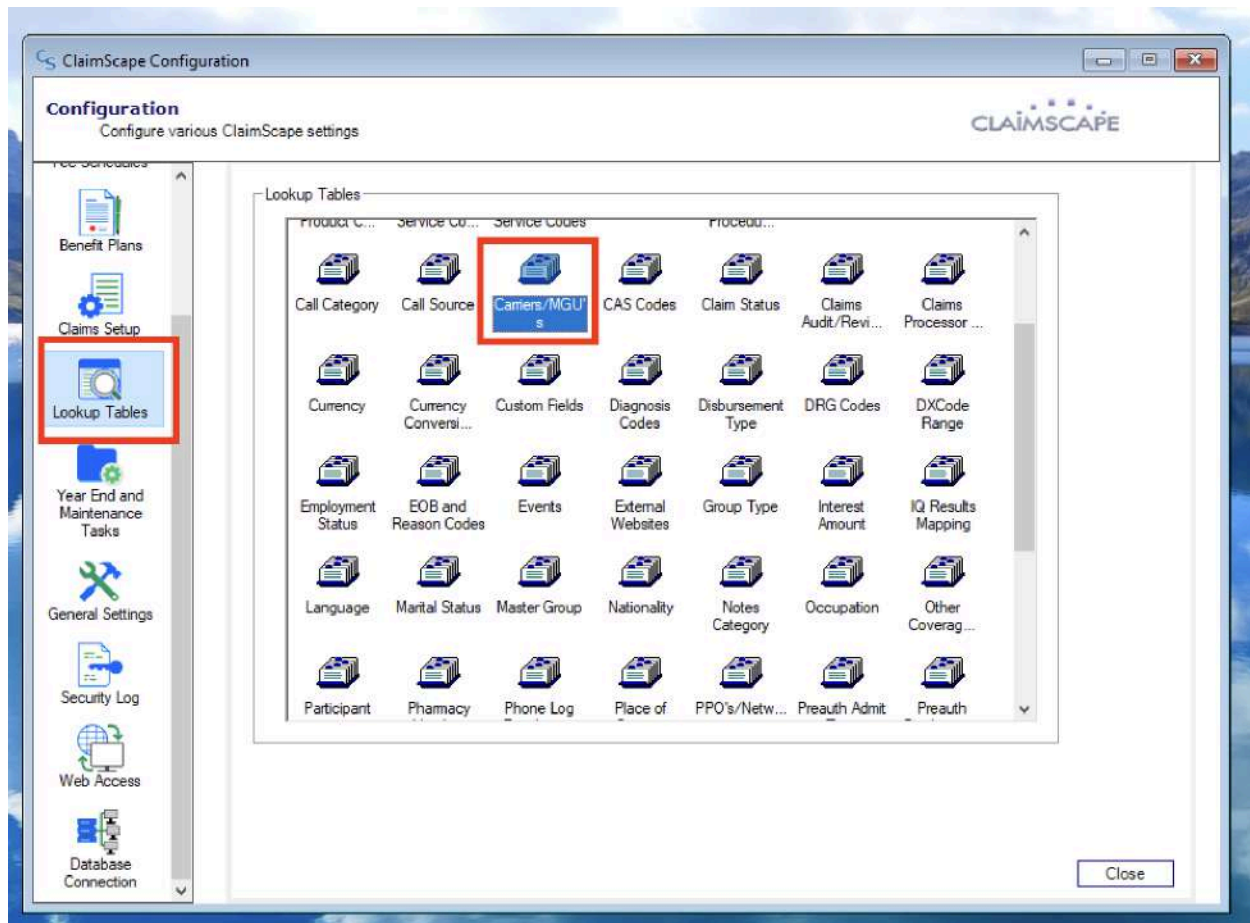
Found 5 fee schedules for Plan - LYFT

Add/Edit/Delete Carrier Status

- 1) Click Setup on the main menu toolbar to open the Claimscape Configuration window



- 2) Click Lookup Tables button to show all of the uploaded tables, search for "Carriers/MGUs Table"



- 3) Open the table and it will show the list of current carriers. Click the Add, Edit, or Delete button for your desired action

CS Carriers

CLAIMSCAPE

Carriers

Carrier Status:

| Carrier Code | Carrier Name |
|--------------|--|
| 00601 | Anthem Blue Cross and Blue Shield of Georgia |
| 00621 | Blue Cross and Blue Shield of Illinois |
| 00803 | Empire Blue Cross and Blue Shield |
| 02331 | Cigna |
| 12B45 | BCBS of TN |
| 12B53 | BCBS of TN |
| 2331 | Cigna |
| 25463 | Bind |
| 40 | Anthem CA |

Edit

Add

Delete

Close

Set Billing Status

- 4) Click Group button on the main menu toolbar to search for desired group

CLAIMSCAPE Group Profile - Lufthansa

Search Add Previous Next Delete

Group Name: Lufthansa
Group Number: 123456
Street: 123 Berry Street
City: San Francisco
State: CA
Country: US

Contact Information:
Contact: [Name]
Phone: [Phone]
Email: [Email]

Additional Contact Information:
Contact: [Name]
Phone: [Phone]
Email: [Email]

Effective Date: 07/01/2016
Termination Date: 07/01/2022
Client Type: Mixed Bill
Master Group: KS Groups
Currency: US Dollar
Tax ID/Gen ID: [Field]

Additional Details Custom Fields Other Cov Info

| Name | Member ID | Street | City | State | Zip | Effective Date |
|------------------------|-----------|--------------------------|---------------|-------|-------|----------------|
| Adolf, Coby | 1505711 | 158 Overdale Dr | Amesbury | MA | 01913 | 06/01 |
| Abdul Gaffoor, Tawbeeq | 1304055 | 185 Berry St Ste 3000 | San Francisco | CA | 94107 | 05/11 |
| Adles, Colleen | 1503358 | 3331 Abhee Dr | Hermitage | TN | 37076 | 01/01 |
| Adles, Genevieve | 1503357 | 601 S Hickory St | Center | MO | 63841 | 01/01 |
| Adles, Wesley | 1503356 | 601 S Hickory St | Center | MO | 63841 | 01/01 |
| Achenta, Pawan | 1509331 | 3480 Granada Ave Apt 151 | Santa Clara | CA | 95051 | 05/01 |
| Acherson, Erik | 1503873 | 2875 SW Brase Mar Ct | Portland | OR | 97201 | 01/01 |

Documents: [Include Terminations] Total Active Members: 1900 [Terminate Issue Group] [Default] [Edit] [Add] [Remove]

Group Options: [Benefits] [Policies] [Billing] [Group Funding] [Communication] [Reinsurance] [Phone Log] [ID Card] [Reminders] [Notes]

- 5) Click on Additional Detail

CLAIMSCAPE Group Profile - Lufthansa

Search Add Previous Next Delete

Group Name: Lufthansa
Group Number: 123456
Street: 123 Berry Street
City: San Francisco
State: CA
Country: US

Contact Information:
Contact: [Name]
Phone: [Phone]
Email: [Email]

Additional Contact Information:
Contact: [Name]
Phone: [Phone]
Email: [Email]

Effective Date: 07/01/2016
Termination Date: 07/01/2022
Client Type: Mixed Bill
Master Group: KS Groups
Currency: US Dollar
Tax ID/Gen ID: [Field]

Additional Details Custom Fields Other Cov Info

| Name | Member ID | Street | City | State | Zip | Effective Date |
|------------------------|-----------|--------------------------|---------------|-------|-------|----------------|
| Adolf, Coby | 1505711 | 158 Overdale Dr | Amesbury | MA | 01913 | 06/01 |
| Abdul Gaffoor, Tawbeeq | 1304055 | 185 Berry St Ste 3000 | San Francisco | CA | 94107 | 05/11 |
| Adles, Colleen | 1503358 | 3331 Abhee Dr | Hermitage | TN | 37076 | 01/01 |
| Adles, Genevieve | 1503357 | 601 S Hickory St | Center | MO | 63841 | 01/01 |
| Adles, Wesley | 1503356 | 601 S Hickory St | Center | MO | 63841 | 01/01 |
| Achenta, Pawan | 1509331 | 3480 Granada Ave Apt 151 | Santa Clara | CA | 95051 | 05/01 |
| Acherson, Erik | 1503873 | 2875 SW Brase Mar Ct | Portland | OR | 97201 | 01/01 |

Documents: [Include Terminations] Total Active Members: 1900 [Terminate Issue Group] [Default] [Edit] [Add] [Remove]

Group Options: [Benefits] [Policies] [Billing] [Group Funding] [Communication] [Reinsurance] [Phone Log] [ID Card] [Reminders] [Notes]

- 6) Check in the correct categories for employer invoice and for the 837 and click Save

Additional Details

Group Additional Details

Selling Broker: [Broker2 Name] Custom Fields: [] Broker Commissions: []

Premium Billing Settings:

Premium Billing Type: [Current] Adjustment Type: [Monthly]

☐ Bill Groups for Disabled/Non-Covered?

☐ Bill Group for Copay/Out-of-Pocket?

☐ Override Waiting Period (Days): []

☐ Premium Invoice Discount

☐ Concurrence Billing

☐ Flat amount ☐ % Percentage

Amount: []

☐ Premium Invoice Paid % Threshold

Group Billing Rates: []

Fixed Monthly Fees: []

Invoice and EDI R37 Export Settings

Major Med Carrier: [Carrier1]

Employee Invoice:

- ☐ DVB - Doctor's Visits Benefits
- ☐ FS - Fertility Services
- ☒ HH - Holistic Health
- ☐ LB - Life Benefits
- ☐ SB - Surgical Benefits
- ☒ TP - Third Party

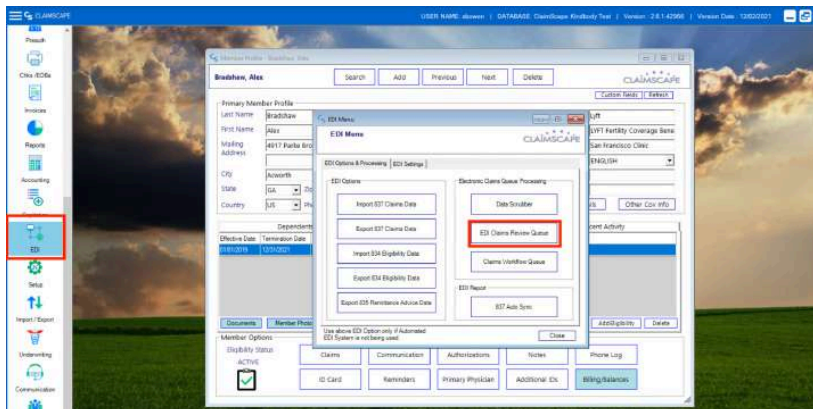
EDT (TPA/Carrier):

- ☒ DVB - Doctor's Visits Benefits
- ☐ FS - Fertility Services
- ☒ HH - Holistic Health
- ☐ LB - Life Benefits
- ☐ SB - Surgical Benefits
- ☒ TP - Third Party

Save Close

Data Validation in Claims Review Queue

- 1) Click EDI on the main menu toolbar followed by the EDI Claims Review Queue button



EDI Claims Review Queue

Disposition: [All] Received By: [None] Processed/Examined: [None]

Claim Number: [] Provider ID: [] Batch #: []

First Name: [] Last Name: [] Reason for Reaction: []

Date Received: [7/7] Date of Service: [7/7]

Search Clear

| EDI Claim in Queue | Data Input | Date Received | Provider ID | Referring Provider | Billing Provider | Referring Provider | Total Charges | Source | Group | Status | Claim Number | Date Submitted | Date |
|--------------------|------------|---------------|-------------|------------------------|------------------------|------------------------|---------------|----------|-------|----------|--------------|----------------|------------|
| 11/11/2021 | 11/11/2021 | 11/11/2021 | 80317980 | KB MEDICAL PRACTICE PC | KB MEDICAL PRACTICE PC | KB MEDICAL PRACTICE PC | \$4,571.24 | EDI File | | Received | 2111108007 | 11/11/2021 | 11/11/2021 |
| 11/11/2021 | 11/11/2021 | 11/11/2021 | 80317980 | KB MEDICAL PRACTICE PC | KB MEDICAL PRACTICE PC | KB MEDICAL PRACTICE PC | \$104.44 | EDI File | | Received | 2111108002 | 11/11/2021 | 11/11/2021 |
| 11/11/2021 | 11/11/2021 | 11/11/2021 | 80317980 | KB MEDICAL PRACTICE PC | KB MEDICAL PRACTICE PC | KB MEDICAL PRACTICE PC | \$15,890.00 | EDI File | | Received | 2111108004 | 11/11/2021 | 11/11/2021 |
| 11/11/2021 | 11/11/2021 | 11/11/2021 | 80317980 | NOT PROVIDED | KB MEDICAL PRACTICE PC | KB MEDICAL PRACTICE PC | \$4,320.00 | EDI File | L/R | Received | 2111108005 | 11/11/2021 | 11/11/2021 |
| 11/11/2021 | 11/11/2021 | 11/11/2021 | 80317980 | NOT PROVIDED | KB MEDICAL PRACTICE PC | KB MEDICAL PRACTICE PC | \$15,890.00 | EDI File | | Received | 2111108006 | 11/11/2021 | 11/11/2021 |
| 11/11/2021 | 11/11/2021 | 11/11/2021 | 80317980 | KB MEDICAL PRACTICE PC | KB MEDICAL PRACTICE PC | KB MEDICAL PRACTICE PC | \$5,200.00 | EDI File | | Received | 2111108013 | 11/11/2021 | 11/11/2021 |
| 11/11/2021 | 11/11/2021 | 11/11/2021 | 80317980 | KB MEDICAL PRACTICE PC | KB MEDICAL PRACTICE PC | KB MEDICAL PRACTICE PC | \$4,411.24 | EDI File | | Received | 2111108014 | 11/11/2021 | 11/11/2021 |
| 11/11/2021 | 11/11/2021 | 11/11/2021 | 80317980 | KB MEDICAL PRACTICE PC | KB MEDICAL PRACTICE PC | KB MEDICAL PRACTICE PC | \$100.43 | EDI File | | Received | 2111108015 | 11/11/2021 | 11/11/2021 |
| 11/11/2021 | 11/11/2021 | 11/11/2021 | 80317980 | KB MEDICAL PRACTICE PC | KB MEDICAL PRACTICE PC | KB MEDICAL PRACTICE PC | \$15,890.00 | EDI File | | Received | 2111108017 | 11/11/2021 | 11/11/2021 |
| 11/11/2021 | 11/11/2021 | 11/11/2021 | 80317980 | NOT PROVIDED | KB MEDICAL PRACTICE PC | KB MEDICAL PRACTICE PC | \$15,890.00 | EDI File | | Received | 2111108019 | 11/11/2021 | 11/11/2021 |
| 11/11/2021 | 11/11/2021 | 11/11/2021 | 32781007 | GORDON MEDICAL | GORDON MEDICAL INC. | GORDON MEDICAL INC. | \$315.30 | EDI File | | Received | 2111108070 | 11/11/2021 | 11/11/2021 |
| 11/11/2021 | 11/11/2021 | 11/11/2021 | 80317980 | KB MEDICAL PRACTICE PC | KB MEDICAL PRACTICE PC | KB MEDICAL PRACTICE PC | \$2,300.00 | EDI File | | Received | 2111108072 | 11/11/2021 | 11/11/2021 |
| 11/11/2021 | 11/11/2021 | 11/11/2021 | 80317980 | KB MEDICAL PRACTICE PC | KB MEDICAL PRACTICE PC | KB MEDICAL PRACTICE PC | \$2,300.00 | EDI File | | Received | 2111108074 | 11/11/2021 | 11/11/2021 |

14 Claims found in Queue

Move Claims in Queue Remove from Queue Close

2) Once you click on the desired claim you can review it and Release for Process

[illegible]

3) Click EDI on the main menu toolbar followed by the EDI Claims Review Queue button

ED Claims Review Queue

Disposition:

AM

Chain Number:

First Name:

Date Received:

7/7

Received By:

New

Provider ID:

Last Name:

Date of Service:

7/7

Process Exam:

New

Group:

None

Batch #:

Reason for Rejection:

AM

Search

Clear

ED Claims in Queue

| Date Rec'd | Date Received | Patient | Provider ID | Rendering Provider | Billing Provider | Referring Provider | Total Charges | Source | Group | Status | Chain Number | Data Submitted | Date |
|------------|---------------|---------|-------------|------------------------|------------------------|--------------------|---------------|----------|-------|----------|--------------|----------------|------|
| 1/11/2021 | 1/18/2021 | | 00311960 | HB MEDICAL PRACTICE PC | HB MEDICAL PRACTICE PC | | \$0.00.00 | EDI File | | Received | 2111110800 | 1/11/2021 | |
| 1/11/2021 | 09/22/2021 | | 00311960 | HB MEDICAL PRACTICE PC | HB MEDICAL PRACTICE PC | | \$517.24 | EDI File | | Received | 2111110801 | 1/11/2021 | |
| 1/11/2021 | 09/22/2021 | | 00311960 | HB MEDICAL PRACTICE PC | HB MEDICAL PRACTICE PC | | \$10.43 | EDI File | | Received | 2111110802 | 1/11/2021 | |
| 1/11/2021 | 09/22/2021 | | 00311960 | HB MEDICAL PRACTICE PC | HB MEDICAL PRACTICE PC | | \$15,960.00 | EDI File | | Received | 2111110804 | 1/11/2021 | |
| 1/11/2021 | 10/01/2021 | | 00311960 | NOT PROVIDED | HB MEDICAL PRACTICE PC | | \$4,000.00 | EDI File | Lft | Received | 2111110805 | 1/11/2021 | |
| 1/11/2021 | 10/01/2021 | | 00311960 | NOT PROVIDED | HB MEDICAL PRACTICE PC | | \$15,890.00 | EDI File | | Received | 2111110806 | 1/11/2021 | |
| 1/18/2021 | 09/22/2021 | | 00311960 | HB MEDICAL PRACTICE PC | HB MEDICAL PRACTICE PC | | \$5,200.00 | EDI File | | Received | 2111110813 | 1/11/2021 | |
| 1/18/2021 | 09/22/2021 | | 00311960 | HB MEDICAL PRACTICE PC | HB MEDICAL PRACTICE PC | | \$517.24 | EDI File | | Received | 2111110814 | 1/11/2021 | |
| 1/18/2021 | 09/22/2021 | | 00311960 | HB MEDICAL PRACTICE PC | HB MEDICAL PRACTICE PC | | \$100.43 | EDI File | | Received | 2111110815 | 1/11/2021 | |
| 1/18/2021 | 09/22/2021 | | 00311960 | HB MEDICAL PRACTICE PC | HB MEDICAL PRACTICE PC | | \$15,890.00 | EDI File | | Received | 2111110817 | 1/11/2021 | |
| 1/18/2021 | 10/01/2021 | | 00311960 | NOT PROVIDED | HB MEDICAL PRACTICE PC | | \$3,800.00 | EDI File | | Received | 2111110818 | 1/11/2021 | |
| 1/18/2021 | 11/11/2021 | | 00311960 | GORDIAN MEDICAL INC. | GORDIAN MEDICAL INC. | | \$375.00 | EDI File | | Received | 2111110870 | 1/10/2021 | |
| 1/19/2021 | 11/16/2021 | | 00311960 | HB MEDICAL PRACTICE PC | HB MEDICAL PRACTICE PC | | \$2,000.00 | EDI File | | Received | 2111110902 | 1/11/2021 | |
| 1/19/2021 | 11/16/2021 | | 00311960 | HB MEDICAL PRACTICE PC | HB MEDICAL PRACTICE PC | | \$2,000.00 | EDI File | | Received | 2111110904 | 1/11/2021 | |

14 Claims Held in Queue

Refresh Claims in Queue

Remove Item from Queue

- 4) Once you click on the desired claim you can review it and Release for Process

Verifying and Matching Claim #2111110000 from Queue

Insured: LYT5555555555, Last Name: JIM, First Name: JULY, DOB: [redacted], City: BERKELEY, State: CA, Subscriber ID: LYT5555555555, Group: [redacted]

Provider: B53310960, Last Name: MB MEDICAL PRACT, First Name: [redacted], Street: 120 5TH AVE FL 3, City: NEW YORK, State: NY, Specialty: [redacted], PPO: [redacted], NP: [redacted], NPI: [redacted]

Service: B53310960, Last Name: MB MEDICAL PRACT, First Name: [redacted], Street: 120 5TH AVE FL 3, City: NEW YORK, State: NY, Specialty: [redacted], PPO: [redacted], NP: [redacted], NPI: [redacted]

Services:

| Service | Service Date | ICD9 | Proc Code | RM | OK | Charge | Units | Revenue Code |
|------------|--------------|------|-----------|----|----|----------|-------|--------------|
| 1100000001 | 10/01/2021 | 13 | 6033 | | | 1,231.83 | | |

Total Charges: \$1,231.83

Claim Info: Claim Number: 2111110000, Date Received: 09/22/2021, Medical Record #: 02332973, Claim Type: [redacted] Facility Claim

EDI Info: Source: [redacted], Queue Status: [redacted], Date Imported: 10/11/2021, IP: Submitted

Amount: Total: \$1,231.83, Paid: \$0.00, Due: \$1,231.83

Buttons: Previous, Next, Documents, **Release for Process**, Close

Build a Procedure Code into the Fee Schedule

- 1) Click setup

CLAIMSCAPE

USER NAME: shoven | DATABASE: ClaimScope Kinobody Test | Version: 2.6.1.0314 | Version Date: 01/03/2022

Claims in Queue: 0, Process Claims

Outbound Claims Queue: 24, Review Outbound Claims

Reminders and Notifications: 0, See Reminders and Notifications

Web Portal for Provider and Members: Launch Portal

Dashboard and Metrics: Launch Dashboard

Reports and Business Intelligence: Launch Reports And Business Intelligence

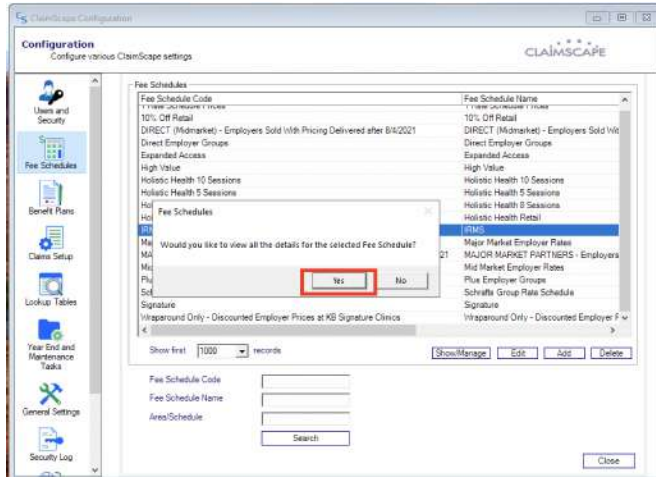
Preauthorizations in Queue: 33, Process Preauthorizations

Pended Claims Needing Review: 69, Review Claims

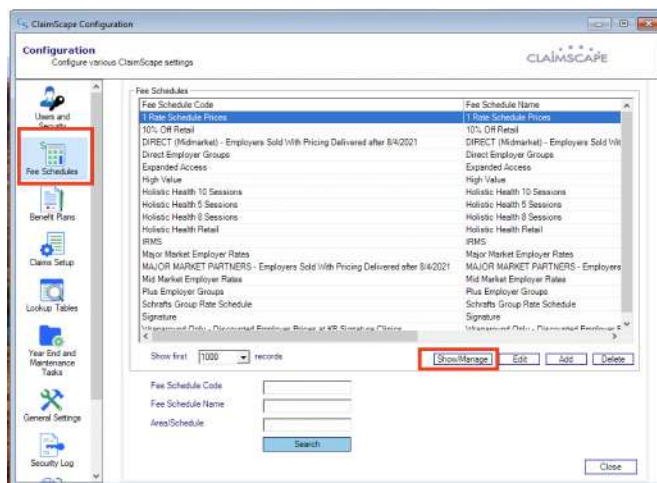
CRM Calls Needing Review: 1, Review Calls

Setup (highlighted)

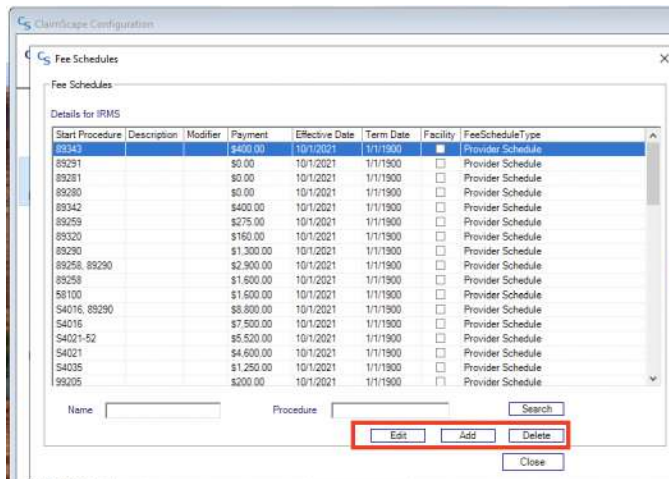
- 2) Click Fee Schedules



- 3) Search for the desired fee schedule and click on the a name,click Show/Manage to view the list of codes

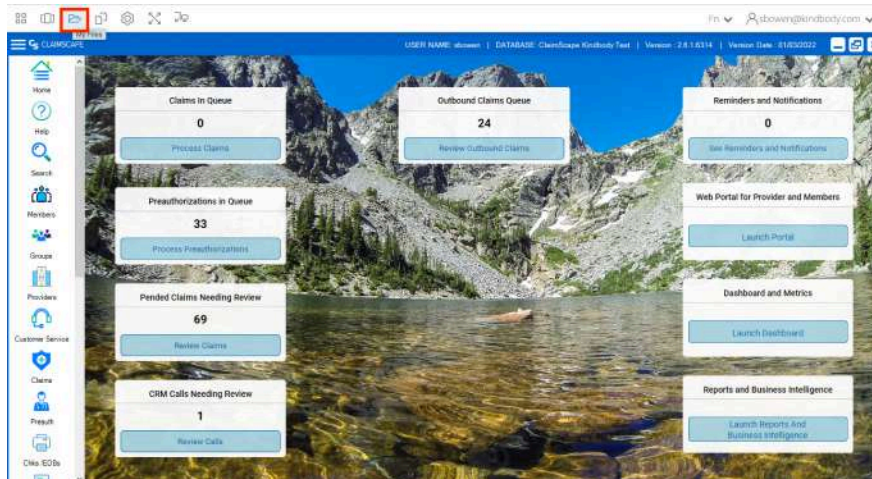


- 4) Here you can add, edit, or delete a desired code

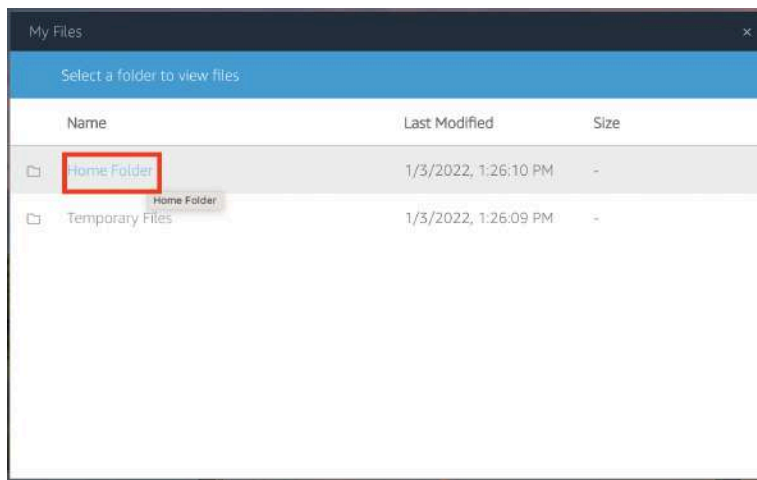


Upload Documents onto ClaimScape from your Local Computer

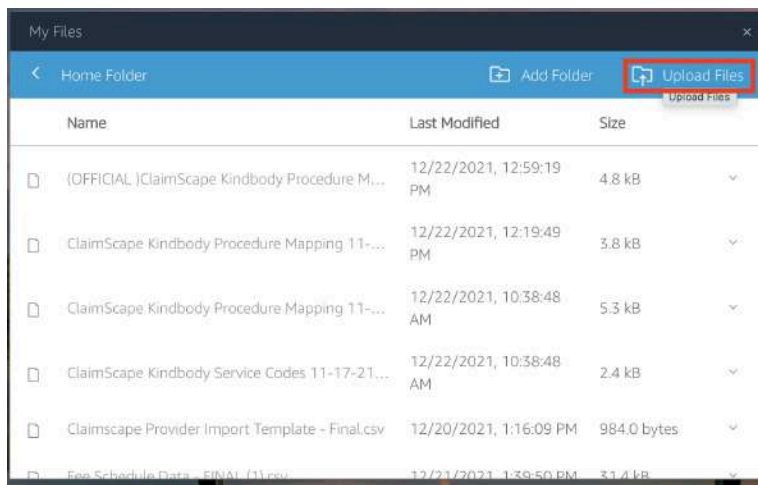
- 1) Click on the folder icon at the top of the screen



- 2) Select Home Folder



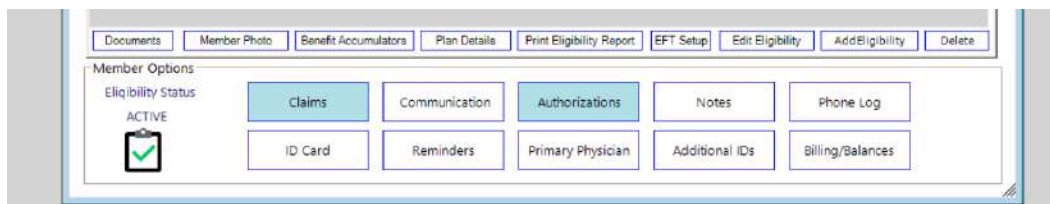
- 3) Click Upload File and choose the desired document you wish to upload



Patients/ Members

Perform Eligibility Check

- 1) Use Search function on left menu to look up patient
- 2) On Member Profile Screen, under Member Options, the Eligibility Status will be displayed



- 3) What to do when you can't find a patient in ClaimScape
 - a) TBD - Annie Tran to provide
- 4) Check Patient Out of Pocket with Major Medical Insurance Plan
 - a) For go-live, staff will not use Claimscape to check out of pocket max/accumulators with major medical insurance plans.

Check Patient Out Of Pocket With Major Medical Insurance Plan

1. For go-live, staff will not use Claimscape to check out of pocket max/accumulators with major medical insurance plans.

How To View Dependent's Profile

- i) Click Member on the main menu toolbar and search the desired member and click on the patients, the Primary member's profile will appear. Click on the Dependents tab

Member Profile - Lei, Vai

Lei, Vai Search Add Previous Next Delete CLAIMSCAPE Custom Fields Refresh

Primary Member Profile

Last Name: Lei Member ID: 1497416 Group: PRINCETON
First Name: Vai Employer ID: VIP Benefit Plan: Princeton Fertility Coverage
Mailing Address: N/A DOB: 01/01/1990 Age: 32 Location: PRIMARY LOCATION
City: Relationship: MEMBER Language: ENGLISH
State: None Zip: Gender: U MS UNKNOWN Addl Phone:
Country: US Phone: Nationality: Not Provided Addl Email:
Email: ylel@Princeton.EDU Addl Details Other Cov Info

Dependents Eligibility/Benefits History Recent Activity

| Effective Date | Termination Date | Benefit Plan | Benefit Products | Group | Location | Currency |
|----------------|------------------|---|------------------|-----------|------------------|----------|
| 04/01/2020 | 02/08/2022 | Princeton Fertility Coverage Benefits - Princeton-Aetna | Fertility | PRINCETON | PRIMARY LOCATION | USD |

Documents Member Photo Benefit Accumulators Plan Details Print Eligibility Report EFT Setup Edit Eligibility Add Eligibility Delete

Member Options

Eligibility Status: TERMINATED (X)

Claims Communication Authorizations Notes Phone Log
ID Card Reminders Primary Physician Additional IDs Billing/Balances

- ii) The Profile of the Dependent should appear along with their eligibility status

| Dependents | | | Eligibility/Benefits History | | | | Recent Activity | | |
|------------|---------------|--------------|------------------------------|------------------|-----|---------------|---|------------------|------|
| Code | Name | Relationship | Effective Date | Termination Date | Sex | Date of Birth | Benefit Plan | Benefit Products | Prin |
| 1 | Chow, Chaiwah | SPOUSE | 11/26/2007 | 12/31/2021 | U | 01/01/1990 | Princeton Fertility Coverage Benefits - Princeton-Aetna | Fertility | |

Documents Dependent Photo Benefit Accumulators Eligibility Summary Edit Dependent Add Dependent Delete

Member Options
Dependent Status
TERMINATED

Claims Communication Authorizations Notes Phone Log
ID Card Reminders Primary Physician Additional IDs Billing/Balances

Record Patient Responsibility Payment

- 1) Find Member Profile (use Search or Members function on menu).
- 2) When member profile screen is open, select "Billing/Balances"

CLAIMSCAPE USER NAME: Michelle Proctor | DATABASE: ClaimScope Kindbody Test | Version: 2.6.1.1790 | Version Date: 11/01/2021

Home Help Search Members Groups Providers Customer Service Claims Prescriptions Data/EDOs Invoices

Member Profile - Bradshaw, Alex

Search Add Previous Next Delete

Primary Member Profile

Last Name: Bradshaw Member ID: 1507982 Group: Lyft
First Name: Alex Employer ID: N/A Benefit Plan: LYFT Fertility Coverage Bene
Mailing Address: 4917 Parke Brook Dr DOB: 01/01/1990 Age: 31 Location: San Francisco Clinic
City: Acworth Relationship: MEMBER Language: ENGLISH
State: GA Zip: 30101 Gender: U MS: UNKNOWN/ Add Phone: Add Email: Add Details Other Cov Info
Country: US Phone: Email: abradshaw@lyft.com

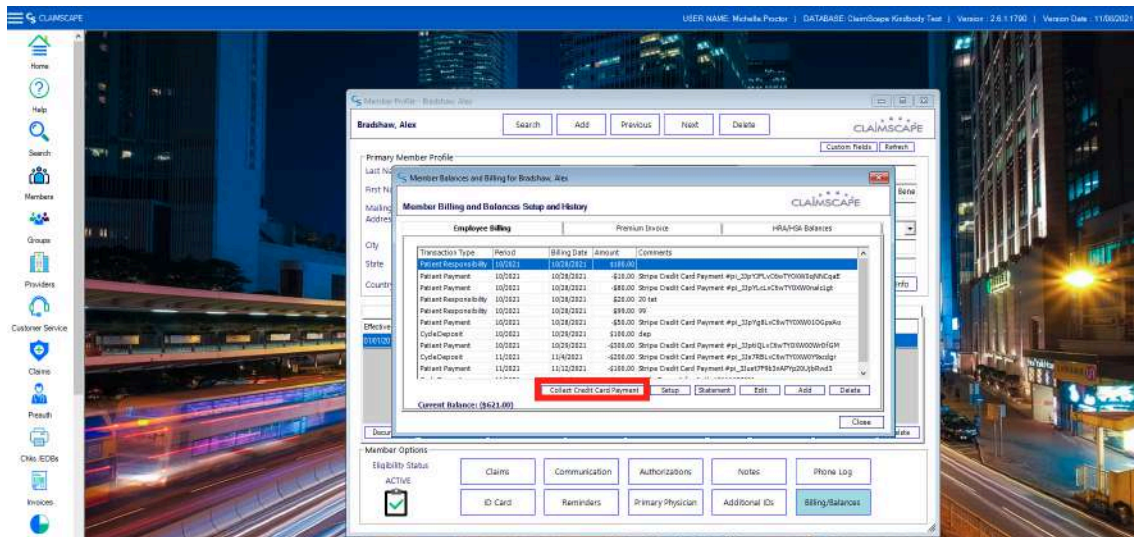
| Dependents | | Eligibility/Benefits History | | | | Recent Activity | |
|----------------|------------------|---|------------------|-------|----------------------|-----------------|--|
| Effective Date | Termination Date | Benefit Plan | Benefit Products | Group | Location | Currency | |
| 01/01/2019 | 12/31/2021 | LYFT Fertility Coverage Benefits - LYFT | LYFT | Lyft | San Francisco Clinic | USD | |

Documents Member Photo Benefit Accumulators Plan Details Print Eligibility Report EFT Setup Edit Eligibility Add Eligibility Delete

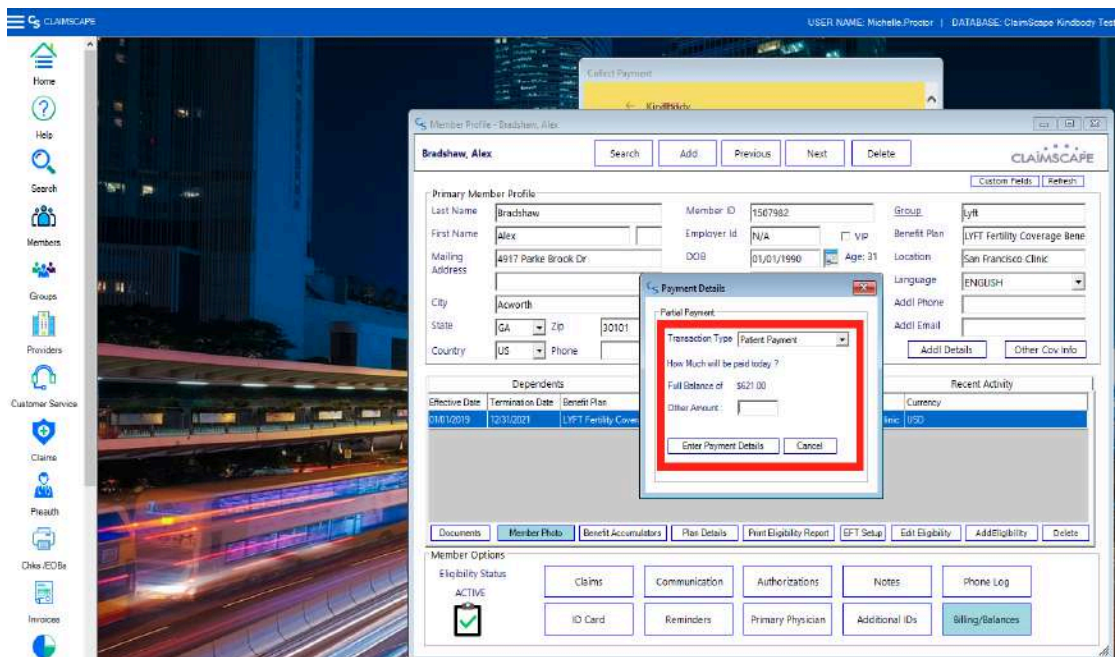
Member Options
Eligibility Status
ACTIVE

Claims Communication Authorizations Notes Phone Log
ID Card Reminders Primary Physician Additional IDs Billing/Balances

- 3) On the Member Balances and Billing Screen, select “Collect Credit Card Payment



- 4) On Payment Details Screen, Enter Transaction type, amount and payment details



Printing A Member's EOB

- 1) Click Search button on the main menu tool bar and click Members to search for the member

Search Members

Members Search

Fill in search criteria below to locate Members information.

Members Search Criteria

Last Name: []

First Name: **Rup**

DOB: []

Member ID: []

Employer ID: []

Employee ID: []

Group Name: [All]

Group Number: []

City: []

State: []

Zip/Postal: []

Benefit Plan: []

Benefit Products: [ALL]

Phone #: []

Country: []

Alternate ID: [None]

Search Results

| Last Name | First Name | Member ID | City | State | Country | Date of Birth | Effective Date |
|-------------|----------------------|--------------|--------------|------------|---------------|---------------|----------------|
| Chaudhuri | Rupsha | LYV7751423CH | Campbell | CA | United States | 01/01/1990 | 01/01/2019 |
| Broadrup | Andrew Cade Broadrup | 63183 | Geneva | FL | United States | 01/01/1990 | 11/02/2020 |
| DESAI | KRUPA | 1347767 | JACKSONVILLE | FL | United States | 01/01/1990 | 08/13/2018 |
| Kango | Rupa | 1984048 | | | United States | 01/01/1990 | 01/05/2021 |
| More | Rupesh Arjun | 1532194 | Sunnyvale | California | United States | 01/01/1990 | 07/06/2020 |
| Mukherjee | Rupak | 1501348 | | | United States | 01/01/1990 | 08/26/2019 |
| Phull | Rupinder | 1501127 | | | United States | 01/01/1990 | 03/04/2019 |
| Ragbirsingh | Rupa | 1499381 | | | United States | 01/01/1990 | 01/01/2016 |
| Rihan | Rupa | 2063291 | | | United States | 01/01/1990 | 01/08/2016 |
| SINGH | RUP | 2049034 | | | United States | 01/01/1990 | 01/01/2021 |
| SIVATHASAN | NIRUPA | 2047690 | Irvine | CA | United States | 01/01/1990 | 01/01/2021 |
| Vora | Rupa | 2203361 | Duarte | CA | United States | 01/01/1990 | 01/06/2021 |

- 2) Click the Claims button, and choose the desired claim

Claims History For (Entire Family)

Search

Member Name: [Entire Family]

Accident Date: []

Provider: []

Incurred From: [] To: []

Paid From: [] To: []

☐ Adjusted Claims ☐ Dental Presuit ☐ Pre-Existing ☒ Account for Adjustments

Network Status: [All Claims]

Claim Type: [All Types]

Claim # [] Check # []

Service Code Group: [Any]

Service Code: [Any]

Procedure Code: []

Dr. Code: []

Move Claims to Member: []

Search Clear Criteria Move Claims

Claims Search Results

| Claim # | Member | Start Service | Charges | Copay | Deductible | Amount Paid | OOP/Consequence | Editing Provider | Service Provider | Status | Dr |
|------------|------------------|---------------|--------------|-------|------------|--------------|-----------------|---------------------|-------------------------------|--------------|----|
| 2111110085 | Rupsha Chaudhuri | 11/11/2021 | \$ 10,000.00 | 0.00 | 0.00 | \$ 10,000.00 | \$ 0.00 | KB MEDICAL PRACTICE | Boston (F) - Brookline | PROCESSED AS | |
| 2111110086 | Rupsha Chaudhuri | 06/30/2021 | \$ 4,025.00 | 0.00 | 0.00 | \$ 2,800.00 | \$ 0.00 | KB MEDICAL PRACTICE | KB MEDICAL PRACTICE PROCESSES | 23 | |
| 2111110087 | Rupsha Chaudhuri | 06/30/2021 | \$ 4,025.00 | 0.00 | 0.00 | \$ 2,800.00 | \$ 0.00 | KB MEDICAL PRACTICE | KB MEDICAL PRACTICE PROCESSES | 23 | |

Search Results Totals

Claims Displayed: 4 Gross Amount Paid: \$ 18,400.00 Reim. Paid: \$ 0.00 Total Charges: \$ 20,000.00 Total Copay: \$ 0.00

Total Pending Claims: 0 Med Deduct. Paid: \$ 0.00 OOP/Consequence: \$ 0.00 Total Eligible: \$ 18,400.00 Total Pat. Resp.: \$ 0.00

Claim Options

Process New Claim Process E-Queue Medical History Quick Report Dental Summary View Prescriptions

Close

3) Once you open the claim, click the Quick EOB button to view the document

Claim Status Summary for Claim #2111110803

Medical claim was processed on 11/11/2021 11:10 AM by "admin"

Claim Status Payment Information

Received On: 11/11/2021
 Processed On: 11/11/2021
 Paid On:

Member Name: Chaudhuri, Rupsha
 Relation: MEMBER
 Batch #:
 Submission #:
 Claim Type: Medical Claim
 Bank Account: N/A

Payee Name: KB MEDICAL PRACTICE PC
 EOB Printed: ☐ COB ☐ Preauthorization ☒ In Network
 Date Cleared: ☐ Manual ☐ Auto Adjudicate ☐ History Only
 Payment Type: Paper Check ☐ Manual Entry ☒ Clear Claim

Current Status: PROCESSED, AWAITING PAYMENT

Provider Information

Billing Provider: KB MEDICAL PRACTICE PC
 Tax ID: 853115940
 Billing Address: 120 5th Ave 5th F
 New York, NY, 10011
 Patient Acct:
 Health Plan/PO: Direct
 Service Provider: Boston IVF - Brookline Fertility Center
 Tax ID: 999999999
 1 Brookline Pl, Brookline, MA, 02445

Services Billed

| Line # | Service Start | Service End | POS | Proc Code | Mod | QX Code | Charges | Unit | Charges Orig | Provider Discount Orig | Procedure Description |
|--------|---------------|-------------|-----|-----------|-----|---------|-----------|------|--------------|------------------------|---|
| 1 | 11/11/2021 | 11/11/2021 | 11 | 54018 | | ADA4 | 10,000.00 | 1 | 10,000.00 | 0.00 | Complete In Vitro Fertilization Cycle, Not Otherwise Specified, Cate-Rite |

Total Charges: 10,000.00

Adjudication Results

| Line # | Service | Charges | Contract | Discount | Disallowed | Eligible | Deductible | Copay | % | Paid | Split % | Split Paid | QOP Code | Net Paid | Reason Code/Description | Reason Code 2 | Note |
|--------|---------|-----------|-----------|----------|------------|-----------|------------|-------|------|-----------|---------|------------|----------|-----------|-------------------------|---------------|------|
| 1 | IVF | 10,000.00 | 10,000.00 | 0.00 | 0.00 | 10,000.00 | 0.00 | 0.00 | 100% | 10,000.00 | 0% | 0.00 | 0.00 | 10,000.00 | | | |

10,000.00 10,000.00 0.00 10,000.00 0.00 0.00 10,000.00 0.00 0.00 10,000.00

Total Patient Responsibility: \$ 0.00
 Total Amount Payable: \$ 10,000.00

Claim Options

Details Adjust Claim Void/Refund Add Lines Edit Claim Delete Claim Custom Fields EDI Fields

277 Status **Quick EOB** Add Phone Log Unprint Claim Documents Audit Claim Recent Activity Print Claim Close

4) Click the Printer Icon to print the Member's EOB

Report Viewer - Explanation of Benefit Report

Print Report

Page 1 of 1

EXPLANATION OF BENEFITS

CLAIM #: 2111110803 RECEIVED DATE: 9/22/2021
 ADJUSTER: admin PROCESSED DATE: 11/11/2021
 CLAIM TYPE: Medical PAID DATE:

INSURED: Rupsha Chaudhuri
 2010 Abbey Ln
 Campbell, CA 95008
 MEMBER ID: LYY7751423CH
 GROUP NAME: Lyth
 GROUP NUMBER: Lyth
 PATIENT: Rupsha Chaudhuri
 LOCATION: San Francisco Clinic
 RELATIONSHIP: MEMBER
 BENEFIT PLAN: LYFT Fertility Coverage Benefits
 D.O.B.: XX/XX/1990 SEX: U PROVIDER: KB MEDICAL PRACTICE PC

DESCRIPTION OF SERVICES

| Type of Service | Procedure | DX | Date of Service | Charge | Discount/Net | Deductible | Copay | QOP | % | Paid | Reason Code | Reason Code 2 |
|---------------------|-----------|-------|-----------------------|------------|--------------|------------|-------|------|------|------------|-------------|---------------|
| Oocyte Embryo Cycle | 54017 | 231.9 | 1-30-2021 - 8/30-2021 | \$4,225.00 | \$1,225.00 | \$0.00 | 0.00 | 100% | 100% | \$2,900.00 | | |
| | | | | \$4,025.00 | \$1,225.00 | \$0.00 | 0.00 | | | \$2,900.00 | | |

TOTAL AMOUNT PAID FOR THIS CLAIM: 2,900.00

Reason Code Description EOB Comments

Current Page No.: 1 Total Page No.: 1 Zoom Factor: 100%

Check Benefit Utilization Status

- 1) Click Search button on the main menu tool bar and click Members to search for the member

Members Search

Fill in search criteria below to locate Members information.

Members Search Criteria

Last Name: []

First Name: **Rup**

DOB: [/ /]

Member ID: []

Employer ID: []

Employee ID: []

Group Name: [All]

Group Number: []

City: []

State: []

Zip/Postal: []

Benefit Plan: []

Benefit Products: [ALL]

Phone #: []

Country: []

Alternate ID: [None]

Search Results

| Last Name | First Name | Member ID | City | State | Country | Date of Birth | Effective Date |
|-------------|----------------------|--------------|--------------|------------|---------------|---------------|----------------|
| Broadrup | Andrew Cade Broadrup | 63183 | Geneva | FL | United States | 01/01/1990 | 11/02/2020 |
| Chaudhuri | Rupsha | LYV7751423CH | Campbell | CA | United States | 01/01/1990 | 01/01/2019 |
| DESAI | KRUPA | 1347767 | JACKSONVILLE | FL | United States | 01/01/1990 | 08/13/2018 |
| Kango | Rupa | 1984048 | | | United States | 01/01/1990 | 01/05/2021 |
| More | Rupesh Arjun | 1532194 | Sunnyvale | California | United States | 01/01/1990 | 07/06/2020 |
| Mukherjee | Rupak | 1501348 | | | United States | 01/01/1990 | 08/26/2019 |
| Phull | Rupinder | 1501127 | | | United States | 01/01/1990 | 03/04/2019 |
| Ragbirsingh | Rupa | 1499881 | | | United States | 01/01/1990 | 01/01/2016 |
| Rihan | Rupa | 2063291 | | | United States | 01/01/1990 | 01/08/2016 |
| SINGH | RUP | 2049034 | | | United States | 01/01/1990 | 01/01/2021 |
| SIVATHASAN | NIRUPA | 2047690 | Irvine | CA | United States | 01/01/1990 | 01/01/2021 |
| Vora | Rupa | 2203361 | Duarte | CA | United States | 01/01/1990 | 01/06/2021 |

- 2) Click the Benefit Accumulator button, and choose the desired claim

CLAIMSCAPE

Primary Member Profile

Last Name: Chaudhuri

First Name: Rupsha

Mailing Address: 2010 Abbey Ln

City: Campbell

State: CA

Country: US

Member ID: LYV7751423CH

Employer ID: N/A

DOR: 01/01/1990

Relationship: MEMBER

Gender: U

Nationality: U

Email: rchaudhuri@lyft.com

Group: lyft

Benefit Plan: LYFT Fertility Coverage Bene

Location: San Francisco Clinic

Language: ENGLISH

Add Phone: []

Add Email: []

Add Details

Other Cov Info

Dependents

Eligibility/Benefits History

| Effective Date | Termination Date | Benefit Plan | Benefit Products | Group | Location | Currency |
|----------------|------------------|---|------------------|-------|----------------------|----------|
| 01/01/2019 | 12/31/2021 | LYFT Fertility Coverage Benefits - LYFT | FERT | Lyft | San Francisco Clinic | USD |

Recent Activity

Documents

Member Photo

Benefit Accumulators

Plan Details

Print Eligibility Report

EFT Setup

Edit Eligibility

Add Eligibility

Delete

Member Options

Eligibility Status: ACTIVE

Claims

Communication

Authorizations

Notes

Phone Log

ID Card

Reminders

Primary Physician

Additional IDs

Billing/Balances

3) Click the Kindbody Benefit Usage button

The screenshot shows the CLAIMSCAPE web application interface. The main window displays the member profile for Rupsha Chaudhuri. A red box highlights the 'Kindbody Benefit Usage' button in the 'Accumulator' section. The button is labeled 'Kindbody Benefit Usage' and is located within a sub-window titled 'Accumulator'.

Primary Member Profile:

- Last Name: Chaudhuri
- First Name: Rupsha
- Member ID: JNY751423CH
- Employer ID: N/A
- DOB: 01/01/1990
- Age: 31
- Group: Jyft
- Benefit Plan: OPT Fertility Coverage Bene
- Location: San Francisco Clinic
- City: Campbell
- State: CA
- Country: US

Accumulator:

- Kindbody Benefit Usage (highlighted)
- Accumulators
- Service Code Accumulators
- Service Code Group Accumulator

KindBody Benefit Usage for Rupsha Chaudhuri

Accumulator for KindBody Cycle

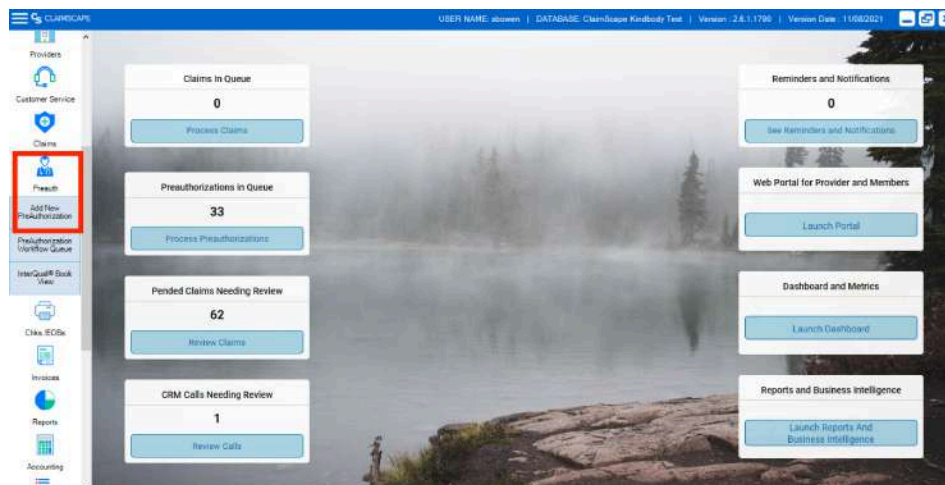
| Service Groups | KindCycles Maximum | Authorized | Billed | Remaining |
|--------------------|--------------------|------------|--------|-----------|
| Fertility Services | 4 | 0.00 | 1.00 | 3.00 |
| Third Party | 0 | 0.00 | 0.00 | 0.00 |

Close

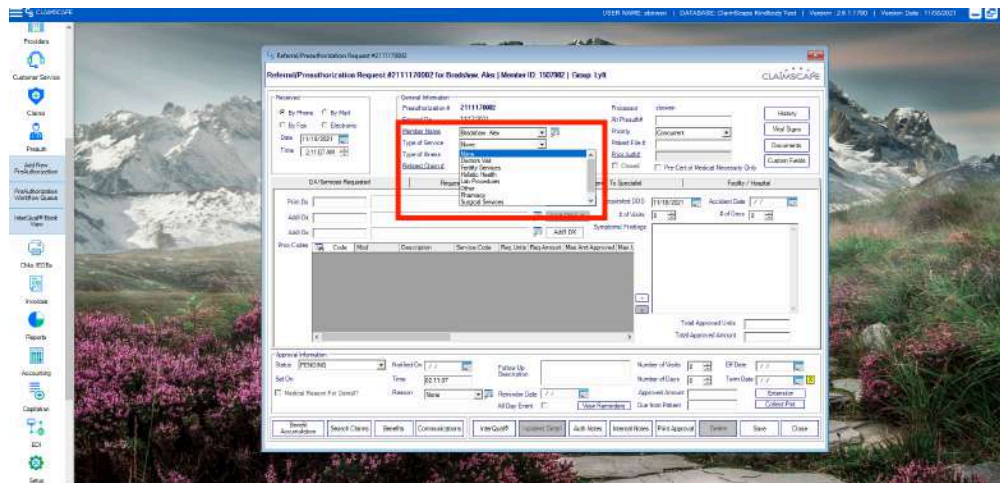
Preauthorizations

Add New Preauth

- 1) Click Preauth button on main menu tool bar and select Add New Pre-Authorization and it should open up a request screen



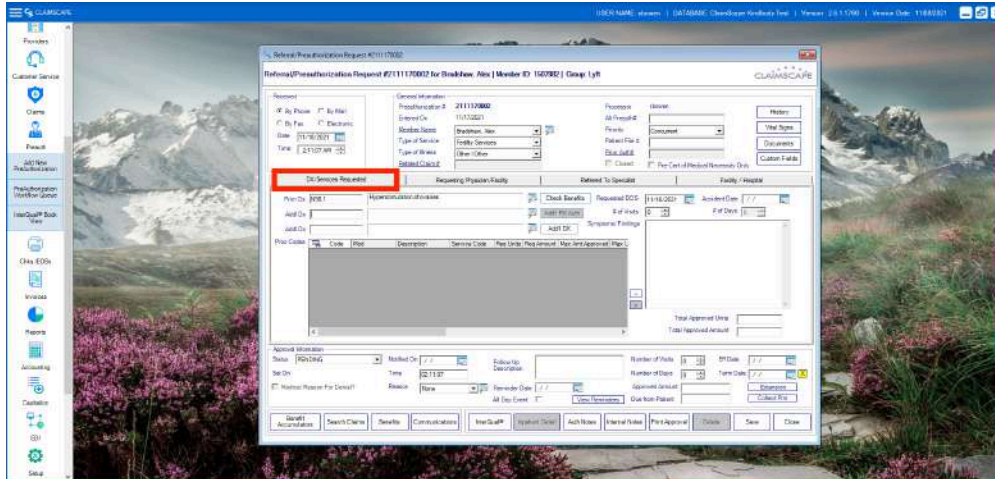
- 2) Select the magnifying glass icon to search for the member



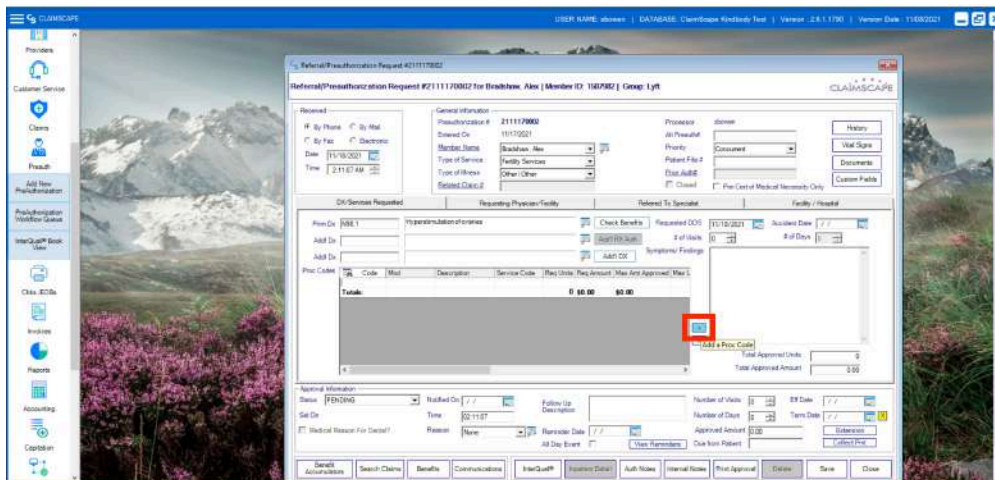
- 3) Once you've chosen the member's name, you can choose the Type of Service and Illness from the dropdown selections

- 4) Select "Referred to Specialist" to insert the Service Provider. Select the Find button and enter the correct location

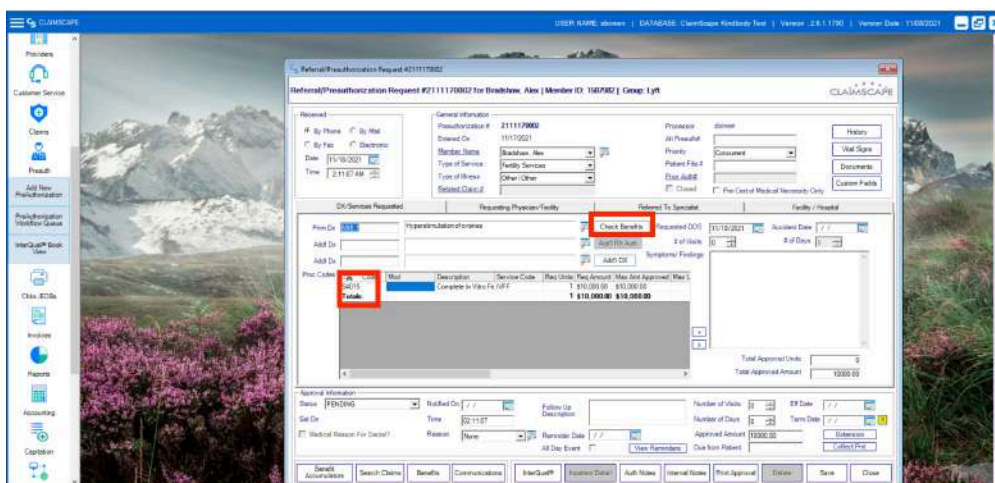
- 5) Select "DX/ Services Requested" and enter the Primary Diagnostic code in the "Prim Dx" field

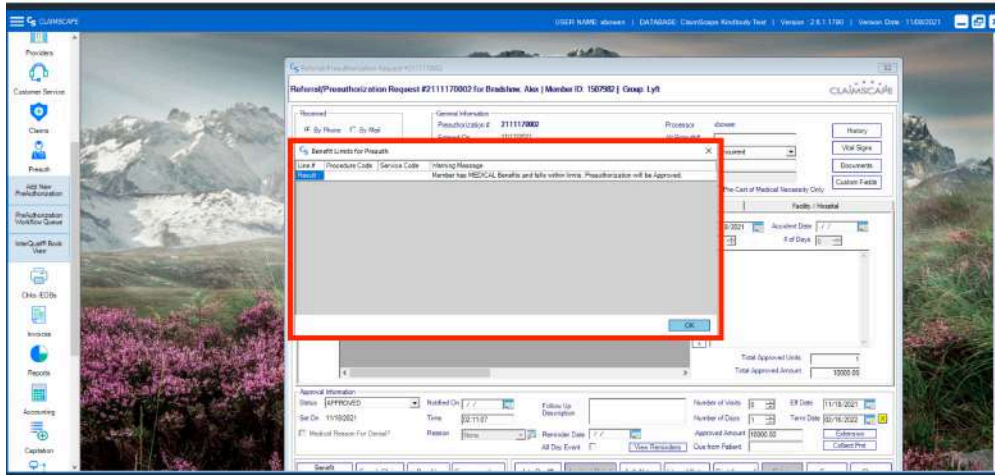


6) Next you'll select the + button to add the procedure code

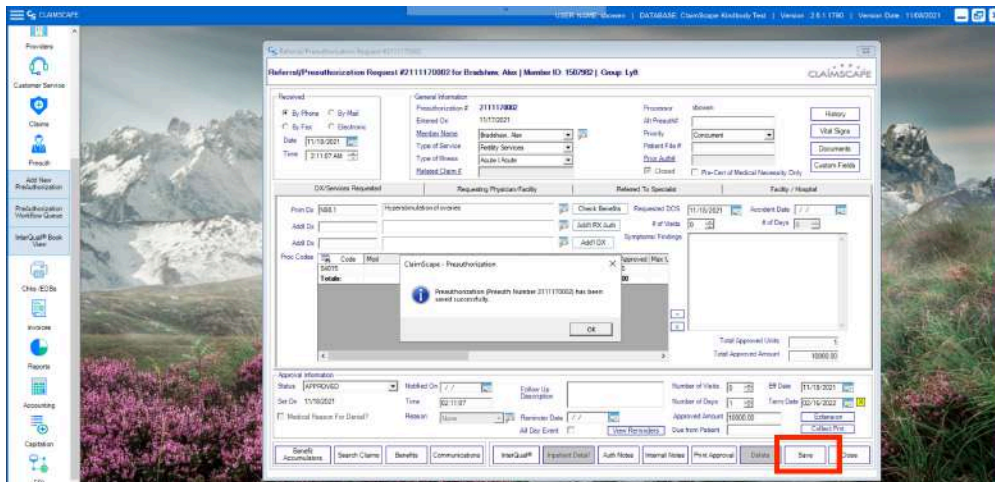


7) Add your service code under the "Code" field and hit Enter on your keyboard and select the Check Benefit button to check the Benefit Limit for Pre-auth.



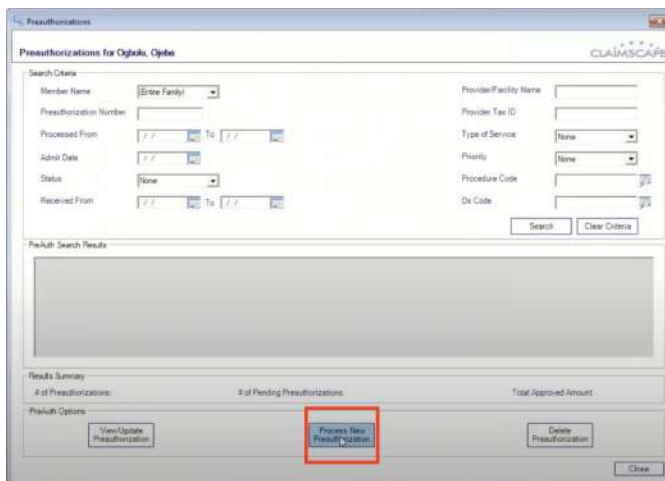


8) Save the authorization.



Adding Rx Preauth

1) Complete the same steps as if you are processing a new authorization



- Fill in all the required information for the member and then select the Add Rx Auth button to add additional diagnostic codes

Referral/Preauthorization Request #2109140025 for Ogbolu, Ojo | Member ID: 1509096 | Group: Lyft

Received: By Phone / By Mail / By Fax / Electronic

Date: 09/14/2021 Time: 4:08:00 PM

General Information: Preauthorization # 2109140025, Entered On 09/14/2021, Member Name Ogbolu, Ojo, Type of Service Fertility Services, Type of Illness Acute / Acute, Related Claim #

Processor: admin, Alt Preauth #, Priority Concurrent, Patient File #, Prior Auth #

Buttons: History, Vital Signs, Documents, Custom Fields

DX/Services Requested: Prim Dx N9E1, Hyperstimulation of ovaries, Add Rx, Add Rx

Requesting Physician/Facility, Referred To Specialist, Facility / Hospital

Requested DOS 09/14/2021, Accident Date / /, # of Visits 0, # of Days

Proc Codes: Code Mod Description Service Code Reg 1

Totals: Complete In Vitro Fertilization Cycle, Not Otherwise Specified, Case Rate IVFF IVF - Fresh

Approval Information: Status APPROVED, Set On 09/14/2021, Time 16:12:00, Follow Up Description, Number of Visits 0, ER Date 09/14/2021, Number of Days 1, Term Date 12/13/2021, Approved Amount 10000.00, Extension

Buttons: Check Benefits, Search Claims, Benefits, Communications, InterQual, Inpatient Detail, Auth Notes, Internal Notes, Print Approval, Delete, Save, Close

Prim Dx Requested DOS

Add Dx # of Visits

Add Dx Symptoms/ Findings

| Proc Codes | Code | NDC Code | Mod | Procedure Description | Drug Description | Service Code | F |
|----------------|------|----------|-----|-----------------------|------------------|--------------|---|
| Totals: | | | | | | | |

Referral/Preauthorization Request #2109140025 for Ogbolu, Ojo | Member ID: 1509096 | Group: Lyft

Received: By Phone / By Mail / By Fax / Electronic

Date: 09/14/2021 Time: 4:08:00 PM

General Information: Preauthorization # 2109140025, Entered On 09/14/2021, Member Name Ogbolu, Ojo, Type of Service Fertility Services, Type of Illness Acute / Acute, Related Claim #

Processor: admin, Alt Preauth #, Priority Concurrent, Patient File #, Prior Auth #

Buttons: History, Vital Signs, Documents, Custom Fields

DX/Services Requested: Prim Dx N9E1, Hyperstimulation of ovaries, Add Rx, Add Rx

Requesting Physician/Facility, Referred To Specialist, Facility / Hospital

Requested DOS 09/14/2021, Accident Date / /, # of Visits 0, # of Days

Proc Codes: Code Mod Description Service Code Reg 1

Totals: Complete In Vitro Fertilization Cycle, Not Otherwise Specified, Case Rate IVFF IVF - Fresh

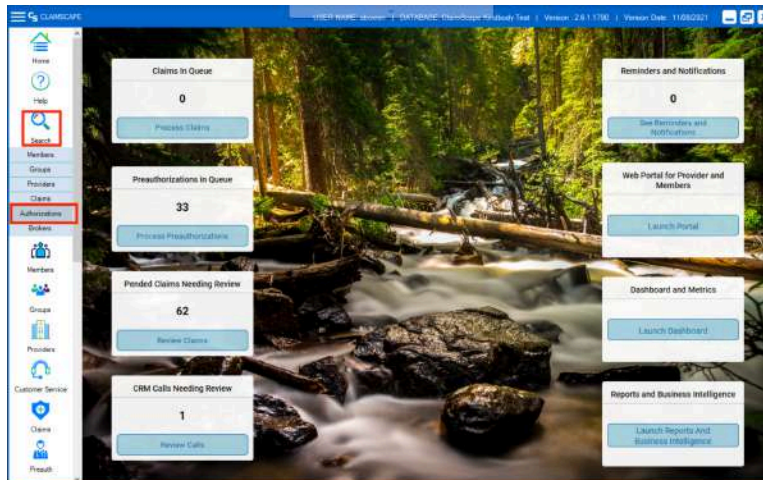
Approval Information: Status APPROVED, Set On 09/14/2021, Time 16:12:00, Follow Up Description, Number of Visits 0, ER Date 09/14/2021, Number of Days 1, Term Date 12/13/2021, Approved Amount 10000.00, Extension

Buttons: Check Benefits, Search Claims, Benefits, Communications, InterQual, Inpatient Detail, Auth Notes, Internal Notes, Print Approval, Delete, Save, Close

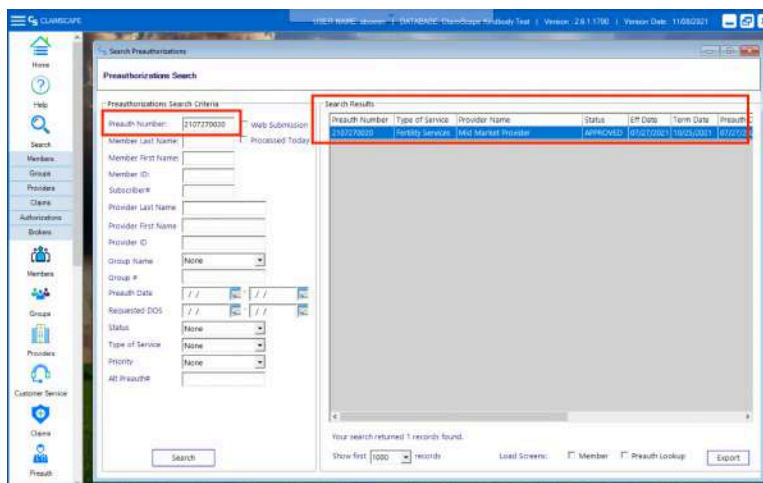
Dialog Box: ClaimScap, RX Authorization #2109140025-RX2 Added Successfully, OK

REVIEW AND APPROVE A PREAUTH

- 1) Authorizations can be updated until the claim is submitted. First you can select Search in the main menu toolbar and select Authorizations from the drop down menu.



- 2) Enter the Preauth number of the member into the field and click Search to display the Preauthorization



- 3) Once you click into the authorization you can update or upload information. Click Save once completed

CLAIMSCAPE
USER NAME: sbrown | DATABASE: ClaimScope KKKbody Test | Version: 2.6.1.1790 | Version Date: 11/08/2021

Referral/Preauthorization Request #2107270020 for Cho, Kyong Tak | Member ID: 1505600 | Group: Lyft

Received: By Phone, By Mail, By Fax, Electronic
Date: 07/27/2021
Time: 9:35:00 PM

General Information: 2107270020
Entered On: 07/27/2021
Member Name: Cho, Kyong Tak
Type of Service: Fertility Services
Type of Illness: Acute / Acute
Related Claim #: 21072700453

Processor: admin
Alt Prescriber: [blank]
Priority: Routine
Patient File #: [blank]
Prior Auth: [blank]
Closed: [checked] Pre-Cert of Medical Necessity Only

Check Benefits (highlighted)

Requested DOS: 07/27/2021
Accident Date: / /
of Visits: 1
of Days: 0

Requesting Physician/Facility: [blank]
Referred To Specialist: [blank]
Facility / Hospital: [blank]

Prin Dx: N97.1
Add Dx: [blank]
Add Dx: [blank]

Prin Codes: [blank]
Code: [blank]
Mod: [blank]
Description: [blank]
Service Code: [blank]

Service Code: 85290, 54021, 54015
Description: Bi Oocyte Microsq <= 5 Embry, In Vitro Fertilization Procedure Cancelled After Aspiration, Case Rate, Complete In Vitro Fertilization Cycle, Not Otherwise Specified, Case Rate
Service Code: PGTA PGT-A (inclusive), CIVFAA Cancelled IVF Z, IVF IVF - Fresh

Total Approved Units: 3
Total Approved Amount: 18350.00

Approval Information: Status: APPROVED, Set On: 07/27/2021, Time: 18:03:47, Follow Up Description: [blank], Number of Visits: 0, Number of Days: 0, ER Date: 07/27/2021, Term Date: 10/25/2021, Approved Amount: 18350.00, Due from Patient: [blank]

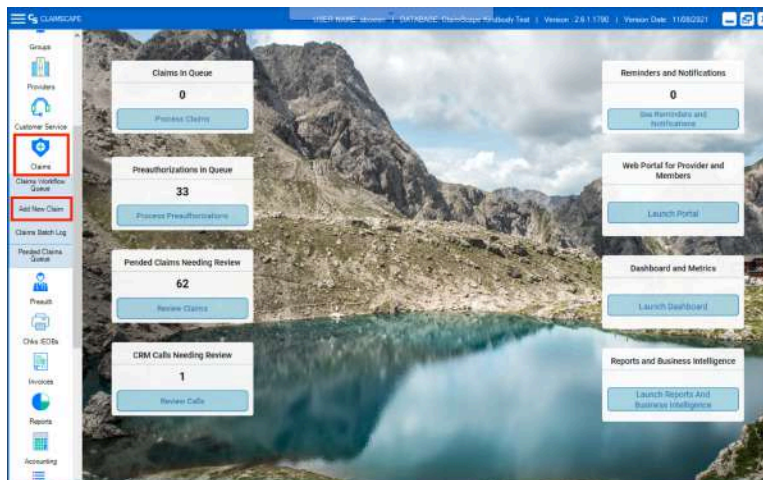
Medical Reason For Denial? Reason: [blank], Reminder Date: / /, All Day Event: [checked], View Reminders: [button]

Save (highlighted), Close

Claims

Manually Submitting A Batch Entry Claim

- 1) Click Claims Icon on main menu toolbar and select an option from the dropdown selection window and select Add New Claim



- 2) Click Batch Entry

- 3) Enter Claimant ID or Name and Hit Enter or click Search button and enter Search criteria.

- 4) Click the Magnifying glass for Auth#

- 5) Click the Entire Family drop-down to select the patient and click search to display the listed Pre-Auth

- 6) Double click the desired Pre-Auth and click the Yes button to prefill the claim information

Processing Manual Claim

Preauthorizations for Chaudhuri, Rupsha

CLAIMSCAPE

Single Claim Entry Mode for Claim #211121509051

General Claim Information

Patient: Chaudhuri, Rupsha

Batch #:

Receive Date: 11/11/2021

Claim Type: Medical

Patient Account #:

Carrier:

PreAuth Search Results

| PreAuth Number | Member Name | Type of Service | Status | Num. of visits | Approved Amount | EF Date | Term Date | Priority | Image | Provider Tax ID |
|----------------|-------------------|--------------------|----------|----------------|-----------------|------------|-----------|------------|-------|-----------------|
| 2111110001 | Chaudhuri, Rupsha | Fertility Services | APPROVED | 0 | \$ 10,000.00 | 11/11/2021 | 2/9/2022 | Concurrent | | 853315960 |
| 2110210002 | Chaudhuri, Rupsha | Fertility Services | APPROVED | 0 | \$ 2,800.00 | 10/21/2021 | 1/19/2022 | Concurrent | | 853315960 |

Results Summary

of Preauthorizations: 2

of Pending Preauthorizations: 0

Total Approved Amount: \$ 12,800.00

PreAuth Options

View/Update Preauthorization

Process New Preauthorization

Delete Preauthorization

Close

Processing Manual Claim

Processing Claim for Chaudhuri, Rupsha | DOB: 1/1/1990 | Member ID: LYY7751423CH | Group: Lyft

CLAIMSCAPE

Single Claim Entry Mode for Claim #211121509051

General Claim Information

Patient: Chaudhuri, Rupsha

Batch #:

Receive Date: 11/11/2021

Claim Type: Medical

Patient Account #:

Carrier:

Submission #:

Accident Date:

Encounter/Capitated:

AEOB:

Clean Claim:

Billable:

Provider Service Address: Boston IVF - Brookline Fertility Center, 1 Brookline Pl, Bro

Auth #: 2111110001

Provider ID: 853315960

Diagnosis Codes: A04.4

Submitter Claim ID:

KB MEDICAL PRACTICE PC

120 5th Ave 5th F, New York, NY 10011

DIRECT

Manual Reprice:

Manual Svc Cd:

Services

| Line # | Service Start | Service End | POS |
|--------|---------------|-------------|-----|
| 1 | 11/11/2021 | 11/11/2021 | 11 |

Adjudication

Adjudication Details will be displayed when the claim is calculated

7) Enter all claims information.

CLAIMSCAPE

Single Claim Entry Mode for Claim #21121509051

Batch Entry Payee **Provider** Member Group Location

General Claim Information

Patient: Chaudhuri, Rupsha Auth #: 2111110001 Submitter Claim ID: KB MEDICAL PRACTICE PC
 120 5th Ave 5th F, New York, NY 10011
 Provider ID: 853315960 DIRECT
 Receive Date: 11/11/2021 Accident Date: / /
 Claim Type: Medical ☐ Encounter/Capitated ☐ AEOB
 Patient Acct#: Coll. from Patient: ☐
 Carrier: ☐ Clean Claim ☐ Billable ☒ Provider Service Address Boston IVF - Brookline Fertility Center, 1 Brookline Pl, Bro Edit

Diagnosis Codes Add1 DX
 A04.4 Other intestinal Escherichia coli infections ☐ Manual/Reprice
☐ Manual Svc Cd

Services

| Line # | Service Start | Service End | P | Procedure Code | Modifier | DX | Charges | Units | Invoice # | Deny | PreExisting | Custom Fields | Additional Details |
|--------|---------------|-------------|----|----------------|----------|-------|-----------|-------|-----------|------|-------------|---------------|--------------------|
| 1 | 11/11/2021 | 11/11/2021 | 11 | S4015 | | A04.4 | 10,000.00 | 1 | | | | | |

Search Claims Accumulators Benefits Search Auths Claim Documents EDI Fields Member Documents Custom Fields Add Line Remove Line

Adjudication

Adjudication Details will be displayed when the claim is calculated

Calculate Claim (C) Cancel (X) Process / Save (S) Pend / Save (P) Claim Notes (N) EOB Notes (E)

Preauth Lookup

8) Click Calculate Claim, then click Process and Save.

CLAIMSCAPE

Single Claim Entry Mode for Claim #21121509051

Batch Entry Payee **Provider** Member Group Location

General Claim Information

Patient: Chaudhuri, Rupsha Auth #: 2111110001 Submitter Claim ID: KB MEDICAL PRACTICE PC
 120 5th Ave 5th F, New York, NY 10011
 Provider ID: 853315960 DIRECT
 Receive Date: 11/11/2021 Accident Date: / /
 Claim Type: Medical ☐ Encounter/Capitated ☐ AEOB
 Patient Acct#: Coll. from Patient: ☐
 Carrier: ☐ Clean Claim ☐ Billable ☒ Provider Service Address Boston IVF - Brookline Fertility Center, 1 Brookline Pl, Bro Edit

Diagnosis Codes Add1 DX
 A04.4 Other intestinal Escherichia coli infections ☐ Manual/Reprice
☐ Manual Svc Cd

Services

| Line # | Service Start | Service End | P | Procedure Code | Modifier | DX | Charges | Units | Invoice # | Deny | PreExisting | Custom Fields | Additional Details |
|--------|---------------|-------------|----|----------------|----------|-------|-----------|-------|-----------|------|-------------|---------------|--------------------|
| 1 | 11/11/2021 | 11/11/2021 | 11 | S4015 | | A04.4 | 10,000.00 | 1 | | | | | |

Selected DX: Other intestinal Escherichia coli infections | Selected Proc: Complete In Vitro Fertilization Cycle, Not Otherwise Specified, Case Rate |

Search Claims Accumulators Benefits Search Auths Claim Documents EDI Fields Member Documents Custom Fields Add Line Remove Line

Adjudication

| Line # | Service | Charges | Fee Schedule | Discount | Disallowed | Eligible | Deductible | Copay % | Paid / Split % | Split Paid | OOP/Coins | Net Paid | Reason Code / De |
|--------|---------|-----------|--------------|----------|------------|-----------|------------|---------|----------------|------------|-----------|-----------|------------------|
| 1 | IVFF | 10,000.00 | 10,000.00 | 0.00 | 0.00 | 10,000.00 | 0.00 | 100 | 10,000.00 0 | 0.00 | 0.00 | 10,000.00 | |

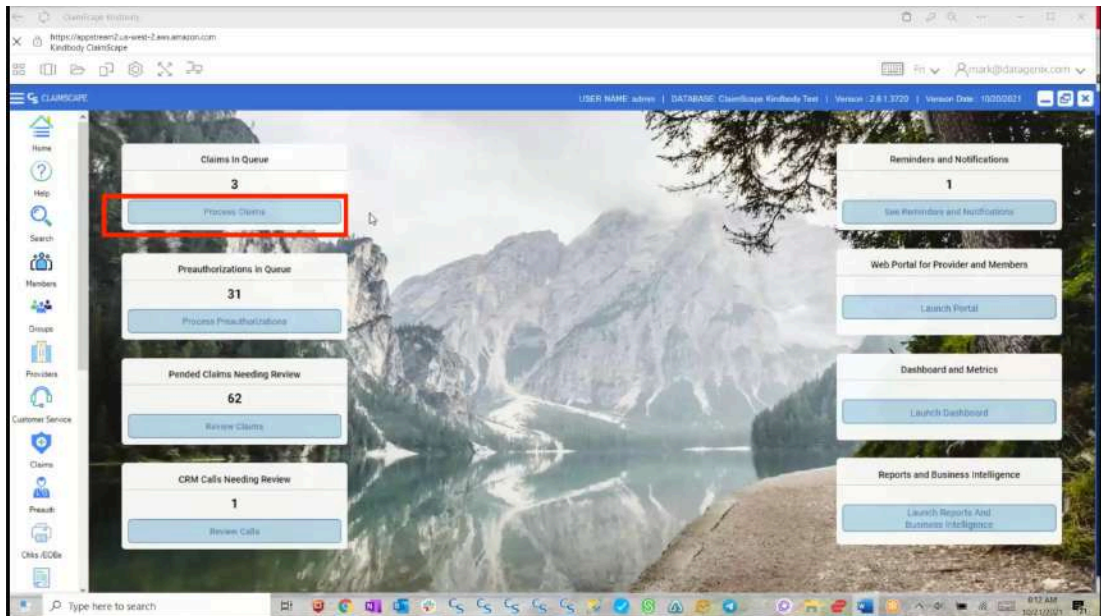
Display Benefit 10,000.00 10,000.00 0.00 0.00 10,000.00 0.00 0.00 0.00 10,000.00

Calculate Claim (C) Cancel (X) Process / Save (S) Pend / Save (P) Claim Notes (N) EOB Notes (E)

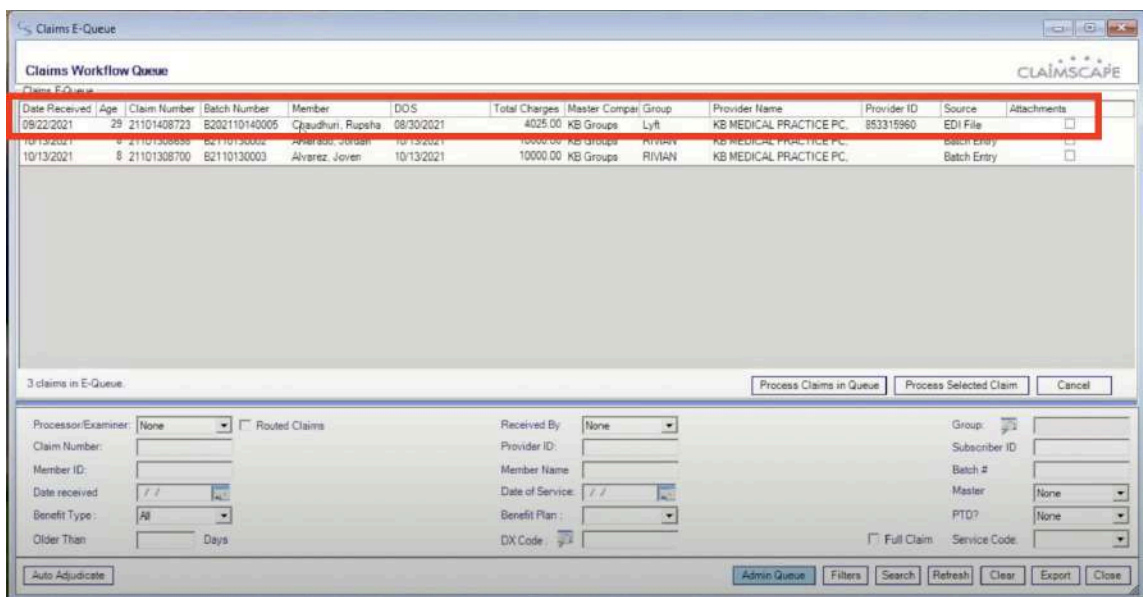
Preauth Lookup

Adjudicating An Inbound 837 Claim From Sds

- 1) Select the Process Claims button from the home screen to open the claims in Queue



- 2) Click into the name of the Member name and the Process and Adjudicate Claims window should open



3) Select the Calculate Claims button to adjudicate the claim

Process and Adjudicate Claim

Processing Claim from Queue for Chaudhuri, Rupsha | DOB : 1/1/1990 | Member ID : LYY7751423CH | Group : Lyft

CLAIMSCAPE

Single Claim Entry Mode for Claim #21101408723

Payee: Provider Member Group Location

General Claim Information

Patient: Chaudhuri, Rupsha

Batch #: B202110140005 Submission #:

Receive Date: 09/22/2021 Accident Date: / /

Claim Type: Medical ☐ Encounter/Capitated ☐ AEOB

Patient Acct#: 094128077 Coll. from Patient:

EDI Submitter Claim ID: 094128077

Provider ID: 053315960

Diagnosis Codes: Add DX

Z31.83 Encounter for assisted reproductive fertility procedure

Manual/Reprice ☐ Manual Svc Cd ☐

Provider Service Address: KB MEDICAL PRACTICE PC, 120 5th Ave 5th F, New Yo

Services

| Line # | Service Start | Service End | POS | TOS | Procedure Code | Modifier | DX | Charges | Units | Invoice # | Deny | PreExisting | Custom Fields | Additional Details |
|--------|---------------|-------------|-----|-----|----------------|----------|--------|----------|-------|-----------|------|-------------|---------------|--------------------|
| 1 | 08/30/2021 | 08/30/2021 | 11 | | S4037 | | Z31.83 | 4,025.00 | 1 | | | | | |

Selected DX: Encounter for assisted reproductive fertility procedure cycle | Selected Proc: Cryopreserved Embryo Transfer, Case Rate |

Search Claims | Accumulators | Benefits | Search Auths | Claim Documents | EDI Fields | Member Documents | Custom Fields | Add Line | Remove Line

Adjudication

| Line # | Service | Charges | Fee Schedule | Discount | Disallowed | Eligible | Deductible | Copy % | Paid | Split % | Split Paid | OOP/Coins | Net Paid | Reason Code / Description |
|--------|---------|----------|--------------|----------|------------|----------|------------|--------|----------|---------|------------|-----------|----------|---------------------------|
| 1 | OEOC | 4,025.00 | 2,800.00 | 1,225.00 | 0.00 | 2,800.00 | 0.00 | 0.00 | 2,800.00 | 0 | 0.00 | 0.00 | 2,800.00 | |

Display Benefits: 4,025.00 2,800.00 1,225.00 0.00 2,800.00 0.00 0.00 0.00 2,800.00

Calculate Claim (C) Cancel (X) Process / Save (S) Pend / Save (P) Claim Notes (N) EOB Notes (E) Route (R)

Process and Adjudicate Claim

Processing Claim from Queue for Chaudhuri, Rupsha | DOB : 1/1/1990 | Member ID : LYY7751423CH | Group : Lyft

CLAIMSCAPE

Single Claim Entry Mode for Claim #21101408723

Payee: Provider Member Group Location

General Claim Information

Patient: Chaudhuri, Rupsha

Batch #: B202110140005 Submission #:

Receive Date: 09/22/2021 Accident Date: / /

Claim Type: Medical ☐ Encounter/Capitated ☐ AEOB

Patient Acct#: 094128077 Coll. from Patient:

EDI Submitter Claim ID: 094128077

Provider ID: 053315960

Diagnosis Codes: Add DX

Z31.83 Encounter for assisted reproductive fertility procedure

Manual/Reprice ☐ Manual Svc Cd ☐

Provider Service Address: KB MEDICAL PRACTICE PC, 120 5th Ave 5th F, New Yo

Services

| Line # | Service Start | Service End | POS | TOS | Procedure Code | Modifier | DX | Charges | Units | Invoice # | Deny | PreExisting | Custom Fields | Additional Details |
|--------|---------------|-------------|-----|-----|----------------|----------|--------|----------|-------|-----------|------|-------------|---------------|--------------------|
| 1 | 08/30/2021 | 08/30/2021 | 11 | | S4037 | | Z31.83 | 4,025.00 | 1 | | | | | |

Search Claims | Accumulators | Benefits | Search Auths | Claim Documents | EDI Fields | Member Documents | Custom Fields | Add Line | Remove Line

Adjudication

| Line # | Service | Charges | Fee Schedule | Discount | Disallowed | Eligible | Deductible | Copy % | Paid | Split % | Split Paid | OOP/Coins | Net Paid | Reason Code / Description |
|--------|---------|---------|--------------|----------|------------|----------|------------|--------|------|---------|------------|-----------|----------|---------------------------|
| | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | | 0.00 | 0.00 | |

Display Benefits: 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00

Calculate Claim (C) Cancel (X) Process / Save (S) Pend / Save (P) Claim Notes (N) EOB Notes (E) Route (R)

4) Select the Process/Save button to save the claim

Processing Claim from Queue for Chaudhuri, Rupsha | DOB : 1/1/1990 | Member ID : LYY7751423CH | Group : Lyft

CLAIMSCAPE

Single Claim Entry Mode for Claim #21101408723

General Claim Information

Patient: Chaudhuri, Rupsha

Batch #: 0102110140005

Submission #:

Receive Date: 09/22/2021

Accident Date: / /

Claim Type: Medical

Encounter/Capitated: ☐ AEOB

Patient Acct#: 094128077

Coll. from Patient:

Edi/Reprice: ☒ None ☐ Clear Claim

Payee: Provider

Member:

Group:

Location:

Auth.E: 2110210002

ED1 Submitter Claim ID: 094128077

Provider ID: 053315960

KB MEDICAL PRACTICE PC,
130 3rd Ave 3rd F., New York, NY 10011
PHARMACY

Diagnosis Codes: Add DX

Z31.83

Encounter for assisted reproductive fertility procedure cycle

Manual Reprice ☐ Manual Svc Cd ☐

☒ Provider Service Address KB MEDICAL PRACTICE PC, 130 3rd Ave 3rd F., New York, NY 10011

Services

| Line # | Service Start | Service End | POS | TOS | Procedure Code | Modifier | DX | Charges | Units | Invoice # | Deny/PreExisting | Custom Fields | Additional Details |
|--------|---------------|-------------|-----|-----|----------------|----------|--------|----------|-------|-----------|------------------|---------------|--------------------|
| 1 | 08/30/2021 | 08/30/2021 | 11 | | S4037 | | Z31.83 | 4,025.00 | 1 | | | | |

Selected DX: Encounter for assisted reproductive fertility procedure cycle | Selected Proc: Cryopreserved Embryo Transfer, Case Rate |

☒ Search Claims ☐ Accumulators ☐ Benefits ☐ Search Auths ☐ Claim Documents ☐ EDI Fields ☐ Member Documents ☐ Custom Fields

Add Line Remove Line

Adjudication

| Line # | Service | Charges | Fee Schedule | Discount | Disallowed | Eligible | Deductible | Copay % | Paid / Split % | Split Paid | OOP/Coins | Net Paid | Reason Code / Descript |
|--------|---------|----------|--------------|----------|------------|----------|------------|----------|----------------|------------|-----------|----------|------------------------|
| 1 | ODEC | 4,025.00 | 2,800.00 | 1,225.00 | 0.00 | 2,800.00 | 0.00 | 0.00 100 | 2,800.00 0 | 0.00 | 0.00 | 2,800.00 | |

Display Benefits

4,025.00 2,800.00 1,225.00 0.00 2,800.00 0.00 0.00 0.00 0.00 2,800.00

Calculate Claim (C) Cancel (X) Process / Save (S) **Print / Save (P)** Claim Notes (N) EOB Notes (E) Route (R)

CLAIMSCAPE

Claims Workflow Queue

Claims E-Queue

| Date Received | Age | Claim Number | Batch Number | Member | DOS | Total Charges | Master Comp | Group | Provider Name | Provider ID | Source | Attachments |
|---------------|-----|--------------|---------------|-------------------|------------|---------------|-------------|--------|------------------------|-------------|-------------|--------------------------|
| 09/22/2021 | 29 | 21101408723 | 0202110140005 | Chaudhuri, Rupsha | 08/30/2021 | 4025.00 | KB Groups | Lyft | KB MEDICAL PRACTICE PC | 053315960 | EDI File | <input type="checkbox"/> |
| 10/13/2021 | 8 | 21101308696 | 02110130002 | Alvarado, Jordan | 10/13/2021 | 10000.00 | KB Groups | RIVIAN | KB MEDICAL PRACTICE PC | | Batch Entry | <input type="checkbox"/> |
| 10/13/2021 | 8 | 21101308700 | 02110130003 | Alvarez, Joven | 10/13/2021 | 10000.00 | KB Groups | RIVIAN | KB MEDICAL PRACTICE PC | | Batch Entry | <input type="checkbox"/> |

3 claims in E-Queue

Process Claims in Queue Process Selected Claim Cancel

ClaimScope

Your claim has been successfully saved.

OK

Processor/Examiner: None

Claim Number:

Member ID:

Date received: / /

Benefit Type: AI

Older Than: Days

Provider ID:

Member Name:

Date of Service: / /

Benefit Plan:

DX Code:

Group:

Subscriber ID:

Batch #:

Master: None

PTD1: None

Full Claim ☐ Service Code:

Auto Adjudicate Admin Queue Filters Search Refresh Clear Export Close

5) You can confirm the claim processed by using the Search button on the main menu toolbar

Claim Status Summary for Claim #21101408723

Medical claim was processed on 10/21/2021 11:37 AM by "admin"

Claim Status Payment Information

Received On: 09/22/2021
 Processed On: 10/21/2021
 Paid On:

Member Name: Chaudhuri, Rupsha
 Relation: MEMBER
 Batch #: 8202110140005
 Submission #:
 Claim Type: Medical Claim
 Bank Account: N/A

Payee: Provider
 Payee Name: KB MEDICAL PRACTICE PC
 EOB Printed: ☐ COB ☐ Preauthorization ☒ In Network
 Date Cleared: ☐ Manual ☐ Auto Adjudicate ☐ History Only
 Payment Type: Paper Check
 Claim Source: EDI File ☒ Clean Claim

Current Status: PROCESSED, Awaiting Payment

Provider Information

Billing Provider: KB MEDICAL PRACTICE PC
 Tax ID: 853315960
 Billing Addr: 120 5th Ave 5th F
 New York, NY, 10011
 Patient Acct: 094128077
 Health Plan/PPO: Pharmacy
 Service Provider: KB MEDICAL PRACTICE PC
 Tax ID: 853315960
 120 5th Ave 5th F, New York, NY, 10011

Preauthorization: 2110210002
 EDI Submitter Claim ID: 094128077
 Group Name: Lyft
 Collected From Patient:

Services Billed

| Line # | Service Start | Service End | POS | TOS | Proc Code | Mt | DX Code | Charges | Units | Charges_Orig | Provider Discount_Orig | Procedure Description | Custom Fields | Address |
|--------|---------------|-------------|-----|-----|-----------|----|---------|---------|---------|--------------|------------------------|-----------------------|---|---------|
| 1 | 09/28/2021 | 09/28/2021 | 11 | | 54037 | | | 231.83 | 4025.00 | 1 | 4025.00 | 0.00 | Cryopreserved Embryo Transfer, Cma Rate | |

Total Charges: 4,025.00

Adjudication Results

| Line # | Service | Charges | Contract | Discount | Disallowed | Eligible | Deductible | Copay | % | Paid | Split % | Split Paid | OOP/Coins | Net Paid | Reason Code/Description | Reason Code 2 | Notes |
|--------|---------|----------|----------|----------|------------|----------|------------|-------|------|----------|---------|------------|-----------|----------|-------------------------|---------------|-------|
| 1 | OC6C | 4,025.00 | 2,800.00 | 1,225.00 | 0.00 | 2,800.00 | 0.00 | 0.00 | 100% | 2,800.00 | 0% | 0.00 | 0.00 | 2,800.00 | | | |

4025.00 2800.00 0.00 2800.00 0.00 0.00 2800.00 0.00 0.00 2800.00

Total Patient Responsibility: \$ 0.00
 Total Amount Payable: \$ 2,800.00

Claim Options

Details Adjust Claim Void/Refund Add Lines Edit Claim Delete Claim Custom Fields EDI Fields

277 Status Quick EOB Add Phone Log UnPend Claim Documents Audit Claim Recent Activity Print CMS-1500 Close

Confirming Outbound 837 Has Been Sent To SDS

- 1) Can confirm by clicking on the submitted claims and check the status says sent via EDI to 837.
- 2) This can also be confirm by contacting William Stauffer

Adding A Claim While Viewing An Existing Member Screen

- 1) Click Claims button in Member Options section in lower screen.

CLAIMSCAPE
MEMBER PROFILE - Bradshaw, Alex

Primary Member Profile

Last Name: Bradshaw
First Name: Alex
Mailing Address: 4917 Maple Brook Dr
City: Alhambra
State: CA
Country: US

Member ID: 157382
Enrollment ID: 157382
DOB: 01/01/1990
Age: 31
Relationship: SELF
Gender: M
Nationality: US
Email: alexbradshaw@yahoo.com

Eligibility/Benefits History

Effective Date: 01/01/2019
Termination Date: 12/31/2019
Benefit Plan: LPT Family Coverage Benefit
Benefit Products: LPT
Location: San Francisco, CA
Currency: USD

Member Options

Eligibility Status: ACTIVE

Claims (highlighted)

Communication, Authorizations, Notes, Phone Log, ID Card, Reminders, Primary Physician, Additional Dr, Billing/Balances

2) Click Process New Claim button.

CLAIMSCAPE
Claims History For Bradshaw, Alex

Search

Member Name: Bradshaw, Alex
Accident Date: 7/7
Provider: 7/7
Incurred From: 7/7 To: 7/7
Paid From: 7/7 To: 7/7

Claim #
Service Code Group (Net)
Service Code (Any)
Procedure Code
Di Code

Process New Claim (highlighted)

Process & Queue, Medical History, Quick Report, Dental Summary, View Prescriptions

3) Click Collect Payment

Services

| Line # | Service Start | Service End | POS | Procedure Code | Modifier | DX | Charges | Units | Invoice # | Deny/PreExisting | Custom Fields | Additional Detail |
|--------|---------------|-------------|-----|----------------|----------|--------|-----------|-------|-----------|------------------|---------------|-------------------|
| 1 | 01/25/2022 | 01/25/2022 | 11 | S4015 | | Z31.84 | 10,000.00 | 1 | | | | |

Selected DX: Encounter for fertility preservation procedure | Selected Proc: Complete In Vitro Fertilization Cycle, Not Otherwise Specified, Case Rate

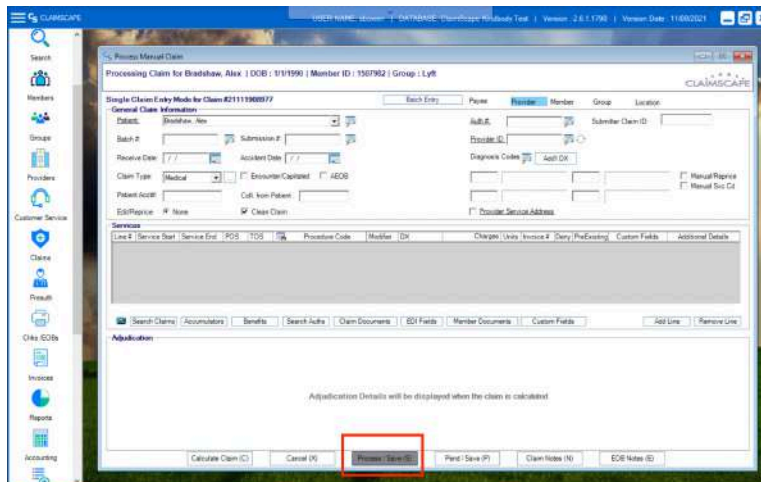
Adjudication

| Line # | Service | Charges | Fee Schedule | Discount | Disallowed | Eligible | Deductible | Copay % | Paid Split % | Split Paid | OOP/Coins | Net Paid | Reason Code |
|--------|---------|-----------|--------------|----------|------------|-----------|------------|----------|--------------|------------|-----------|-----------|-------------|
| 1 | IVFF | 10,000.00 | 10,000.00 | 0.00 | 0.00 | 10,000.00 | 0.00 | 0.00 100 | 10,000.00 | 0 | 0.00 | 10,000.00 | |

Calculate Claim (C) (highlighted)

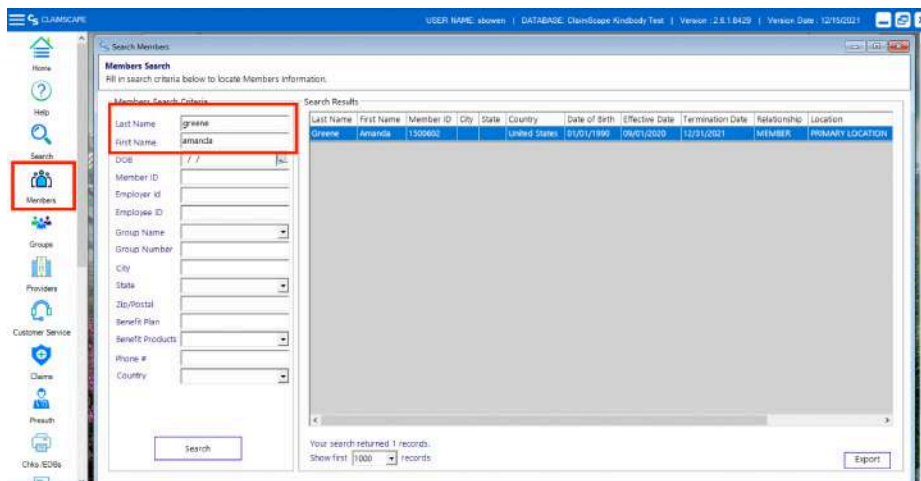
Cancel (X), Process / Save (S), Pend / Save (P), Claim Notes (N), EOB Notes (E)

4) Enter all claim information and click Process/Save.



Delete Duplicate Claim Under Same Authorization

1. Click Members and search for the desired patient to open their profile



2. Click the Claims button and click Search to pull the patient's claim history

Member Profile - Greene, Amanda

Greene, Amanda Search Add Previous Next Delete

Primary Member Profile

Last Name: Greene Member ID: 1500602 Group: PRINCETON
 First Name: Amanda Employer ID: KB00035147 Benefit Plan: Princeton Family Coverage
 Mailing Address: N/A DOB: 01/01/1990 Age: 31 Location: PRIMARY LOCATION
 City: Relationship: MEMBER Language: ENGLISH
 State: None Zip: Gender: U MIS UNKNOWN Add Phone: Add Email: Add Details Other Cov Info
 Country: US Phone: Email: argreene@princeton.edu

Dependents Eligibility/Benefits History Recent Activity

Effective Date Termination Date Benefit Plan Benefit Products Group Location Currency
 08/1/2020 02/3/2021 Princeton Family Coverage Benefit - Princeton Family PRINCETON PRIMARY LOCATION USD

Documents Member Photo Benefit Accumulators Plan Details Print Eligibility Report EFT Setup Edit Eligibility Add Eligibility Delete

Member Options

Eligibility Status: ACTIVE

Claims Communication Authorizations Notes Phone Log

ID Card Reminders Primary Physician Additional IDs Billing/Balances

3. Double click on the desired claim that you want to be deleted

Preauthorizations for Chaudhuri, Rupsha

Search Criteria

Member Name: Chaudhuri, Rupsha Provider/Facility Name: Provider Tax ID: Type of Service: None Priority: None Procedure Code: Dx Code: Search Clear Criteria

PreAuth Search Results

| PreAuth Number | Member Name | Type of Service | Status | Num of visits | Approved Amount | EF Date | Term Date | Priority | Image | Provider Tax ID |
|----------------|-------------------|-----------------|----------|---------------|-----------------|------------|------------|------------|-------|-----------------|
| 211110001 | Chaudhuri, Rupsha | Family Services | APPROVED | 0 | \$ 2,800.00 | 10/21/2021 | 11/19/2022 | Concurrent | | 853315960 |
| 2110210002 | Chaudhuri, Rupsha | Family Services | APPROVED | 0 | \$ 2,800.00 | 10/21/2021 | 11/19/2022 | Concurrent | | 853315960 |

Results Summary

of Preauthorizations: 2 # of Pending Preauthorizations: 0 Total Approved Amount: \$ 12,800.00

PreAuth Options

View Update Preauthorization Process New Preauthorization Delete Preauthorization Close

4. Click the Delete Claim button followed by Yes to confirm the deletion of the claim

Claim Status Summary for Claim #21121400036

Medical claim was processed on 12/14/2021 01:20 PM by "Michelle Proctor"

Claim Status Payment Information

Received On: 12/14/2021 Member Name: Greene, Amanda
 Processed On: 12/14/2021 Relation: MEMBER
 Batch #: Submission #: Claim Type: Medical Claim
 Patient Account: N/A Bank Account: N/A
 Payee: Insured
 Payee Name: Greene, Amanda
 EOB Printed: COB Preauthorization In Network
 Date Cleared: Manual Auto Adjudicate History Only
 Payment Type: Paper Check Claim Source: Manual Entry Clean Claim
 Current Status: PROCESSED, AWAITING PAYMENT

Provider Information

Billing Provider: KB MEDICAL PRACTICE PC
 Tax ID: 853315960 Preauthorization: 21121400036
 Billing Addr: 100 5th Ave 8th F New York, NY, 10011 Submitter Claim ID:
 Patient Addr: 905459640
 Health Plan/POB: Direct
 Service Provider: Same as Billing Group Name: PRINCETON
 Tax ID: 853315960 Collected From Patient:

Services Billed

| Line # | Service Start | Service End | POS | TOS | Proc Code | MI | DX Code | Charges | Units | Charges_Org | Provider Discount_Org | Procedure Description | Custom Fields | Additional Data |
|--------|---------------|-------------|-----|-----|-----------|----|---------|---------|-------|-------------|-----------------------|-----------------------------|---------------|-----------------|
| 1 | 10/01/2021 | 10/01/2021 | 01 | | 85331 | | | | | | | Conversation Mature Disease | | |

Adjudication Results

| Line # | Service | Charges | Contract | Discount | Covered | Excluded | EOB | EOB Paid | EOB Reason | EOB Description | EOB Code | EOB Note |
|--------|---------|----------|----------|----------|---------|----------|------|----------|------------|-----------------|----------|----------|
| 1 | 0000 | 5,200.00 | 5,200.00 | 0.00 | 0.00 | 5,200.00 | 0.00 | 100% | 5,200.00 | 0.00 | 0.00 | 5,200.00 |

Total Patient Responsibility: \$ 0.00 Total Amount Payable: \$ 5,200.00

Claim Options

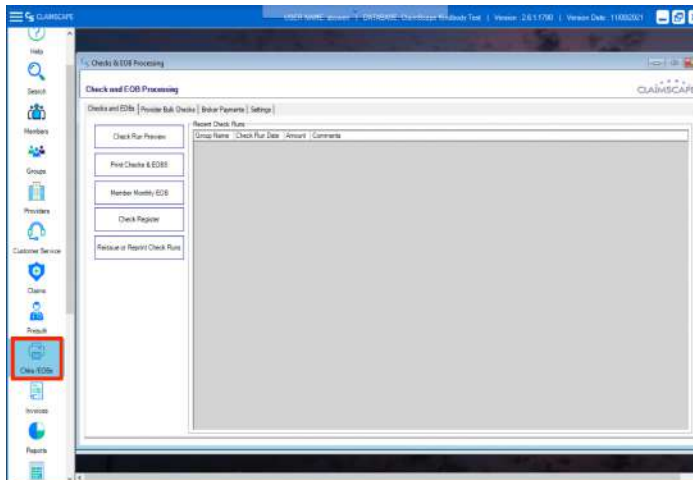
Details Adjust Claim Void/Refund Add Lines Edit Claims Delete Claim Custom Fields Edit Fields

277 Status Quick EOB Add Phone Log Unlink Claim Documents Audit Claim Recent Activity Print Claim-1308 Close

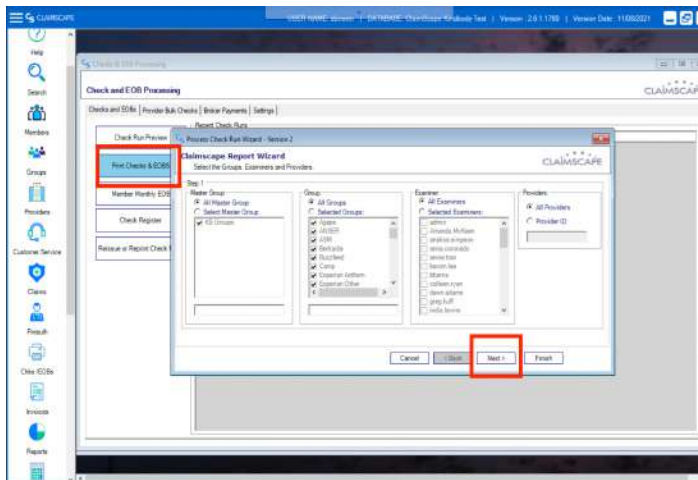
Reports

Generating A Claim Report

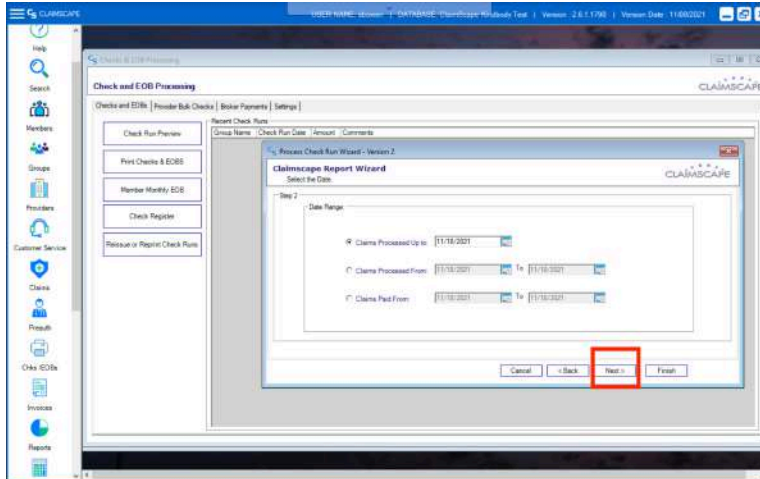
- 1) Click Chk/EOBs button on the main menu toolbar



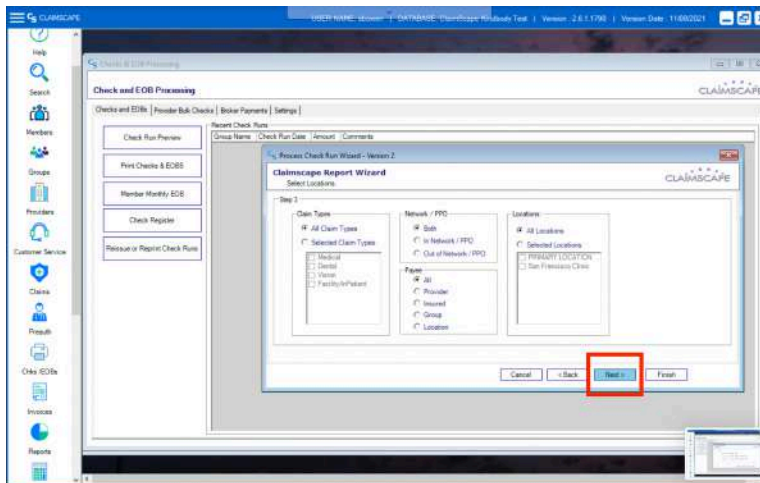
- 2) Select the Check Run Preview button and the Process Check Window will open. Fill in the Step 1 information and click the Next button



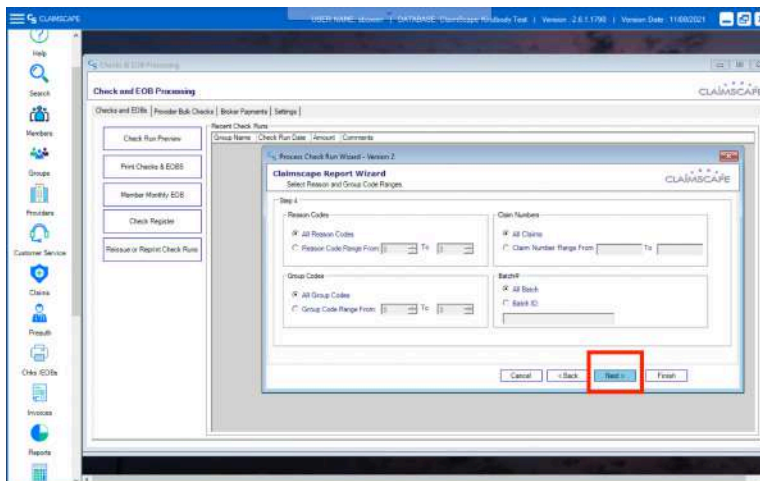
- 3) Within Step 2, select the date ranges for the claims processed and paid and click the Next button



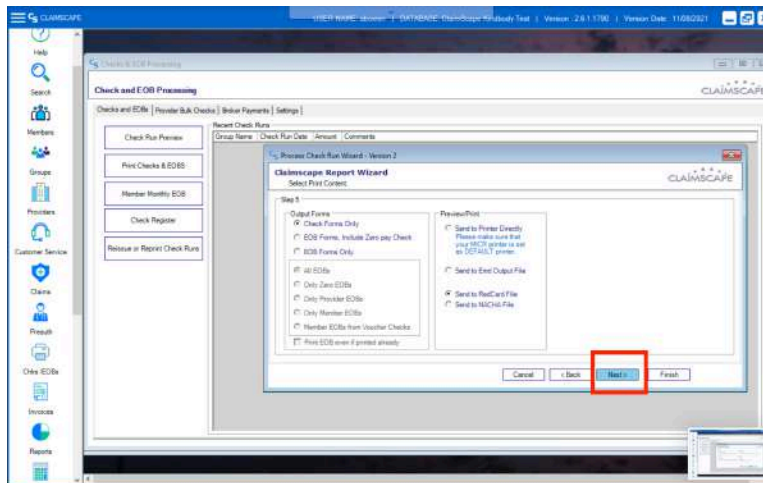
- 4) In Step 3 , you will filter the Claim Types, Network/PPO, Payee, and Location . Click Next button once complete



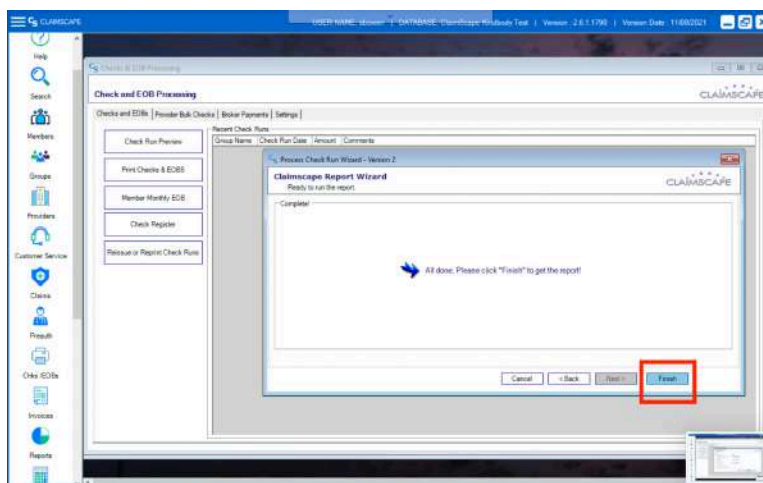
- 5) In Step 4 you will filter the Reason Codes, Claim Numbers, Group Codes, and Batch# . Click Next button once complete



- 6) Lastly, in Step 5 you will select the type of Output form and Preview the desired file before printing. Click Next button once complete



- 7) Click the Finish button to get the report



Report Viewer - Check Run Preview

Group: ALL GROUPS

Includes Medical, Dental, Vision and Prescription
Report on Date Claims Processed
Including Claims Processed Up To: 1/18/2022 Paper checks

| Date Processed | Member Name | Member ID | Claimant | Total Charges | Payor | Type | Claim # | Amount Payable |
|----------------|------------------|-----------|------------------|---------------|---|------|------------|----------------|
| 12/17/2021 | Chs. Eryng Se | 110908 | Chs. Kyring Se | 300.00 | Kindred | SI | 2102170007 | \$100.00 |
| 12/17/2021 | Chs. Eryng Se | 110908 | Chs. Kyring Se | 100.00 | Kindred | SI | 2112108645 | \$0.00 |
| 12/17/2021 | Chs. Eryng Se | 110908 | Chs. Kyring Se | 200.00 | Kindred | SI | 2112108645 | \$0.00 |
| 12/17/2021 | ABDOLLAH, RASHID | 114401 | ABDOLLAH, RASHID | 150.00 | Kindred | SI | 2112108646 | \$0.00 |
| 12/18/2021 | ABRIL, TADK | 110948 | ABRIL, TADK | 300.00 | Kindred/2016 Medical/Prescription (Eryng United Practice, PC) | SI | 2112108658 | \$0.00 |
| 12/18/2021 | ABRIL, TADK | 110948 | ABRIL, TADK | 300.00 | Kindred/2016 Medical/Prescription (Eryng United Practice, PC) | SI | 2112108659 | \$100.00 |
| 12/18/2021 | Garcia, Anaida | 110903 | Garcia, Anaida | 250.00 | Kindred/2016 Medical/Prescription (Eryng United Practice, PC) | SI | 2112108668 | \$1,300.00 |
| 12/10/2021 | Liz, Yalton | 110904 | Liz, Yalton | 100.00 | Kindred/2017 | SI | 2112108684 | \$11,800.00 |

Current Page No.: 1 Total Page No.: 2 Zoom Factor: 100%

Provider Relations

Imported Documents Used

- [Provider Data File](#)
- [Fee Schedule File](#)
- [Historical Benefit Utilization File](#)
- [Service Code Group Maximum File](#)

Master Import Documents

- [Benefit Plan Overall Maximums](#)
- [Benefit Plan Service Master](#)
- [Master CPT to Service Codes](#)
- [Provider Data File](#)
- [Fee Schedule File](#)
- [Historical Benefit Utilization File](#)
- [Service Code Group Maximum File](#)

Shortcuts

1. Member Communication (**F1**)
2. Member Notes (**F2**)
3. Member Phone Log (**F4**)
4. Current Reminders (**F5**)
5. Add Customer Service Log (**F6**)
6. Database (**F7**)
7. Phone Log Queue (**F8**)

-
8. E- Claims Queue (**F9**)
 9. Preauth Queue (**F10**)
 10. Claims Batch Log (**F11**)
 11. Fee Calculator (**F12**)
 12. Search Members (**Ctrl + M**)
 13. Search Groups (**Ctrl + G**)
 14. Search Providers (**Ctrl + P**)
 15. Search Claims (**Ctrl + K**)
 16. Search Authorizations (**Alt + A**)
 17. View External Websites (**Ctrl + W**)
 18. Add New Claim (**Alt + C**)
 19. Add New Preauthorization (**Alt + P**)
 20. Copy (**Ctrl +C**)
 21. Paste (**Ctrl +V**)