

nphies

Provider Portal

User Manual

Version 1.4

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1. Purpose

The purpose of this document is to illustrate the overview, main features and functionalities of the nphies Provider Portal and illustrate the different applicable modules and use cases from a healthcare provider perspective.

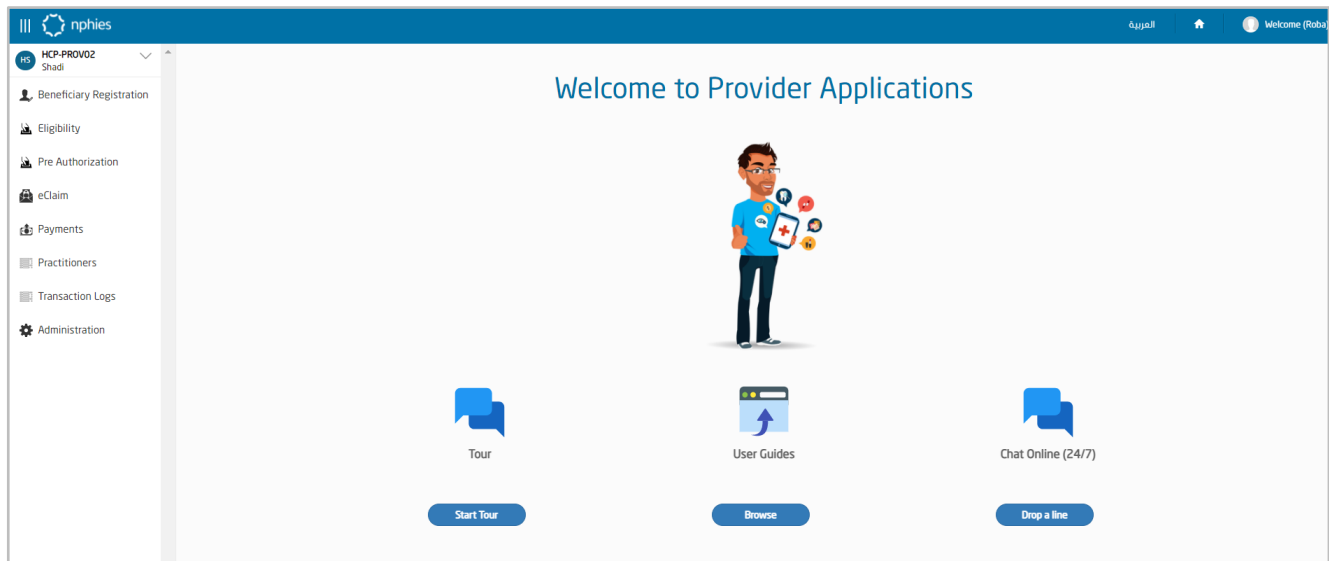
1.1 Overview of the Provider Portal

The Provider Portal is a web-based application that is integrated with the Transaction Hub/Post-Office to provide provider solutions such as claims generation, patient/encounter management, remittance advise and enable the submission of claims to/from the post office.

The Provider Portal consists of transaction management modules that facilitate the generation and submission of HL7 FHIR R4 messages as well as receiving the responses for the different health insurance transactions related to the healthcare providers.

These transactions include the following services:

- Eligibility
- Pre-Authorization
- Claim
- Payment

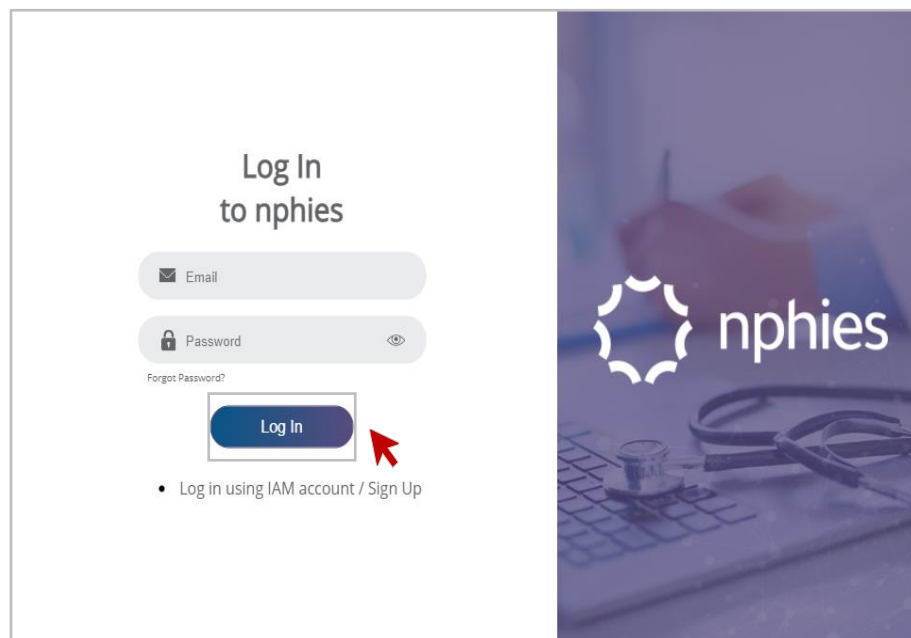


2. Accessing the Provider Portal

The Provider Portal is embedded within the Unified Portal.

Use the Provider Portal application to execute patient insurance related transactions – eligibility, authorizations, claims, etc.

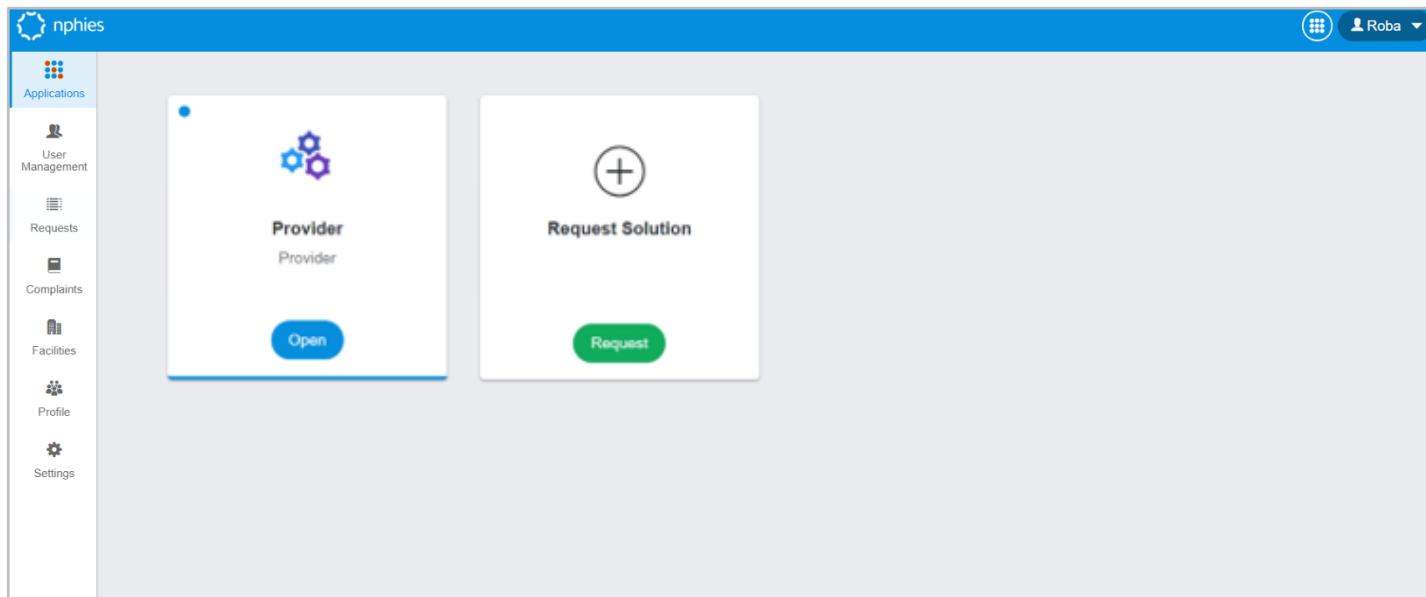
To access Provider Portal application, navigate to the nphies Unified Portal's URL [here](#)



Step 1 Enter the registered **Email** and **Password** and click **Log-in** with the SSO credentials or click **Log in Using IAM Account**.

Note: If you are a new User, Sign Up is required so refer to the nphies Unified Portal User Manual in the Community Portal through the following pathway:

Health Dictionary (HD) > User Guides & Manuals > nphies Unified Portal User Manual.



Step 2 Click **Applications**

Step 3 Click **Open** to launch the **Provider Portal**

Note:

- *This action directs the user to the Provider Portal's home page*
- *If this application is not displayed, Click on Request Solution to request for the needed*

3. Administrative Functions

3.1 View Beneficiary Record(s)

Use this feature to view a specific beneficiary or a list of beneficiaries' records.

AA Al-Mousa Specialized H.L. Ali Khalid

Beneficiary Registration

+ Add new Beneficiary

Beneficiary Registration

Eligibility

Pre Authorization

eClaim

Payments

Practitioners

Transaction Logs

Beneficiary Beneficiary List

Search

Document ID

Name

Beneficiary File ID

Contact Number

Date Of Birth

Insurance Plan

Member Card ID

Gender

Start Date → End Date

Select Insurance Plan

Select Gender ×

Search

Reset

+ New Beneficiary

Upload Bulk Beneficiaries

Download Sample

Document ID	Name	Beneficiary File ID	Contact Number	Date of Birth	Insurance Plan	Member Card ID	Options
2000000000	Beneficiary Pt Pt	2788	00966511111111	01/01/1998	test	321	/ ×

Step 1 Click **Beneficiary Registration**
Note This action displays the Beneficiary List screen

Step 2 Enter search parameters in the **Search** section to view a specific record

Step 3 Click **Search**

3.2 Create New Beneficiary (with no Insurance Coverage)

Prior to submitting any requests, the patient or Beneficiary must be registered.

Use this feature to add a new beneficiary without insurance details.

AA Al-Mousa Specialized H.L. Ali Khalid

Beneficiary Registration

+ Add new Beneficiary

Beneficiary Registration

Eligibility

Pre Authorization

eClaim

Payments

Practitioners

Transaction Logs

Administration

Beneficiary Beneficiary List

Search

Document ID

Name

Beneficiary File ID

Contact Number

Date Of Birth

Insurance Plan

Member Card ID

Gender

Start Date → End Date

Select Insurance Plan

Select Gender ×

Search

Reset

+ New Beneficiary

Upload Bulk Beneficiaries

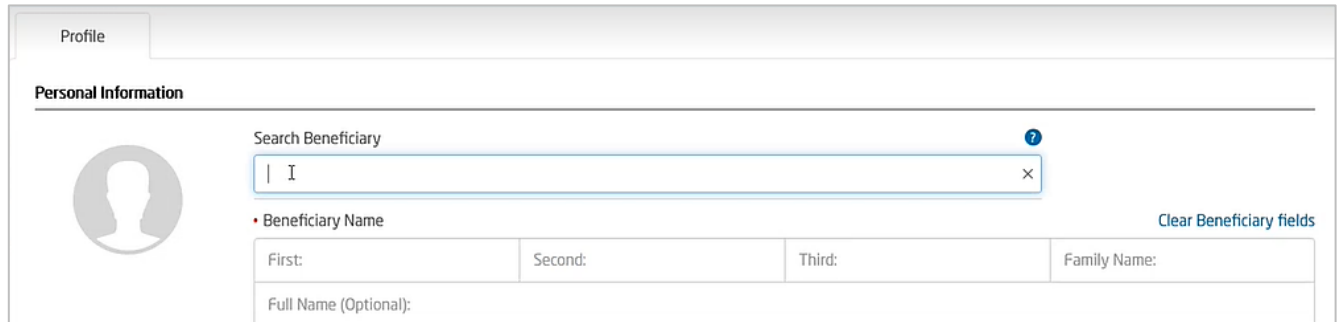
Download Sample

Document ID	Name	Beneficiary File ID	Contact Number	Date of Birth	Insurance Plan	Member Card ID	Options
2000000000	Beneficiary Pt Pt	2788	00966511111111	01/01/1998	test	321	/ ×
1000000011	aaa aaa aa	2770	00966555555555	01/01/1992		N/A	/ ×

Step 1 Click **Beneficiary Registration**
Note: This action displays the Beneficiary List screen

Step 2 Click **+New Beneficiary**

Note: This action displays the **Profile** screen



The screenshot shows the 'Profile' tab selected. Under 'Personal Information', there is a 'Search Beneficiary' input field with a magnifying glass icon and a close button. Below it, a 'Beneficiary Name' section contains fields for 'First:', 'Second:', 'Third:', and 'Family Name:', along with a 'Full Name (Optional):' field. A 'Clear Beneficiary fields' link is located to the right of the name fields. A profile picture placeholder is visible on the left.

Step 3 Prior to creating a new beneficiary record, confirm the patient does not exist by searching for the patient by name/ National ID/ Contact number / File ID number / or Member card

Step 4 Enter the **Personal Information** for the beneficiary (All fields with * are mandatory):

Beneficiary Name*	Enter the patient's name. Note: A patient with the same ID cannot be uploaded twice
Beneficiary File ID	Patient file ID for medical reference
Date of Birth-Hijri*	Patient's date of birth as per the Hijri Islamic calendar
Date of Birth*	Patient's date of birth as per the Gregorian calendar
E-Health ID	Patient's e-Health number
Nationality*	Select the patient's nationality from a pre-defined drop-down list
Residency Type*	Select the patient's residency type from a pre-defined drop-down list. <i>E.g.: Visitor, Dependent, Citizen or Resident</i>
Document Type*	Select the patient's ID proof based on the Residency type selected. <i>E.g.: Resident Card, Passport, GCC ID, National Card or Boarder Number</i>
Document ID*	Enter the document ID based on selected document type <i>E.g.: the patient is a Saudi and holds a national ID, by default the residency type will be "Citizen" and Document type will be set to "National Card"</i> Note: If the patient is a non-Saudi and holds an Iqama ID, then registered ID should be 10 digits starts with 2
Contact Number*	Enter the patient's Contact Number Note: The number should be in Saudi format (14 digits starting with 00966)
Marital Status	Select from a pre-defined drop-down list

E.g.: Single / Married / Other

Gender*	Select from a pre-defined drop-down list <i>E.g.:</i> Male / Female / Other
Blood Group	Select from a pre-defined drop-down list <i>E.g.:</i> Patient's Blood Type
Preferred language	Select your preferred language from a drop-down list (English/Arabic)
Emergency phone number	Enter the emergency contact number of the patient
Email	Enter the patient's email ID
Address	Click +Address to add a patient's address.
Insurance plan	Note: The beneficiary details can be saved / created without completing this section

Step 6 Click **Create** to create a new patient and close the form, OR

Step 7 Click **Create & New** to create a new patient

3.3 Create a New Beneficiary (with Insurance Coverage)

Use this feature to add insurance plan details to an existing beneficiary record.

Note: A beneficiary can have more than one insurance plans assigned to the record.

Step 1 Follow the steps to [create a new beneficiary \(without insurance coverage\)](#) – Steps 1-5

Step 2 Enter the **Insurance Plans** information for the beneficiary, in the Profile window:

Note: A beneficiary can be added without an insurance plan

Insurance Plan	Type to search / Enter the name of the Insurance plan
Expiry Date	Enter the expiration date of the insurance coverage
Member Card ID	Enter the beneficiary's insurance card number
Inception Date	Enter the start date of the insurance coverage

Note: Click the + button to add additional insurance plans to the beneficiary

Step 3 Click **Create** to create a new patient and close the form, OR

Step 4 Click **Create & New** to create a new patient

3.4 Create Multiple Beneficiaries (Bulk upload)

Al-Mousa Specialized H.L. Ali Khalid

Beneficiary Registration

+ Add new Beneficiary

Beneficiary Registration

Eligibility

Pre Authorization

eClaim

Payments

Practitioners

Transaction Logs

Beneficiary > Beneficiary List

Search

Document ID:

Name:

Beneficiary File ID:

Contact Number:

Date Of Birth: Start Date → End Date

Insurance Plan: Select Insurance Plan

Member Card ID:

Gender: Select Gender

Search Reset

+ New Beneficiary Upload Bulk Beneficiaries Download Sample

Document ID	Name	Beneficiary File ID	Contact Number	Date of Birth	Insurance Plan	Member Card ID	Options
2000000000	Beneficiary Pt Pt	2788	00966511111111	01/01/1998	test	321	/ X

AutoSave: ON Patients-Template - Excel Mansouri, Mohammed EX1

File Home Insert Page Layout Formulas Data Review View Help

Clipboard Font Alignment Number Styles Cells Editing Ideas Sensitivity

12

Patient File Id	First Name	Second Name	Third Name	Family Name	Date of Birth	Nationality	Residency Type	Document Type	National Id	Contact Number	Gender	Member Card Id
1	Patient	Patient		Patient	01/01/1989	Saudi	Re004	NI		00966555555555	male	

Document type accepted values

- BN Border Number
- DP Displaced Person
- VS VISA
- PPN Passport Number
- PRC Permanent Resident Card Number
- NI National Unique Individual Identifier

File Manager

Please select files of type: xlsx

Patients-Template(TeSt).xlsx (0.012 MB)

Upload Add more files

Step 1 Click **Beneficiary Registration**

Note: This action displays the Beneficiary List screen

Step 2 Click **Download Sample** to download the bulk upload excel template

Note: This action opens an excel file

Step 3 Save template and update with required details

Note: Make sure to adhere to cell format/values. i.e. Nationality/ID codes, valid Ins. Plan codes

Step 4 **Click Save**

Step 5 Click **Add more files** and select file

Step 6 Click **Upload**

Step 7 Return to the **Beneficiary Registration** screen

Step 8 Click **Upload Bulk Beneficiaries** button

Step 9 If you received a reply with **validation error(s)**, you would need to fix errors and upload again.

Note: Validation error can be (Invalid Ins. Plan Code, Invalid Nationality Code etc..).

Patient file been uploaded, with validation errors related to certain patient data rows, please download [this file](#) to download file contains all failed records.

The screenshot shows an Excel spreadsheet with the following columns: First Name, Second Name, Family Name, Date Of Birth, Nationality, Residency Ty, Docur, National Id, Contact t, Gender, Member Card Id, Expiry Date, Insurance Pl, and Error Message. The data is as follows:

First Name	Second Name	Family Name	Date Of Birth	Nationality	Residency Ty	Docur	National Id	Contact t	Gender	Member Card Id	Expiry Date	Insurance Pl	Error Message
Patient	Patient	Patient	01/01/1989	Saudi	Re001	NI	10200000	0096655	male	123	31/12/2021	1221122	Invalid Nationality Code saudi! Invalid MemberCardId, MemberCardId 123 Exists Before!
Patienttt	Patienttt	Patienttt	01/01/1989	SA	Re001	NI	10200001	0096655	male			1221121	Member Card Id is Required! Expiry Date is Required!
Patienttttt	Patienttttt	Patienttttt	01/01/1989	American	Re001	NI	10200002	0096655	male	12345	31/12/2021		Invalid Nationality Code american! Insurance Plan is Required!
Patientttttt	Patientttttt	Patientttttt	01/01/1989	SA	Re001	NI	10200003	0096655	male	123456	31/12/2021	1221121	Invalid MemberCardId, MemberCardId 123456 Exists Before!
Patienttttttt	Patienttttttt	Patienttttttt	01/01/1989	SA	Re001	NI	10200004	0096655	male	1234567	/12/2021	1221122	Invalid Insurance Plan Code 1221122!
Patientttttttt	Patientttttttt	Patientttttttt	01/01/1989	SA	Re001	NI	10200006	0096655	male	123456789	31/12/2021	1221122	Invalid Insurance Plan Code 1221122!

3.5 Create an Insurance Plan

Use this feature to add a new insurance plan.

Step 1 Click **Administration**

Step 2 Click **Data Setup**

Step 3 Click **Insurance Plans**

Note: This action displays the **Insurance Plans List** screen

Insurance Plans ▶ Insurance Plan List

New Plan


Name	Code	Insurer Name	Payer Name	Active	Options
<input type="text" value="Name"/>	<input type="text" value="Code"/>	<input type="text" value="Insurer Name"/>	<input type="text" value="Payer Name"/>	<input type="text" value="Select ..."/>	
TC plan	TMB-INS	TotalCare TPA	Totalcare	✓	Edit Delete
Aviva	123	Saudi United Cooperative Insurance Company (Wala	Saudi United Cooperative Insurance Company (Wala	✓	Edit Delete
Faisal'sInsurancePlan	FP27	TMB test Insurance Organization	TotalCare TPA	✓	Edit Delete
Aviva1	4928	Saudi United Cooperative Insurance Company (Wala	Buruj Cooperative Insurance Company *	✓	Edit Delete
Aviva life insurance	4928	Saudi United Cooperative Insurance Company (Wala	Buruj Cooperative Insurance Company *	✓	Edit Delete
Bajaj	098	TAWNIA	Al-Rajhi Company for Cooperative Insurance	✓	Edit Delete

Step 4 Click **New Plan**

Note Use the filter parameters to search for a specific insurance plan

Insurance Plans ▶ Add

Insurance Plans



Name

Code

Description

Payer

Insurer

Discount Rate (%)

Pt. Share (%)

Max Pt. Share

Is Active

☒

Price List

Discount Rate (%)

Pt. Share (%)

No items added yet.

Type here..

+

Save

Cancel

Step 5 Enter the **Insurance Plans** details (all fields with * are mandatory)

Name *	Enter the name of the insurance plan
Code*	Enter the insurance plan number
Insurer*	Type to search and select / Enter the Health Insurance Company's name (HIC) <i>Note: Click the + button to add additional price lists to this insurance plan.</i>
Payer*	Type to search and select / Enter the Third-Party Admin's (TPA) or Health Insurance Company's name (HIC) <i>Note: Click the + button to add additional price lists to this insurance plan.</i>

Step 6 Enter the **Plans Details** information (all fields with * are mandatory)

Discounts rate*	Enter the coverage discount rate for the patient
Pt. Share*	Enter the percentage of amount the patient must pay
Max. Pt. Share	Enter the maximum to be paid by Patient in monetary amount
Is Active	Click to activate the insurance plan post saving entered details

Note: Ins. Plan details can be only one within a facility, same time every facility will update these details as per contractual agreements & policies.

Step 7 Type to search and select or Enter the **Price List** to be linked to this plan

Note: Click the + button to add additional price lists to this insurance plan.

Step 8 Click **Save**

Note: The system returns to the insurance plan list* screen and confirms the new plans is successfully created

3.6 Create/ Add a Price List for an Insurance Plan

Use this feature to add a new price list for a specific service.

الغربية

Welcome (Jehan Youssef)

kingdomhospital

Jehan Youssef

Beneficiary Registration

Eligibility

Pre Authorization

eClaim

Practitioners

Transaction Logs

Administration

Practitioners

Data Setup

Insurance Plans

Price Lists

Price List ▶ Price Lists

New Price List

Name	Description	Options
<input type="text" value="Name"/>	<input type="text" value="Description"/>	
Mednet	N/A	Edit Delete
Malath	N/A	Edit Delete
Test	test	Edit Delete
AXA 7% disc	N/A	Edit Delete
Tawuniya2	N/A	Edit Delete
BUPA	N/A	Edit Delete
Tawuniya	N/A	Edit Delete

Step 1 Click **Administration**

Step 2 Click **Data Setup**

Step 3 Select **Price Lists**

Note: This action displays the **Price Lists** screen

Step 4 Click **New Price List**

Note: Other features on this screen: Click the **Edit** button to update; search for price list by price list name or description; Click **Delete** button to delete existing price list.

Price List ▶ Add

Price List

* Name: Description: Start Date: End Date:

Price Items

[Import Excel file](#) You must use specific file template. [Download Sample File](#)

* Activity Type: * Code: * Unit Price: Vat (%): Non Standard C...: Display: Active: ☒

[+ Add](#) [Reset](#)

Filter Items By: [All \(2\)](#) [Errors \(0\)](#)

Activity Type	Activity Code - Description	Unit Price	Is Active	Vat (%)	Non Stand...	Display	Options
Procedures	30375-30-00 - Appendicostomy	5200	✓	NA	NA	NA	Edit Delete
Medication Codes	06285096000828 - PANADOL COLD & FLU NIGHT RELIEF PE	100	✓	NA	NA	NA	Edit Delete

[Save](#) [Cancel](#)

Step 4 Enter **Price List** details (all fields with * are mandatory)

Name * Enter name to identify the price list

Start / End Dates Enter the active period for the price list; this is critical as it affects authorizations

Step 5 Enter **Price Items** in details (all fields with * are mandatory)

Activity type Type to search / select Service or Med.

Code Type to search / select Service, Med OR unlisted code

Note: Unlisted codes -based on activity type- is to specify and request services with no unique nphies code

Unit Price Cost per service / medicine

Vat (%) Percentage applied for Tax

Non-standard code Enter the non nphies code if applicable
Note: For each Activity Type and unlisted code you select, enter **nonstandard code and display name** (will be auto populated immediately upon selecting the internal code before submitting the claim).

Display Enter a brief / relevant subject correlating to the non-standard code field.

Is Active	Click to activate the price list items post saving entered details Note: You can add inactive items to the list and activate it later when needed.
Deactivate	Click to deactivate item on the price list Note: You can deactivate item while adding to the list OR from Edit icon (i.e. to revise OR update price list with HIC)
Delete	Click to delete the item permanently click Delete icon to delete item permanently (i.e. the item(s) is no longer included in the agreement with HIC)

Note:

- Click the **Add** button to add additional price items (standard / non-standard) to the price list.
- The most recently created price list will be displayed below the price items section. Click the **Edit** button to view / **Delete** button to remove the price list (this step will ask for confirmation before proceeding)

Step 6 Click **Save**

3.7 Create/ Add Multiple Price Lists for an Insurance Plan (Bulk upload)

Step 1 Click **Administration**

Step 2 Click **Data Setup**

Step 2 Select **Price Lists**

Note: This action displays the **Price Lists**

Step 3 Click **New Price List**

Note: Other features on this screen: Click the **Edit** button to update; search for price list by price list name or description; Click **Delete** button to delete existing price list.

Step 4 Enter **Price List** information

Name Enter name to identify the price list

Start / End Dates Enter the active period for the price list

Step 5 Click **Download Sample file** to download the bulk upload excel template

Note: This action opens an excel file

Step 6 Click **Save**

Step 7 Update template with required details

Step 8 Click **Save**

Step 9 Click **Add more files** and select file

Step 10 Click **Upload**

Step 11 Click **Save**

3.8 Edit / Assign an Insurance Plan to a Beneficiary Record

Step 1 Click **Beneficiary Registration**

Note: This action displays the Beneficiary List screen.

Step 2 Select the beneficiary record

Step 3 Click **Edit** in the line item

Step 4 Update template with required details

Step 5 Click **+**

Note: To add an insurance plan to the beneficiary profile, type to search / enter the following:

- Insurance Plan name (enter code or description)
- Expiry Date
- Member Card ID – see steps in **Eligibility function - Discovery** to view how to retrieve the member ID for a specific beneficiary
- Inception Date

Step 6 Click **Save** to save OR

Click **Save & New** button to edit another beneficiary profile

Note: The system returns to the beneficiary list screen and confirms the new beneficiary is successfully updated.

3.9 Create / Add New Practitioner

Use this feature to add a new practitioner

The screenshot shows a web application interface for adding a new practitioner. The left sidebar contains a menu with options: Beneficiary Registration, Eligibility, Pre Authorization, eClaim, Payments, Practitioners (selected), Add new Practitioner (highlighted), All Practitioners, Facility Department, Transaction Logs, and Administration. The main content area is titled 'Practitioners > New Practitioner' and contains a form titled 'Add Practitioner'. The form has the following fields: Practitioner Name (text input), Practitioner Code (text input), License (text input), English Name (text input), Practitioner Specialty (dropdown menu with 'Please Select'), Practitioner Role (dropdown menu with 'Please Select'), Document Id (text input), Document Type (dropdown menu with 'Please Select'), Active From (date input with '27/10/2000'), and Active To (date input with '27/10/2000'). There are 'Save' and 'Cancel' buttons at the bottom of the form.

Step 1 Click **Practitioners**

Step 2 Click **Add New Practitioners**

Step 3 Enter the Plans Details information (all fields with * are mandatory)

Practitioner Name	Enter the practitioner's name. <i>Note: A practitioner with the same ID cannot be uploaded twice</i>
Practitioner Code	Add a unique code for the practitioner
License	Add the MoH License No. issued to the practitioner
English Name	Enter the practitioner's English name (if available)
Practitioner Specialty	Select the specialty from a pre-defined drop-down list (Surgery, General Medicine...).
Practitioner Role	Select the Practitioner Role from a pre-defined drop-down list (Doctor, Nurse, Physio...).
Document Id	Enter the document ID based on selected document type
Document Type	Select the practitioner's ID proof based on the Residency type selected. <i>E.g.: Resident Card, Passport, VISA, National ID or Boarder Number</i>
Active From. To	Enter the active period

Step 4 Click **Save**

3.10 Map Practitioners to a Facility

Use this feature to manage a list of practitioners and assign a Practitioner to a facility

Practitioner Code	Practitioner Name	Facility Code	Facility Name	Option
147	doctor	TEMP-AMSH-PROV	Al-Mousa Specialized Hospital in Al-Ahsa	×
101	Pract101	TEMP-AMSH-PROV	Al-Mousa Specialized Hospital in Al-Ahsa	×
112233	Test112233	TEMP-AMSH-PROV	Al-Mousa Specialized Hospital in Al-Ahsa	×

Step 1 Click **Administration**

Step 2 Click **Practitioners**

Note: search option provides the option to view existing practitioners and their corresponding facility(ies) and vice versa.

Step 3 Click **Add Practitioner to Facility**

Note: This action displays the **Map Practitioner to Facility** box

Step 4 Type to search / select the practitioner (by name or Lic. Code number) to be assigned to the facility

Step 5 Type to search / select the facility (by name or ID number) to which the practitioner is to be assigned to

Note: To add an additional practitioner: Click + next to the 'Select facility' field

Step 6 Click **Save**

4. Eligibility

4.1. Submit an Eligibility Request

The **Eligibility** module:

- Facilitates the eligibility process, which allows the Service Provider to check the eligibility status of the patient/member
- Checks eligibility - if the patient is an eligible member within its Payer/ TPA managed portfolio
- This module only validates the member ID and does not provide an authorization of a specific service or services.

Step 1 Click on the **Eligibility** module

Step 2 Select **Eligibility**

Step 3 Enter the **Beneficiary details**

Step 4 If the patient does not exist in the system, select **Add New Beneficiary** to add a new patient
Note: Insurance Plans **Other** means the patient has no insurance plan.

Step 5 Select the Eligibility purpose:

- | | |
|--------------|---|
| • Benefits | Schedule of Benefits (SOB). (Coverage) |
| • Discovery | To discover beneficiary's insurance plan |
| • Validation | To validate beneficiary's eligibility within the Provider's network |

Note:

- If you selected a beneficiary that has an existing insurance plan, then the **Discovery** option will be disabled, and you can only select **Benefits** or **Validation** or **both**
- The **Discovery** option can only be used if the patient does not have an insurance plan

Step 6 Enter the **Eligibility Information** *(all fields with * are mandatory)*

- | | |
|-------------------|---|
| • Beneficiary* | You may search by Name, National ID, Contact No., File ID, Membership Card ID |
| • Service Date* | Service start date |
| • To Date | Service end date |
| • Department Name | Department requesting the eligibility request |

Step 7 Click **Request Eligibility**

Step 8 The eligibility response is real-time, therefore, after submitting your eligibility request, select **Transactions** to view the eligibility response.

4.2. View list of Submitted Eligibility Transactions

The **Transactions** tab displays all the requested eligibility requests that have been submitted.

Step 1 You may filter your search to get the details of a specific transaction simply by filtering your search criteria as shown below:

• From - To	Transaction Date/Time
• Eligibility ID	To discover beneficiary's insurance plan
• Insurance plan	To validate beneficiary's eligibility within the Provider's network
• Beneficiary	Beneficiary name
• Status	Eligibility transaction status (approved, rejected...)

Step 2 The eligibility response is real-time, therefore, after submitting your eligibility request, select **Transactions** to view the eligibility response

Step 3 The below options can be selected for the submitted transactions:



• Reuse	To re-send the eligibility request.
• View Details	To view the eligibility transaction details

4.3. View the Transaction Details / Status for a Beneficiary

Step 1 Click on **Transactions** under the Eligibility module.

Step 2 Under the **Options** column, select the **View details** icon for the transaction you want to view

Step 3 Transactions / request status can show (Approved, Rejected, Requested, Unrequired or Cancelled)

Note: Based on Payer's response you find Eligibility status as below

- **Approved** when the patient is eligible.
- **Rejected** when the patient noneligible to the facility (Based insurance plan policy).
- **Cancelled** When facility Admin/user cancel transaction.
- **Requested** No response from payer yet / Pended for any reason.
- **Unrequired** A response with eligibility is unrequired in such case

Step 4 The below options can be selected for the submitted transactions:

- | | |
|-----------------------------|---|
| • Reuse | To re-send the eligibility request. |
| • Progress to Authorization | To generate new Authorization request for beneficiary |
| • Progress to Claim | To generate new claim request for beneficiary |

4.4. View the Table of Benefits for a Beneficiary

Step 1 Click on **Transactions** under the Eligibility module.

Step 2 Under the **Options** column, select the **View details** icon for the transaction you want to view

Step 3 Table of Benefits (ToB) to be displayed under beneficiary's details and status

The screenshot displays the 'Eligibility: Elig2' interface. At the top, a green header bar contains the text 'Eligibility: Elig2' and a status icon labeled 'Approved'. Below the header, beneficiary details are shown in a grid: Beneficiary Name 'abdullah abdullah', Service Date '11/10/2021', Department Name 'NA', Transaction Date '11/10/2021 19:28', and Eligibility Purpose 'Validation,Benefits'. Each detail has a 'more' link. Below the details is a section titled 'TABLE OF BENEFITS' with a list of five benefit categories, each in a dropdown menu: 'Benefit Category - Medical Coverage', 'Benefit Category - Diagnostic XRay', 'Benefit Category - Consultation', 'Benefit Category - Surgical', and 'Benefit Category - Medical Care'. At the bottom, there are three buttons: 'Reuse' (orange), 'Progress to Authorization' (blue), and 'Progress to Claim' (blue), along with a 'Close' button.

5. Pre-Authorization

The **Pre-Authorization** module:

- Facilitates the authorization process by allowing the Service Provider to request for authorization of a service and then receive the Payer/ TPA response.
- Includes eligibility checks, as well as checking diagnosis and activities' details for a specific service.
- The provided authorization for the request takes into consideration **member eligibility, coverage, limits, and clinical reviews.**

There are currently **4 types** of authorization profiles within nphies:

1. Institutional: Inpatient authorizations
2. Professional: Outpatient authorizations
3. Pharmacy: Outpatient Pharmacy authorizations
4. Dental: Outpatient Dental authorizations

5.1. Request for Pre-Authorization

Step 1 Click on **Pre-Authorization**

Step 2 Select **New Preauthorization**

Step 3 Enter the **Pre-Authorization info** *(all fields with * are mandatory)*

- | | |
|-----------------|--|
| • Date Ordered* | The date in which the transaction was submitted. |
| • Type* | Pre-defined list for type of authorization |
| • Sub Type | Pre-defined list for Sub-type of authorization. |

Step 4 Enter the **Diagnosis Information** details *(all fields with * are mandatory)*

- | | |
|-------------------------------|--|
| • Diagnosis Code/Description* | Pre-defined list - Enter the diagnoses code if you know it or enter keywords of the diagnosis description, and the system will display a short list of related diagnosis descriptions and codes to select from.
Note: At least one principal diagnose must be selected |
|-------------------------------|--|

- | | |
|---------|---|
| • Type* | Select the type of diagnosis from a pre-defined drop-down list. |
|---------|---|

- | | |
|-----------------|--|
| • On Admission* | In case of Inpatient Authorization , select on admission from a pre-defined drop-down list (Yes, No or Unknown) |
|-----------------|--|

Note: This option is to define either the services were during admission / hospitalization period or not.

Step 5 Enter the **Supporting Info** details *(all fields with * are mandatory)*

- | | |
|---------------|--|
| • Value Type* | Select the type of supporting information (string, Boolean, quantity, attachment, or reference). |
|---------------|--|

• Reason*	Select the reason for your supporting information from a pre-defined drop-down list (congenital, extraction, information...).
• Category*	Select the category of the supporting information from a pre-defined drop-down list.
• Value*	Depending on the category selected, the value and code will be optional and filled as needed only.
• Code	Depending on the type of supporting information category and should be filled only if needed.

Note: Supporting information is an optional field used to add one or more related claim supporting information if needed

Step 6 Click **+ADD** to add the supporting information

5.2. Authorizations for Accidents (Optional)

In case your pre-authorization request is related to an accident, select the type of accident, and enter the details of the accident (address and date).

Step 1 Enter the **Accident** details (*all fields with * are mandatory*)

• Accident Type	Select the type of accident from a pre-defined drop-down list (motor vehicle accident, sporting accident...).
• Address	Address where accident occurred
• Date	Date of accident

5.3. Care Team

This section contains the details of the physician(s) and other team members who participated in the delivery of care and treatment of the patient(s).

Step 2 Enter the **Care Team** details (*all fields with * are mandatory*)

• Practitioner*	Select the practitioner's name
• Practitioner Role*	Select the practitioner's role from a pre-defined list of roles (physiotherapist, researcher, nurse, pharmacist, dentist....)

• Care Team Role*	Select the role of the care team (assisting provider, primary provider, supervising provider)
• Specialty*	Select the physician's specialty from the pre-defined drop-down list

Step 3 Click **+ADD** to one or multiple care teams for the patient.

5.4. Items Information

This section contains the details for the types of activities (medication codes, imagine, laboratory, service codes, procedures...) performed to the patient and their corresponding pricing breakdown.

Step 1 Enter the **Items Information** details (*all fields with * are mandatory*)

• Type*	Pre-defined list for Types of activities performed for the selected patient
• Code Description*	Select the practitioner's role from a pre-defined list of roles (physiotherapist, researcher, nurse, pharmacist, dentist....)
• Quantity*	Select the role of the care team (assisting provider, primary provider, supervising provider)
• Unit Price*	The defaulted unit price for the selected medication (Will be filled automatically & can be modified if needed)
• Factor*	1 minus the discounted percentage rate. (For example, if the discounted rate is 20%, then the factor will be 0.8)
• Tax %*	The rate of value added tax that would apply to certain service
• Patient Share%*	The rate of patient share that would apply to certain service based on the policy coverage terms and conditions
• Vat*	The rate of value added tax
• Net*	Net amount
• Patient Share*	Amount paid by patient based on the policy coverage terms and conditions
• Payer Share*	Amount that will be paid by the payer

Note: All amounts will be auto calculated after adding (Price, Tax%, Patient share% and Factor)

• Start Date/Time*	Date/time in which the service has started
• Care Teams*	Select the Care Team(s) from the pre-defined drop-down list
• Diagnoses	Select the Diagnose(s) from the pre-defined drop-down list
• Supporting Info	Select the Support Info(s) from the pre-defined drop-down list
• Body Site / Sub site	Part of the physical body the service is performed on sub-section of the body site, providing additional specific details

E.g.: tooth number

Step 2 Click **+ADD** to add the item information

Step 3 Upon selecting the description for the type of item, you have the option of viewing and selecting nonstandard codes (from your internal registry) in the drop-down list.

Step 4 Upon selecting the non-standard code, by default, the non-standard code and display fields would be auto filled.

Note:

- There should be **at least one** standard code for an item/service in your transaction.
- *For more information on how to configure and link activity types with non-standard codes, refer to [Section 3.6](#)*

5.5. Packages

In case the service is a package, the non-standard service code for a package code must be mapped to an existing code from the nphies standard code lists. This code may not be exactly corresponding to the package but will be used as reference to report the package in nphies platform and can be any code from one of the nphies code sets.

For reporting the individual items within a package, a Provider must map each non-standard service code to the corresponding nphies standard code.

Note:

- Package Unit price is to be reported as contractually agreed.
- The package item will have zero amount as price (item.detail.net = 0).

Step 1 Enter the **Package** details (*all fields with * are mandatory*)

• Type*	Pre-defined list for Types of activities performed for the selected patient
• Code Description*	Select the practitioner's role from a pre-defined list of roles (physiotherapist, researcher, nurse, pharmacist, dentist....)
• Quantity*	Select the role of the care team (assisting provider, primary provider, supervising provider)
• Unit Price*	The defaulted unit price for the selected medication (Will be filled automatically & can be modified if needed)
• Net	Amount paid by patient based on the policy coverage terms and conditions
• Non-Standard Code	Optional field used to add any internal non-standard code in the transaction

Step 2 Click **+ADD** to add the package information to the preauthorization.

Items Information

• Type: Procedures
• Code - Description: 16520-00-00 - Elective classical caesarean section
QTY: 1

PRICING

• Unit Price: 10000
• Factor: 1
• Vat %: 15 %
• Patient Share %: 0 %
→
• Vat: 1500
• Net: 11500
• Patient Share: 0
• Payer Share: 11500

• Start Date/Time: 20/10/2021 12:50
Supporting Info: Select Supporting Info
Diagnoses: 082 - Single delivery by caesarean section
• Care Teams: 1 - doctor - Doctor - Primary provider - Obstetrics

Non Standard Code:
Display:
Is Package: Yes
Body Site: Please Select
Body Sub Site: Please Select

Details

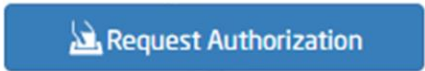
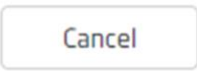
• Type	• Code - Description	• Quantity	• Unit Price	Net	Non Standard Code	Display
Imaging	UMULT - US Multiple pregnancy	1	0	0		
Laboratory	73000-00-50 - Obstetric Panel [blood count, complete	1	0	0		

Select Type:
Please Select
Add Reset

5.6. Submission of a Pre-Authorization

Step 1 Once you have completed filling all the Prior Request related info, click on “Request Authorization” to save your request OR you may click on “Cancel” to clear the content of the prior request form.

Step 2 Once you have completed filling all the Prior Request related info, click on “**Request Authorization**” to save your request **OR** you may click on “**Cancel**” to clear the content of the prior request form.

Note: A message stating “**Authorization sent successfully**” will then appear if there are no missing fields or errors in your request.

5.7. View Submitted Pre-Authorization Transactions

The pre-authorization transaction summary table displays the list of all requested pre-authorization requests.

You may filter your search results to get the details of a specific transaction simply by filtering your search criteria as shown below.

Step 1 Click **Pre-authorization**

Step 2 Select **Transactions**

Step 3 You may filter your search results to get the details of a specific transaction simply by filtering by the following parameters

- | | |
|------------------------|---|
| • From-to | The dates between which the transaction was submitted |
| • Pre-Authorization ID | The unique Prior Authorization ID associated with the request. |
| • Insurance Plan | Select the insurance plan from a drop-down predefined list. |
| • Beneficiary | Name of the Beneficiary. |
| • Status | The status of the authorization transaction (requested, approved, partially approved, rejected, cancelled). |

Step 4 The **Pre-authorization summary table** contains the following information for each submitted transaction:

- | | |
|-------------------------|---|
| • Member Card ID | The patient's insurance member number. |
| • Pre-authorization ID | The prior authorization ID (auto generated). |
| • Transaction Date/Time | The Date in which the Prior Request was submitted. |
| • Insurance Plan | The name of the insurance plan. |
| • Status | The status of the authorization transaction (requested, approved, partially approved, rejected, cancelled). |

Step 5 The following Options are available

- | | |
|----------------|---|
| • Reuse | Same transaction details will be reused once again. |
| • View Details | To view all details related to a Prior Request. |

• Cancel	The original Prior Request will be cancelled.
• Cancel & Delete	This option will delete current transaction permanently.
• Add new related claim	<p>This option will add new claim such as</p> <ul style="list-style-type: none"> • Associated Claim: is used to add additional services for the patient to an existing patient visit. • Authorization to Extend: is used to extend the service period given. • Prior Claim: is used to modify a previous request. <p>Note: Only the new related modifications will be considered as well as Initial request will omitted.</p>
• Related Claims	The prior authorizations that contain an associated reference within them or a claim that is referenced in another claim will appear upon clicking on this option.
• Transaction History	This option allows you to view the full history details of the transaction.
• Check status	This option will refresh the status of transaction
• Supporting Docs	This option to review (only appear & available) the communication with Payer (HIC/TPA)

Step 6 Click **View details** to view the following details of a pre-authorization transaction

• Type	Authorization type.
• Beneficiary Name	Name of the Patient.
• Payment Amount	The payment amounts due.
• Transaction Date	The date in which the prior request was submitted.
• Result	The result of the prior request submission.

Step 7 If the authorization request has been approved, you may select one of the following actions:

• Cancel	The original Preauthorization Request will be cancelled, and a new Prior Request form will appear auto populated with same details, to be resubmitted.
• Reuse	The original Preauthorization Request will be reused with the same details to be resubmitted once more.
• Progress to Claim	The original Preauthorization Request will be converted to a claim which can then be

claimed immediately.

Note: New claim will be auto filled and able for editing on the same time.

6 eClaim

Use the eClaim function to view / send claims' related transactions to the HIC, for reimbursement as per the beneficiary's coverage for the service/ treatment provided to the beneficiary, by the HCP.

These activities are generally executed by the hospital's Insurance Officer.

There are 5 types of claim profiles:

- **Institutional** An implementation profile of the Saudi Claim profile for Inpatient Claims
- **Professional** An implementation profile of the Saudi Claim profile for Outpatient Claims.
- **Pharmacy** An implementation profile of the Saudi Claim profile for Outpatient Pharmacy Claims.
- **Dental** An implementation profile of the Saudi Claim profile for Outpatient Dental Claims.

6.1. Create and Submit New Claim

Use this feature to create one or more claim requests.

The created claims in this process can be saved to submit the claim for a later date or saved and submitted upon completion of the creation, to the payers.

The screenshot displays the nphies eClaim system interface. The top navigation bar includes the nphies logo, a home icon, and a user profile for 'Welcome (Ali Khalid)'. The left sidebar contains a menu with options: Beneficiary Registration, Eligibility, Pre Authorization, eClaim (selected), Claim Registration, New Claim, Claim List, Add new Submission, Submission List, Claims, Remitted Claims, Payments, and Practitioners. The main content area is titled 'Encounter > Claim List'. It features a 'Claims Search' section with filters for Insurer, Insurance Plan, End Date (Start Date to End Date), Claim ID, Type, Beneficiary, and Status. Below the search filters are buttons for 'Search' and 'Reset'. Underneath the search section are buttons for 'Add New Claim', 'Upload Bulk Claims', and 'Download Sample'. The main area displays a table of claims with columns: Claim ID, Claim type, Beneficiary, Start Date/Time, Status, Total Net, and Options. Two claims are listed: one with ID 15752, status 'Claimed', and total net 39.38; and another with ID 15731, status 'Un Claimed', and total net N/A.

Claim ID	Claim type	Beneficiary	Start Date/Time	Status	Total Net	Options
15752	OutPatient	Beneficiary Test Test 1000000000 123 00966555555555	17/10/2021 15:03	Claimed	39.38	[Edit] [Print]
15731	OutPatient	Beneficiary Pt Pt 2000000000 321 00966511111111	17/10/2021 13:37	Un Claimed	N/A	[Edit] [Print]

Step 1 Click **eClaim**

Step 2 Click **Claim Registration → Claims List**

Step 3 Click **Add New Claim**

Note: This action opens the Claims Information window. A new claim can be created using the menu path: eClaim → Claim Registration → New Claim

Step 4 Click **Beneficiary** Type to search and select beneficiary by name /national ID/ Contact number/ File ID/ Card ID

Note: this step auto-displays existing beneficiary insurance plans

Step 5 Enter the following **Claim** information (fields with * are mandatory)

Claim ID	This is a unique ID per claim (auto generated if kept blank while saving). The user can enter a custom ID. If this field is left blank the system auto generates an ID, while saving claims info.
Start Date/Time*	Claim start date /time
Type*	Claim type: professional (outpatient), Pharmacy, Oral (Dental), In-patient (Institutional).
Subtype	Claim sub type (Out-Patient, In-Patient, Emergency).

Step 6 Click **+Add Reference**

Note: This action displays the **Reference** information window (authorization / eligibility / relating claim information. can be references).

Step 7 Enter the **References** information: Eligibility / Authorization / Claim

Note: the online option identified the information entered was done via nphies; offline option identifies the information was entered via non-nphies related processing

Step 8 Type to search and select **Diagnosis** information**Note:**

- Multiple diagnosis line items can be added for the claim
- It is mandatory to have at least one Principal diagnosis **Type** recorded, else Claims will be rejected

Step 9 **Conditional:** Enter the **Supporting / Vision** sections

Note: these steps are conditional based on the **Type** of claim created (case related condition – In Patient / Outpatient/ Optical etc.)

Optional: Enter **Accident** information

Note: The Support and Vision sections are The Accidental section is optional

Step 10 **Conditional:** Enter **Care Team** info - Type and search to select the following:

Practitioner	name or IC ID of the practitioner
Practitioner Specialty	auto populated as per the selected Practitioner
Role	E.g.: Consultant, Primary Assisting Supervision etc.

Note: The Care Team section is optional

Step 11 Click **Add** to add more to the care team

Items (0)

Items Information

• Type • Code - Description QTY

PRICING

• Unit Price • Factor • Vat % • Patient Share % → • Vat • Net • Patient Share • Payer Share

• Start Date/Time Supporting Info Diagnoses Care Teams

Non Standard Code Display is Package ☒ No Body Site Body Sub Site

Step 12 Enter **Item info** (all fields with * are mandatory):

Type*	type/ search Service / Medication e.g. Imaging
Code *	a sub-type of the service of med selected type e.g.pe Computerized tomography of abdomen
Qty	Enter the qty/ number of service / medications per service / unit
Pricing	Enter Unit price/ disc. Factor: / Vat/ Patient share % <p><i>Note:</i> It reflects the payer-provider contracted rates for the claimed item:</p> <ul style="list-style-type: none"> - Discount: refers to the proportion discounted from that amount. - Factor = is represented in % format <p><i>Note:</i> This input auto calculates the other set of mandatory pricing details: Vat / Net / Patient and Payers shares</p>
Start Date/ time *	Enter service or medication delivered
Supporting info if applicable	Select from drop down list <p><i>Note:</i> The options displayed are limited to the information added to the Support Section – Step 9</p>
Diagnoses	Type to search and select from drop down list <p><i>Note:</i> the options displayed are limited to the diagnosis information added in Step 8</p>
Care Teams	Select care team <p><i>Note:</i> the options displayed are limited to the Care Team information entered in Step 10</p>
Non-Standard code	Type to search and select relevant non-standard code <p>This field is updated if the Code field is not populated; updated if the service or medication selected is a non-nphies related</p>

Display	Enter a custom name for the non-standard code
Is Package	Click this option if services are part of the package <i>Note:</i> Selecting this option displays additional fields (update relevant info)
Body site	Part of the physical body the service is performed on <i>E.g.:</i> tooth number
Body sub-type	A sub-section of the body site, providing additional specific details

Step 13 Click **Add**

Note: Multiple items can be added to the claim.

Step 14 Click **Save** to save without submitting a new Claim OR Click **Save & Claim** to process the claim (submitted to Payer)

6.2. Create Multiple Claims (Bulk upload)

Step 1 Click **eClaim**

Step 2 Click **Claim Registration**

Step 3 Select Claims List

Step 4 Click Download sample

Step 5 Save the template and update with required information

Step 6 Save

Step 7 Return to the Claims List screen and Click Upload Bulk Claims

Note:

- This action will upload the claims to the Claims List section.
- The system will generate a message if there is an error in the claim upload

Step 8 If you received a reply with validation error(s), you would need to fix errors and upload again.

Note: Validation error can be (Invalid diagnose code, Invalid date format etc..).

All Encounters data are invalid, please check the error file!

[Download all failed claims](#)

	Q	R	S	T	U	V	W	X	AS
1	Accident Date	Diagnosis*	Diagnosis Type*	DiagnosisOnAdmission	Item Code*	Item Type*	Item Start*	Practitioner*	Error Message
2		Abdominal and pelvic pain	principal	n	30572-00-00	Procedures IP	17/10/2021 2:54 PM	Pract101	This diagnose code is not exist
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

On Admission Accepted Values:
y => yes
n => no
u => unknown

6.3. Submit Saved Claims

Submissions ▶ Add new Submission

Step 1 Select Payer Step 2 Validation Step 3 Submission Form

Filter Insurers...

Saudi United Cooperative Insurance Company (Wala)
7001526578

777
777

Al Sagr Cooperative Insurance Company *
7001544472

Allianz Saudi Fransi Cooperative Insurance Company
7001537161

Allied Cooperative Insurance Group (ACIG)
7001535694

ALMERYs

Previous Next

Step 1 Click **eClaim**

Step 2 Click **Add new Submission**

Step 3 Type to search and select payer (by name / nphies ID) or Select from displayed Payer.


Note: This action displays the additional search parameters (Start/ End dates) and the Claims Grid for the selected Payer

Step 4 Check the claims from the Claims Grid

Step 5 Click **Next**

Note:

- This action validates the selected claims and displays the results based on claim that are Valid and/or have Errors/ Warnings

(1) All ✓ (1) Valid ✗ (0) Errors ⚠ (0) Warnings							
Enc ID	Enc Type	Beneficiary	Payer	End Date/Time	Status	Total Net	Options
15732	OutPatient	 abdullah abdullah abdullah 2653763737 123456 00966878787888	INS-FHIR - TMB test Insurance Organization	17/10/2021 23:41	⌚ Un Claimed	5000	Edit Remove

- To finalize the submission list, either rectify the error or warnings using edit (Edit button) or delete (Remove button) options.

Step 7 Click Next


Submissions ▶ Add new Submission

Step 1 Select Payer Step 2 Validation Step 3 Submission Form

Submission Form Information

• Submission ID: Insurer: INS-FHIR - TMB test Insurance Organization Total Net: 5000

Claims Grid

Enc ID	Enc Type	Beneficiary	Payer	End Date/Time	Status	Total Net
15732	OutPatient	 abdullah abdullah abdullah 2653763737 123456 00966878787888	INS-FHIR - TMB test Insurance Organization	17/10/2021 23:41	🕒 Un Claimed	5000

Previous Next Save Submission Save and Send

Step 6 **Note:** the **Submission ID** is auto-generated

Step 7 Click Save Submission to save without sending

OR

Click Save and Send to submit claim batch to Payer

Step 8 **Submission status** reflects the success either failure of transaction (submitted, failed, partially submitted or unsubmitted)

6.4. Supportive Claim Functionalities

Use this feature to search / view / delete / check status / track history / check and send supportive information for a specific claim, using the available search parameter, and/or a list created claims.

Step 1 Click **eClaim** function

Step 2 Click **Claims** sub-function

Note: This action displays the **Claims** screen.

Step 3.1 Search and View claims by multiple search parameters (status / payer etc.)
E.g.:
Search by **Status** – Approved / Partially-approved / Rejected etc.

Step 3.2 Click the relevant icon to:



- | | |
|-----------------------|---|
| • View Details | view all details related to a claim |
| • Cancel | submit a cancellation request to the Payer. |
| • Cancel & Delete | submit a cancellation request current claim permanently without maintaining a record; sent to the Payer |
| • Check Status | check the processing status of the claim from the Payer's side |
| • Related Claims | displays related claims |
| • Transaction History | view the full history details of the transaction. |
| • Support Docs | This option to review (only appear & available) the communication with Payer (HIC/TPA) |

Note: To search for a specific claim not listed in the initial page, enter the available search parameters → Click **Search**

6.5. Resubmission – Old claim referencing old claim

Use this feature to resubmit, edit OR attach supportive information for a specific claim.

Note: This option will allow you add new claim as below:

- **Associated Claim:** is used to add additional services for the patient to an existing patient visit.
- **Authorization to Extend:** is used to extend the service period given.
- **Prior Claim:** is used to modify a previous request.

Note: Only the new related modifications will be considered as well as Initial request will omitted.

Note: For more information on how to submit/Create new claim, please refer to [Section 6.1](#).

Step 1-5 Please refer to [Section 6.1](#).

*** Step 6** Click **+Add Reference**

Note: This action displays the Reference information window (authorization / eligibility / claim information. can be references).

*** Step 7** Select **Claim Type**

Note: This option is to define the new added claim:

- **Associated Claim:** is used to add additional services for the patient to an existing patient visit.
- **Authorization to Extend:** is used to extend the service period given.
- **Prior Claim:** is used to modify a previous request.

Step 8 Add **Reference Number**.

Step 9-14 Please refer to [Section 6.1](#).

Type	Online or offline	Reference Number	Date
Eligibility	Select type x		27/10/2000
Authorization	Select type x		27/10/2000
Claim	Select type x	####	

Diagnoses (0)

Associated Claim
Authorization to extend
Prior Claim

7 Payment

The **Payments** module allows you to view the list of payment transactions that have been sent to the payer and requires the Provider to confirm and acknowledge the receipt of payments.

Step 1 You may search for an existing payment transaction using the filters: code, payers, date from/to and status.

• Code	Add Transaction / Payment code.
• Payer	Add Payer's name
• From-to	The dates between which the transaction was submitted
• Status	From the drop-down list → Select the status of the transaction (Received, partially received, Rejected or Confirmed).

Step 2 If a payment that have been received, you must confirm receipt of payment by clicking on the confirm icon.

