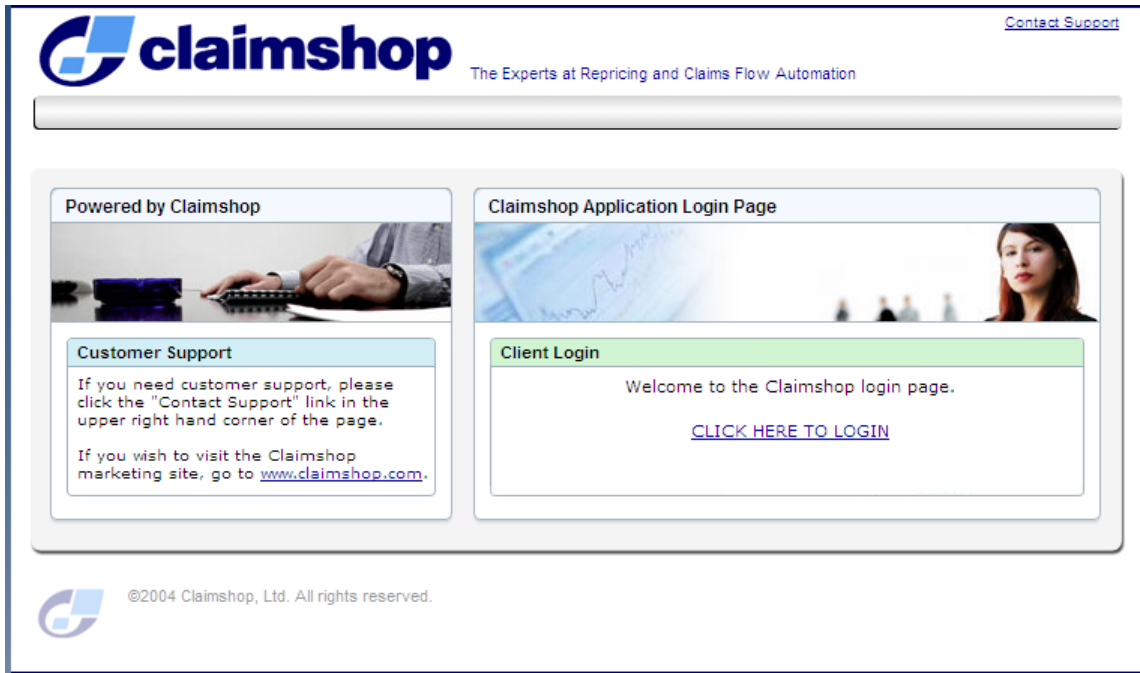


Provider & Payer Navigation – Claimshop Website

www.claimshop.net

Click the “**CLICK HERE TO LOGIN**” link.



claimshop The Experts at Repricing and Claims Flow Automation

[Contact Support](#)

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Claimshop Application Login Page

Customer Support

If you need customer support, please click the "Contact Support" link in the upper right hand corner of the page.

If you wish to visit the Claimshop marketing site, go to www.claimshop.com.

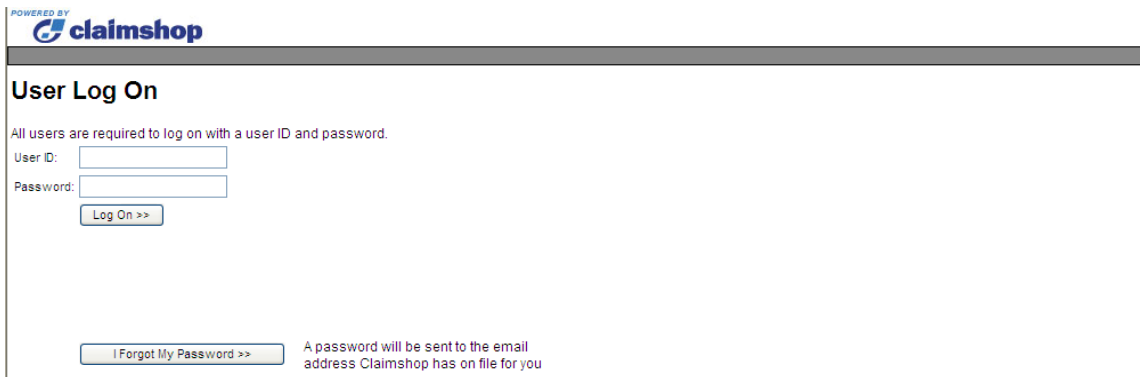
Client Login

Welcome to the Claimshop login page.

[CLICK HERE TO LOGIN](#)

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Enter Claimshop User ID and Password and click *Log On* or hit *Enter*.



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User Log On

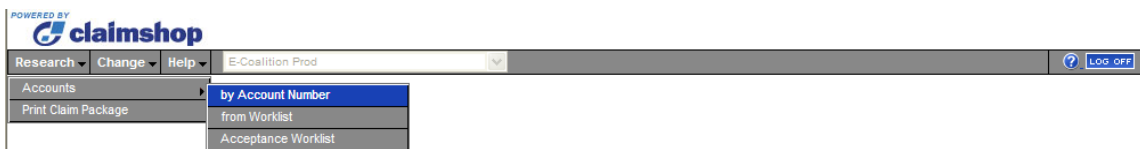
All users are required to log on with a user ID and password.

User ID:

Password:

A password will be sent to the email address Claimshop has on file for you

To search for a claim follow the path below:
RESEARCH > ACCOUNTS > BY ACCOUNT NUMBER



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Research Change Help E-Coalition Prod ? LOG OFF

Accounts

Print Claim Package

by Account Number

from Worklist

Acceptance Worklist

The screen below will be used to research accounts. There are numerous ways to search a claim. Only one field with an asterisk is required, but multiple fields can be entered to filter your search. Once you have entered your selection criteria, click **Display Claims** button or hit **Enter**.

Selection Criteria

- **Foreign System ID** – also know as DCN, claim number, claim ID
- **Account Number** – Patient Account Number on Claim
- **Insured ID (or SSN)** – Insured ID on Claim
- **Patient Name** – Patient Name on Claim (Last Name, First Name) – Does not have to be full name. Searches can be made on partial names. Ex: Smith, J
- **Provider Name** – Provider Name on Claim
- **Provider Tax ID** – TIN on Claim (no dashes)
- **Payer Name** – Payer Name on Claim
- **Routing Key** – Internal Group Routing Key
- **Social Security #** - SSN on Claim
- **Group Number** – Group Number/Plan ID on Claim
- **Group Name** – Group Name on Claim
- **Claim Type** – CMS1500, UB04, or All if left as is
- **Claim Originator** – Submitter of Claim
- **Exclude** – Exclude rejected or reprocessed claim
- **Contract ID** – Internal ID of Contract used for Pricing
- **Bill Type** – Type of Bill on Claim
- **Patient Type** – In Patient or Out Patient
- **NPI Type** – Billing or Rendering
- **NPI Value** – NPI on Claim
- **Select Date Type** – Submit Date, Date of Service, Claim Entry Date, Claim Received Date, Last Action Date
- **Dates From** – Begin Date for Date Type above
- **Dates To** – End Date for Date Type above
- **Include Message Code** – Message Codes to include
- **Exclude Message Code** – Message Codes to exclude

Your selection criteria will bring back a list of results. The results can be sorted by each column by clicking on the desired column heading name.



Account Research Results
E-Coalition Pri Contract / E-Coalition Pri Prod

Submitted Criteria

Account Number:	Insured's ID:	Patient Name:
Provider Name:	Tax ID:	Claim Type:
Group Name:	Foreign System ID:	Routing Key:
Group Number:	Payer Name:	Social Security Num:
Msgcode: 0000	Msgcode Excluded:	Exclude: Reworked & Rejected Claims
Date Range:	Claim Originator:	User Reject Code:
Contract ID:		
Bill Type:	NPI Type:	
Patient Type:	NPI Value:	

Search Results

1 -11 of 11 claims found.

Claim Type	Foreign System ID	Account / Insured's Number	Admit Date	Service From / To	Message Code	Bill Type	Gross Charges	Pavor Code	Federal Tax ID	Provider
CMS1500	20090319000WWW00003T	MOD50ANDS1	03/02/2009	03/02/2009 / 03/02/2009	0000	21	\$2,000.00	273	237087041	FANNING, GARY
CMS1500	20090319000WWW00002M	MOD51	03/01/2009	03/01/2009 / 03/01/2009	0000	11	\$2,000.00	A07177A	237087041	FANNING, GARY
CMS1500	20090319000WWW00002X	MOD51ANDS2	03/01/2009	03/01/2009 / 03/01/2009	0000	21	\$2,000.00	1212	237087041	FANNING, GARY

Column Headings

- **Claim Type** – Either CMS1500 or UB04
 - Clicking the Link will take you to a Representation of the CMS1500 for this claim
- **Foreign System ID** – DCN or claim number
 - Clicking the Link will take you to the Scanned Image of the Claim if it was submitted on paper
- **Account/Insured's Number** – Patient Account/Insured Number on the Claim
 - Clicking on the Link will take you to the Reimbursement Detail and other important information for this claim
- **Admit Date** – Admit Date on the Claim
- **Service From/To** – Service From and Service To Dates on the Claim
- **Message Code** – Internal Message Code
- **Bill Type** – Type of Bill or Place of Service
 - Clicking on the Link will give you a definition of the Bill Type
- **Gross Charges** – Gross Charges on the Claim
- **Payer Code** – Payer Code or Plan ID on the Claim
- **Federal Tax ID** – TIN on the Claim
- **Provider** – Provider Name billed on the Claim

Clicking on the *Patient Account/Insured's Number* link will bring you to the *Patient Account Audit Screen*.

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Research Claim Reports Maintenance HR IT Change Help E-Collation [?](#) [Log out](#)

Patient Account Audit

Claim Data

Patient Account #:		Insured ID:	MOD51
Patient Name:	MOD 51	Insured Name:	
Patient Date of Birth:		Dates of Service:	03/01/2009 to 03/01/2009
Patient Type:	Outpatient	Admit Date:	03/01/2009
Process Indicator:	Repriced	Replaced Claim:	
Provider:	FANNING, GARY	Physician:	
Federal Tax ID:	237087041	Foreign System ID:	20090319000WWW00002M
Submit ID:		Claim Status:	Unknown
FS Match method:	MANUAL	Corrected Claim:	NO
Submitted DRG:		Repriced DRG:	

Group/Payer Data

Claim Data	Repriced Data
Payor Code/ Group #: A07177A	Payor Code/ Group #: A07177A
Plan/ Group Name: BYRON COMMUNITY UNIT SCHOOL DISTRICT #22	Plan/ Group Name: BYRON COMMUNITY UNIT SCHOOL DISTRICT #22
Employer Name:	Employer Name:
Payor Name: ALLIED BENEFIT SYSTEMS	Payor Name: ALLIED BENEFIT SYSTEMS

[Flag Account >>](#)

Reprice Summary

Gross Charges:	2,000.00	Allowed Amount:	379.59
Discount Amount:	1,620.41		

View	Type	Date	Service Dates	DRG	Msg. Code	Bill Type	Provider Contract	Payor Code	Gross Charges	Discount Amount	Allowed Amount
A/R	Summary	03/19/2009	03/01/2009 03/01/2009		0000	11	150 Percent Current RBRVS 0077	A07177A	2,000.00	1,620.41	379.59
1 CMS1500	3 CHGS	5 Claim	03/19/2009 03/01/2009 03/01/2009		0000	11		A07177A	2,000.00		
2 CONT	4 REIM	Reimb.	03/19/2009 03/01/2009 03/01/2009					A07177A	2,000.00	1,620.41	

[View Claim Changes Summary](#)

[View 4010 Claim Data](#)

Research Another Claim

DCN:

- The top portion of the page in the Red Box will be the General Claim Data.
 - The next section in the Blue Box is the Group and Payer Data.
 - The remainder of the page is the Repricing Information.
1. Clicking on the **CMS1500** or the **UB04** will pull up the Representation of the Claim.
 2. Clicking on **CONT** will show the contract that was used for pricing.
 3. Clicking on **CHGS** or **View Claim Changes Summary** will bring up the events and change for this claim.
 4. Clicking on **REIM** will pull up the Repricing Details.
 5. Clicking on **Claim** will bring up the Claim Face Sheet.
 6. Clicking on **View 4010 Claim Data** will bring up the Raw 837 Data if provided

Below is an example of the Claim Face Sheet.



Claim Face Sheet

PATIENT NAME:	MOD 51	P02 Allied Benefit Systems
MEMBER NUMBER:	MOD51	208 S. LaSalle St #1300
EMPLOYER GROUP NAME:	BYRON COMMUNITY UNIT SCHOOL DISTRI	PO Box 2417
		Chicago, IL 60604
POLICY NUMBER:	A07177A	(312) 906-8080
CLAIM NUMBER:	20090319000WWW00002M	
PROVIDER:	FANNING, GARY	
FEDERAL TAX ID:	237087041	
ORIGINAL REPRICED DATE:	03/19/2009	
CORRECTED DATE:		
TODAY'S DATE:	04/20/2009	

<u>Begin Service</u>	<u>End Service</u>	<u>POS Code</u>	<u>Service Code</u>	<u>Mod Codes</u>	<u>Charged Amount</u>	<u>Unit Count</u>	<u>Reimbursement Method</u>	<u>Allowed Amount</u>	<u>Write-Off Amount</u>
03/01/2009	03/01/2009	11	42830		1,000.00	1		271.92	728.08
03/01/2009	03/01/2009	11	69436	51	1,000.00	1		107.67	892.33
CLAIM TOTALS					2,000.00			379.59	1,620.41

<u>Begin Service</u>	<u>End Service</u>	<u>Charged Amount</u>	<u>Allowed Amount</u>	<u>Write-Off Amount</u>
03/01/2009	03/01/2009	2,000.00	379.59	1,620.41