

Electronic Document Management System (EDMS)

Completion: New

Medicaid Information Technology System (MITS)

HP Enterprise Services



Medicaid Information
Technology System



EDMS Catalog of Courses

Business Courses

Introduction to EDMS

Document Preparation, Scanning, and Manual IQC

Correction Processing – Completion: NEW

Quality Assurance – Completion: VERIFY

FileNet One Step Workflow

COLD Reports

Technical Courses

Orientation to FileNet System Administration

Orientation to Captiva System Administration



EDMS – Completion: New

Course Objectives

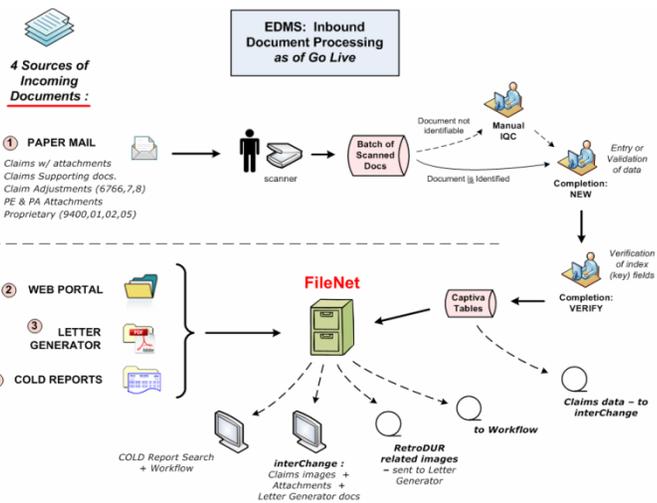
1. Summarize the scanning process within EDMS
2. Describe the objective and the activities of each step of the *Completion: New* process in detail, including:
 - a) The types of scanned documents
 - b) Captiva's role in verifying data, for both red optical character recognition (OCR) type forms and black 'Key From Image' (KFI) forms
 - c) The types of validation within each type of document
 - d) How to verify data fields and complete this verification step



Agenda

1. Introduction
2. Background – What is Being Scanned?
3. Documents and Batches
4. The Completion: New Process





Introduction

EDMS Related Definitions

Term	Definition
Captiva	Commercial off-the-shelf (COTS) software that manages the scanner, from interpreting the scanned documents through storing the resulting images on the FileNet data repository with index values. Captiva can be programmed to recognize certain documents (such as claim forms).
OCR	Optical character recognition, which is the Captiva software's ability to 'read' black typed data off red forms and eliminate the need for data entry.
FileNet	The database in which EDMS stores all MITS application data received for storage.



EDMS – A Bird's Eye View ...

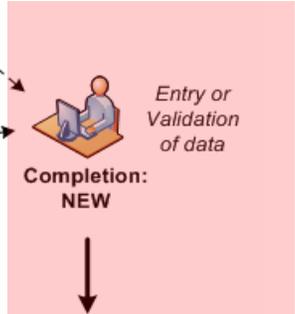
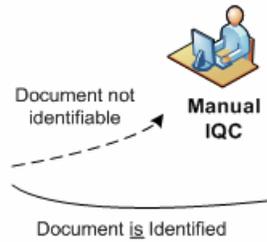
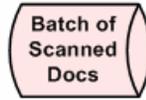


4 Sources of Incoming Documents :

EDMS: Inbound Document Processing as of Go Live

1 PAPER MAIL

- * Claims w/ attachments
- * Claims Supporting docs.
- * Claim Adjustments (6766,7,8)
- * PE & PA Attachments
- * Proprietary (9400,01,02,05)



2 WEB PORTAL



3 LETTER GENERATOR



4 COLD REPORTS



FileNet



Completion: VERIFY

COLD Report Search + Workflow

interChange :
Claims images + Attachments + Letter Generator docs

RetroDUR related images
- sent to Letter Generator

to Workflow

Claims data - to interChange



What is the Full EDMS Process?

- 1) Inbound mail is received
- 2) Documents are sorted, batched, and scanned
- 3) Manual IQC operators research any unscannable documents and try to resolve the problem
- 4) **Completion: New operators manually key fields flagged by Captiva software as being in error, as well as all verification fields for claim form ADA 2006**
- 5) *Completion: Verify* operators key in all critical information as a final QA step
- 6) Scanned document images are stored in FileNet
- 7) Workflow processes are initiated where necessary

Bold is within the scope of this training



Agenda

1. Introduction
2. Background – What is Being Scanned?
3. Documents and Batches
4. The Completion: New Process



Background – What Is Being Scanned?

What is the goal of scanning?

- To create electronic images of paper documents related to Claims, Claim Adjustments, provider enrollment (PE) requests, prior authorization (PA) requests, and other OHP related ‘transactions’

How does EDMS store these documents?

- Each document has one or more keys or indexes such as Provider, Recipient, internal control number (ICN), and other values
- These index values will ‘link’ these documents to certain providers, claims, etc., and be accessible correctly in interChange



Background – What Is Being Scanned?

How does *Completion: New* fit into the process?

- **Every** document that is scanned must go through the *Completion: New* process.
- Captiva (the scanning software) validates critical fields in every scanned document. Any that do not pass the built-in validation edits are presented to the *Completion: New* worker to key in.
- We shall examine the contents of batches of documents first and then discuss the *Completion: New* process in more detail.



Agenda

1. Introduction
2. Background – What is Being Scanned?
3. Documents and Batches
 - a. What is a document?
 - b. What is a batch?
 - c. Scanning and Quality Control
4. The Completion: New Process

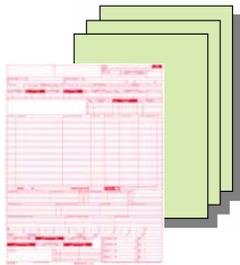


What Is a Document?

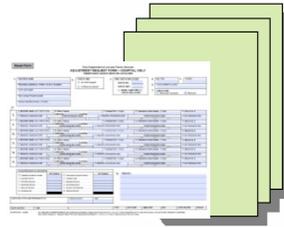
A **Document** is a claim, a claim adjustment, a proprietary document, or a cover sheet with attachments.

A document has two components:

1. A form (e.g., CMS 1500, 6766, 9401, cover sheet)
2. One or more attachments (almost always present)



***Claim
Document***



***Claim Adj.
Document***



***Cover Sheet
Document***

Completion: New and *Completion: Verify* only involve the forms – never the attachments.

What Is a Document?

With Go-Live, four types of documents will be scanned. All are within the scope of the *Completion: New* function.

1. Claims (CMS 1500, UB04, ADA 2006) – **only those with attachments**
2. Claims adjustments (6766, 6767, 6768)
3. Proprietary forms (9400, 9401, 9402, 9405)
4. Paper attachments sent by the provider to support claims, PEs, and PAs that the provider uploaded via the Web Portal



What Is a Document?

1. Claims – with Attachments

There are three types of Claims:

- A. **CMS 1500 – Health Insurance Claim form**
- B. **UB04 – Institutional Claims form**
- C. ADA 2006 – Dental Claim form

Optical character recognition (OCR) reads all information off the **red** claim forms. Captiva is programmed to find the key fields on each red form.

For **black** forms, data entry ('Key From Image' or KFI) is done to capture the important information.



What Is a Document?

Examples of **RED** and **BLACK** claim forms

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

<input type="checkbox"/> <input type="checkbox"/> PICA			
1. MEDICARE <input type="checkbox"/> (Medicare #)	MEDICAID <input type="checkbox"/> (Medicaid #)	TRICARE CHAMPUS <input type="checkbox"/> (Sponsor's SSN)	CHAMPVA <input type="checkbox"/> (Member ID#)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY	4. INSURED'S NAME
5. PATIENT'S ADDRESS (No., Street)		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	7. INSURED'S ADDRESS
CITY	STATE	8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>	CITY
ZIP CODE	TELEPHONE (Include Area Code) ()	Employed <input type="checkbox"/> Full-Time <input type="checkbox"/> Student <input type="checkbox"/> Part-Time <input type="checkbox"/>	ZIP CODE
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S INFORMATION
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO	a. INSURED'S DATE OF BIRTH MM
b. OTHER INSURED'S DATE OF BIRTH MM DD YY		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	b. EMPLOYER'S NAME
c. EMPLOYER'S NAME OR SCHOOL NAME		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	c. INSURANCE PLAN NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. RESERVED FOR LOCAL USE	d. IS THERE ANOTHER INSURANCE PLAN? <input type="checkbox"/> YES
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.		13. INSURED'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.	
SIGNED _____		DATE _____	
14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) MM DD YY	15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY	16. DATES PATIENT WAS HOSPITALIZED FROM MM DD TO MM DD	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		17a. _____	18. HOSPITALIZATION CODE EDM

ADA Dental Claim Form

HEADER INFORMATION			
1. Type of Transaction (Mark all applicable boxes) <input type="checkbox"/> Statement of Actual Services <input type="checkbox"/> Request for Predetermination/Preauthorization <input type="checkbox"/> EPSDT/Title XIX			
2. Predetermination/Preauthorization Number			
INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION			
3. Company/Plan Name, Address, City, State, Zip Code			
OTHER COVERAGE			
4. Other Dental or Medical Coverage? <input type="checkbox"/> No (Skip 5-11) <input type="checkbox"/> Yes (Complete 5-11)			
5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)			
6. Date of Birth (MM/DD/CCYY)	7. Gender <input type="checkbox"/> M <input type="checkbox"/> F	8. Policyholder/Subscriber ID (SSN or ID#)	
9. Plan/Group Number		10. Patient's Relationship to Person Named in #5 <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other	
11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code			
RECORD OF SERVICES PROVIDED			
24. Procedure Date (MM/DD/CCYY)	25. Area of Oral Care	26. Tooth Number(s) or Letter(s)	27. Tooth Surface
			29. Procedure Code



What Is a Document?

1. Claims – with Attachments (*continued*)

Possible types of Claim attachments:

- A. **COB (Coordination of Benefits) and/or OI (Other Insurance) forms** – these forms replace Medicaid form 6780, which will *no longer be accepted* as of Go-Live

*Special Note: The COB and OI forms are discussed in this training but may not be scanned as of Go-Live. An ODJFS decision is pending to limit these forms to **portal upload only**.*

What Is a Document?

1. Claims – with Attachments (*continued*)

More Possible types of Claim attachments:

B. 6653 forms (for claims over 365 days old) *

C. HAS forms (Hysterectomy, Abortion, and Sterilization consent forms) *

D. Any other documents that may accompany a claim

* *6653 and HAS forms **should not** be mailed in **without** a claim*

What Is a Document?

2. Claim Adjustment forms (6766, 6767, 6768)
3. Proprietary forms (9400, 9401, 9402, 9405)
4. Paper Attachments Sent By Provider

All four types of documents mentioned above **may** require some keying by the *Completion: New* worker in the following situations:

- To fix edit errors detected by Captiva (red forms)
- For full data entry of predetermined data fields (black forms)



What Is a Batch?

Definition:

1. A group of 'like' documents grouped together into batches after the inbound mail is opened and sorted.
2. Captiva software is configured to scan documents in batches.
3. Up to 50 documents, of one or more pages each, will comprise a batch.



What Is a Batch?

Below are the different types of batches and their contents.

Type of Batch	Contents
Claim	CMS 1500 + attachments
Claim	UB04 + attachments
Claim	ADA 2006 + attachments
Coversheet	PA, PE, and/or claim docs
Claim Adj.	6766 and/or 6767 forms
Claim Adj.	6768 forms ONLY
Proprietary	9400, 01, 02, and/or 05 forms



What Is a Batch?

EDMS Cover Sheets and Document Dividers

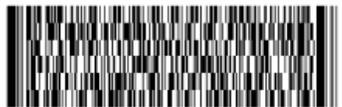
- To understand more about the contents of batches, we need to first learn about **EDMS Cover Sheets** and **Document Dividers**.
- All batched documents, except for one type discussed later, must have either EDMS cover sheets or a document dividers that *separate each document in the batch*.
- We will first look at the EDMS Cover Sheet, which **will** affect the *Completion: New* process, and then at the Document Divider.



What Is a Batch?

EDMS Cover Sheet

- The EDMS Cover Sheet is a standard, **fixed format** page that Captiva uses to identify the type of document and the provider, recipient, etc., that the document pertains to.
- It also indicates to Captiva that a new document is beginning in the current batch.

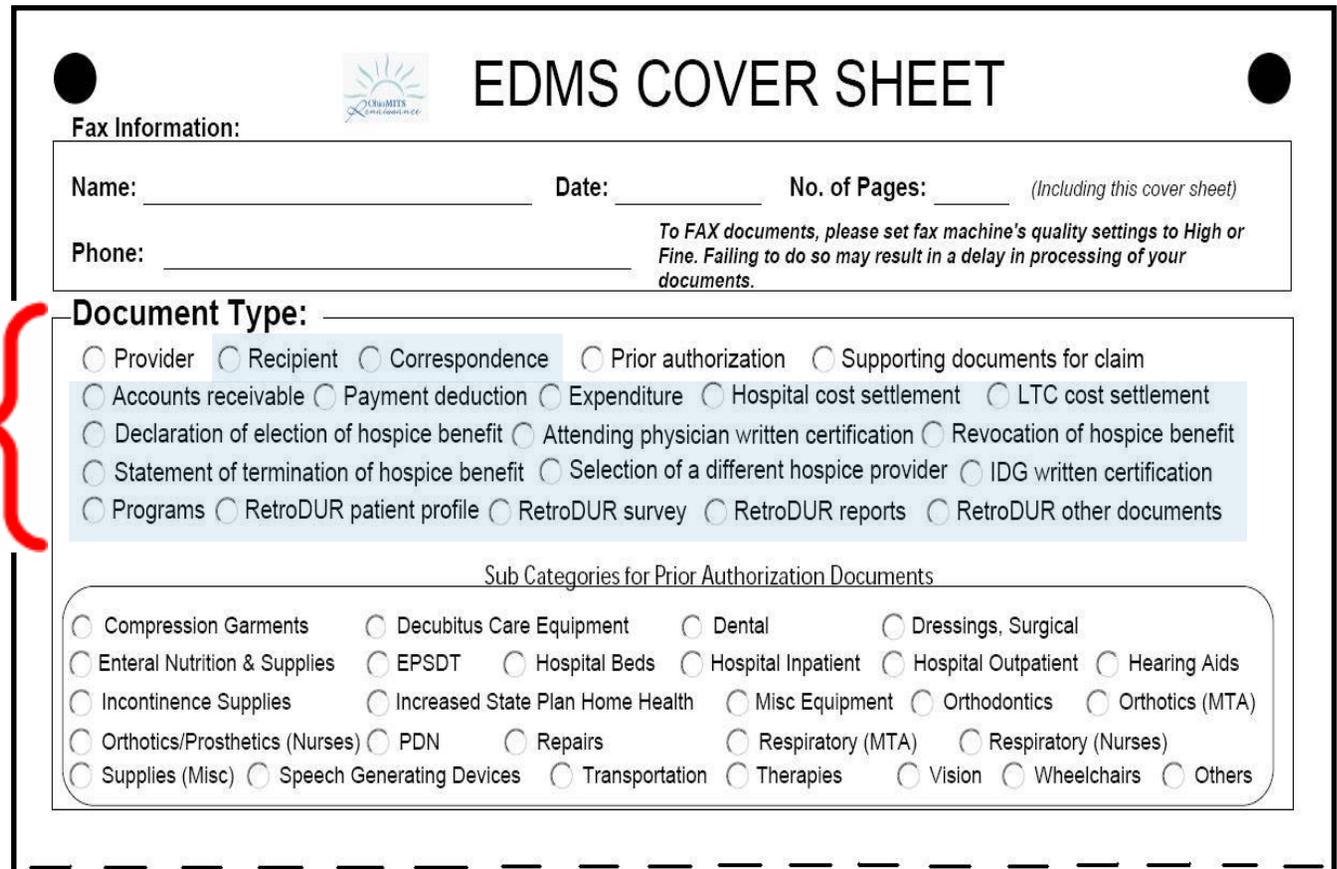
EDMS COVER SHEET		
Fax Information:		
Name: _____	Date: _____ No. of Pages: _____ (including this cover sheet)	
Phone: _____ <small>To FAX documents, please set fax machine's quality settings to High or Fine. Failing to do so may result in a delay in processing of your documents.</small>		
Document Type:		
<input type="checkbox"/> Provider <input type="checkbox"/> Recipient <input type="checkbox"/> Correspondence <input type="checkbox"/> Prior authorization <input type="checkbox"/> Supporting documents for claim		
<input type="checkbox"/> Accounts receivable <input type="checkbox"/> Payment deduction <input type="checkbox"/> Expenditure <input type="checkbox"/> Hospital cost settlement <input type="checkbox"/> LTC cost settlement		
<input type="checkbox"/> Declaration of election of hospice benefit <input type="checkbox"/> Attending physician written certification <input type="checkbox"/> Revocation of hospice benefit		
<input type="checkbox"/> Statement of termination of hospice benefit <input type="checkbox"/> Selection of a different hospice provider <input type="checkbox"/> IDG written certification		
<input type="checkbox"/> Programs <input type="checkbox"/> RetroDUR patient profile <input type="checkbox"/> RetroDUR survey <input type="checkbox"/> RetroDUR reports <input type="checkbox"/> RetroDUR other documents		
Sub Categories for Prior Authorization Documents:		
<input type="checkbox"/> Compression Garments <input type="checkbox"/> Decubitus Care Equipment <input type="checkbox"/> Dental <input type="checkbox"/> Dressings, Surgical		
<input type="checkbox"/> Enteral Nutrition & Supplies <input type="checkbox"/> EPISOT <input type="checkbox"/> Hospital Beds <input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> Hospital Outpatient <input type="checkbox"/> Hearing Aids		
<input type="checkbox"/> Incontinence Supplies <input type="checkbox"/> Increased State Plan Home Health <input type="checkbox"/> Misc Equipment <input type="checkbox"/> Orthodontics <input type="checkbox"/> Orthotics (MTA)		
<input type="checkbox"/> Orthotics/Prosthetics (Nurses) <input type="checkbox"/> PDN <input type="checkbox"/> Repairs <input type="checkbox"/> Respiratory (MTA) <input type="checkbox"/> Respiratory (Nurses)		
<input type="checkbox"/> Supplies (Misc) <input type="checkbox"/> Speech Generating Devices <input type="checkbox"/> Transportation <input type="checkbox"/> Therapies <input type="checkbox"/> Vision <input type="checkbox"/> Wheelchairs <input type="checkbox"/> Others		
Index Field & Values (if applicable):		
Application Tracking Number: _____	Recipient ID: _____	Prior Authorization Number: _____
NPI: _____ Medicaid Provider ID: _____ <small>Use only if you do not have NPI.</small>		
ICN: _____	Contact Tracking Number: _____	
Financial Record Number: _____	Status: _____	Program Control Number: _____
Hospice Enrollment ID: _____	Hospice Attachment ID: _____	Intervention ID: _____
		
Confidentiality Notice:		
<small>The sender of this facsimile transmission intends to communicate the contents of this transmission only to the Ohio Department of Job and Family Services. This transmission may contain information that is privileged, confidential or otherwise exempt from disclosure under applicable law. If you are not the designated recipient or the employee or agent responsible for delivering the transmission to the designated recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone at 1-800-656-1515 and promptly destroy the original transmission. Thank you for your assistance.</small>		
JFS 00300 (Rev. 12/10/2009) Ohio Department of Job and Family Services		

What Is a Batch?

Radio buttons indicate the type of document that is being scanned.

Only 'Provider', 'Prior Authorization', and 'Supporting documents for claim' are valid at Go-Live. All other doc types will be returned.

EDMS Cover Sheet (top half)



The image shows the top half of an EDMS Cover Sheet form. At the top center is the logo for "U.S. AMTIS" with a sun icon. To the right of the logo is the title "EDMS COVER SHEET". Below the title is a section for "Fax Information:" containing fields for "Name:", "Date:", "No. of Pages:", and "Phone:". A note below these fields reads: "To FAX documents, please set fax machine's quality settings to High or Fine. Failing to do so may result in a delay in processing of your documents." Below the fax information is a section for "Document Type:" with a list of radio button options. A red bracket on the left side of the form highlights the first three options: "Provider", "Prior authorization", and "Supporting documents for claim". Below the document type section is a section for "Sub Categories for Prior Authorization Documents" with a grid of radio button options.

EDMS COVER SHEET

Fax Information:

Name: _____ Date: _____ No. of Pages: _____ (Including this cover sheet)

Phone: _____

To FAX documents, please set fax machine's quality settings to High or Fine. Failing to do so may result in a delay in processing of your documents.

Document Type:

Provider Recipient Correspondence Prior authorization Supporting documents for claim

Accounts receivable Payment deduction Expenditure Hospital cost settlement LTC cost settlement

Declaration of election of hospice benefit Attending physician written certification Revocation of hospice benefit

Statement of termination of hospice benefit Selection of a different hospice provider IDG written certification

Programs RetroDUR patient profile RetroDUR survey RetroDUR reports RetroDUR other documents

Sub Categories for Prior Authorization Documents

Compression Garments Decubitus Care Equipment Dental Dressings, Surgical

Enteral Nutrition & Supplies EPSDT Hospital Beds Hospital Inpatient Hospital Outpatient Hearing Aids

Incontinence Supplies Increased State Plan Home Health Misc Equipment Orthodontics Orthotics (MTA)

Orthotics/Prosthetics (Nurses) PDN Repairs Respiratory (MTA) Respiratory (Nurses)

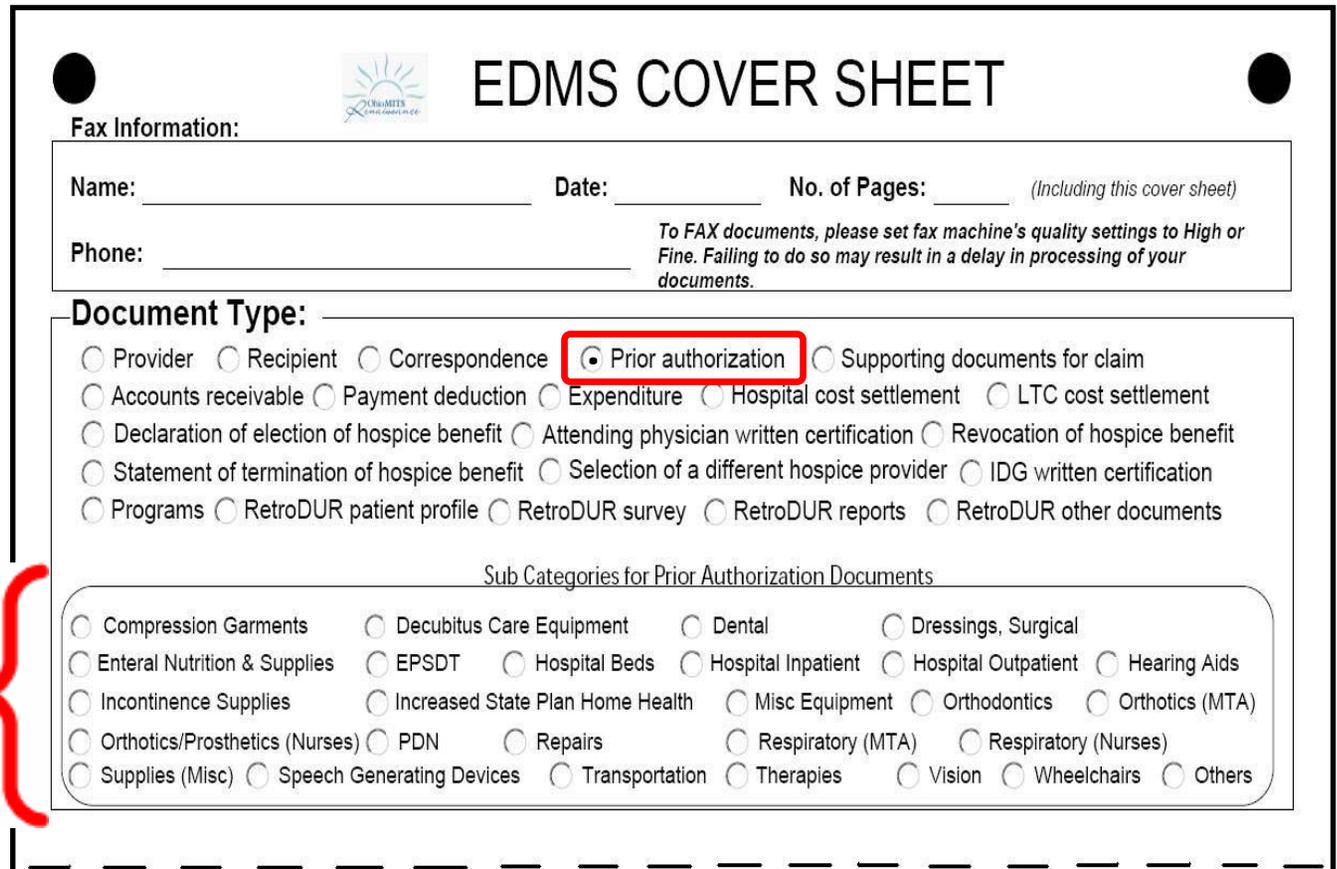
Supplies (Misc) Speech Generating Devices Transportation Therapies Vision Wheelchairs Others

What Is a Batch?

EDMS Cover Sheet (top half)

Prior Authorization documents have sub-categories to further define the document.

Used only when the PA radio button is selected.



The image shows the top half of an EDMS COVER SHEET form. At the top center is the logo for OhioMITS (Ohio Medical Information Technology Support) and the title "EDMS COVER SHEET". Below the title is a section for "Fax Information:" with fields for "Name:", "Date:", and "No. of Pages:". A note below these fields states: "To FAX documents, please set fax machine's quality settings to High or Fine. Failing to do so may result in a delay in processing of your documents." Below the fax information is a section for "Document Type:" with a list of radio button options. The "Prior authorization" option is highlighted with a red box. Below this is a section for "Sub Categories for Prior Authorization Documents" with a grid of radio button options. A red bracket on the left side of the form indicates that the "Sub Categories for Prior Authorization Documents" section is only used when the "Prior authorization" radio button is selected.

Fax Information:

Name: _____ Date: _____ No. of Pages: _____ (Including this cover sheet)

Phone: _____

To FAX documents, please set fax machine's quality settings to High or Fine. Failing to do so may result in a delay in processing of your documents.

Document Type:

Provider Recipient Correspondence Prior authorization Supporting documents for claim

Accounts receivable Payment deduction Expenditure Hospital cost settlement LTC cost settlement

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Orthotics/Prosthetics (Nurses) PDN Repairs Respiratory (MTA) Respiratory (Nurses)

Supplies (Misc) Speech Generating Devices Transportation Therapies Vision Wheelchairs Others

What Is a Batch?

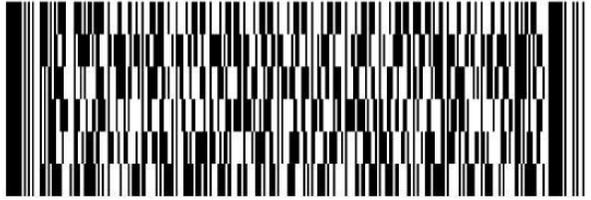
The bottom half of the Cover Sheet is populated with one or more key / index values, pertaining to the type of document scanned.

These values normally are typed, but **could** be handwritten.

EDMS Cover Sheet (bottom half)

Index Field & Values (if applicable): _____

Application Tracking Number:	Recipient ID:	Prior Authorization Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
NPI:	Medicaid Provider ID:	<i>Use only if you do not have NPI.</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
ICN:	Contact Tracking Number:	
<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial Record Number:	Status:	Program Control Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Hospice Enrollment ID:	Hospice Attachment ID:	Intervention ID:
<input type="text"/>	<input type="text"/>	<input type="text"/>



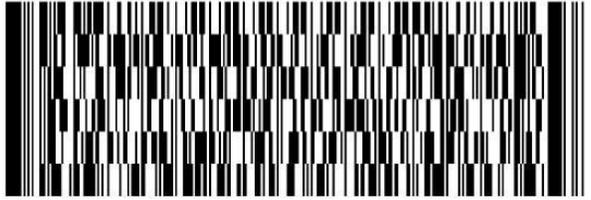
Confidentiality Notice: _____

What Is a Batch?

EDMS Cover Sheet (bottom half)

The barcode is always at the bottom of the cover sheet.

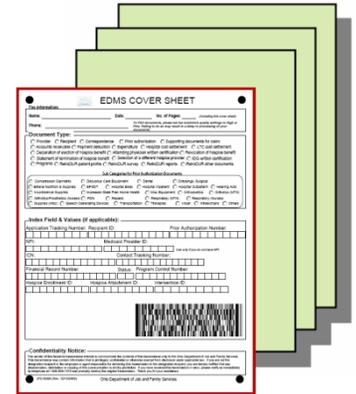
It contains all the data that Captiva needs to capture the document type and the key / index values.

Index Field & Values (if applicable):		
Application Tracking Number:	Recipient ID:	Prior Authorization Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
NPI:	Medicaid Provider ID:	
<input type="text"/>	<input type="text"/>	<i>Use only if you do not have NPI.</i>
ICN:	Contact Tracking Number:	
<input type="text"/>	<input type="text"/>	
Financial Record Number:	Status:	Program Control Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Hospice Enrollment ID:	Hospice Attachment ID:	Intervention ID:
<input type="text"/>	<input type="text"/>	<input type="text"/>
		
Confidentiality Notice: _____		

What Is a Batch?

What documents to be scanned at *Go-Live* require an EDMS cover sheet?

- ✓ Supporting documents for claims
- ✓ Provider enrollment attachments
- ✓ Prior authorization attachments



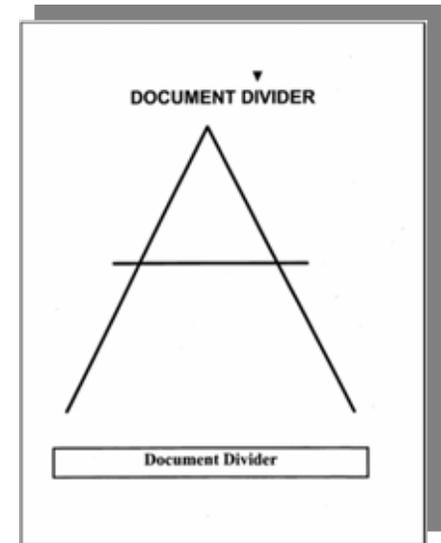
What documents do **not** require (and cannot have) an EDMS covers sheet?

- ✗ Claims (CMS 1500, UB04, ADA 2006)
- ✗ Claims Adjustment forms (6766, 6767, 6768)
- ✗ Proprietary forms (9400, 9401, 9402, 9405)

What Is a Batch?

Document Dividers

- The document divider (doc divider) is a standard page inserted between documents in *most* batches that do *not* use EDMS cover sheets.
- When a batch of several documents is scanned, it tells Captiva where each document ends and the next one starts.
- Like the EDMS cover sheet, the doc divider acts as a separator page between documents in a batch. Unlike the cover sheet, however, the doc divider is **not** stored in FileNet with the document.



What Is a Batch?

EDMS Cover sheets and Document Dividers

- In every batch of scanned documents (except the 6768 form), every document needs **one or the other** form preceding it:
 - EDMS cover sheet, **or**
 - Document divider
- The 6768 is a single page form with no attachments; it needs no separator page such as an EDMS cover sheet or doc divider. 6768s are in their own batch.

The image shows two forms. The top form is the 'EDMS COVER SHEET' with fields for Name, Date, No. of Pages, and checkboxes for document types like 'Invoice', 'Receipt', 'Complaint', etc. The bottom form is a 'DOCUMENT DIVIDER' featuring a large triangle with a horizontal line across its middle and the text 'DOCUMENT DIVIDER' at the top and 'Document Divider' in a box at the bottom.

The image shows the '6768' form, titled 'PLEASE DO NOT FOLD OR STAPLE ANY PART OF FORM'. It is a 'CLAIM CHECK FEDERAL FORM' from the 'U.S. DEPARTMENT OF JOB AND FAMILY SERVICES'. The form contains various sections for 'Reason for Adjustment', 'Reason for Discontinuation', 'Reason for Termination', and 'Reason for Payment or Price', with checkboxes for different reasons like 'Transfer of residence', 'Change of name', etc.

What Is a Batch?

EDMS cover sheet is required for:

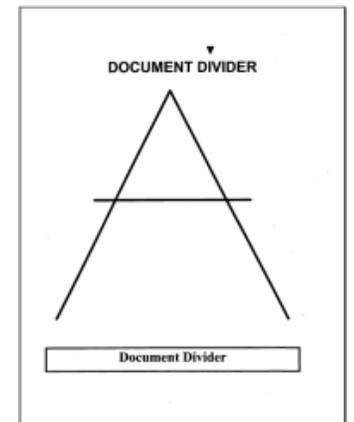
- Supporting documents for claims
- Provider enrollment attachments
- Prior authorization attachments



The image shows an 'EDMS COVER SHEET' form. It includes fields for 'Name', 'Site', and 'No. of Pages'. Below these are sections for 'Document Type' with various checkboxes, and 'All Claims for the Submission System' with more checkboxes. There is also a section for 'Index Field & Values (if applicable)' with a table for 'Application Tracking Number', 'Request ID', and 'Plan Application Number'. A barcode is located at the bottom right of the form.

Document divider is required for:

- Claims (CMS 1500, UB04, ADA 2006)
- Claims adjustment forms (6766, 6767)
- Proprietary forms (9400, 9401, 9402, 9405)

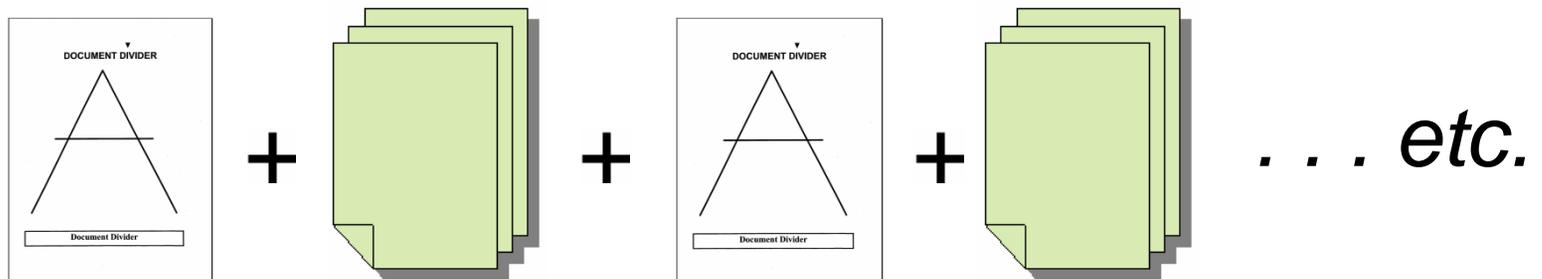


What Is a Batch?

Batches with Cover Sheets:

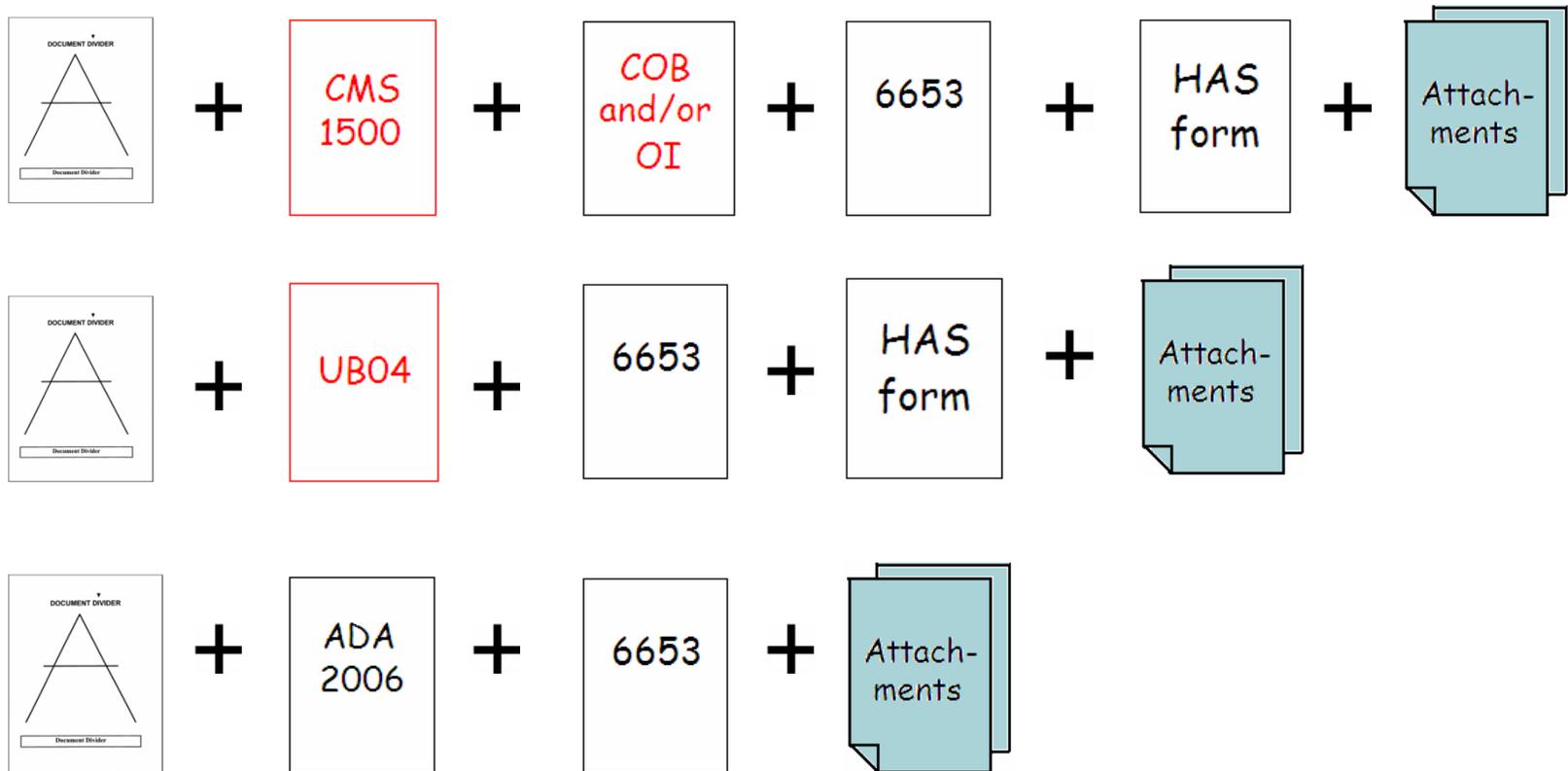


Batches with Document Dividers:



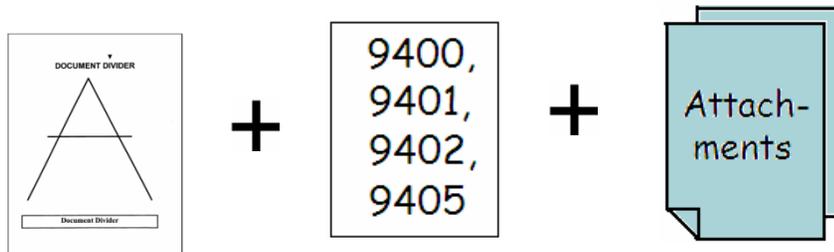
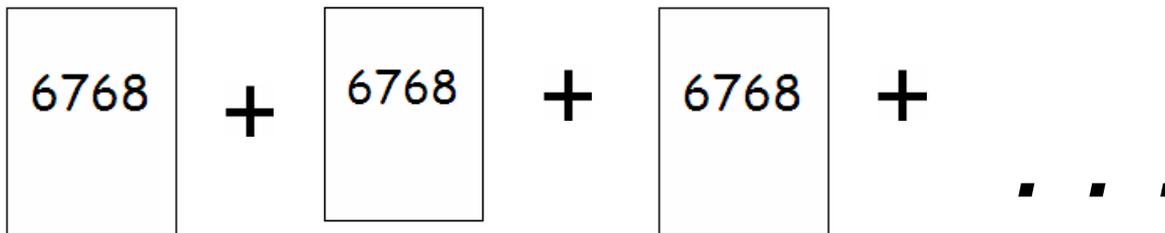
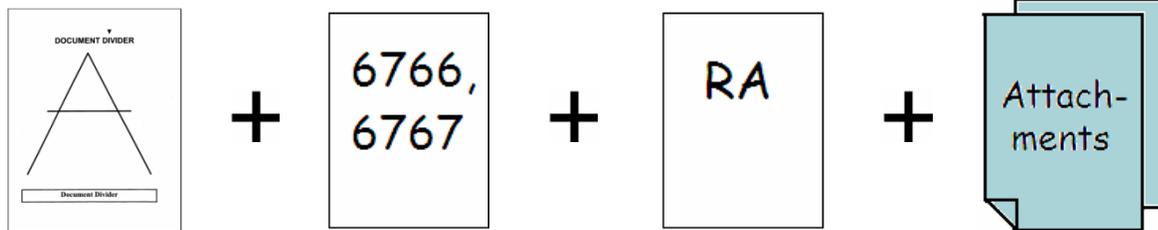
What Is a Batch?

Examples of Claim documents, in a Batch:



What Is a Batch?

6766, 6767, 6768, or 9400 series documents
(possibly with attachments), in a Batch



Scanning and Quality Control

What exactly is generated from scanning?

- Images are created – of **every** page in the batch, including the EDMS cover sheet and doc dividers.
- Key/index data are read by Captiva and saved. This data is captured from:
 - EDMS cover sheets (attachments for PA, PE, and Claims). Captiva reads this information from the 2D Barcode (PDF 417).
 - **Red** forms (CMS 1500 and UB04 claims, and the COB and OI forms that accompany some claims) – Captiva reads this information using OCR.



Scanning and Quality Control

What scanned information is subject to *Completion: New* and *Completion: Verify*?

- The key/index data that Captiva captured from the EDMS cover sheets and the **red** forms.
- Other predetermined information from the claims, claims adjustment, and proprietary forms.

The **images** generated from scanning are **not** subject to the *Completion: New* and *Completion: Verify* processes.

They are stored *as is* in EDMS, for viewing in interChange. One exception: the Doc Divider images are not stored in EDMS.



Scanning and Quality Control

What does quality control mean in terms of scanned data?

- Verify that required fields are present
- Validate certain fields for length and format (numeric, alphanumeric)



NOTE: No lookup will be done to see whether a key field (such as a Provider ID, Recipient Number, or Application Tracking Number) exists within MITS.

Agenda

1. Introduction
2. Background – What is Being Scanned?
3. Documents and Batches
4. *The Completion: New Process*
 - a. Definition
 - b. Rules
 - c. Role of *Completion: New Worker*
 - d. Using the Index Field & Values screen
 - e. Next steps



The *Completion: New* Process

Definition of *Completion: New*

Two activities occur within the *Completion: New* process of EDMS:

- Manual keying of data fields that Captiva has flagged as missing or invalid, per predefined rules for those fields – examples:
 - Document Type missing (on an EDMS cover sheet)
 - Provider Number is empty (required)
 - Field B, defined as numeric, contains “John Smith”
- Fully keying in all data fields, as prompted, for the ADA 2006 claim form (black form) and any other black claim form (instead of red)



The *Completion: New* Process

Logging In

The *Completion: New* worker must first be logged in to the Captiva RDC server:

1. The worker logs into the Captiva Remote Desktop Server (RDC) – *refer to the handout for step by step details.*
2. The worker clicks on the *Completion: New* icon.
3. The worker logs on via Single Sign-On with an ID and password.



The Completion: New Process

The FormWare Completion panel is displayed. This is a split screen, showing part of the scanned image in the top half and the extracted data in the bottom half.

As long as the worker stays logged on, Captiva automatically displays all scanned documents as it processes batches.

The screenshot displays a software interface for processing a scanned document. The top portion shows the original scanned form with red arrows pointing to specific fields. The bottom portion shows the extracted data in a structured format.

Form Title: 1500 HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

Form Fields (Scanned Data):

- 1 MEDICARE (Medicare #) MEDICAID (Medicaid #) TRICARE CHAMPUS (Sponsor's SSN) CHAMPVA (Member ID#) GROUP HEALTH PLAN (SSN or ID) FECA (EKLJLJG) (SSN) OTHER (ID)
- 1a INSURED'S I D NUMBER (For Program in Item 1): 123123149315
- 2 PATIENT'S NAME (Last Name, First Name, Middle Initial): BERRY, RICHARD S
- 3 PATIENT'S BIRTH DATE (MM/DD/YY): [Redacted] SEX: M F
- 4 INSURED'S NAME (Last Name, First Name, Middle Initial): BERRY, SMITHA S
- 5 PATIENT'S ADDRESS (No., Street): 50 DAVENPORT LANE
- 6 PATIENT RELATIONSHIP TO INSURED: Self Spouse Child Other
- 7 INSURED'S ADDRESS (No., Street): 50 DAVENPORT LANE
- CITY: DUBLIN STATE: OH
- 8 PATIENT STATUS: Single Married Other
- CITY: DUBLIN STATE: OH

Extracted Data Summary:

- CLAIMPACK CHS 1500-- U 3.7 SP1
- ** Patient Information **
 - Patient's Last Name: BERRY
 - Patient's First Name: RICHARD
- ** Insured Information **
 - Insured's ID Number: 1a 123123149315

ENTER EXACTLY 12 DIGITS



The *Completion*: New Process

Captiva automatically and rapidly reviews all scanned documents on the worker's PC screen, and only stops when it encounters a questionable or invalid field.

Example: a cover sheet with a missing document type.

Black claim forms also have to be keyed in by the worker, as prompted by Captiva.

The screenshot shows a software window titled "FormWare Completion - COVERSHEET - [50-10-140-001]". The window contains a form with a "Document Type:" label and a list of radio button options. The options are: Provider, Recipient, Correspondence, Prior authorization, Supporting documents for claim, Accounts receivable, Payment deduction, Expenditure, Hospital cost settlement, LTC cost settlement, Declaration of election of hospice benefit, Attending physician written certification, Revocation of hospice benefit, Statement of termination of hospice benefit, Selection of a different hospice provider, IDG written certification, Programs, RetroDUR profile, RetroDUR survey, RetroDUR reports, and RetroDUR other documents. Below this list is a section for "Sub Categories for Prior Authorization Documents" with options like Compression Garments, Decubitus Care Equipment, Dental, Dressings, Surgical, Enteral Nutrition & Supplies, EPSDT, Hospital Beds, Hospital Inpatient, Hospital Outpatient, and Hearing Aids. At the bottom of the window, there is a section titled "EDMS COVER SHEET" with a "Document Type:" label and a small red square icon. Below this, there is a legend: "(1 - Provider, 2 - Recipient, 3 - Correspondence, 4 - Prior authorization, 5 - Supporting docs for claim, 6 - Accounts receivable, 7 - Payment deduction, 8 - Expenditure, 9 - Hospital cost settlement)". The status bar at the bottom shows "Enter On Standard COVERSHEET DOCUMENT_TYPE 1" and "ENTER THE DOCUMENT TYPE".

The *Completion: New* Process

Rules for Keying Fields

- When an invalid or missing field is found by Captiva, it prompts the *Completion: New* worker to key in that data field.
- If the worker keys in the same value Captiva flagged as being in error, Captiva will accept it, despite the edit 'error'. The *Completion: Verify* worker will have one more chance to change the field, in the next step of the process.
- No matter what the *Completion: New* worker keys in, pressing **Shift-Enter** will cause Captiva to accept the keyed value, even if the keyed value still violates the edit Captiva is applying.



The *Completion: New* Process

The ADA 2006 Dental claim form is a black form, which means Captiva cannot read information from it via the OCR process.

In *Completion: New*, the worker must key in many data fields for each ADA form in the batch. The panel will prompt the worker for each field it needs.

ADA Dental Claim Form

HEADER INFORMATION						
1. Type of Transaction (Mark all applicable boxes)						
<input type="checkbox"/> Statement of Actual Services			<input type="checkbox"/> Request for Predetermination/Preauthorization			
<input type="checkbox"/> EPSDT/Title XIX						
2. Predetermination/Preauthorization Number						POLICY 12. Policy
INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION						
3. Company/Plan Name, Address, City, State, Zip Code						
						13. Date
OTHER COVERAGE						
4. Other Dental or Medical Coverage? <input type="checkbox"/> No (Skip 5-11) <input type="checkbox"/> Yes (Complete 5-11)						
5. Name of Policyholder/Subscriber in #4 (Last, First, Middle Initial, Suffix)						PATIENT 18. Relati
6. Date of Birth (MM/DD/CCYY)		7. Gender <input type="checkbox"/> M <input type="checkbox"/> F		8. Policyholder/Subscriber ID (SSN or ID#)		
						20. Name
9. Plan/Group Number			10. Patient's Relationship to Person Named in #5 <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other			
11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code						
						21. Date
RECORD OF SERVICES PROVIDED						
24. Procedure Date (MM/DD/CCYY)		25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code



The *Completion: New* Process

What can the *Completion: New* worker do, besides correcting or entering data in fields?

- A document image that was scanned in error or is otherwise invalid can be *flagged for rejection*, which means the document is flagged for rejection from the batch. The worker can press **CTRL+F6** to flag the document for removal. Captiva advances to the next document within the batch.
- The *Completion: Verify* worker makes the final decision on removing the document. If removal is confirmed, that document is not stored on FileNet.



The *Completion: New Process*

Examples of *Completion: NEW 'Fixes'*

We shall look at examples of some common field validations that Captiva will request of the worker.

- If the worker determines that the field was **misread** by Captiva, he/she can key over the field that Captiva displays.
- If, however, the worker determines the field to have been **read correctly** by Captiva, even if it failed a field edit, it can be accepted as is.



The Completion: New Process

Cover sheet: *Invalid NPI Number*

Index Field Values (if applicable):

Application Tracking Number: Recipient ID: Prior Authorization Number:

NPI: 8 5 3 0 1 4 3 3 9 7 Medicaid Provider ID: *Use only if you do not have NPI*

ICN: Contact Tracking Number:

Financial Record Number: Status: Program Control Number:

Hospice Enrollment ID: Hospice Attachment ID: Intervention ID:

Index Field & Values (if applicable):

Application Tracking Number: Recipient ID: Prior Authorization Number:

NPI: 8530143397 Medicaid Provider ID: *Use only if you do not have NPI*

ICN: Contact Tracking Number:

Enter On Standard COVERSHEET NPI

INVALID NPI NUMBER

↑ **INVALID NPI NUMBER (FAILS A CHECK DIGIT EDIT)**



The Completion: New Process

CMS 1500: Invalid Date of Service

FormWare Completion - CLAIMPACK36 - [10-10-154-001]

File Document Form Field Image Search View Help

	From MM	From DD	From YY	To MM	To DD	To YY	PLACE OF SERVICE	EMG	(Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	DIAG POS
1	02	01	07	02	03	09	CQ		ANC12	33	01 01 01 1
2	09	11	07	02	11	09	4R		SDAS	65	01 21 21 2
3	09	19	06	12	11	08	34		DFS3	99	01 23 88 3
4	09	11	07	07	30	08	TT		S345	34	01 21 21 4
5	04	18	06	03	10	07	GT		34563	3	01 11 11 2
6	09	12	07	02	11	08	EE		TR34	54	99 99 99 3

24. From Date	To Date	POS	HCPCS	Modifier(s)	Mod2	Mod3	Mod4	Pointer	Charges	Units	EPSDT	ID#	
Line #1 Supp Info	FIRST LINE												
#1	02012007	02032009	CQ		33	01	01	01	1	001312300	1	E	10
Line #2 Supp Info	SECOND LINE												
#2	09112007	02112009	4R		65	01	21	21	2	000032499	3	R	40
Line #3 Supp Info	THIRD LINE												
#3	09192006	12112008	34		99	01	23	88	3	000342400	3	F	20
Line #4 Supp Info	FOURTH LINE												
#4	09112007	07302008	TT	S345	34	01	21	21	4	000367850	4	R	24
Line #5 Supp Info													

Enter On Standard CMS1500R F24a_Svc_From_Date_3

EDIT ALERT: DATE IS OLDER THAN 3 YEARS

Error message:

DATE IS OLDER THAN 3 YEARS

(09/19/06)



The Completion: New Process

CMS 1500: Sum of Charges Is Wrong

02 11 09 10 12 07 CD 213D 55 04 04 1 1000 00 1 R NPI 0000000006											
FEDERAL TAX I D NUMBER		SSN EIN	26 PATIENT'S ACCOUNT NO	27 ACCEPT ASSIGNMENT?	28 TOTAL CHARGE	29 AMOUNT PAID	30 BALANCE DUE	PHYSICIAN OR SUPPLIER NPI			
		<input type="checkbox"/> <input type="checkbox"/>	23413112	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	\$ 5375.99	\$ 2000.00	\$ 3375.99				
SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS			32 SERVICE FACILITY LOCATION INFORMATION			33 BILLING PROVIDER INFO & PH #					
(I certify that the statements on the reverse apply to this bill and are made a part thereof)						COLUMBUS OUT PATIENT 50 W TOWN ST COLUMBUS, OH 43026					
SIGNED		DATE	a	b	a	b					
					1566455675	1423422					

UCC Instruction Manual available at: www.nucc.org

Patient's Account No.	Total Charge	Amount Paid	Balance Due
26. 23413112	28. 000537599	29. 000200000	30. 000337599

Enter | On | Standard | CMS1500R | F28_Total_Claim_Charges | 2
 EDIT ALERT: FIELD DATA <> TOTAL LINE CHARGES <100000>

↖ FIELD DATA <> TOTAL LINE CHARGES

Captiva's calculation of the sum of the line charges disagrees with the total on the form



The *Completion: New* Process

Frequently used keyboard shortcuts for the *Completion: New* process

CTRL-F6	Toggle to reject or un-reject an image.
F3-S	Suspend the current <i>Completion</i> session.
SHIFT-F3	Duplicate the field from the previous detail line of a CMS-1500 or UB04 detail area.
SHIFT-F4	Duplicate from the current field to the end of the line from the previous detail line on a CMS-1500 or UB04 detail area.
[F9]	Enable "Field Correct Mode".
SHIFT-ENTER	Accept the data currently in the field.
ENTER	Accept the data to the left of the cursor, and discard data to the right of the cursor.
[F5] [F9]	Change the current data form.



What Happens Next in EDMS Scanning?

Once a batch moves successfully through the scanning and *Completion: New* processes:

1. The batch continues to the *Completion: Verify* step, where **all** key/index data is keyed by the operator, as a final step to ensure quality.
2. Whatever the *Completion: Verify* worker keys in will be what ends up in FileNet – they make the final decision on all questionable fields or images.
3. When the *Completion: Verify* worker is done keying in the information, the document is accepted for storage in EDMS.



Questions



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