



Health-e Web Entry Training



Ingenix is now OptumInsight,
part of Optum — a leading
health services business.

Optum is made up of three market-leading businesses —
OptumHealth, OptumInsight and OptumRx — which together
form a leading information and technology-enabled health
services business.

[LEARN MORE >](#)

November 2011 – update date

Table of Contents

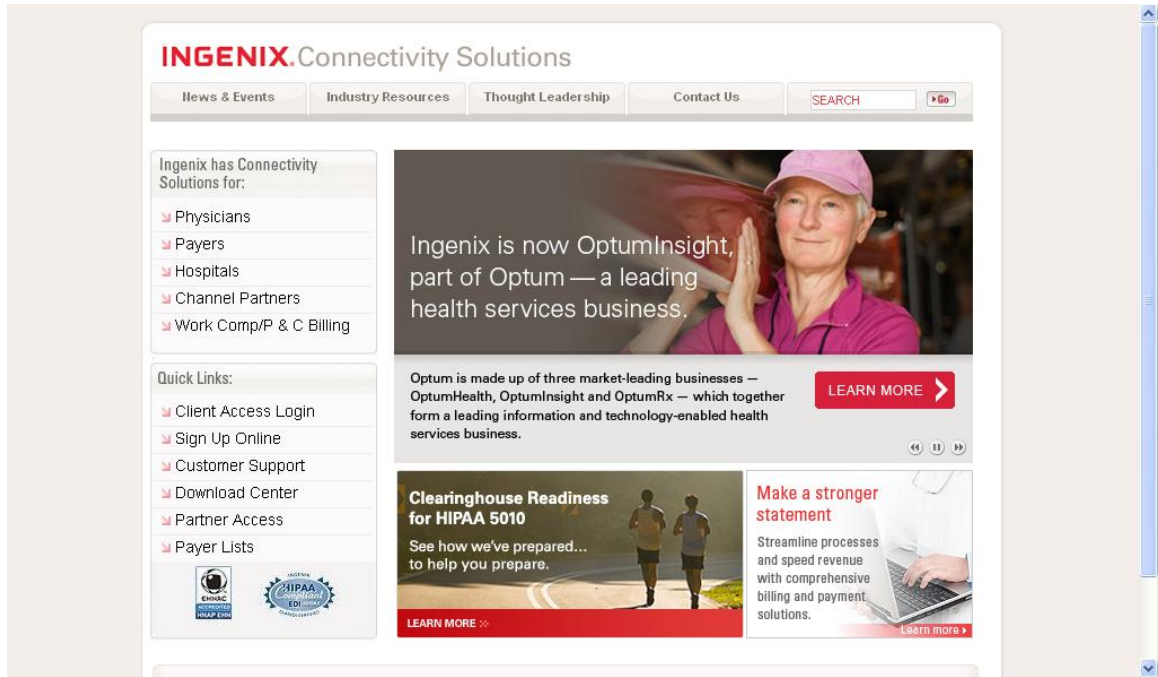
Introduction and Log In.....	3
Client Access Login	3
Enter Provider Information.....	6
Enter Insured and Patient Information	8
Enter and send claims	14

This documentation contains proprietary information, which is projected by U.S. and international copyright. All rights are reserved. No part of this document may be reproduced or transmitted in a form or by any means, electronic or mechanical, including photocopying and recording, without written permission of OptumInsight Copyright 2011, Optum

Update Table of Contents

INTRODUCTION AND LOG IN

Sending Claims and receiving clearinghouse/payer reports is done from the web site www.enshealth.com. Please go to this Web site and add it to your favorites.



Choose Client Access Login.

CLIENT ACCESS LOGIN

Click It!

Quick Links:

- ▶ Client Access Login
- ▶ Sign Up Online
- ▶ Customer Support
- ▶ Download Center
- ▶ Partner Access
- ▶ Payer Lists

Your implementations manager will furnish your username and password.

Login
to Medical Claims Center

Login

Username:

Password:

Organization ID:

Your username and organization ID are the same. You must enter both. All entries are case sensitive.

All options are located the left side of the page below. Please note that all payer lists are on the bottom right corner.

It is VERY important to know the correct payer to whom claims will be sent. In most cases, you can obtain this information by noting the 5-digit payer ID# on the patient/insured member card and then searching for it on the OptumInsight payer list. If you have further questions about payers, your implementations manager can be of help.

Judy Goldman

Health-e Network® Services Logout

all volumes and long wait times, please open a ticket online at www.ens

- Health-e Claims
- Health-e Eligibility
- Real-Time Claim Status
- Referral Request Home
- Administrator
- Message Center
- Electronic Claims Tracking (ECT)
- Manage Provider Information
- Electronic Remittance Advice

5010 PO Box Solution Health-e-Claim/DDE

- New option in Manage Provider Information
- [Click here for details](#)

Message Center

- Search for provider reports
- [Click here for details](#)

IEDIS Payer Lists

- [Medical Claims](#)
- [Hospital Claims](#)
- [Eligibility](#)
- [Claim Status](#)
- [Referrals / Authorizations](#)
- [ERA](#)

ENTER PROVIDER INFORMATION

Manage Provider Information is entered first. Select from left side of the page.

Health-e Network® Services Logout TEST

Adobe Reader is updated to version 10.1

INGENIX.

Get paid in full, faster.
THE INDUSTRY LEADER IN CLAIMS EDITING—NOW INTEGRATED IN YOUR CLEARINGHOUSE.

New! Improved Message Center

- Search for provider reports!
- [Click here for details](#)

Health-e Network

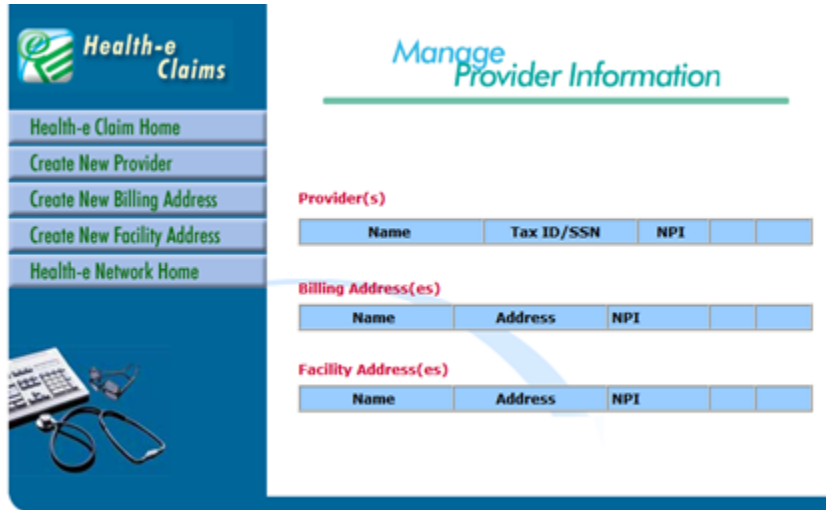
- NPI enhancements and setup
- [Click here for details](#)

IEDIS Payer Lists

- [Medical Claims](#)
- [Hospital Claims](#)
- [Eligibility](#)
- [Claim Status](#)
- [Referrals / Authorizations](#)
- [ERA](#)

Health-e Claims
Health-e Eligibility
Real-Time Claim Status
Referral Request Home
Administrator
Message Center
File Upload
Electronic Claims Tracking (ECT)
Manage Provider Information
Electronic Remittance Advice
Patient Statements

You will see the screen below. Enter data from the bottom up (facility address, then billing address, and last provider information)



Select Create New Facility Address:
Enter the facility information (HCFA box 32 information)

Select Create New Billing Address:
Enter the billing information (HCFA box 33 information)

Select Create New Provider:
Enter each provider (HCFA box 31 information)

NOTE: Use **no** punctuation when entering this information – no periods, commas, other signs (# & - /) – only letters, numbers and spaces

Omit Facility ID and Facility ID Qualifier
Omit UPIN number in provider information


Do enter NPI numbers and taxonomy codes in all appropriate places (you can find these at <https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do>)

When entering the Billing Address, use the top fields for the physical billing location. **Note: Only use the bottom fields if the pay-to address is a Post Office box. Otherwise, leave the bottom part blank.**

Note: All provider data can be edited or deleted.

Use the save button after each entry and click on Health-e Network Home to return to the main menu / list after all provider information is completed.

ENTER INSURED AND PATIENT INFORMATION

Select  to enter insured and patient information and claims.

You will see this screen:

Health-e Claims

- Create New Claim
- Manage Accounts**
- Send Claim File
- View Claim Errors
- Manage Printable Claims
- Submission History
- Manage Provider Information
- User Preferences
- Health-e Network Home

Welcome to Medical Claims Center

To begin sending claims, select the create new claim or the send claim file option from the menu on the left

Choose either Create New Claim or Manage Accounts. Both of these options will take you to Find Account:

Health-e Claims

- Health-e Claim Home
- Health-e Network Home

Find Account

To enter a claim, find a member account by entering the selected information or click **New Insured**.

Insured ID

First Name

Last Name


Find **New Insured**

Please note that this screen is not for data entry but for finding patient/insured demographic information previously entered. You do not need to complete all three fields to find someone. Just complete the name or the insured ID# and click Find. Please note that our system stores all previously entered patient/insured demographic information – you will need to enter it only one time.

To enter new information, choose the option on the bottom right “New Insured”

You will see:


Barbara Novey



Health-e Claim Home

Find Account

Health-e Network Home



Insured

Required Fields *

Insured ID*	<input type="text"/>
First Name*	<input type="text"/>
Middle Initial	<input type="text"/>
Last Name*	<input type="text"/>

Birth Date*	<input type="text"/>
Sex	<input type="text" value="M"/>
Street1*	<input type="text"/>
Street2	<input type="text"/>
City*	<input type="text"/>
State*	<input type="text" value="ALABAMA"/>
Zip*	<input type="text"/>
Phone	<input type="text"/>

Employment Status	<input type="text" value="Y"/>
Employer Name	<input type="text"/>
Plan/Group Name	<input type="text"/>
Group/Policy Number	<input type="text"/>

Payer*	<input type="text"/>	<input type="button" value="Find"/>
Payer Address 1	<input type="text"/>	
Payer Address 2	<input type="text"/>	
Payer City	<input type="text"/>	
Payer State	<input type="text"/>	
Payer Zip	<input type="text"/>	

Electronic Network Systems. Copyright© 1998-2011 [Legal Disclaimer](#)

When entering data **use NO punctuation** - no periods, commas, other signs (# & - /) – only letters, numbers and spaces – except for the following cases:

Last name is a hyphenated name – use the dash. For example SMITH-JONES
 Last name is followed by a suffix (Jr Sr III, etc) use the dash. For example SMITH-JR

Also, do not use spaces in the Insured ID# field. DO use spaces in all other fields.

Enter the **insured** information. If the patient is a dependent of the insured then you need to select Add Dependent after saving the insured information – see below. Note that you must know and enter the insured birthdate as well as the dependent birthdate.

First Name* HAPPY
 Middle Initial
 Last Name* DAY
 Birth Date* 11-26-2006
 Sex M
 Street1* TEST
 Street2
 City* TEST
 State* CALIFORNIA
 Zip* 90210
 Phone
 Employment Status Y
 Employer Name
 Plan/Group Name
 Group/Policy Number
 Payer* UNITED HEALTHCARE Find
 Payer Address 1
 Payer Address 2
 Payer City
 Payer State
 Payer Zip
 Save Add Dependent Create Claim Delete Insured

Note: Required fields are marked with an asterisk (*). You will be able to save your entries only after all of these fields are completed. Complete all required and additional information. For example, if the insured person has a group number, then you must complete the Group/Policy number in order for the claim to be accepted by the payer.

To enter the payer information, you must click the Find button near the bottom of the Insured screen. This will bring up another screen, where you can select the payer by any of these 3 options:

1. Enter the payer ID number (usually located on the member's insurance card) and click Search.
2. Enter the payer name (must be entered exactly as it appears in the enter as column on our payer list) and click Search
3. Choose the name of the payer by alphabet and scroll through until the correct one appears

Also, please note that you may choose to send a paper claim through Optum Insight by choosing the "non-EDI Payer" option on the Find screen (see below). Before choosing this option, please be certain that the payer is not on the payer list and that you enter the correct and complete address information.

If you have questions about which payer to choose (not sure of the name or payer ID# of the payer as it appears on our payer list), please refer back to the

Medical Claims payer list at Health-e Network home. Your implementations manager will be able to help you if you still have questions.

Select Payer

Please enter the Payer ID or Payer Name to locate the appropriate Payer. The system will display the list of Payers by Payer ID or Payer Name in sequential or alphabetical order based on the search entry. Assign a Payer by selecting the appropriate Payer from the list.

Payer ID

Payer Name

Browse: **A B C D E F G H I J K L M N O P Q R S T U V W X Y Z**

If the ENS EDI Payer List does not contain the Payer you are looking for, you may enter the Payer Name below and all claims for this insured will be printed and processed at ENS. ***A processing fee will apply.**

Non-EDI Payer

Add dependent information if the insured and patient are not the same person.



Health-e Claim Home

Find Account

Health-e Network Home



Dependent

Required Fields *

First Name*

Middle Initial

Last Name*

Birth Date*

Sex

Street1*

Street2

City*

State*

Zip*

Phone

Marital Status

Employment Status

Student Status

Relationship to Insured*

ENTER AND SEND CLAIMS

After the insured information (and dependent information if applicable) is completed select Create Claim on the bottom of the page.

The HCFA form has the demographics completed. Complete the remainder of the form, as you normally would.

The screenshot shows a web browser window titled "Claim Editor - Microsoft Internet Explorer provided by ENS, Inc." with a URL: https://secure.enshealth.com/aphrodite/AphroditeServlet?page-type=CREATE_CLAIM&insured-id=FA15000000000000. The browser address bar shows "Live Search". The page content is a form titled "ACCESS ADMINISTRATION" with a "Submit Claim" button and "Advanced" and "Cancel" options. The form fields are as follows:

1. Select Insurance Program: Other (ID) [dropdown]		1a. Insured's ID Number: 123456898	
2. Patient's Name (Last, First, MI): DAY [text], HAPPY [text]		3. Patient Birth Date: 11-26-2006 [text] Sex: M [dropdown]	
4. Insured's Name (Last, First, MI): DAY [text], HAPPY [text]		5. Patient's Address (Number, Street): TEST [text]	
6. Patient's Relationship to Insured: Self [dropdown]		7. Insured's Address (Number, Street): TEST [text]	
8. Patient Status: Marital: Single [dropdown] Employment: No [dropdown] Student: [dropdown]		9. Other Insured's Name (Last, First, MI): [text]	
10. Is Patient's Condition Related To: a. Employment? No [dropdown] b. Auto Accident? No [dropdown] State: [dropdown] c. Other Accident? No [dropdown]		11. Insured's Policy Group or FECA # : [text]	
12. Patient's or Authorized Person's Signature: Signed: SIGNATURE ON FILE [text] Date: 11-14-2011 [text]		13. Insured's or Authorized Person's Signature: Signed: SIGNATURE ON FILE [text]	
14. Date of Current Illness (First Symptom) or Injury (Accident) or Pregnancy (LMP): [text]		15. If Patient Has Had Same or Similar Illness Give First Date: [text]	
16. Dates Patient Unable to Work: From [text] To [text]		17. Name of Referring Physician or Other Source (Last, First, MI): [text]	
18. Hospitalization Dates for Current Services: From [text] To [text]		19. Reserved for Local Use: [text]	
20. Outside Lab?: [text]		21. Charge: [text]	

Continue scrolling down the page and enter the following:

Diagnosis codes – box 21

Box 24, lines 1-6:

Dates of service – from and to

Place of service (system assumes POS 11 – office)

Procedure codes

Modifiers, if applicable

Diagnosis pointer – these are a number or numbers that specify which diagnosis code or codes apply to the procedure

Charge for each procedure

Days or units – this is a required field

The screenshot shows a web browser window titled "Claim Editor - Microsoft Internet Explorer provided by ENS, Inc." with the URL "https://secure.enshealth.com/aphrodite/AphroditeServlet?page-type=CREATE_CLAIM&insured-id=FA15000000000000". The form is divided into several sections:

- 21. Diagnosis or Nature of Illness or Injury:** Includes fields for items 1 through 4. Item 1 contains "84520".
- 22. Medicaid Resubmission:** Includes fields for Code, Original Ref. Number, and 23. Prior Authorization Number.
- 24. Table of Services:** A table with columns: A. Date(s) of Service From/To, B. Place of Service, C. EMG, D. Procedures, Services or Supplies CPT/HCPCS, E. Modifier, F. Diagnosis Pointer, G. \$ Charges, H. Days or Units, I. EPSDT Family Plan, and Rendering Provider ID. #. It contains 6 rows of data.
- 25. Federal Tax ID Number:** Contains "1234567899" and "E".
- 26. Patient's Account Number:** Contains "DayHappy".
- 27. Accept Assignment?:** A dropdown menu set to "Yes".
- 28. Total Charge:** "\$ 35.00".
- 29. Amount Paid:** "\$ 0.00".
- 30. Balance Due:** "\$ 35.00" with a "Calculate" button.
- 31. Provider Signature:** A dropdown menu showing "TESTA, TESTA (1234567899)".
- 32. Name of Facility:** A dropdown menu showing "TEST MEDICAL CENTER".
- 33. Physician's, Supplier's Billing Name, Address, Zip Code and Phone Number:** Shows "TEST PATHOLOGY ASSOC" and "1400 TEST WAY".

DO NOT!

- **DO NOT** use the long unbroken lines in box 24 (1-6) - use the lines directly under each of these long unbroken lines
- **DO NOT** complete the NPI number field in boxes 24j. You will see all NPI numbers in boxes 31a, 32a and 33a (see below)

When completing the bottom of the form, skip box 25 – it will auto-fill for you when you choose the correct provider information from the drop-down list in box 31. Also, be sure to choose the correct facility information from the drop-down list in box 32. All NPI numbers previously entered in Manage Provider Information will appear in the correct places. Do NOT use any other provider numbers (leave blank boxes 31b, 32b and 33b).

Please note that our system will add the total charges for you if you click Calculate beside box 30.

Box 26 is a required field. You should enter your patient's internal account number, if you have one. If not, then you must create a number/letters for this patient. It should be a unique number (that is, used only for this patient) and this same number should be used on every claim you submit. This field can contain either numbers, letters or a combination of both. Many people choose to use the

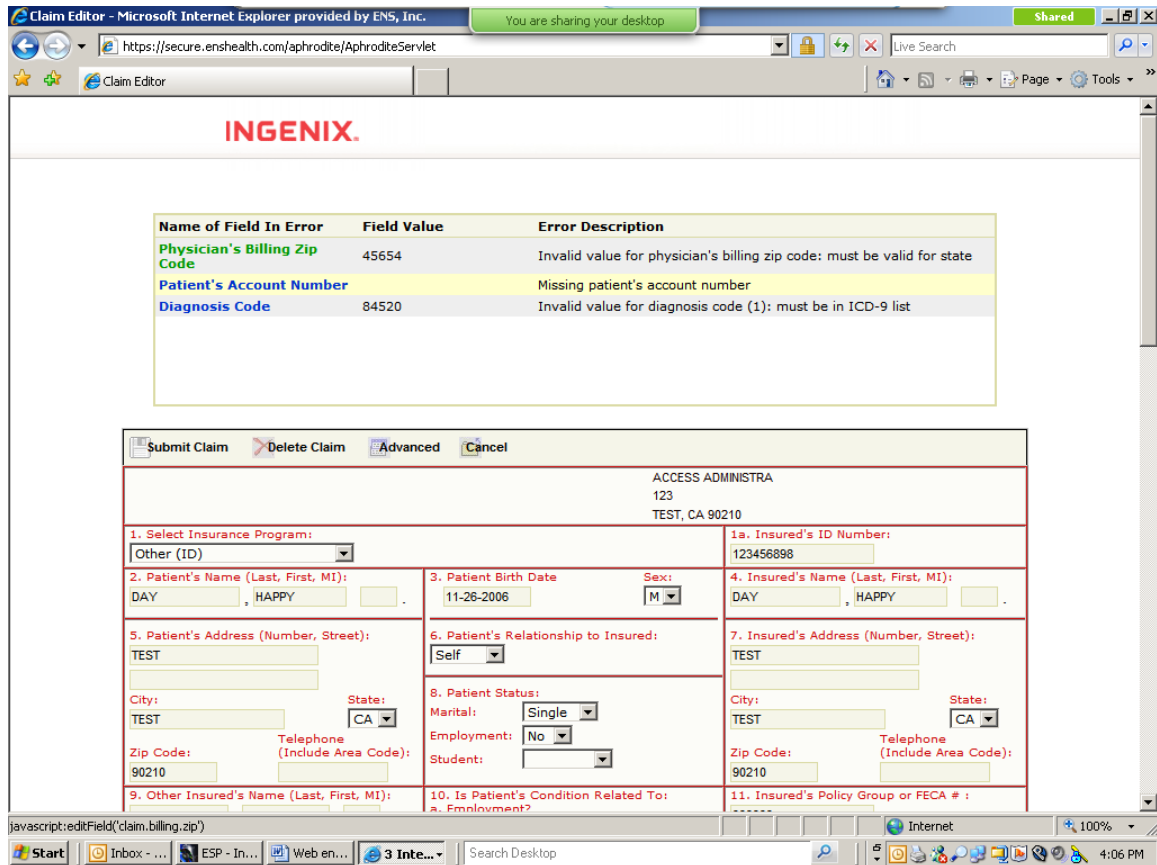
last name and first letter or two of the first name. For example, the patient number for John Smith could be SMITHJ.

After you have completed all necessary fields on the claim, you may click Submit Claim at the top or bottom left corner.

At this point, our system performs several edits to be sure that all required fields are properly completed, and if the claim passes the edits, you will get a message:

The Claim Was Processed Successfully.

If it does not pass some of the edits, the error messages will appear at the top, and you will need to correct them before the claim can be submitted. If any of the edits are ACE edits, these may be bypassed – see our separate ACE edits training document.



In addition to sending claims, you will also get reports from the clearinghouse ENS and from the payers in the Message Center.

Your implementation manager will further advise you on viewing reports. See also our Message Center training document.