



Reimbursement Solutions

What's New in eMEDIX Online

Release Notes

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Reimbursement Solutions

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User screens may look different than the images shown in the user manual topics depending on the browser version in use and the user account configuration.

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Introduction

Your eMEDIX experience is improving as we work to release new features and enhancements. Each section defines the specific feature and/or enhancement associated with the new eMEDIX release.

The information presented is not intended to be cumulative and is only associated with this release. Additional details and implementation guidance for topics included in this document can be found in the eMEDIX Help.

New Features

The following new features are available in eMEDIX Online:

Claims Attachments

Users can quickly search and view attachments to a claim using the new Attachments module under the Claims menu in eMEDIX Online. Users must have the appropriate roles/permissions to view this tab. Users can search by Date Type, Start/End Date, Trace Numbers, Payer Code, Patient Control Number, Patient First and Last Name, and/or Status.

Search Attachments

Date Type

Received Date

Start Date

11/09/2022 12:00:00 AM

End Date

11/11/2022 09:43:10 AM

Original Trace Number

eMEDIX Trace Number

Payer Code

Pat Ctrl Nbr

Patient First Name

Patient Last Name

Status

Clear

Search

The search grid displays both the eMEDIX and Original Trace Numbers, Patient Control Number, Patient First and Last Name, Received Date, Dates of Service, Payer Code, Attachment Name, Attachment ID, and the submission status. The Trace Numbers column displays the eMEDIX Trace Number followed by the Original Trace Number. A note icon displays in the API column if an attachment is sent to eMEDIX via API and contains the json request.

Showing 1 to 9 of 9 entries											
Trace Number	Pat Ctrl Nbr	Patient Name	Received Date	Date of Service	Payer Code	Attachment Name	Attachment ID	Status	API		
PCCP220000011111 PCC_170962_001	00000	DOETWO, JANETWO	11/10/2022 12:40:06 PM	02/23/2021 - 02/23/2021	TESTEP05	GIF Example.gif	397	ACKNOWLEDGED	<div>API</div>		
PCCP2200000101010 PCC_170962_001	00000	DOETWO, JANETWO	11/10/2022 12:31:09 PM	02/23/2021 - 02/23/2021	TESTEP52	PCC_Prof_Unsolicited_PWK_TEST052.out	396	ERRORED			
PCCP2200000909090 PCC_170962_001	00000	DOETWO, JANETWO	11/10/2022 11:06:10 AM	02/23/2021 - 02/23/2021	TESTEP52	PCC_Prof_Unsolicited_PWK_TEST052.out	395	TRANSMITTED			
PCCP2200000898989 PCC_170962_001	00000	DOETWO, JANETWO	11/10/2022 09:12:30 AM	02/23/2021 - 02/23/2021	TESTEP02	GIF Example.gif	394	ACKNOWLEDGED			
PCCP2200000888888 PCC_170962_001	00000	DOETWO, JANETWO	11/10/2022 09:05:07 AM	02/23/2021 - 02/23/2021	TESTEP05	GIF Example.gif	393	ACKNOWLEDGED			
PCCP2200000868686 PCC_170962_001	00000	DOETWO, JANETWO	11/10/2022 08:11:55 AM	02/23/2021 - 02/23/2021	TESTEP02	PCC_Prof_Unsolicited_PWK_TEST02.out	391	TRANSMITTED			
PCCI2200000878787 PCC_170960_001	12345	DOEONE, JANEONE	11/10/2022 08:10:39 AM	02/24/2021 - 02/24/2021	TESTEP01	PCC_Inst_Unsolicited_PWK_TEST01.out	390	TRANSMITTED			
PCCP2200000858585 PCC_170962_001	00000	DOETWO, JANETWO	11/10/2022 08:03:36 AM	02/23/2021 - 02/23/2021	TESTEP05	ball.tif	389	ACKNOWLEDGED			
PCCP2200000848484 PCC_170962_001	00000	DOETWO, JANETWO	11/10/2022 07:24:17 AM	02/23/2021 - 02/23/2021	TESTEP02	correct_size.jpg	388	ACKNOWLEDGED			
Showing 1 to 9 of 9 entries											
									Previous	1	Next

Click the arrow in the first column to expand the attachment details, which includes the Status Date, Status Code, Status Message, and Status Level.

Showing 1 to 10 of 10 entries										
Trace Number	Pat Ctrl Nbr	Patient Last Name	Patient First Name	Received Date	DOS From	DOS To	Payer Code	Attachment Name	Attachment Id	Status
	00000	DOETWO	JANETWO	11/21/2022 08:39:01 AM	01/01/2021	01/01/2021	9496	GIF Example (1) (1).gif	432c9b3e-f019-1a41-a606-8bb3b48efab5_9496_999998	ACKNOWLEDGED
Status Date				Status Code		Status Message			Status Level	
11/21/2022 08:42:00 AM				02		Attachment accepted for processing.			INITIAL	
11/21/2022 08:41:40 AM				AA		Attachment transmitted successfully.			INITIAL	
	00000	DOETWO	JANETWO	11/18/2022 02:37:06 PM	01/01/2021	01/01/2021	9496	GIF Example (1) .gif		ERRORED

Enhancements

The following enhancements are available in eMEDIX Online:

Claims Connection

Attachments

The Online Attachments status grid now includes an arrow which expands to display more detailed information. Once expanded all historical information on the attachments displays and includes Status Date, Status Code, Status Message, and Status Level.

Billing Provider/Pay-To
Subscriber/Payer
Patient
Conditions
Service Providers
COB
Service Lines
837 View
Notes (1)
Attachments

Click to select or drag and drop a file here for upload.

Billing Provider Information

Phone Number (000)000-0001
Fax Number (000)000-0001

Payer Information

Payer Address Line 1 PO BOX 7004
Payer Address Line 2
Payer City CAMDEN
Payer State SC
Payer Zip 29020
Payer Fax Nbr (999)999-9999

Solicited Payer Claim Info

Claim Status Cat Code
Claim Status Code
Payer Claim Cntrl Nbr

Unsolicited Payer Claim Info

Attachment Control Nbr

Service Lines (Please select if attachment applies to a specific line)

Show 10 entries
Search:

#	From DOS	Thru DOS	POS	Qual	Proc	Mod 1	Mod 2	Mod 3	Mod 4	Charge	UOM	Units	Ptr 1	Ptr 2	Ptr 3	Ptr 4	Select
1	02/24/2021			HC	99282					152.00	UN	1.00	1	2	3		

Showing 1 to 1 of 1 entries

Previous 1 Next

Submit Attachment

Showing 1 to 2 of 2 entries

Received Date	User	Attachment	Attachment ID	Status
11/09/2022 02:42:48 PM	ctdwood	Nanonull.tiff	385	ACCEPTED

Showing 1 to 2 of 2 entries

Status Date	Status Code	Status Message	Status Level
11/09/2022 07:44:00 PM	06	Attachment accepted by the payer.	FINAL
11/09/2022 02:43:29 PM	AA	Attachment transmitted successfully.	INITIAL

Showing 1 to 2 of 2 entries

11/09/2022 02:23:01 PM	ctdwood	Nanonull.tiff	383	ERRORED
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Showing 1 to 2 of 2 entries

Cancel
Release Claim
Transmit

Click the arrow to expand the details for each attachment.

Showing 1 to 3 of 3 entries				
Received Date	User	Attachment	Attachment ID	Status
11/10/2022 09:12:30 AM	ctdw	GIF Example.gif	8de0c064-77a5-0840-8537-d5c86506570c_TESTEP02_999999	ACKNOWLEDGED
Status Date		Status Code	Status Message	Status Level
11/10/2022 02:14:00 PM		02	Attachment accepted for processing.	INITIAL
11/10/2022 09:13:12 AM		AA	Attachment transmitted successfully.	INITIAL
11/09/2022 02:23:01 PM	ctdwood	Nanonull.tiff		ERRORED
Status Date	Status Code	Status Message		Status Level
11/09/2022 02:23:41 PM	EE	There was a problem sending your attachment.Errors: field: claimInformation.serviceLines[0].valid2000ATRN- description: can't set both payerClaimControlNumber or providerAttachmentControlNumber only one or the other, but at least one must be set		FINAL
11/09/2022 02:42:48 PM	ctdw	Nanonull.tiff	e22ead50-797b-df0a-ce5f-7d35ecb6d64a_TESTEP06_999898	ACCEPTED
Status Date		Status Code	Status Message	Status Level
11/09/2022 07:44:00 PM		06	Attachment accepted by the payer.	FINAL
11/09/2022 02:43:29 PM		AA	Attachment transmitted successfully.	INITIAL
Showing 1 to 3 of 3 entries				

If the payer address is provided on the 837, it is pre-populated on the Attachments tab from Subscriber/Payer tab. The field is editable. If the payer is electronic then we do not require the payer address/fax number when submitting the attachment.

Remits

The eMEDIX Human Readable Explanation of Benefits (EOB) for remits now includes a line for Interest under the Claim Supplemental Information section.

AARP SUPPLEMENTAL HEALTH PLANS FROM		MEDICAL PARTNERS LLC		Provider #:		1313131314						
(36273)				Check/EFT #:		9822222222						
PO BOX 740819				Check/EFT Date:		09/19/2022						
ATLANTA, GA 303740819												
Payer Contact: CUSTOMER SERVICE 8002277789												
Claim Status: Processed as Secondary												
Account #	Last Name	First Name	Insured ID #	Claim #	CFI	Facility Code	Assign					
888888	WARNER	CHARLES	33333323311	233313333333	15	31	Y					
Remarks	Statement Dates	DRG	Quantity									
	02/21/2022 - 02/21/2022											
Claim Supplemental Information												
Coverage Amount	72.82											
Interest	0.04											
DOS	Prod/Rev	POS	DUT	Rand Prov	Charge	Allowed	Deductible	Coins	Copay	Group RC	Group Amt	Payment
07/21/2022	99309	31	0.00	1114547031	\$ 173.00	\$ 72.82				OA 23	\$158.44	\$ 14.56
Page: 1												

Reports

Updated the Reports date options to include a Date Type drop-down menu. Users can select to run the report by Check Date or Received Date. This option also displays on the Manage Schedule screen when editing a scheduled report.

Select Report to Produce

- ☒ Remittances Received
- ☐ Remittances Received Details
- ☐ Remittances Denied
- ☐ Remittances Denied Details
- ☐ Remittance Claims Matched
- ☐ Remittance Claims Unmatched
- ☐ Remittances Split

Select Dates

Date Type:

Date Range:

From Check Date:

To Check Date:

Select a Document Type

- ☐ Web Page(HTML)
- ☐ Adobe(PDF)
- ☐ Word Document(DOC)
- ☐ Excel(XLS)
- ☒ CSV(Comma Separated Values)

Schedule
View

Received Date Report Example:

Remittances Received By Received Date

Cty Hosp

Date Range 10/01/2022 To 12/05/2022

Trading Partner: PCC - Cty Hosp						
Received Date: 11/22/2022						
Payer	Check Number	Payment Method	Check Date	# CLPs Payee	Amount	Source
AARP SUPPLEMENTAL HEALTH	9898989798	ACH	09/19/2022	5 SHC MEDICAL PARTNERS OF	\$ 72.86	Direct
AETNA	8100010001000	ACH	11/22/2022	21 UNIVERSITY PHYSICIANS OF	\$ 720.91	Direct
Grand Total:				26	\$ 793.77	

Summary

Trading Partner: PCC - Cty Hosp			
Payer	Check Count	# CLPs	Amount
AARP SUPPLEMENTAL HEALTH PLANS FROM	1	5	\$ 72.86
AETNA	1	21	\$ 720.91
Trading Partner Total:	2	26	\$ 793.77

Created for admin1

Cty Hosp

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Remittances Denied Details Report

Updated the Remittances Denied Details Report to accommodate the new Date Type of Check Date or Received Date. The Received Date column on the report is now the Payer Claim Received Date and a new column for Received Date was added after the Check Date column. This helps the user identify the proper dates associated with the report.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	
1	Trading Partner	Reject Date	eMEDIX Trace #	Pl Cntl Nbr	Rendering Prv	Rendering Prv Id	Payee	From DOS	To DOS	Payer Claim Received Date	Check Date	Received Date	Check Nbr	Denial Level	Procedure	Modifiers	Diagnoses	Payer Nbr
2	ABC - CENTER FOR HEM/ONC	9/16/2022 0:00	ABCP2200002833520	12345 DR OTIS	122524226	INTERNAL MEDICINE	3/1/2022 0:00	3/1/2022 0:00	3/1/2022 0:00	9/13/2022	9/15/2022	9/16/2022	9009 01234	LINE	99214		R3129 N3020	HEALTH
3	ABC - CENTER FOR HEM/ONC	9/16/2022 0:00	ABCP2200002833520	12345 DR OTIS	122524226	INTERNAL MEDICINE	3/1/2022 0:00	3/1/2022 0:00	3/1/2022 0:00	9/13/2022	9/15/2022	9/16/2022	9009 01234	LINE	99214		R3129 N3020	HEALTH
4	ABC - CENTER FOR HEM/ONC	9/16/2022 0:00	ABCP2200002833522	987654 VALLEY MED	1111111122	VALLEY-CFS	6/20/2022 0:00	6/20/2022 0:00	6/20/2022 0:00	8/25/2022	9/15/2022	9/16/2022	81006 05001	LINE	V2784		C61	PREMI
5	ABC - CENTER FOR HEM/ONC	9/16/2022 0:00	ABCP2200002833522	987654 VALLEY MED	1111111122	VALLEY-CFS	6/20/2022 0:00	6/20/2022 0:00	6/20/2022 0:00	8/25/2022	9/15/2022	9/16/2022	81006 05001	LINE	V2784		C61	PREMI
6																		
7																		

Administration

Payer List

The Payer List now includes Attachments as a search option. Users can select Yes or No from the Electronic Attachments drop-down menu and the results display in the grid. The grid contains an Electronic Attachments column which indicates whether a payer includes electronic attachments to claims.

The Enrollment Required Remits column also now displays Not Available as an option. Not Available displays if a payer does not offer electronic remits to partners at this time.

Search Payers

Transaction Type

Claims

Electronic Attachments

Yes

Line of Business

Payer Code

Payer Name

State

CA - CALIFORNIA

Payer Type

Enrollment Required Claims

Enrollment Required Remits

Clear

Search

PDF

Show

50

entries

Search:

Previous

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Next

Showing 1 to 7 of 7 entries

Line of Business	Payer Code	Payer Name	State	Payer Type	Electronic Attachments	Enrollment Required Claims	Enrollment Required Remits
Institutional	47198	Anthem BC California (BCCA)	CA	BCBS	Yes	No	Yes
Professional	47198	Anthem BC California (BCCA)	CA	BCBS	Yes	No	Yes
Institutional	47198	Anthem BC California (Medicaid Reclamation)	CA	COMMERCIAL	Yes	No	Not Available
Professional	47198	Anthem BC California (Medicaid Reclamation)	CA	COMMERCIAL	Yes	No	Not Available
Institutional	68069	California Health and Wellness	CA	COMMERCIAL	Yes	No	Yes
Professional	68069	California Health and Wellness	CA	COMMERCIAL	Yes	No	Yes
Dental	TestNatalia22	TestNatalia22	CA	COMMERCIAL	Yes	No	Not Available

Showing 1 to 7 of 7 entries

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Payer List Additions and Deletions

The following changes were made to the eMEDIX Payer List:

eMEDIX Payer Code	Payer Name	Type	Add	Delete
GOBAL	SCHS Alta Global Care Medical Group	Claim	X	
NXTLV	Next Level Health	Eligibility		X
PABSD	Pennsylvania Blue Shield Dental	Eligibility		X