Insurer User Manual

Chapter 4:

Insurer Home Page

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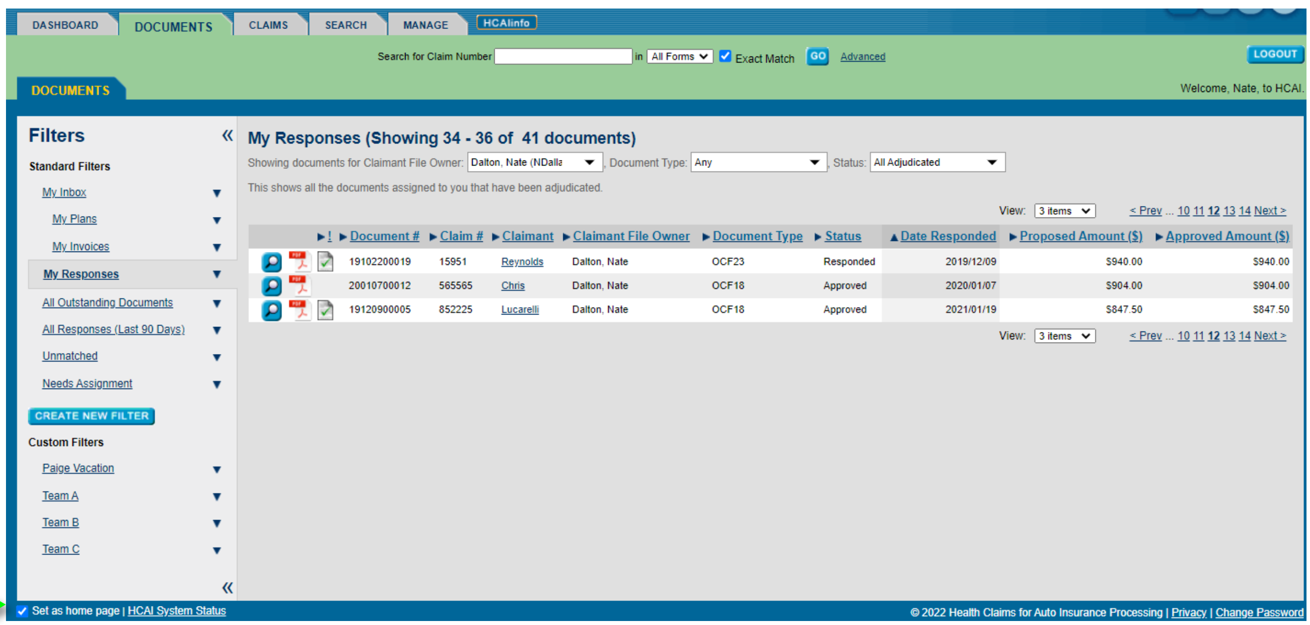
Chapter 4: Insurer Home Page

This Chapter walks you through the main insurer tabs displayed after signing in to HCAI.

Navigating the Insurer Page

Insurers have the ability to choose which tab they would like to set as their home page, and have it display first upon signing in to HCAI. Set a tab or sub-tab as your default home page by clicking the "Set as home page" button, located at the bottom left corner of every tab in HCAI.

Click the checkbox to set the tab as your home page



The upper left corner of the homepage displays your organization's name and the welcome message displays your name.

Users have the ability to view tabs, manage and record decisions against submitted plans and invoices based on the roles and domains each user is assigned in HCAI. The roles assigned to users via their user accounts determine the operations or tasks they are permitted to perform. User domains determine in which entities (branches/claim groups, insurers) users can perform the specified tasks.

Using HCAI's enhanced browsing and search capabilities, you can now start browsing through the different sections of the page to search for specific document information and details.

The Primary navigation bar consists of the following tabs.

Dashboard Tab

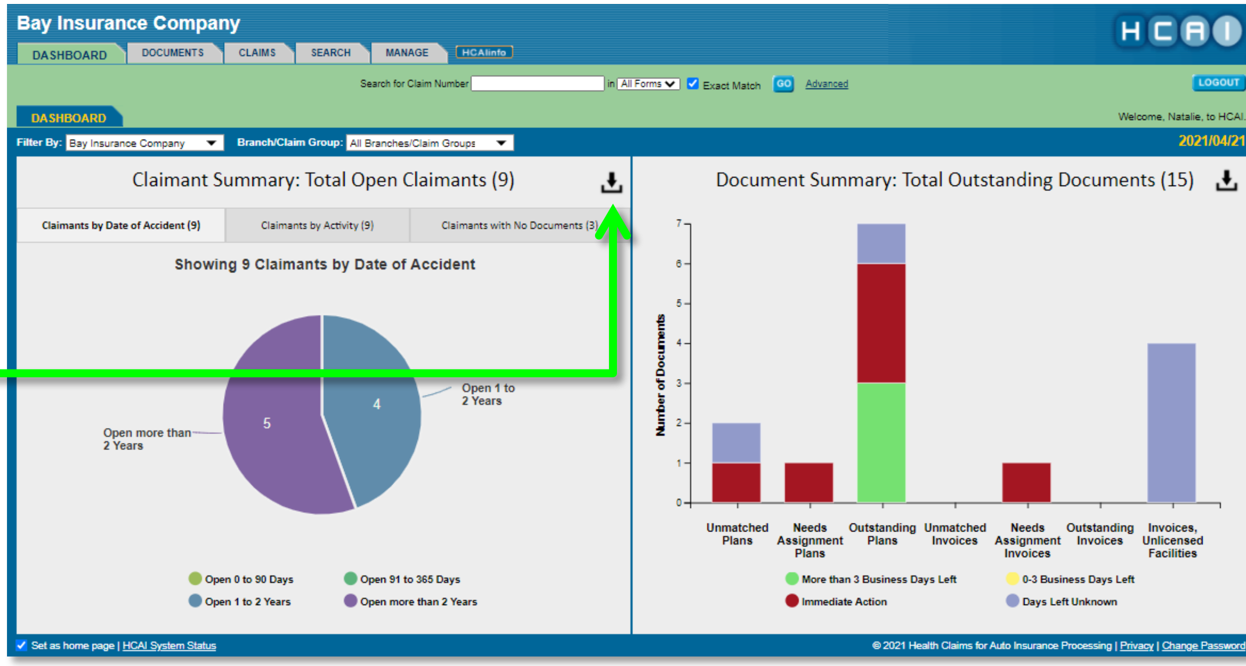
The Dashboard tab contains your HCAI Insurer Dashboard, which displays claimant and document data and allows adjusters, managers, and claims administrator staff to oversee and prioritize their workflow.

Users who have the Form Adjuster role will see the Adjuster view of the Dashboard. Insurer, Child-Insurer, and Branch/Claim Group level users who have the Manager Dashboard Viewer role will be able to view the Insurer and/or Branch/Claim Group view of the Dashboard. Users with team dashboard access will also be able to view their team's dashboard. Use the "Filter By" drop down to change your view of the Dashboard.

Hover over a piece of the Claimant Summary or Document Summary graphs to see more information about the documents contained in that section of the graph. Click a piece of the graph to view a tabular breakdown of all the claimants or documents contained in that section of the graph.

Click the Download button on the right side of the Claimant Summary section or the Document Summary section to print or download the information in .CSV or .XLS format.

Click this download button to print or save the information in .CSV or.XLS format

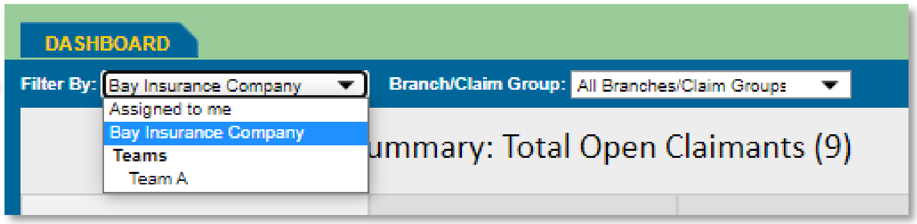


Filter By

Use the "Filter By" drop-down menu to filter your view of data.

- If you have Insurer level access with the Manager Dashboard Viewer role, you will see data for the whole company. Use the “Filter By” drop-down menu to filter by active parent and child Insurers.
- If you have Child Insurer level access with the Manager Dashboard Viewer role, you will see data for child Insurers that you have access to.
- If you have Branch/Claim Group level access with the Manager Dashboard Viewer role, you will see data for the branches/claim groups you have access to. Use the “Filter By” drop-down menu to select the branch/claim group whose data you wish to view.
- If you have the Form Adjuster role, you will see the “Assigned to Me” filter and see data for claimants assigned to you.
- If you have Team Dashboard access, you will see the option to filter by the Team(s) you have access to.

An example of the filter options for a user with the Manager Dashboard Viewer role, Form Adjuster role and Team Dashboard Access



Claimant Summary

The left side of the Dashboard offers an interactive display of open claimants. Choose between three sub-tabs:

- **Claimant by Date of Accident**, which organizes the claimants according to the date of accident.
- **Claimants by Activity**, which sorts the claimants according to whether there has been activity. Activity implies that a form has been submitted for the claimant and is pending adjudication.
- **Claimants with No Documents**, which displays the claimants who are open but for which no documents were received or all documents have been archived. The pie chart is organized according to the length of time the claimant has been open.

Download Claimant Summary Data

Click on the Download button at the top-right of the Claimant Summary side of the Dashboard to view the Download options.

- **Print Chart**: Download a printable version of the chart.
- **Download CSV**: Save the chart's details as a .csv file, viewable in any spreadsheet software.
- **Download Excel**: Save the chart's details as an .xls file, viewable in Microsoft Excel.

Document Summary

The right side of the Dashboard offers an interactive display of the total outstanding documents sorted into several categories. Some categories only appear when filtering the Dashboard by Insurer/Branch or by Team/Assigned to Me.

- **Unmatched Plans:** This category is visible only on the Insurer/Branch level dashboards and includes all facility-submitted plans that have not been matched to a claimant.
- **Needs Assignment Plans**: This includes all facility-submitted plans that have not been assigned to a file owner or need to be re-assigned because the file owner is no longer eligible.
- **Outstanding Plans**: This category is visible only on the Insurer/Branch level dashboards and includes all facility-submitted plans that have been matched and assigned but not adjudicated.
- **Submitted Plans**: This category is visible only on the Team/Assigned to Me dashboards and includes all facility-submitted plans that have been matched and assigned, but not opened.
- **In Review Plans**: This includes all facility-submitted plans that have been matched, assigned and opened but not adjudicated.
- **Unmatched Invoices**: This category is visible only on the Insurer/Branch level dashboards and includes all facility-submitted invoices that have not been matched to a claimant.
- **Needs Assignment Invoices**: This includes all facility-submitted invoices that have not been assigned to a file owner or need to be re-assigned because the file owner is no longer eligible.
- **Outstanding Invoices**: This category is visible only on the Insurer/Branch level dashboards and includes all facility-submitted invoices that have been matched and assigned but not adjudicated.
- **Submitted Invoices**: This category is visible only on the Team/Assigned to Me dashboards and includes all facility-submitted invoices that have been matched and assigned, but not opened.
- **In Review Invoices**: This category is visible only on the Team/Assigned to Me dashboards and includes all facility-submitted invoices that have been matched, assigned and opened but not adjudicated
- **Invoices, Unlicensed Facilities:** This includes all submitted invoices by unlicensed facilities. In the case of unlicensed facilities, the days left for a decision is unknown because of the requirement that the insurer receive a paper copy from the claimant.

Each bar of the chart contains colored sections that indicate document priority.

- **Green:** More than 3 business days left to adjudicate
- **Yellow:** 0-3 business days left to adjudicate
- **Red:** Immediate action

- **Purple:** Days left unknown

Hover your mouse over each coloured subdivision of the bar to view the number of documents that fit the criteria, and the total dollar value of proposed amounts in each category.

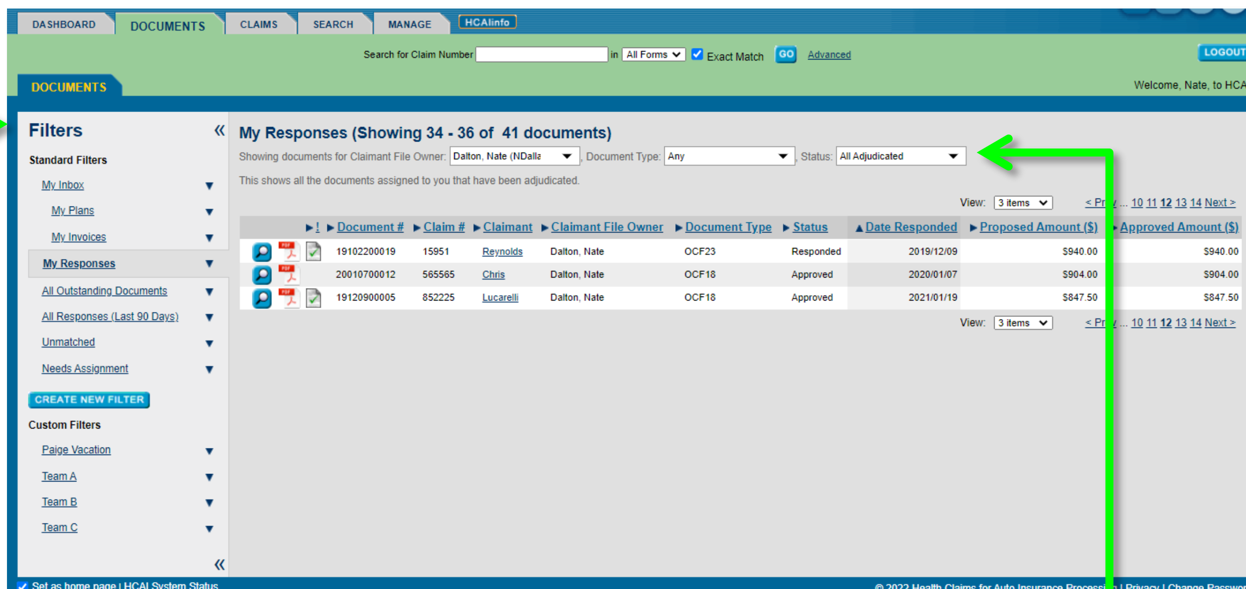
Download Document Summary Data

Click on the Download button at the top-right of the Document Summary side of the Dashboard to view the Download options.

- **Print Chart**: Download a printable version of the chart.
- **Download CSV**: Save the chart's details as a .csv file, viewable in any spreadsheet software.
- **Download Excel**: Save the chart's details as an .xls file, viewable in Microsoft Excel.

Documents Tab

The Filters pane contains Standard Filters and Custom Filters



Additional quick filter options are found above the worklist

The Documents tab allows you to filter the type of document you wish to work with based on your user roles, tasks and domains to which you have access. The Documents tab is divided into two sections:

- **Filters:** On the left side, users will see enhanced filtering options that allow them to select what kind of documents display on their worklist.

- **Worklist**: On the right side, users will see the worklist grid, with additional flexible "quick filter" options on top.

Standard Filters

The Filters section displays a list of standard filters that users can select to change the type of document that displays on their worklist. Click the name of a standard filter to apply the filter to your worklist. After applying a standard filter, you can further refine the documents that display using the three quick filters at the top of the worklist– claimant file owner, document type, and document status.

Users can set any standard filter as their default so that each time they log in, they immediately see the information they need to complete their most common tasks in HCAI. To set a standard filter as your default filter, click the arrow next to the name of the filter and select "Set as Default".

The standard filters that are visible to each user will differ according to their roles in HCAI.

All users with worklist access will see the following standard filters:

- **My Inbox** displays all unadjudicated plans and invoices assigned to the logged-in user. "Assigned" means the user is the claimant file owner of the document's claimant.
- **My Plans** displays all unadjudicated plans assigned to the user.
- **My Invoices** displays all unadjudicated invoices assigned to the user.
- **My Responses** displays all adjudicated documents assigned to the user.
- **All Outstanding Documents** displays all unadjudicated plans and invoices the user has permission to access. The user is not necessarily the claimant file owner of these documents.
- **All Responses (Last 90 Days)** displays all plans and invoices that were adjudicated in the last 90 days, and that the user has permission to access. The user is not necessarily the claimant file owner of these documents' claimants.

Users with the **Form Manager** role in HCAI will also see the following standard filters:

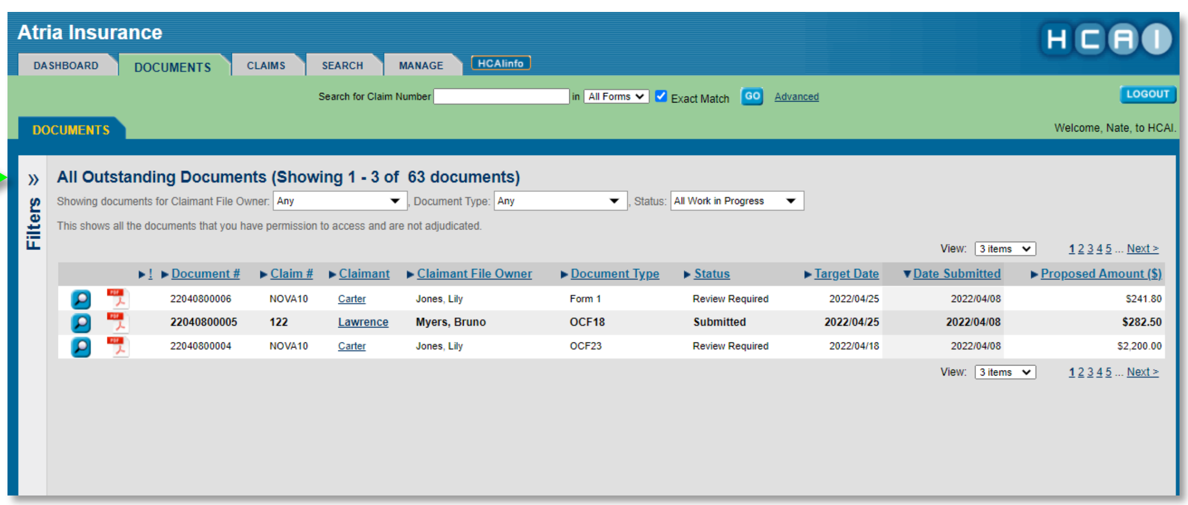
- **Unmatched** displays all the unmatched, unadjudicated documents the user has permission to access.

- **Needs Assignment** displays all unadjudicated documents that are matched to claimants that either have no file owner assigned, or need to be re-assigned because the file owner is no longer eligible. Ineligible file owners are deactivated users, do not have permission to have ownership of claimant files, or do not have access to the claim group in which the claim-claimant record resides.

Click on the arrow next to a standard filter's name to view the following options:

- **Apply** refreshes your worklist with the filter applied. This has the same effect as clicking on the filter's name.
- **Copy** allows you to create a new custom filter with the same criteria as the selected filter. You can edit the criteria if desired and enter a new name. The copy will be saved under "Custom Filters".
- **Set as Default** will make this filter your default filter. When you log in and navigate to the Documents tab, your worklist will display the default filter.

The Filters pane can be hidden from view if desired. Click on the double arrows in the top right of the pane to hide the pane. To view the Filters pane again, click the double arrows again.



Click on the double arrows to hide or view the Filters pane.

Custom Filters

Users can expand or narrow their worklist even further by creating custom filters, and these custom filters remain available for repeated use. Each user can create up to 20 custom filters. Custom filters can be edited and deleted as needed. Custom filters cannot be set as your default filter.

Users can filter using various combinations of insurer, branch/claim group, team, claimant file owner, document type and status, matched status, number of days left to respond, date responded, and adjudicating user. For example, if you are covering for a colleague and wish to review plans recently adjudicated by that colleague, you could create a custom filter that will display all adjudicated plans according to the adjudicating user or the date responded, in a single worklist.

To create a custom filter:

1. In the *Filters* section of the Documents tab, click the "Create New Filter" button.
2. The "New Filter" screen appears. Input filter criteria.
3. Click "Preview" if you would like to preview your worklist with the custom filter applied.
4. Click "Save Filter" to save the custom filter for future use.
5. Enter a name for the custom filter and click "Save". The custom filter is now accessible on the Filters menu under the "Custom Filters" subheading.

Click on the arrow next to a custom filter to view the following options:

- **Apply** refreshes your worklist with the custom filter applied. This has the same effect as clicking on the filter's name.
- **Copy** creates an additional copy of the custom filter, allowing you to edit the criteria if desired and enter a new name.
- **Edit** allows you to change the custom filter's criteria.
- **Rename** allows you to change the filter's name.
- **Delete** will remove the filter from your custom filter list.

Please note: In the future, if you attempt to apply a custom filter that is now obsolete, the results will not display on your worklist. Instead, you will see the following error message: *"The filter that you are trying to use has become obsolete. You may edit the filter to revise it or delete the filter."*

Worklist

The worklist is an organized collection of documents. It contains the following columns:

- **Document #:** A system-generated reference number unique to each form in HCAI.

- **Claim #:** This shows the claim number as stored in HCAI.
- **Claimant:** This shows the last name of claimant as stored in HCAI.
- **Claimant File Owner:** This shows the name of the user who is the claimant file owner.
- **Document Type:** This shows the type of plan or invoice.
- **Status:** this shows the document status (e.g. Submitted, Unmatched).
- **Target Date:** For outstanding documents, this shows the date a response is due, based on the SABS timelines. For plans, the Target Date recognizes the end of day as 5:00 p.m. Eastern Standard time. Any plan received after 5:00 p.m. is deemed to be received the next business day. This will be automatically accounted for in the Target Date.
- **Date Submitted:** For outstanding documents, this shows the date the plan was submitted.
- **Date Responded:** For documents that have been adjudicated, this is the date that the form adjuster posted their adjudication decision in HCAI.
- **Proposed Amount ($):** This shows the document's total proposed dollar amount.
- **Approved Amount ($):** For adjudicated documents, this column shows the dollar amount approved by the form adjuster.

The items in the work list can be sorted in ascending or descending order, based on field type, by clicking on the highlighted header of the column you wish to sort.

The "Review Form" button (located to the left of each item in the worklist) provides access to the actual document displayed in the list. Click on this button to open an OCF, view its details, and make an adjudication decision. For information on applying adjudication decisions to the different Plans and Invoices, go to ***Using Decision Support with Plans*** in ***Chapter 7*** and ***Using Decision Support with Invoices*** in ***Chapter 8***.

The "PDF" button (located next to the Review Form button of each item on the worklist) provides the user quick access to the PDF version of the form. Click on this button to open the PDF.

Flags (exclamation mark -) are an iconic representation of the document status. For example, overdue Plans that have been submitted are highlighted and flagged.

The “EOB Submitted” symbol will appear to the left of any document for which a user submitted an Explanation of Benefits (EOB) in HCAI. This will appear next to responded documents only. If an EOB was saved as a draft but not yet submitted, the following symbol will appear: next to the document.

There are several states for outstanding documents, as described in the following table:

Plan Status	Description
Submitted	The document has been submitted by the Facility but has not been opened by the Insurer.
Review Required	The document is being reviewed by a user, but no response has been recorded.
Unmatched	The document is “Unmatched” only if HCAI cannot match the applicant with a known Claimant.
Unassigned	The Claimant has not been assigned to a File Owner.
In Discussion, Response Received	The adjudicating user has received a response from the Facility on a “Need to Discuss” issue. This is available for plans, not invoices.
In Discussion, Response Sent	The adjudicating user has initiated the “Need to Discuss” functionality and is awaiting a response from the Facility. This is available for plans, not invoices.
In Review, Tagged By “NAME”	A user has clicked the “Tag Document” button on the summary page of the document.

HCAI highlights Invoices in the following ways, based on their due dates:

- Submitted Invoices that are older than 30 calendar days are flagged as “Overdue”; the row is highlighted in orange;
- Invoices within one day of expiry are highlighted in orange.

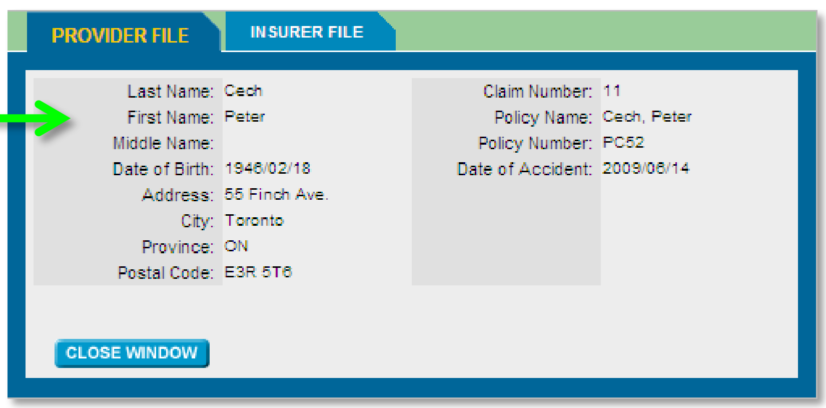
Responded documents have four possible statuses, as described in the following table:

Status	Description
Approved	All components of the document were approved.
Partially Approved	Some of the components of the document were approved.
Declined	All components of the document were declined.
Responded	This response is specific to the OCF-23 and indicates that the Applicant (Patient) has a valid policy of insurance in force. This is because the OCF-23 is a claim for “pre-approved” services. For this reason, the Adjuster cannot “Approve” an OCF-23. However, any goods and services delivered to Applicant (Patient) within the MIG framework are still subject to adjudication.

Insurer Home Page Claimant Information

Clicking on any of the Claimant names listed on the worklist allows the user to view the Claimant details.

To access the Claimant details shown here, click on the hyperlinked Claimant name in any work list



The information displayed is taken from the insurer files and the facility files. If the information is not available from the Insurer files, the applicant information from the OCF is displayed.

Claims Tab

The Claims tab contains the Claims and Claimants sub-tabs. These tabs enable you to search for or add new Claims, or to search for Claimants. For more information on managing Claims and Claimants in HCAI, refer to ***Claim and Claimant Management*** in ***Chapter 6***.

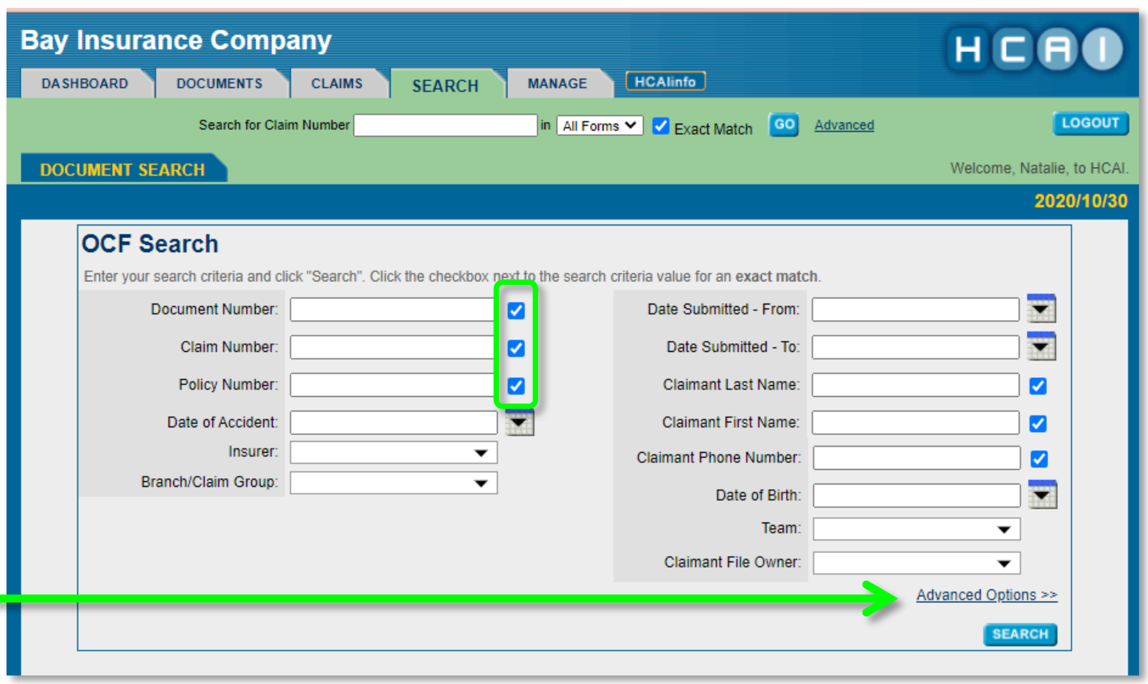
Search Tab

Click on the Search tab to search for one or more OCFs. The Search tab allows you to look for a specific plan or invoice.

> ⚠ **Note: At any time, you can click on the <Advanced> text link next to the "Search for Claim Number" field on the Insurer home page to bring up the *Search* tab.**

Included is the option to execute an "Exact Search" for the specific value(s) entered in that field. If the "Exact Match" box is checked, HCAI will search for an OCF or OCFs using the only value(s) entered in the field(s) selected. Note that "Exact Match" is, by default, already selected—simply click the checkbox to remove the "Exact Match" function from your search query.

For more search options, click Advanced Options

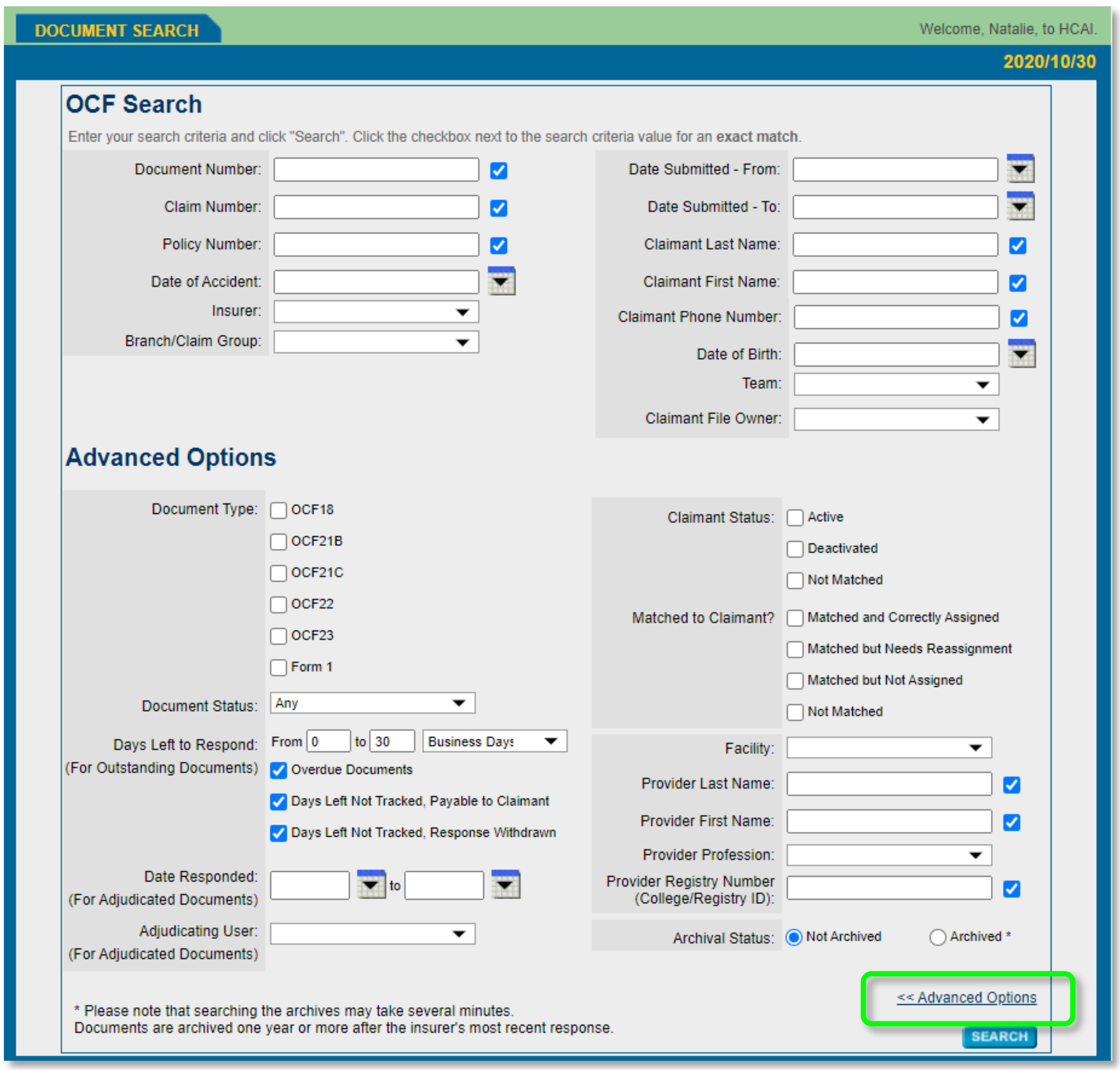


The more information you enter into your search query (using the search parameters provided), the faster HCAI will execute the search.

Advanced Search

Clicking the <Advanced Options> text link at the bottom-right corner of the OCF Document Search screen brings up additional search parameters to help narrow your search.

Available search parameters are: document type, claimant status, document status, days left to respond, matched to claimant, and facility/provider. By default, searches are performed on the active database. To run a search in HCAI's archive database, go into the advanced options and select 'Archived' under Archival Status.

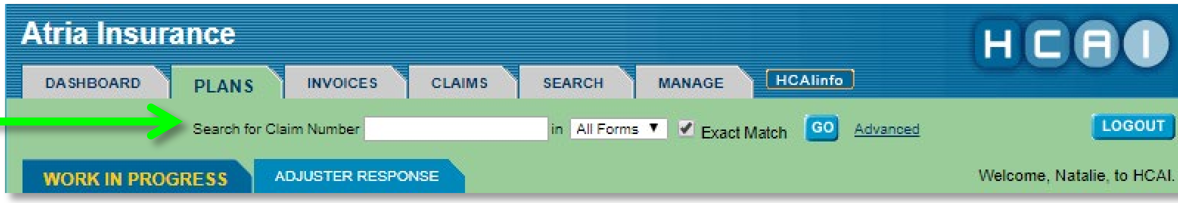


Quick Search for Claim Number

The quick-search field of the Insurer home page lets you search for a Claim Number in either a specific plan/invoice or in all forms. Enter the Claim number in the "Search for Claim Number" field. Select the specific plan/invoice you need to find from the drop-down menu or leave the default "All Forms" selection to include all HCAI-

Enter a claim number to perform a quick document search

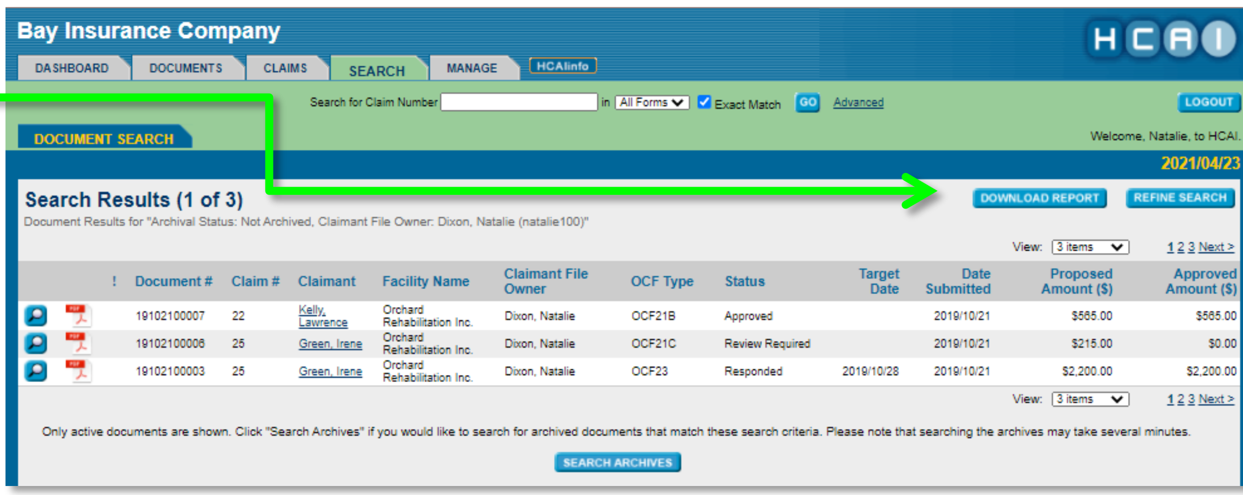
supported plans and invoices. When finished, hit the 'Enter' button on your keyboard or click the GO button next to the field to carry out your search.



The *Document Results* screen shows all the fields that match the search criteria. The results are listed with various document details available for review. Results appear in chronological order with the most recently-submitted documents at the top. There are also options to download the results in CSV format or refine the search.

Up to 100 search results can be viewed at a time. You may also click the PDF icon to view the PDF version of the form.

Click **Download Report** to view the results in .CSV, or **Refine Search** to modify your search terms



Manage Tab

The Manage tab provides access to the Insurer Management, User Management, Team Management and Reports subtabs with corresponding functionalities. The subtabs are only displayed if a user has the required permissions (role and/or domain level of access). For more information about the Insurer Management subtab, refer to ***Chapter 9: Insurer Management.*** For more information about the User Management and Team Management subtabs, refer to ***Chapter 10: Insurer User Management***. For more information about the Reports subtab, refer to ***Chapter 14: Insurer Reports***.