

## Qwik+File 4.6.4 Build 7y9b1

A new Qwik+File version is now available. Go to the following HDM website/System Updates page to download the current version updates. [http://www.hdmcorp.com/qwik\\_update.html](http://www.hdmcorp.com/qwik_update.html) . This version is available in production on July 15, 2010.

### **Management Reports - Summary/Detail Payer Reports**

On June 9, 2010 Qwik+File was upgraded (Version 4.6.4. Build 7y9) to begin storing additional data elements necessary to deliver the next set of Management Claim reports. From the date you upgraded your Qwik+File system to the 7y9 build, you have been storing the data necessary to utilize the reports that are now available from that date forward.

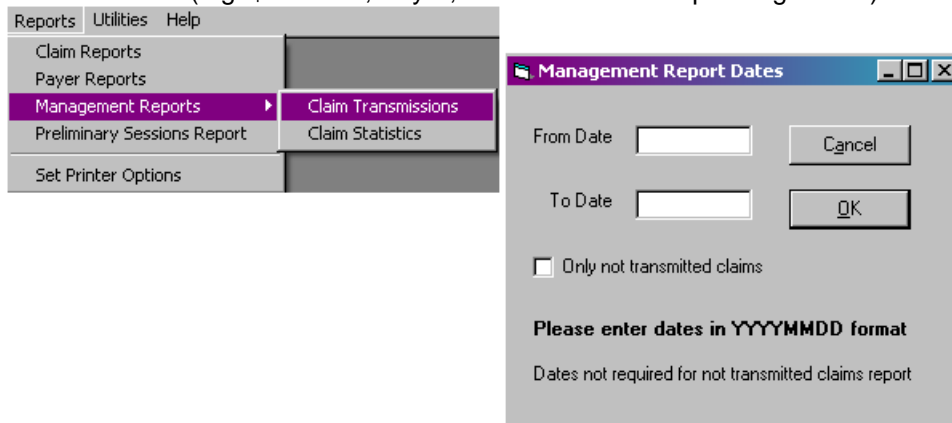
With this new version (Version 4.6.4 Build 7y9b1), Qwik+File has added 6 new reports to assist you with managing your Qwik+File claim process more effectively. Payors provide a variety of reports; some only send reports when claims are denied, others send reports when claims are accepted and/or denied. The most standard reporting available from payors is the electronic remit (ANSI 835). To enable this new claim reporting, Qwik+File is now interpreting/matching the electronic remit data with the submitted claim.

There are summary reports showing total # of claims sent, # paid, and # denied and detailed reports with the same data but at a detailed claim level. The complete information is available in both summary and details for those payors where you are receiving your electronic remits (ANSI 835's) through Qwik+File. For those payors where you're not getting the electronic remits through Qwik+File, the reporting is limited to what was billed and does not include the outcome of the claim.

If you are not currently receiving your electronic remits through Qwik+File and want to get that set-up to take advantage of this new reporting, please contact Software Support so they can complete the necessary agreements.

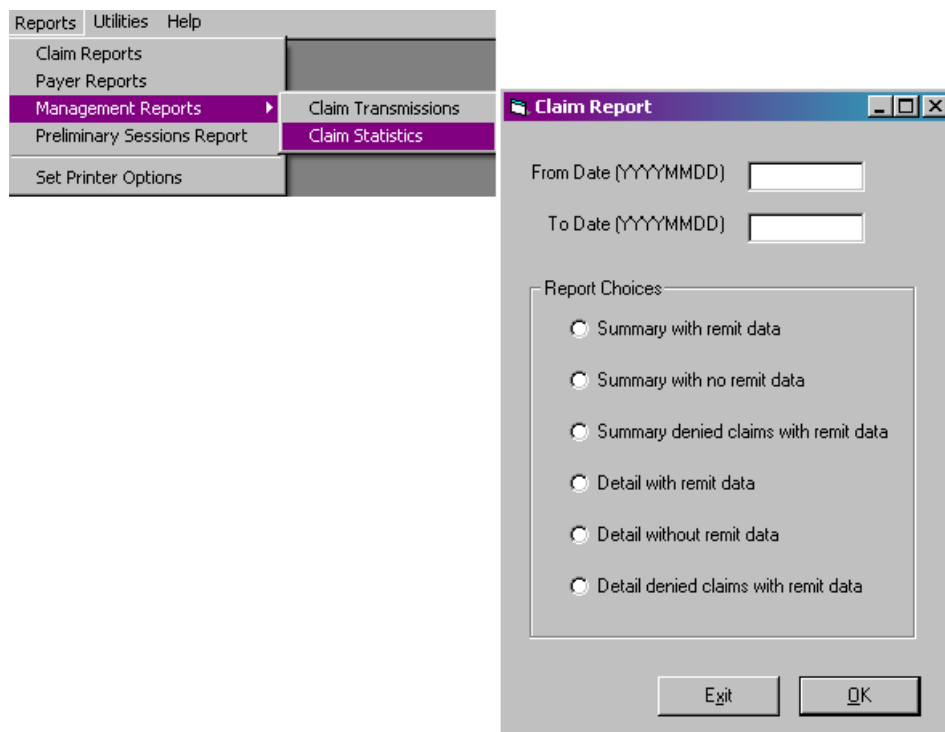
HDM is setting up webinars (details forthcoming) to provide a full overview of these reports and how you can use them. Please upgrade now so you are storing all data necessary for your reports to be meaningful.

- Management Reports
  - Claim Transmissions (previously named Management Reports) includes the following data:
    - Date Claims imported/entered
    - Claim Status
    - Disposition
    - Date Transmitted
    - Biller Name (if using User ID/Password)
    - Claim data (e.g. \$ Amount, Payer, notes if entered on pending claims)



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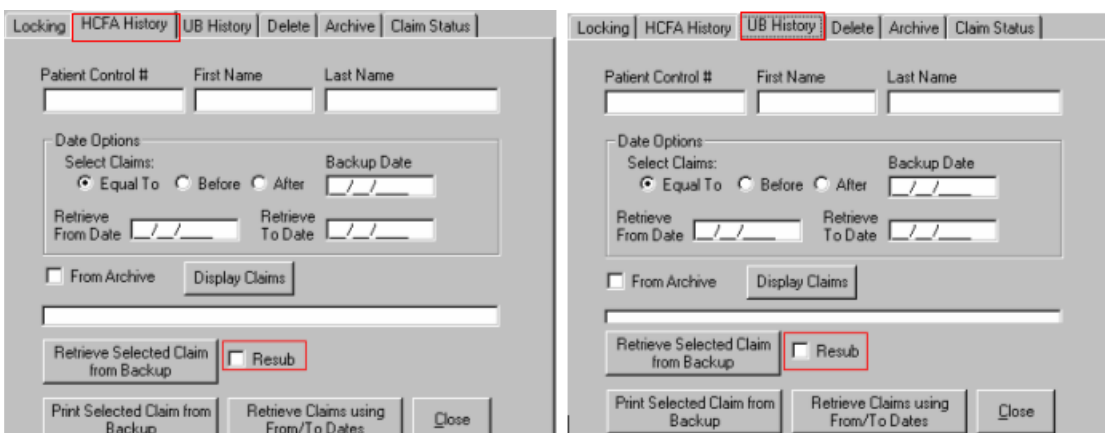
- 3 Summary reports/ 3 Detailed reports
  - Summary of total submitted claims with remit information
  - Summary of total submitted claims with no remit information
  - Summary of only denied claims based on remit information
  - Details of submitted claims with remit information
  - Details of submitted claims with no remit information
  - Details of only denied claims based on remit information



### ***New Resubmission Indicator***

When pulling a claim back from history, if the new claim is actually fixing the originally submitted claim, the “Resub” indicator should be checked. This will allow Qwik+File to tie the new claim back to the original and report it on it appropriately in the new reports.

- For example, if the first claim was denied due to a coding error, the denied report will include that claim until such time that the resub'd claim results in a paid claim. If you don't identify the subsequent claim submission as a resub, the denied claim will always show on the denied report.
- Fixing the claim and marking it as a resub for the subsequent claim submission The denied claim will drop off the denied report once the resub'd claim has been paid.



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### ***Edit Changes***

- UB Claims
  - Admission Source Codes 7, B and C removed; Condition Codes 47 and P7 added
  - Bill Type 85x with Revenue Code 0964 requires at least one HCPC code
  - Bill Type 711 can have admission hour = 0 and a blank admission date
  - BCBS UB claims – revenue code 0120 requires room rate
- HCFA Claims
  - NE Medicaid HCFA Claims - Claim Level Allowed Amount required
- Workers Comp Claims – Print Image Import
  - Patient ID and Property and Casualty # now import