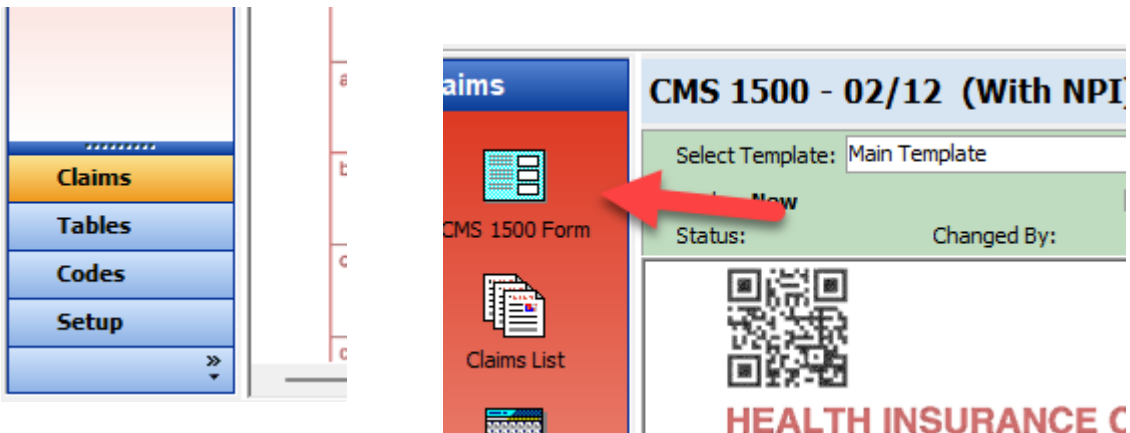
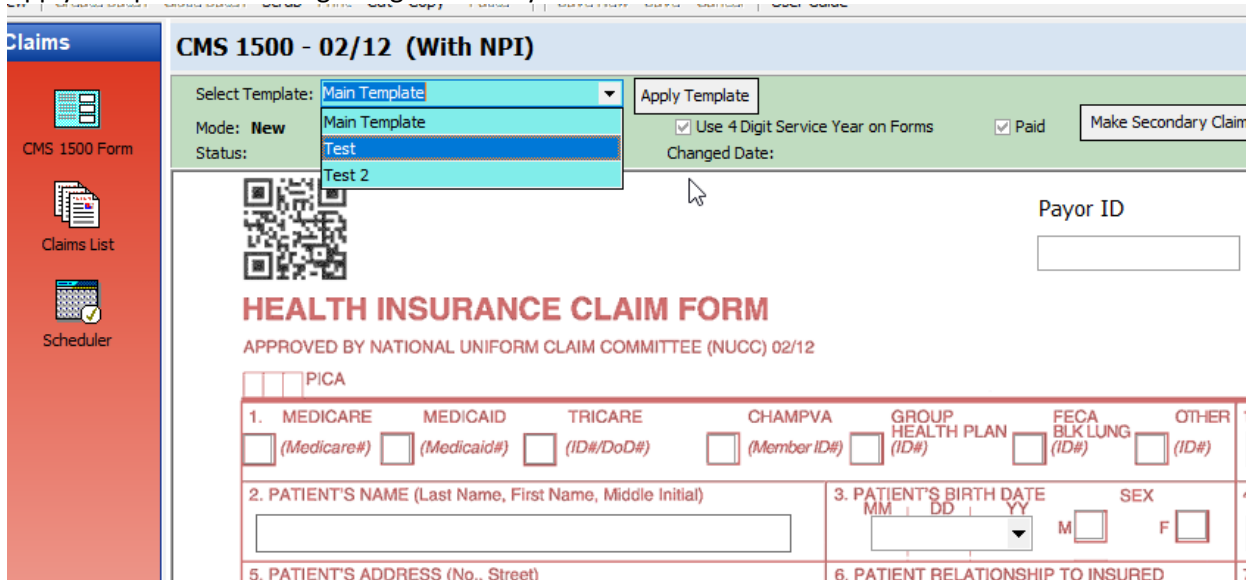


CREATING CLAIMS

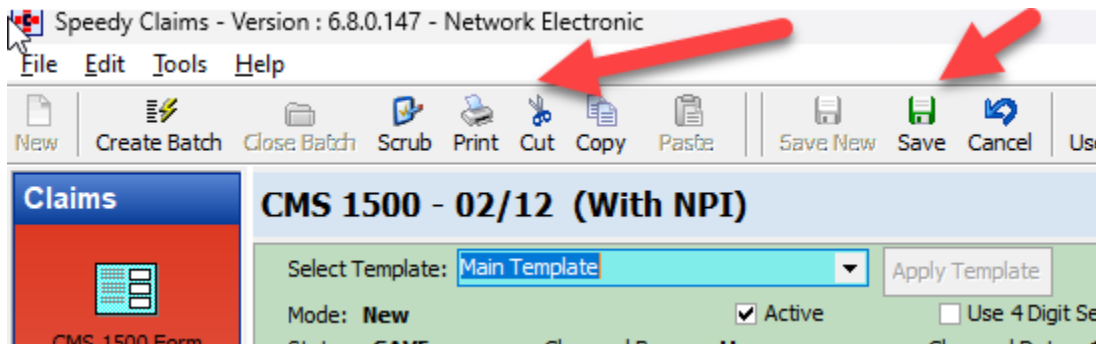
Click on Claims from your bottom left vertical navigation field and select “CMS 1500 Claim” from the top. This will pull up a blank form ready to fill out.



If you have more than one template created, select the one you need from the dropdown in the upper left and click on Apply Template before beginning to fill out your claim.

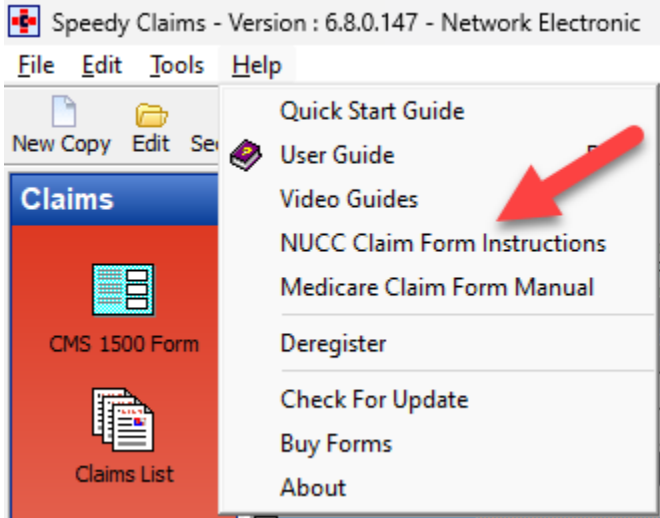


You can use your mouse to select the appropriate fields and your keyboard to enter the data or you can use your Tab key to move among the fields. Either method you use, simply fill in all the appropriate fields and click either the Save icon or the Print icon. Printing will save the claim to the Claim List automatically.

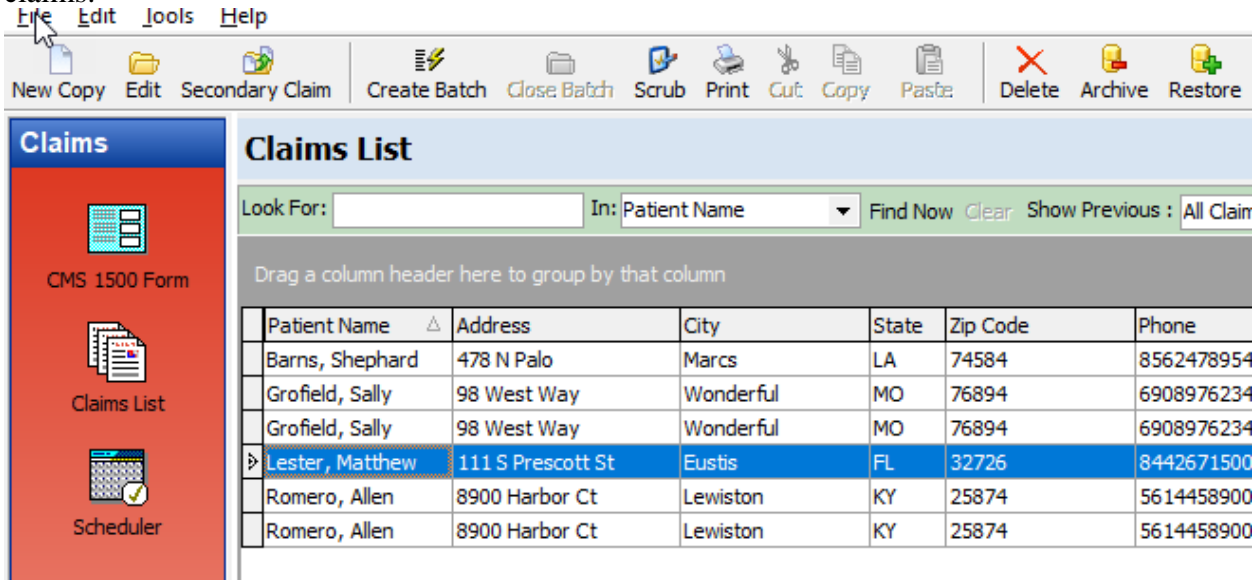


If you choose Print, the form will be printed according to your selection from the Settings Menu, and it will be saved to the Claims List. If you choose Save, the claim will be saved to the Claims List for later action. After the claim is saved, click on the “NEW” icon to start a new claim.

*If you are new to the 1500 form or need any specific information pertaining to the form fields, the NUCC manual is included in the software as well under HELP at the upper left.



Once you are through inputting all your claims you can click on the Claims List icon to view the list of all your claims.

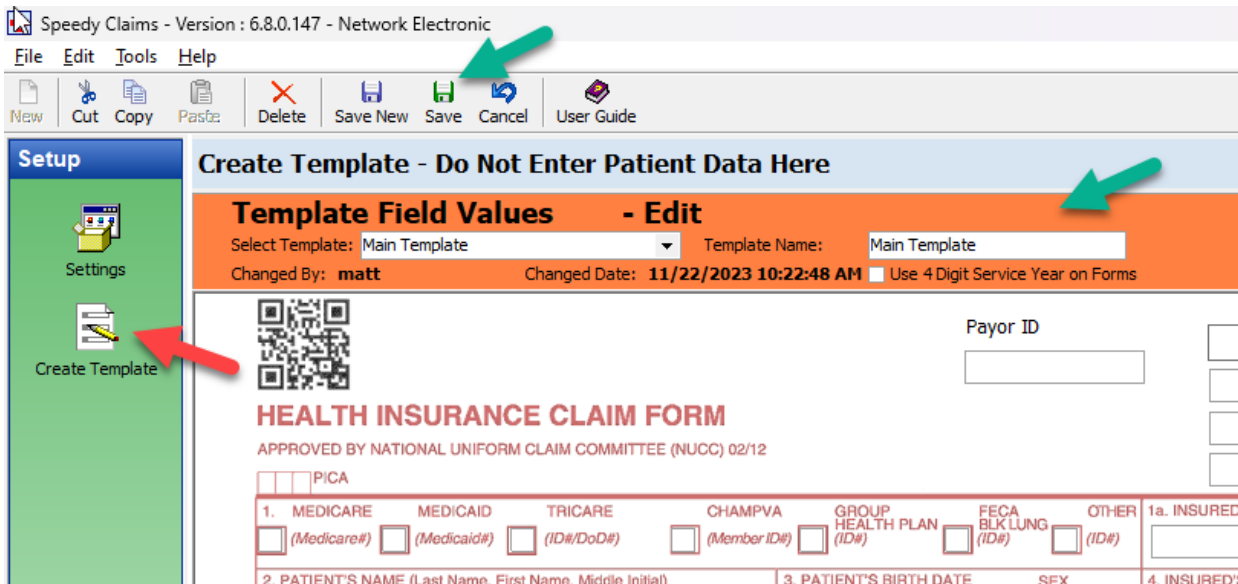
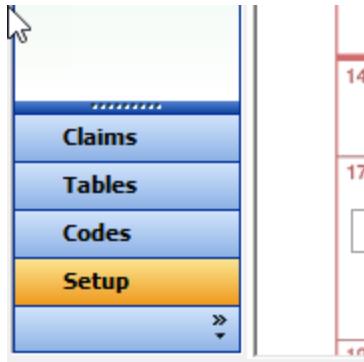


From this list you can select claims for printing or sending to a clearinghouse if you have the Electronic Claims version. Highlighting the claim with a single click will show options above such as Print, Create Batch “for electronic file creation, New Copy, and Edit. Double clicking on a claim opens it as a new copy by default for creating a new claim for the existing patient for easy changes to the new visit without the need to re-enter the entire claim. To add or correct an existing claim use the Edit function.

A new claim for an existing patient

- Click on Claims Button – Claims List Icon
- Highlight a previous claim for the patient then click the New Icon or Double click on the claim
- Change the date of service in Field 24a and any codes if necessary
- Click Save or Print

CREATING TEMPLATES



You can create a Template to automatically prefill your claim forms with the information you usually include on every form. First click on “Setup” on your main navigation field on the lower left of your screen. Next click on the “Create Template” at the top to pull up an image of the form. Give you template a name what it states “Template Name” at the upper right. Then just fill in any of the fields that will always contain the same information. Suggested fields are

- 12 and 13 – Signature on File,
- 24B – Place of Service,
- 24J – Rendering Provider NPI,
- 25 ID Number,
- 27 – Accept Assignment and
- all of 31, 32 and 33.

Once completed click on Save at the top. Now when creating new claims this information will populate automatically when you are filling out the claim.

Additional templates can be made for additional rendering or billing provider as well by selecting New at the upper left. Give it a different Template Name at the top right and make your changes. Save when done. With multiple templates, you will want to make sure you have the correct one selected on your main CMS 1500 form before entering data.

AUTOFILL FUNCTIONS

If you are creating a new claim and you start typing the Patient name in Field 2 the autofill will open showing you a list that narrows down the more you type. When you see the Patient name you can select it and the entire Patient's data will populate the form. "If preferred a double click in any of the fields below will pull up it's corresponding Table to select your needed entry".

You can do this in many areas of the claim form including:

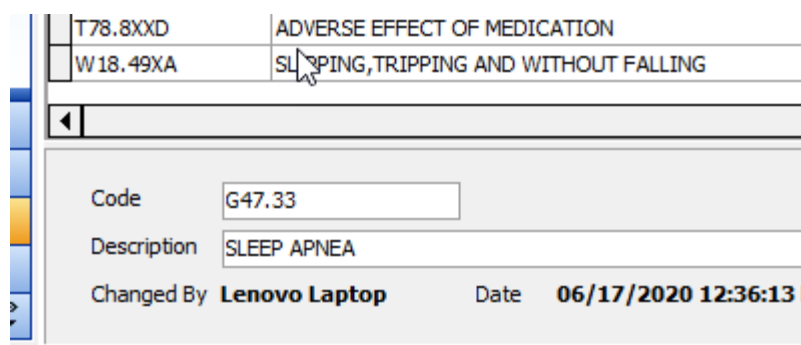
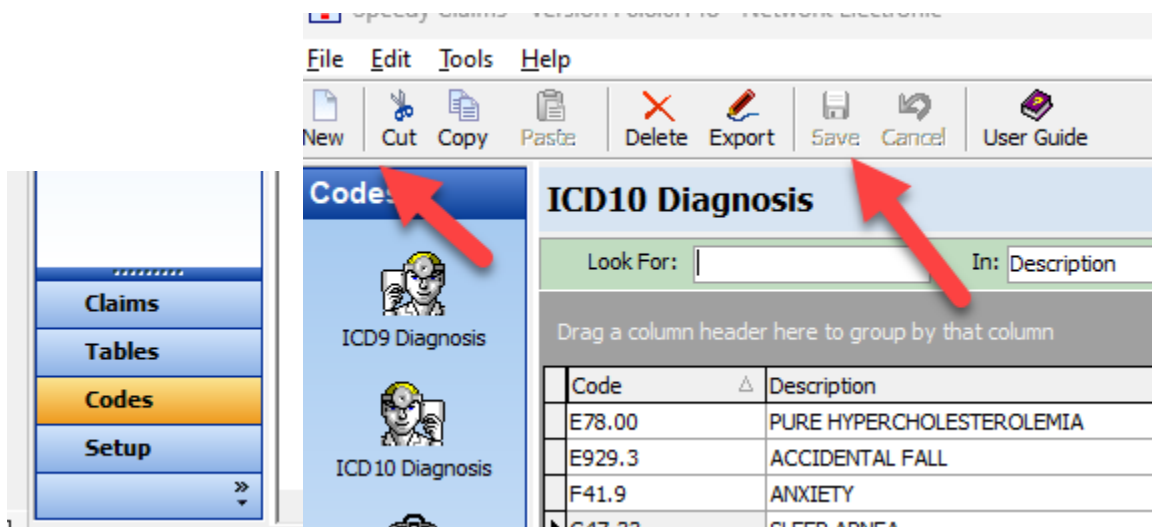
- Patient Name – Field 2
- Insurance Company – Carrier Fields
- Referring Provider – Field 17
- Diagnosis Codes – Field 21 **
- Place of Service Codes – Field 24b
- Procedure Codes – Field 24d **
- Service Facility – Field 32
- Billing Provider – Field 33
- All places where a date is required (Drop down)

** Diagnosis and Procedure codes are entered into their correct Table Fields by selecting "CODES" on your left navigation bar. Select either Diagnosis or Procedure from above. Click on "NEW" in the upper left, fill in the appropriate code and details then save from your "save" button above and repeat to build your custom code libraries!

Below is an example of the ICD Codes table.

Select Codes at the lower left and then your Codes selection above. Selecting New at the top left will open a bottom section to fill in. Once finished select Save at the top. Repeat. The same steps can be done for your procedure codes as well, including charge amount!

This can be done to create your own CUSTOM code library for easy use when filling out your claims



Select NEW. Fill in your code, description, amount for CPT codes. Then click on SAVE

All other Tables in the program can be pre-loaded this way as well along with auto populating from the claim itself when

The screenshot shows a software interface with a menu bar at the top containing 'New', 'Cut', 'Copy', 'Paste', 'Delete', 'Export', 'Save', 'Cancel', and 'User Guide'. Below the menu bar is a sidebar with icons for 'Patient', 'Facility', 'Insurance', 'Provider', 'Referring Provider', 'Rendering Provider', and 'Plan/Program'. The 'Tables' option is highlighted in orange. The main window is titled 'Insurance List' and includes a search bar with 'Look For: 00' and 'In: Name'. Below the search bar is a table with columns 'Name', 'Address', and 'Address 2'. The table contains various insurance providers, with 'VNS Health' selected. Below the table is a form for 'VNS Health' with fields for 'Name', 'Address 1', 'Address 2', 'City', 'State', 'Zip Code', 'Phone #', and 'Payor ID'. A green arrow points to the 'Payor ID' field.

Name	Address	Address 2
EMPIRE BCBS	PO BOX 1407	CHURCH STREET STATION
EMPIRE BLUE CARD	PO BOX 1407	CHURCH STREET STATION
EMPIRE PLAN (LHC)	PO BOX 1600	
FIDELIS CARE	PO BOX 845	
GEHA-ASA	PO BOX 981707	
GHI	PO BOX 2832	
GHI (OUT OF NETWORK)	PO BOX 3000	
HEALTHFIRST	PO BOX 958438	
HUMANA	PO BOX 14601	
High Priced Insurance	983 Cardover Court	
MEDICARE	PO BOX 6178	
MERITAIN HEALTH	PO BOX 853921	
METRO PLUS HEALTH PLAN	PO BOX 830480	
NALC CIGNA	PO BOX 188004	
NORIDIAN JURISTRICTION DME	PO BOX 6780	DME CLAIMS
UNITED HEALTHCARE	PO BOX 740800	
UNITED HEALTHCARE (OXFORD)	ATT:CLAIMS DEPT	PO BOX 31386
UNITED HEALTHCARE MEDICARE ADVANTAGE	PO BOX 31362	
VNS Health	220 East 42nd Street	
White Cross	7834 Randolph Road	

Name: VNS Health Phone #: () - -
Address 1: 220 East 42nd Street Payor ID: 77073
Address 2:
City: New York State: NY
Zip Code: 10017

completed.

NEW to **ENTER** new record and **SAVE**

SECONDARY CLAIMS

Fill out the primary claim as usual. If there is a Secondary insurance check 11d that there is another Health Benefit Plan. Fill out 9, 9a, and 9d as instructed in 11d.

From the claim list, highlight the claim. An option for Secondary Claim will be lit up and available to select. Right clicking on the claim will provide the same options as what are lit up in the upper bar.

The screenshot shows a software application window titled "Claims List". The menu bar includes "File", "Edit", "Tools", and "Help". The toolbar contains icons for "New Copy", "Edit", "Secondary Claim", "Create Batch", "Close Batch", "Scrub", "Print", and "Cut". A sidebar on the left has three icons: "CMS 1500 Form", "Claims List", and "Scheduler". The main window displays a search bar with "Look For:" and "In: Patient Name". Below the search bar is a table with the following data:

Patient Name	Address	City
Barns, Shephard	478 N Palo	Marcus
Grofield, Sally	98 West Way	Wonderful
Grofield, Sally	98 West Way	Wonderful
Lester, Matthew	111 S Prescott St	Eustis
Romero, Allen	8900 Harbor Ct	Lewiston
Romero, Allen	8900 Harbor Ct	Lewiston

This will pull the claim up as a New Secondary Claim. The information from section 1 and 9 have been reversed. All that is needed now is to change the insurance name and address to the secondary insurance. In some cases, they may want the amount paid from the primary insurance entered on the secondary claim in field 29.



PRINT ALIGNMENT

Adjust your print alignment for your printer when printing on Red CMS pre-printed forms.

When you begin with the program or switch computers or printers you may need to make an adjustment to the alignment. Once you have 1 claim printed and see it needs adjusted highlight the claim again in your claim list and select to print again. When your print screen appears, select Form / Printer Settings in the lower left corner

Printer: HP4DCCCC (HP Officejet 4620 series) [Properties...]

Make Default for CMS-1500 Printing

Print On:

- Red CMS-1500 Form
- Blank 8.5 x 11 Paper (Color)
- Blank 8.5 x 11 Paper (Black)

Currency Punctuation: Show Punctuation

Copies: Number of copies: 1

Form / Printer Settings as PDF [OK] [Cancel]

CMS-1500 Form / Printer Settings

Text Alignment:

All Text: [Left Arrow] 0 [Right Arrow]

Carrier Text: [Left Arrow] 0 [Right Arrow]

Carrier Text: 0

All Text: 0

Carrier Text: 0

Vertical spacing (All Text): Expand [+] 0 [-] Contract

Text Font: 10 pt Arial [Modify]

Bottom Row Text Adjustment: Default [v]

Using the All Text alignments in the upper left will resolve almost all alignment issues.

Make your adjustments to center the "X" in field 3 - Patient Sex and field 27 - Accept Assignment. Adjust in the direction you need to move the X. Adjusting by 6 points will move the text by about the height of a capital X.

[Restore Defaults] [Restore Saved] [OK] [Cancel] [Help]

This takes you to the Printer Settings window. Use the All Text to adjust the print as needed.

If the top half becomes accurate leaving the bottom in need of moving up or down, the Vertical Spacing can be used to Expand/ pulling down or Contract/ pushing up the bottom half. Once your adjustment is correct it will save the setting.

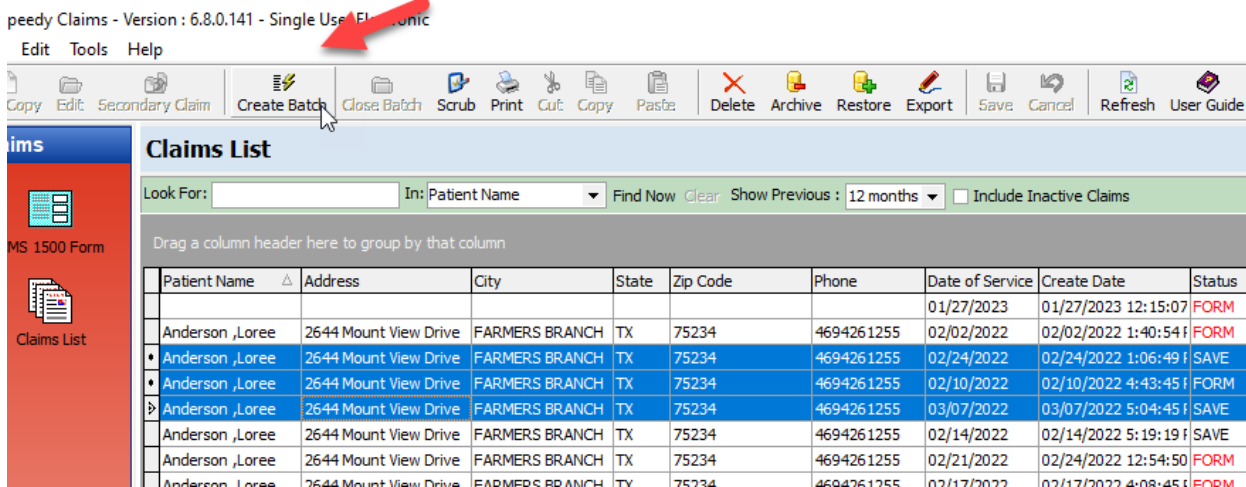
NOTE. If you are printing on blank paper and want to print an image of the form as well, select one of the Blank options as what you are printing on.

The image shows a Windows-style dialog box titled "Print CMS-1500". It contains several sections for configuring the print job. The "Printer" section shows "HP4DCCCC (HP Officejet 4620 series)" selected with a "Properties..." button. Below that is a checkbox for "Make Default for CMS-1500 Printing". The "Print On" section has three radio button options: "Red CMS-1500 Form", "Blank 8.5 x 11 Paper (Color)", and "Blank 8.5 x 11 Paper (Black)". A red arrow points to the "Blank 8.5 x 11 Paper (Black)" option. The "Currency Punctuation" section has a checkbox for "Show Punctuation". The "Copies" section has a "Number of copies:" label and a spinner box set to "1". At the bottom, there are buttons for "Form / Printer Settings", "as PDF" (checkbox), "OK", and "Cancel".

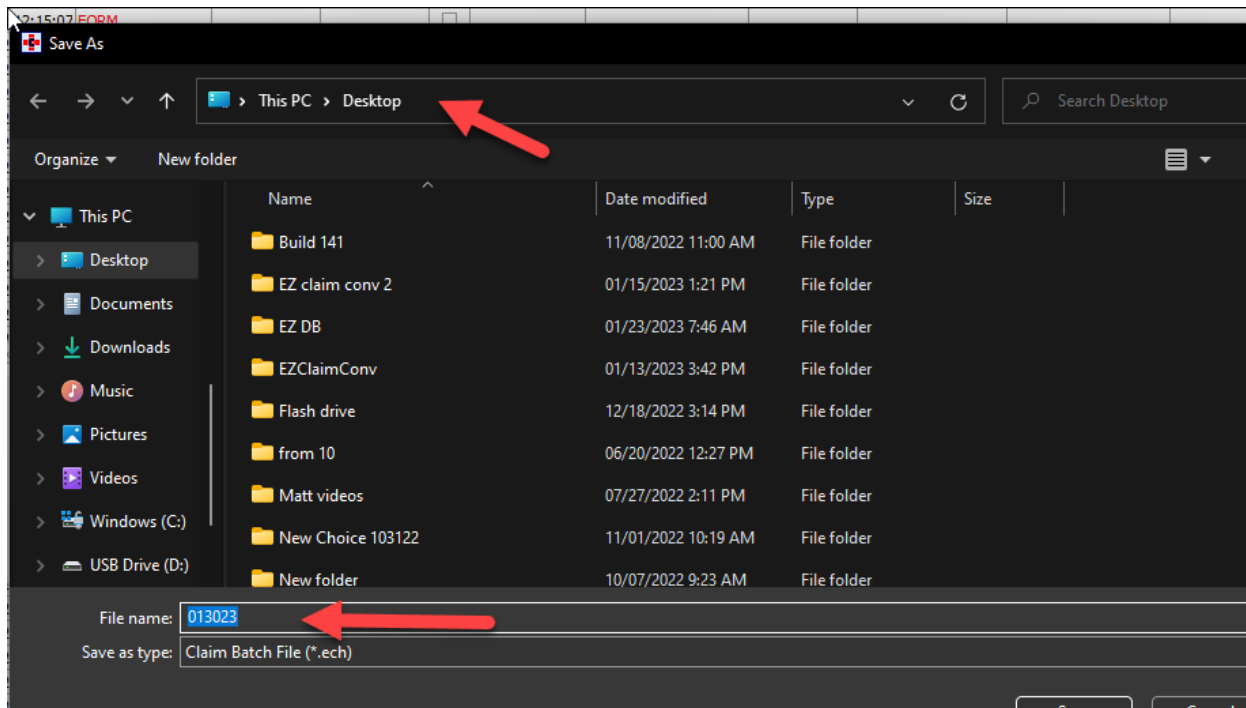
Creating an ECH file for electronic submission

Here is an example of the ech batch creation in the program.

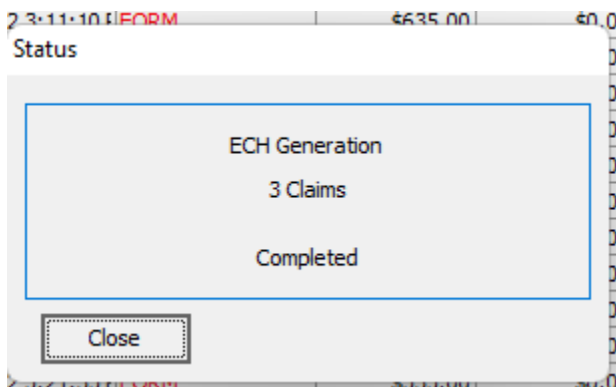
1 – Highlight the selected claims to batch and click on Create Batch



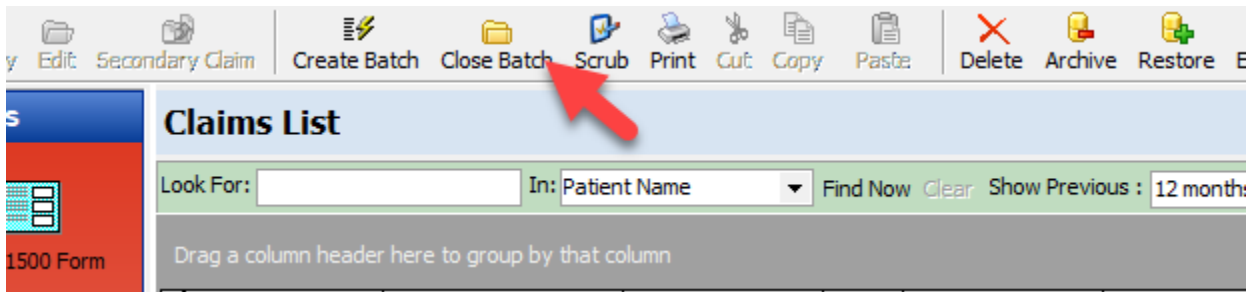
2 – Name the file, mine is for today's date. Direct to save to your chosen path destination on your computer.



3 – Close the confirmation window



4 – Close Batch



NOTE. While the Batch is still open, additional claims can be added to the file you have started on and created. Once closed, it is ready to upload.

Once the batch is closed you have an .ech file on your computer to upload to the clearinghouse. "NOTE" This file type is a Print Image which is taken by many clearinghouses. Be sure to check with them before setting up.

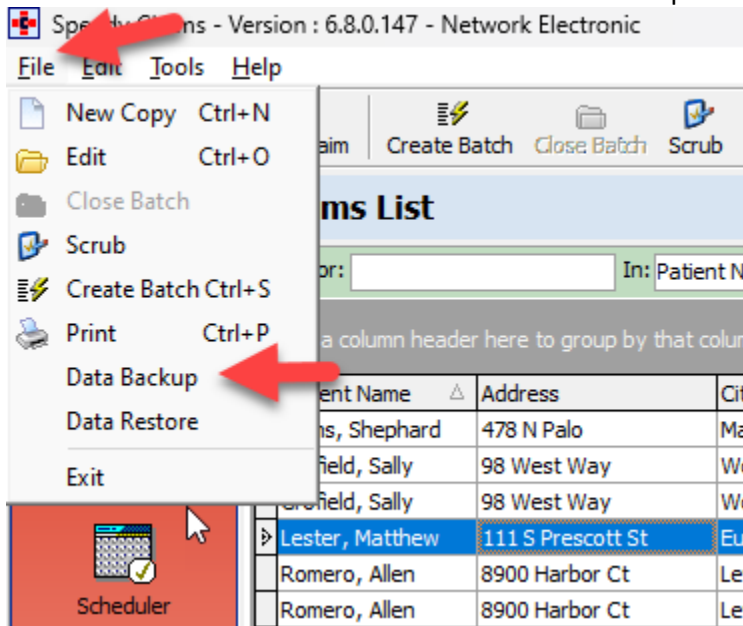
Below is a link for a couple of the clearinghouses most of our clients use for electronic submission.

<https://www.speedysoftusa.com/clearinghouse.html>

Backing up Your Data Correctly!

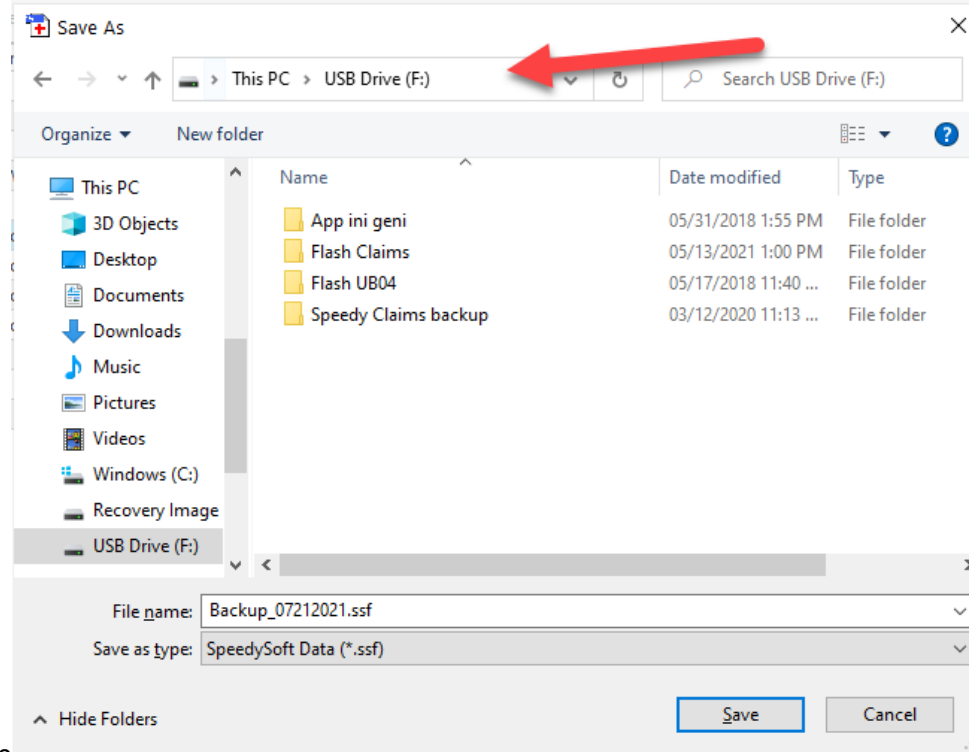
It is very important to frequently save your data off your computer in the case of a computer crash. That backup is an encrypted copy of your database and is only used to restore into Speedy Claims.

Select Tools on the left column and select Data Backup from your options above.



You will then get a Save window showing you where the file is going as well as the name of the backup. For your extra protection in case of a crash saving the backup off the computer will make the risk of losing all of your records much less likely. A new install of the software and license transfer is very simple. Below is a shot of the backup save window. I am directing this to my USB/Flash drive. I have a folder created on the USS as well. Opening that folder will direct the backup to it keeping my backups on a specific folder on the USB.

Other options to save your backup file to such as a shared network or server, cloud storage, or any external drive is fine as well. The primary purpose is to have a current backup saved OFF the main computer where the program is installed, and the database is located. Reinstalling the program is easy, Re-entering all of your data can be very time consuming without the backup.



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As shown in the File name, the backup file name includes the date it was created so you can easily find the most recent in the need for a restore on a new install.

As you can see, Speedy Claims is very easy to use and master. If you need more help or instruction please see the help file within the software or contact free support at

Email - customerservice@speedysoftusa.com

Toll Free – 844-267-1500

NOTE!!

To comply with HIPAA requirements and for security and privacy concerns certain files within Speedy Claims are encrypted and/or password protected. Do not tamper with them. Attempting to open them outside of or using any program other than Speedy Claims WILL corrupt the database and you will lose all your data. It will not be able to be recovered.

The two most commonly corrupted in this manner are:

- The Speedy Claims database
- The Speedy Claims backup file

Problems arising from tampering with these files may not covered under Free Support