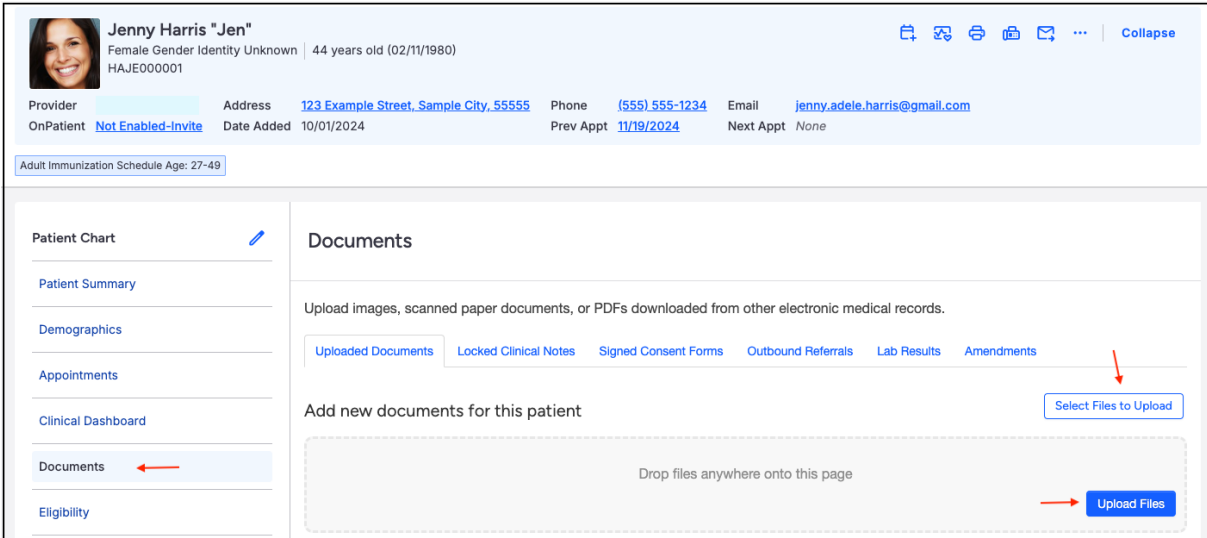


Carisk Partners (fka iHCFA) - How to Attach Documents to Auto Accident Claims

Last modified on 11/22/2024 2:12 pm EST

Please note that these instructions pertain to users who have the Carisk Partners (fka iHCFA) integration enabled. If you would like access to the feature, please contact your Account Manager for more information.

1. Navigate to **patient demographics**, and open the **Documents** tab.
2. Choose **Select Files to Upload**, select the files, and select **Upload Files** (or Drag/Drop the files onto this page and select Upload Files).



The screenshot displays a patient's medical record interface for Jenny Harris "Jen". The patient's information includes: Name: Jenny Harris "Jen", Gender: Female, Identity: Unknown, Age: 44 years old (02/11/1980), HAJE000001. Contact information includes: Address: 123 Example Street, Sample City, 55555; Phone: (555) 555-1234; Email: jenny.adele.harris@gmail.com. The interface shows a sidebar with navigation options: Patient Chart, Patient Summary, Demographics, Appointments, Clinical Dashboard, Documents (highlighted with a red arrow), and Eligibility. The main content area is titled "Documents" and contains the following text: "Upload images, scanned paper documents, or PDFs downloaded from other electronic medical records." Below this text are tabs for "Uploaded Documents", "Locked Clinical Notes", "Signed Consent Forms", "Outbound Referrals", "Lab Results", and "Amendments". A "Select Files to Upload" button is highlighted with a red arrow. Below the tabs, the text "Add new documents for this patient" is displayed. A dashed box contains the instruction "Drop files anywhere onto this page" and an "Upload Files" button, which is also highlighted with a red arrow.

3. Open an appointment's Billing Details screen by pressing on the date of service from **Billing > Live Claims Feed**
4. Ensure the **Payment Profile** is set as **Auto Accident** (Red Box). "iHCFA Documents" tab will appear on the bottom right. (Orange Box)

The screenshot displays a medical billing software interface. At the top, there are navigation tabs: 'View Service', '+ EOB', 'SuperBill', 'Clinical Note', 'Clone', 'HCFA/1500', 'HCFA/1500 (text)', and 'Print Screen'. The main form is divided into several sections:

- Billing Status:** A dropdown menu is highlighted with a green box, showing 'Auto Accident Claim' selected.
- Payment Profile:** A dropdown menu is highlighted with a red box, showing 'Auto Accident' selected.
- IHCF Documents:** A list of documents is highlighted with an orange box, including:
 - [None] (Mon Aug 13 14:57:19 2018)
 - [None] (Mon Aug 13 14:56:55 2018)
 - [None] (Wed Jul 11 12:29:14 2018)
 - [None] (Wed Jul 11 12:27:35 2018)
- Other Fields:** Includes 'Supervising Provider', 'Pt Payment' (00), 'Billing Profile', 'Billing Pick List', 'Diagnosis Pick List', 'Payer pre-auth #', 'Do Not Transmit', 'Referral #', 'Billing Facility', 'Purchased Serv Provider', 'Appointment Notes', 'Follow-up Date', and 'Billing Notes'.
- Emergency Service:** 'Emergency Service' is set to 'No', 'Delay Reason' is '- Not Used', 'Acute Manifestation Date' is empty, 'Onset Date' is '431: Onset c', and 'Other Date' is '- Other Date'.
- Hospitalization Info:** Includes 'Admission Date', 'Discharge Date', 'Start Care Date', and 'End Care Date'.
- ED Billing Note:** A checkbox for '(HCFA/CMS-1500 Line 19)' is present.

At the bottom, there is a status bar with various alerts: 'Patient's unallocated payment \$8831.50', 'Appt. does not have unallocated payment', 'Primary Insurer: (00265) Blue Cross and Blue Shield of Nevada', 'Secondary Insurer: (C1401) United Fire WC', 'closed by: ashley', and 'NP Thyroid Consent'. Below the status bar is a table with columns for '#', 'ICD-10', 'Description', 'Line Item', 'NDC Code', 'Quantity', and 'Units'.

#	ICD-10	Description	Line Item	NDC Code	Quantity	Units
1	W56.01XA	Bitten by dolphin, initial encounter			1	UN (Unit)
2	G54.7	Phantom limb syndrome without pain				

5. Select the documents to be attached from the **iHCFA Documents**.
6. Set the **Billing Status** (top left side of the screen) to **Auto Accident Claim** (Green Box) when you are ready to submit the claim.
7. Press **Verify & Save** to submit the claim with the selected documents. They will be sent, along with the claim, to Carisk Partners (fka iHCFA) and onto the payer for processing.
8. The clinical note for the appointment **must** be signed/locked before it will submit with the claim.

Claim Submission and Pricing

Claims are submitted to Carisk Partners (fka iHCFA) 7 days a week at 6am and 6pm EST, regardless of holidays and/or weekends. The cost is \$1.50 per claim.

Following a claim through submission

Claims will follow the same process you are used to with medical claims. The log will capture when the claim was submitted to the payer (via a status change to Auto Accident Claim). Any responses that are received electronically will appear posted in the appointment as usual. If the payer is not set up to send electronic responses, you will receive a paper remit at the address they have on file for your office.

Receiving payment from the payer

If the payer is set up to send EFT (Electronic Funds Transfer or direct deposit), and you have set it up with them directly, that is how you will receive payment on your claims. If they do not offer the service or if you don't set it up with them, you will receive payment directly from the payer via U.S. postal mail.

It is recommended that you include as much information as you have within the patient demographic/insurance section regarding the AA claim. Any additional information you can include (date of the accident, policy ID, adjustor, etc) will assist in having your claim processed and hopefully paid asap with minimal delays.
