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1 Overview

This chapter provides an overview of this manual and how to contact Optum. It contains the following sections:

- Introduction to This Guide
- Intended Audience
- Organization of This Guide
- Document Conventions
- About Optum
- Contact Us
  - Corporate Address
  - Need Assistance? Contact Optum Client Services
  - Optum Portals
  - Found an Error in This User’s Guide?
1.1 Introduction to This Guide

The EASYGroup™ PSI User’s Guide contains all the essential information the user will need to be able to use and administer the EASYGroup™ PSI application. Consider this guide your textbook, a ready reference source should you forget a procedure or encounter a problem.

1.1.1 Intended Audience

This guide is directed to:
- Claims Specialists
- Information Technology Personnel
- System Administrators
- Supervisors

1.2 Organization of This Guide

Table 1-1: Guide Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chapter 1, Overview</td>
<td>Gives an overview on this user’s guide and what it contains, as well as an introduction to Optum.</td>
</tr>
<tr>
<td>Chapter 2, Getting Started</td>
<td>Includes the main features and functionality of the EASYGroup™ PSI application.</td>
</tr>
<tr>
<td>Chapter 3, Claim Menu</td>
<td>Includes an overview of the Claim menu and its functionality.</td>
</tr>
<tr>
<td>Chapter 4, Workflow Menu</td>
<td>Includes an overview of the Workflow menu and its functionality.</td>
</tr>
<tr>
<td>Chapter 5, Administration</td>
<td>Includes an overview of the Administration menu and its functionality.</td>
</tr>
<tr>
<td>Chapter 6, Application Programming Interface (API)</td>
<td>Includes information about the EASYGroup™ PSI API component.</td>
</tr>
<tr>
<td>List of Figures</td>
<td>Index of figures used throughout this user’s guide.</td>
</tr>
<tr>
<td>Index</td>
<td>General index, for quick reference.</td>
</tr>
</tbody>
</table>

1.3 Document Conventions

This guide uses the following conventions:

- Any screen fields, buttons, tabs, or other controls that you can manipulate are printed in **bold** type. Keys that you press on the keyboard are also printed in **bold** type. For example:
  - Press the **Exit** button.
  - Press the **Enter** key.
Keyboard keys that you must press simultaneously are printed in **bold** type and separated by a plus (+) sign. For example:
- Press **Ctrl + C**.

Links embedded in the text that you can select to jump to another section are in orange. For example:
- Mappers

Field names for the C Platform and filenames are italicized. For example:
- `pricer_rtn_code`
- `EASYGroup.exe`

Field names for the COBOL Platform are in all caps. For example:
- `PRCR-RTN-CODE`

Field description titles are printed in **bold** type:
- **NICU Accreditation Indicator**

Legislation titles are italicized. For example:
- *Balanced Budget Act of 1997*

CMS Transmittals will be written in the following format:
- CMS Transmittal No. R2220CP (*Update - Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS) Rate Year 2012*)

### 1.4 About Optum

Optum is a health services business dedicated to making the health system work better for everyone. At Optum, we help modernize the health ecosystem, by bringing inter-operable and connected technology, real-time information, streamlined administration and managed compliance, risk, and costs.

### 1.5 Contact Us

#### 1.5.1 Corporate Address

Optum  
11000 Optum Circle  
Eden Prairie, MN. 55344  
T 1 + (888) 445-8745  
[www.optum.com](http://www.optum.com)

#### 1.5.2 Need Assistance? Contact Optum Client Services

We welcome you as a valued client. Please contact Optum Client Services using one of the methods detailed below.

When opening a ticket with Optum Client Services you will be issued a ticket number. These ticket numbers correlate to individual issues. If you are
experiencing multiple issues, it is recommended that you obtain individual
ticket numbers.

When calling Optum Client Services regarding a previously opened ticket,
have your ticket number available. If you misplaced or did not receive a ticket
number, please ask the technician to provide it to you.

Optum Client Services Phone: 800-999-DRGS (3747)
1. Calls are answered in the order that they are received. If there is a high
call volume, calls are held in a queue until a technician becomes
available.
2. Calls classified as an industry expert category (i.e., case and
reimbursement, logic encoder, etc.) will be escalated to Optum
experts.
3. Technicians are available 24/7.

After selecting Option 6 for Technical Support you will hear the following
choices:

<table>
<thead>
<tr>
<th>Option #</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1</td>
<td>For password reset, login issues, or expiration error.</td>
</tr>
<tr>
<td>Option 2</td>
<td>For all other issues.</td>
</tr>
</tbody>
</table>

Email: Optum Client.Services
1. Include name and number and detailed description of product issue.
2. Response time to email is generally within a few business hours.
3. Service technician has ability to do prior research before calling back.

1.5.3 Optum Portals
For access to announcements, user documentation, notices, release
schedules, and much more please visit the Optum Client Portal and/or the
Regulatory Portal.

1.5.4 Found an Error in This User’s Guide?
Please feel free to contact our EASYGroup™ Documentation Team with any
errors you may have found within this user’s guide:

EASYGroup_Documentation

We welcome feedback from our clients.
2 Getting Started

This chapter includes a brief introduction to the EASYGroup™ PSI application and descriptions for all of the main menus, drop-downs, and data elements that are common throughout the application.

This chapter contains the following sections:

- Introduction
- Accessing PSI
- Home Page
- Common Features
  - Optum Logo
  - Header
  - Menu Bar
  - Page Navigation
  - Footer
2.1 Introduction

EASYGroup™ PSI is a Representational State Transfer (REST) web-based claims-processing application designed for payers of all sizes. The EASYGroup™ PSI framework and intuitive design allows you to easily perform small-scale individual claims auditing to large-scale batch analytics. PSI is the Payment Integrity interface to Optum® Prospective Payment Systems (PPS); covering Medicare, Medicaid, TRICARE, and commercial lines of business. PSI offers claims processing performance, scalability, flexibility, and visibility on a secure web-based platform.

2.2 Accessing PSI

To access the PSI application:

1. Select the PSI icon (shown below in Figure 2-1) or navigate to the PSI URL (default is https://<server name or IP address>:<port number>/PSI).
2. Enter your Username and Password (if prompted).
3. PSI will open.

Figure 2-1. PSI Icon
2.3 Home Page

As a default, the home page for PSI is the Search Workflows page (shown below in Figure 2-2). For further information please refer to the Workflow Menu chapter included in this guide.

Figure 2-2. Home Page

2.4 Common Features

Most pages within EASYGroup™ PSI share the following common features:

- Optum Logo
- Header
- Menu Bar
- Page Navigation
- Footer

2.4.1 Optum Logo

The Optum logo is located in the upper left-hand side of every page. Once logged into EASYGroup™ PSI, you may click on this logo at any time to return to the home page (Search Workflows).
2.4.2 Header
The header contains a welcome message for the current user, the **Help** drop-down, the **Administration** drop-down, the **Database** drop-down, and the **Database Version** indicator.

2.4.3.1 Administration Drop-Down
The Administration drop-down is located on the upper-right side of the page. When you hover over Administration in the header, a drop-down will appear with the following options:

- User Groups
- Layouts
- Processing
- Directories

For further information about these options please refer to the *Administration* chapter of this user’s guide.

Figure 2-5. Administration Drop-Down
2.4.4.2 Help
The Help drop-down is located on the upper-right side of the page, next to the Administration drop-down. When you hover over Help in the header, a drop-down will appear with the About option. Selecting the About option will allow you to view the currently installed versions of the EASYGroup™ PSI application as shown in Figure 2-7.

Figure 2-6. Help Drop-Down

![Help Drop-Down](image)

Figure 2-7. About Dialog Box

![About Dialog Box](image)

2.4.5.3 Database Drop-Down
The Database drop-down is located on the upper-right side of the page, under the Administration drop-down. The Database drop-down shows the database that you are presently accessing. To switch databases simply select another option in the drop-down (if available).

Figure 2-8. Database Drop-Down

![Database Drop-Down](image)
2.4.6.4 Database Version
The **Database Version** is located next to the **Database** drop-down. The **Database Version** shows the version number of the database that is currently installed.

Figure 2-9. Database Version

2.4.7 Menu Bar
The menu bar is located in the upper right-hand side of the page. The menu bar consists of the **Claim** and **Workflow** drop-down menus. Please refer to the applicable chapters of this user guide for further information on the aforementioned drop-down menus.

Figure 2-10. Menu Bar

2.4.8 Page Navigation
Certain pages (i.e., Search Claims, Search Workflows, etc) have page navigation at the top and bottom right hand-side of the page. The page navigation allows you to navigate through the results. Page navigation includes a **Show ___ Per Page** drop-down, previous/next page buttons, and page number text box/indicator.
2.4.9.1 Show Per Page Drop-Down
The Show Per Page drop-down allows you to select the number of records that will be displayed in the results panel. You will see the following options: 10, 25, 50, and 100. Once selected, the page will automatically refresh and display the number of chosen records. The default number of records per page is 10 to optimize responsiveness. When changed, any records selected will become unselected.

2.4.10.2 Previous/Next Page Buttons
The previous and next page buttons allow you to go through the results page by page. These buttons may not be functional if you are on the first or last results page. When the page is changed, any records selected will become unselected.

2.4.11.3 Page Number Text Box/Indicator
The page number text box/indicator shows what page of the results you are viewing. You can also navigate to a specific page by entering the page number.
within the results page range. The number of pages shown will differ depending on the search results and the Show Per Page option chosen. When the page is changed, any records selected will become unselected.

Figure 2-14. Page Number Text Box/Indicator

2.4.12 Footer

The footer is located at the bottom of every page. The footer contains American Medical Association (AMA) Copyright, American Hospital Association (AHA) Copyright, American Dental Association (ADA) Copyright links and the Optum Privacy Policy link.

Figure 2-15. Footer Links
2.4.13.1 American Medical Association (AMA) Copyright Link
Selecting the AMA Copyright link will open the AMA Copyright dialog box.

Figure 2-16. AMA Copyright Dialog Box

2.4.14.2 American Hospital Association (AHA) Copyright Link
Selecting the AHA Copyright link will open the AHA Copyright dialog box.

Figure 2-17. AHA Copyright Dialog Box
2.4.15.3 American Dental Association (ADA) Copyright Link
Selecting the ADA Copyright link will open the ADA Copyright dialog box.

Figure 2-18. ADA Copyright Dialog Box

2.4.16.4 Optum Privacy Policy Link
Selecting the Optum Privacy Policy Link will open the Optum Privacy Policy page.

Figure 2-19. Optum Privacy Policy Page
3 Claim Menu

The Claim menu contains Search and Create claim options. This chapter includes information on the functionality of each of these options within the PSI application.

This chapter contains the following sections:

• Search Claims
  - Record Counts
  - Managing Claim Data
    - Filtering
    - Sorting
    - Selecting
    - Actions
• Create Claim
  - Claim Form Layout
  - Claim Form Tips
3.1 Search Claims

The **Search Claims** page (Claim > Search) provides a way to find the most recent record of every claim. You can filter the claims in the current database using the filtering options. The filtering is described in further detail below.

To view a specific claim, you can double-click the claim in the results panel which will bring you to the **Claim Form** page. For further information on the **Claim Form** page, please refer to the Create Claim section of this chapter.

![Figure 3-1. Search Claims Page](image)

### 3.1.1 Record Counts

#### 3.1.1.1 Total Records

**Total Records** is located at the top and bottom left-hand side of the page. The number next to the **Total Records** displays the total number of records in the current database.
3.1.1.2 Records Selected

Records Selected is located at the top and bottom left-hand side of the page, next to Total Records. The number next to the Records Selected displays the number of records selected in the results panel. For further information on selecting please refer to the Selecting section of this guide.

Figure 3-3. Records Selected

3.1.2 Managing Claim Data

3.1.2.1 Filtering

Filtering allows you to filter the list of claims based on a variety of criteria. The Search Claims page features two filtering options: Simple On-Page Filters and Create Claim (as shown below in Figure 3-4). By default, there are no filters applied. You can apply any filters by clicking Apply Filters or clear any filters by clicking Clear Filters (as shown below in Figure 3-5).
Simple On-Page Filters

The simple on-page filters allow you to search the list of records based on the following criteria:

- Claim ID
- Member ID
- Facility
- NPI
- Taxonomy
- Payer ID
- From Date*
- Thru Date*
- Pricer Type*

You can filter for specific record(s) using the text boxes within each column. For the criteria above without the asterisks, the filter function does not check for an exact match but rather if the value exists within the entire data element. For the criteria above with the asterisks, the filter function does check for an exact match.

For the From Date and Thru Date filters you must either enter the date (i.e., mm-dd-yyyy format) in the text box or select the date from the calendar pop-up (shown below in Figure 3-6).

For the Pricer Type filter you can either enter the Optum-defined Pricer Type or Pricer Type description and select the desired Pricer Type from the list.
shown (as shown below in Figure 3-7). For a list of Optum-defined Pricer Types, please refer to the Input & Output Parameter Blocks User’s Guide.

Figure 3-6. Date Filters

![Date Filters](image1)

Figure 3-7. Pricer Type Filter

![Pricer Type Filter](image2)
To filter for a specific criteria:

1. Enter a specific value in the appropriate text box within the column(s).
2. Once all criteria has been entered, select **Apply Filters** for the results to display in the results panel.

**Note**
Selecting the **Enter** button on your keyboard will also return results.

3. To clear the search criteria, select the **Clear Filters** link.

Figure 3-8. Filter Example

- **Advanced Off-Page Filters**
  The advanced off-page filters allow for a wider range of filtering options. The advanced off-page filter drop-down contains a list of filters that you have already created. You can apply existing filters, view/modify filters, or create a new filter.

To apply an existing filter:
1. Select the filter from the drop-down.
2. Click **Apply Filters**.

Figure 3-9. Applying an Existing Filter

To view or modify the setting of a filter that has been already created:

1. Select the existing filter from the drop-down and then click on the gear icon.

Figure 3-10. Advanced Off-Page Gear Icon
2. The **Claim Filters** dialog box will appear. The filter you selected will be displayed in the **Select an Existing Filter** drop-down.

Figure 3-11. Claim Filters Dialog Box

![Claim Filters Dialog Box](image)

3. The conditions for that filter will appear below the drop-down.

4. This is where you can modify any of the conditions. The following options are available:
   - The **Satisfy ___ of the Following** drop-down contains **All** and **Any** options. Selecting **All** applies all the conditions and selecting **Any** applies any one of the conditions during the search.
   - The **Field** drop-down contains a list of Optum fields.
   - The **Qualifier** drop-down contains **Equals**, **Does Not Equal**, **Contains**, **Does Not Contain**, and **List of Values**. Select one that correlates to the value you enter in the value text box.
   - The value text box is where you enter the value of the condition you want to apply.
5. You can remove a condition by selecting the trash can icon in that row or add a condition by selecting the plus sign icon in that row.

6. Once you are done, select Save to save your changes to the current filter, select Save As to save the modified settings with a new filter name, select Delete to delete the filter, or select Cancel to close without saving.

7. If Save As is selected, the Create New Claim Filter dialog box will appear. Enter the Filter Name in the text box and click Create.

To create a new filter:

1. Select gear icon.
2. The Claim Filters dialog box will appear.
3. Select the New button.
4. The Create New Claim Filter dialog box will appear. Enter the Filter Name in the text box and click Create.
5. This is where you can add conditions. The following options are available:
   - The Satisfy __ of the Following drop-down contains All and Any options. Selecting All applies all the conditions and selecting Any applies any one of the conditions during the search.
   - The Field drop-down contains a list of Optum fields.
   - The Qualifier drop-down contains Equals, Does Not Equal, Contains, Does Not Contain, and List of Values. Select one that correlates to the value you enter in the value text box.
   - The value text box is where you enter the value of the condition you want to apply.
6. You can remove a condition by selecting the trash can icon or add a condition by selecting the plus sign icon in that row.
7. Once you are done, select **Save** to save the filter.

### 3.1.2.2 Sorting
You can sort the list of records by choosing the up/down arrows in the applicable column. When selecting the up/down arrows, the column will first be sorted in ascending order. By selecting the up arrow again, the data will then be sorted in descending order.

![Sorting Arrows](image)

### 3.1.2.3 Selecting
You can select individual claims by selecting the check-box in that row or you can select all the claims displayed or within the current database by selecting the all check-box. Once you have selected the desired claims, you can perform certain actions to those claims such as downloading, processing, and deleting as described below in the **Actions** section.

**Select All Check-Box**
The select all check-box is located to the left of the **Claim ID** column. This check-box allows you to select all claims on the page or select all claims in the current database for download, process, or delete. When you click the select all check-box, a message will appear in an orange bar above the select all check-box which indicates the number of claims that have been selected along with the option to select all the claims in the current database (as shown in Figure 3-14). If you choose to select all the claims in the current database, a message will appear in the same orange bar giving you the option to clear your selection.
3.1.2.4 Actions
After you have made a selection of claims, you can perform the following actions on those claims: **Download, Process, Delete** and **Report**.

- **Download**

**Note**
You may or may not see the **Download** option depending on your access level which are defined in the **User Groups Access Level** page. Please refer to the **Administration** chapter of this guide.
The **Download** action will download the displayed information (i.e., Claim ID, Member ID, Facility, NPI, etc.) for the selected claim(s) into a Comma Separated Values (CSV) file. To begin the download process:

1. Select the records you wish to download.
2. Select the **Download** button on the upper left side of the page.

Figure 3-15. Download

3. The **Download Claims** dialog box will appear.
4. Select **Download** to continue with the download or **Close** to cancel the download and close the dialog box. If you start the download, the download status will appear in the dialog box.

Figure 3-16. Download Claims Dialog Box
5. Once the download is completed, your browser will prompt you to save/open the CSV file.

Figure 3-17. CSV File Example

✓ Process

Note
You may or may not see the Process option depending on your access level which are defined in the User Groups Access Level page. Please refer to the Administration chapter of this guide.

The process action allows you to process the selected claims. When you choose to process claims, PSI will create a workflow (Workflows are described in the Workflow Menu chapter of this guide). To perform this action:

1. Select the records you wish to process.
2. Select the Process button.

Figure 3-18. Process Claims
3. The **Search Claims Ad Hoc Process** dialog box will appear (shown below in **Figure 3-19**). In the **Search Claims Ad Hoc Process** dialog box you will see a **Workflow Name** text box and **Processing Options** drop-down. Below is a description of each field:

**Workflow Name** - A unique workflow name is required. This workflow name will appear across workflow-related screens prefixed with *AdHoc-* to distinguish it from other workflows created in other scenarios.

**Processing Options** - Processing options gives you control over what system folders should be utilized for processing. You can view these settings by clicking the gear icon next to the drop-down (shown below in **Figure 3-20**). For more information on Processing Options, please refer to the Administration chapter of this guide.

*Figure 3-19. Search Claims Ad Hoc Process Dialog Box*
4. To begin processing the record(s), select **Initiate** or select **Cancel** to cancel the process and close the **Search Claims Ad Hoc Process** dialog box. Once the process has been completed, you will see a successful message in an orange bar above the simple on-page filters (shown below in Figure 3-22).

**Figure 3-21. Initiate and Cancel Buttons**
**Delete**

**Note**
You may or may not see the **Delete** option depending on your access level which are defined in the **User Groups Access Level** page. Please refer to the **Administration** chapter of this guide.

The delete action deletes the claim(s) you have selected, including their entire history. When selecting this action, a dialog box will appear presenting a warning indicating the claims will be deleted and to proceed with caution. To delete a record(s):

1. Select the record(s) you wish to delete.
2. Select the **Delete** button.

Figure 3-23. Delete Action Example

3. The **Delete Claims** dialog box will appear.
4. Select **Delete** to continue with the deletion or **Cancel** to cancel the deletion and close the **Delete Claims** dialog box.

**Note**
The delete action is not reversible and cannot be stopped once started.

Figure 3-24. Delete Claims Dialog Box

**Report**
The report action creates a report of the claims you have selected. To generate a report:
1. Select the records you wish to have a report generated for.
2. Select the **Report** button on the upper left side of the page.

Figure 3-25. Report

3. The **Generate Report** dialog box will appear to allow you to name the report in the **Report Name** text box.

4. Once you have entered a **Report Name**, select the **Generate** button. Once selected, a report will be generated in a new browser tab.

Figure 3-26. Generate Report Dialog Box
Figure 3-27. Report Example

Example Report [Built on 11/18/2020 at 09:33 AM]

Total Covered Charges  $1,391,095,316.83
Total Payment  $321,798,098.67
Total Outlier Payment  $73,171,255.83

Breakdown Per Payment System

<table>
<thead>
<tr>
<th>Payment System</th>
<th># of Claims</th>
<th>Total Charges</th>
<th>Total Pay</th>
<th>Outlier Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare APC</td>
<td>23,156</td>
<td>$81,871,764.34</td>
<td>$19,232,523.26</td>
<td>$1,048,806.06</td>
</tr>
<tr>
<td>Medicare LTC</td>
<td>564</td>
<td>$36,970,151.99</td>
<td>$6,205,360.86</td>
<td>$1,472,500.61</td>
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<td>Medicare IRF</td>
<td>6,690</td>
<td>$260,040,038.50</td>
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</tr>
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<td>Medicare ASC</td>
<td>54,662</td>
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<td>Medicare IRA</td>
<td>57,412</td>
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<td>$20,517.00</td>
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</table>

Summary  155,244  $1,391,095,316.83  $321,798,098.67  $73,171,255.83

Top 10 DRGs

<table>
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<tr>
<th>DRG</th>
<th># of Claims</th>
<th>Average of Total Pay</th>
<th>Min Total Pay</th>
<th>Max Total Pay</th>
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<tbody>
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<td>871</td>
<td>1,258</td>
<td>$16,551.58</td>
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<td>690</td>
<td>262</td>
<td>$6,831.63</td>
<td>$1,000.00</td>
<td>$48,931.62</td>
</tr>
</tbody>
</table>

Summary  5,241  $10,565.65  $854.39  $201,083.05
3.2 Create Claim

The **Claim Form** page (**Claim > Create**) provides a way to view, update, copy, or create a single claim. To view, update, or copy an existing claim, select the claim from the **Search Claims** page. To create a new claim, hover over the **Claim** menu and select **Create**.

Figure 3-28. Claim Form Page
3.2.1 Claim Form Layout

The claim form is separated into six distinct parts:

- Header
- Claim Identifying Information
- Rate Data
- Initial Results
- Claim Form Fields (this section is Pricer specific)
- Claim Form Actions

3.2.1.1 Header

The **Claim Form** header contains the claims history drop-down (available for existing claims), the claims processing options drop-down, the option to offset dates for modeling, and a **Clear/Close** button.

![Claim Form Header]

- **Claim History Drop-Down**
  The claim history drop-down only appears for existing claims. This drop-down contains a date and time stamp of each time the claim was processed. It also contains some text that explains how the claim was processed:
  - **Manual Entry** = Claim was manually entered.
  - **Web Entry** = Claim was processed via the API.
  - **Search Claims Process** = Claim was processed using the **Process** button on the **Search Claim** page.
  - Name of the workflow task used to process the claim (i.e., SAF_Inpatient.dat).
Figure 3-30. Claim History Drop-Down

✔ Processing Options

For existing claims, the processing options drop-down displays the processing conditions that were applied to the claim. When creating a new claim or re-processing an existing claim, the processing options can be changed using this drop-down. The settings for each processing option can be viewed by selecting the gear icon to the right of the drop-down. The options available in this drop-down are dictated by your organization and are defined using the Administration > Processing menu. For further information please refer to the Administration chapter of this guide.

Figure 3-31. Processing Options Example
Offset Dates

The offset section allows you to offset dates on the claim for modeling purposes. The Offset drop-down contains plus (+) and minus (-) signs. This allows you to decrease or increase the date on the claim by the number of days entered on the Days text-box. To apply the date offset (CTRL + SHIFT + 7), select the apply icon (left/right arrows) located to the right of the Days text-box. To remove the date offset (CTRL + SHIFT + 7), select the remove icon (counter-clockwise arrow) located to the right of the Days text-box (shown below in Figure 3-34).

Figure 3-33. Offset Date Section
Clear/Close Button

The Clear/Close button (CTRL + ALT + Q) is located on the top-right side of the Claim Form page. The Clear button only appears for new claims. The Close button only appears for existing claims.

3.2.1.2 Claim Identifying Section
The claim identifying section contains Personally Identifiable Information (PII) and Protected Health Information (PHI) for the particular claim. For example, the Claim ID, the patient’s name, and Member ID. Since this information is protected, these values are hidden by default. To view this information, you can simply click the show/hide icon.
### 3.2.1.3 Rate Data Section

The **Rate Data** section is located below the claim identifying section. The **Rate Data** section contains the provider information. For example, Facility ID, NPI, and Taxonomy Code.

#### Finding a Rate Record

When creating a new claim, you will need to enter the provider information and click the **Find** button to select the appropriate provider record for this claim. This allows you to select the appropriate setting/claim type (i.e., physician, inpatient, outpatient, home health, etc.) for this claim which dictates the fields shown in the **Claim Data** section.

Before clicking the **Find** button, you must enter values in the following fields:

- **Facility ID** or **National Provider Identifier** (NPI)
- **From or Admission Date**
- **Thru or Discharge Date**
- **Payer ID or Contract Code** (optional)
- **Taxonomy Code** (optional)

Once you have entered values in these fields, click the **Find** button to perform a lookup of the rate files located in the **Rate Path** which is determined by the processing options drop-down in the header.

This lookup will find all matching entries associated with the data entered and display them in the **Provider Selection** dialog box. If the **Payer ID or Contract Code** and/or the **Taxonomy Code** are not provided, the lookup will return all possible **Payer ID or Contract Code** and **Taxonomy Code** associated with the provider for the given claim dates. Select a provider.
from the **Provider Selection** dialog box and click **Select** or click **Cancel** to not select a provider and close the dialog box.

Figure 3-39. Provider Selection Dialog Box

3.2.1.4 Initial Results Section
The **Initial Results** section is located below the **Rate Data** section. This section includes high-level Return Codes, the actual provider identifying information that has been/will be used for processing, and the Pricer Type associated with the identified provider.

Figure 3-40. Initial Results Section

3.2.1.5 Claim Form Fields (this section is Pricer Specific)
The Claim Form fields are pricer specific and appear after the **Initial Results** section. The sections that may appear include the following: **Claim Data, Diagnosis Data, Procedure Data, Line Data, Value Codes, Condition Codes, Occurrence Codes, Span Codes, Mapping Results, Analyzing Results, Editing Results, Grouping Results**, and **Reimbursement Results**.
Claim Data Section

The **Claim Data** section is located after the **Initial Results** section and only appears when a **Pricer Type** is selected in the **Initial Results** section. This section contains claim-level information about the patient and their visit. For example, Age in Years, Date of Birth, Length of Stay, etc.

Figure 3-41. Claim Data Section

<table>
<thead>
<tr>
<th>Claim Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>UB-04 Admission/Start of Care Date</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Diagnosis Data Section**

The **Diagnosis Data** section contains diagnosis-level information, including the entered diagnosis level information (input) as well as any information returned (output) during processing. All input is grouped together at the top of this section followed by all output.
Figure 3-42. Diagnosis Data Section

Each line of diagnosis code information is numbered. To easily go back and forth between the input and output information for a given diagnosis code, simply click the line number.

Figure 3-43. Input and Output Diagnosis Information Line Numbers
In addition, you can add a new diagnosis code by clicking the plus icon or remove a diagnosis code by clicking the trash icon.

Figure 3-44. Diagnosis Add and Remove Icons

![Diagnosis Data](image)

- **Procedure Data Section**

  The **Procedure Data** section contains ICD-10 procedure-level information, including the entered procedure level information (input) as well as any information returned (output) during processing. All input is grouped together at the top of this section followed by all output.

Figure 3-45. Procedure Data Section

![Procedure Data](image)
Each line of procedure code information is numbered. To easily go back and forth between the input and output information for a given procedure code, simply click the line number.

Figure 3-46. Input and Output Procedure Information Line Numbers

In addition, you can add a new procedure code by clicking the plus icon or remove a procedure code by clicking the trash icon.

Figure 3-47. Procedure Add and Remove Icons
Line Data Section

The **Line Data** section contains CPT®/HCPCS line-level information, including the entered line-level information (input) as well as any information returned (output) during processing. All input is grouped together at the top of this section followed by all output.

Figure 3-48. Line Data Section

Each line of information is numbered. To easily go back and forth between the input and output information for a given line, simply click the line number.

Figure 3-49. Line Data Input and Output Line Numbers
In addition, you can add new line-level information by clicking the plus icon or remove line-level information by clicking the trash icon.

Figure 3-50. Line Data Add and Remove Icons

**Value Codes Section**

The **Value Codes** section contains value code and value amount data. If needed, you can add additional value code and value amount data by clicking the plus icon or remove value code and value amount data by clicking the trash icon.

Figure 3-51. Value Codes Section

**Condition Codes Section**

The **Condition Codes** section contains condition code data. If needed, you can add additional condition code data by clicking the plus icon or remove condition code data by clicking the trash icon.
Figure 3-52. Condition Codes Section

<table>
<thead>
<tr>
<th>Condition Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>C5</td>
</tr>
</tbody>
</table>

✓ Occurrence Codes Section
The Occurrence Codes section contains occurrence code and date data. If needed, you can add additional occurrence code and date data by clicking the plus icon or remove occurrence code and date data by clicking the trash icon.

Figure 3-53. Occurrence Codes Section

<table>
<thead>
<tr>
<th>Occurrence Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
</tr>
</tbody>
</table>

✓ Span Codes Section
The Span Codes section contains occurrence span code and date data. You can add additional occurrence span code and date data by clicking the plus icon or remove occurrence span code and date data by clicking the trash icon.

Figure 3-54. Span Codes Section

<table>
<thead>
<tr>
<th>Span Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>71</td>
</tr>
</tbody>
</table>

✓ Mapping Results Section
The Mapping Results section displays claim-level mapping information for claims that require code mapping (i.e., claims processed with a prior grouper version). Code-level mapping results will display in the corresponding Diagnosis Data and Procedure Data sections where applicable.
The Analyzing Results section displays claim-level analyzing information for claims that utilized an Analyzer. Code-level analyzing results will display in the corresponding Diagnosis Data and Line Data sections where applicable.

The Editing Results section displays claim-level editing information for claims that utilized an Editor. The data displayed in this section will vary depending on the Editor utilized. Code-level editing results will display in the corresponding Diagnosis Data, Procedure Data, and Line Data sections where applicable.

The CCI Results section displays Correct Coding Initiative (CCI) editing results for Home Health Agency (HHA), outpatient (APC, APG, ESRD, etc.), and Skilled Nursing Facility (SNF) claims. Code-level CCI editing results will display in the corresponding Line Data section where applicable.
Figure 3-58. CCI Results Section

<table>
<thead>
<tr>
<th>CCI Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

✓ Grouping Results Section

The Grouping Results section displays claim-level grouping information for claims that required case-mix classification. Code-level grouping results will display in the corresponding Diagnosis Data, Procedure Data, and Line Data sections where applicable.

Figure 3-59. Grouping Results Section

<table>
<thead>
<tr>
<th>Grouping Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grouper Return Code</td>
</tr>
<tr>
<td>NN</td>
</tr>
<tr>
<td>Admission ROM</td>
</tr>
<tr>
<td>N</td>
</tr>
</tbody>
</table>

✓ Reimbursement Results Section

The Reimbursement Results section displays claim-level pricing information for claims that utilized a Pricer. Code-level pricing results will display in the corresponding Line Data section where applicable.

Figure 3-60. Reimbursement Results Section

<table>
<thead>
<tr>
<th>Reimbursement Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pricer Return Code</td>
</tr>
<tr>
<td>NN</td>
</tr>
<tr>
<td>Outlier Payment</td>
</tr>
<tr>
<td>0.00</td>
</tr>
</tbody>
</table>
3.2.1.6 Claim Form Action Buttons
After creating a new claim or when viewing an existing claim, you can take the following actions on that claim: Process, Save, Save As, Pricing Worksheet (if applicable), Analyzer Worksheet (if applicable), and Delete.

**Note**
The Save, Save As, and Delete options may be disabled depending on your access level which are defined in the User Groups Access Level page. Please refer to the Administration chapter of this guide.

Figure 3-61. Claim Form Action Buttons

| Process | Save  | Save As | Pricing Worksheet | Analyzer Worksheet | Delete |

**✓ Process Button**
When the Process button (CTRL + ALT + 1) is selected, the claim is processed and results are returned to the claim form. If issues are encountered during processing, they will be displayed either in pop-ups (for PSI issues) or in the various return code fields on the claim form (for editing, grouping, pricing issues, etc.).

**Note**
The Process button does not save the claim automatically; you must also select the Save button.

**✓ Save Button**
The Save button (CTRL + ALT + 2) updates the claim data in the database. When the Save button is selected, a new record will be added to the claim’s history.

When saving, if the claim data is found to be different then the previously saved claim data and the claim has not been processed using that new claim data, a Save Validation dialog box will appear. The following buttons are available:

- **Only Save Input** - allows you to save only the updated claim data
- **Re-process and Save** - allows you to re-process using the updated claim data and then save the updated claim data and results
- **Cancel** - does not save any updates and returns you to the Claim Form
Save As Button

The **Save As** button (CTRL + ALT + 3) allows you to make a copy of the current claim, including any adjustments you may have made. When the **Save As** button is selected, a **Save As a New Claim** dialog box will appear. Entering in a new **Claim ID** will create a new claim with no history, and entering an existing **Claim ID** will attach the claim to the history of the matching **Claim ID**.

**Note**

When entering an existing Claim ID ensure that you use the same case.

Save Validation Dialog Box

When saving, if the claim data is found to be different then the previously saved claim data and the claim has not been processed using that new claim data, a **Save Validation** dialog box will appear. The following buttons are available:

- **Only Save Input** - allows you to save only the updated claim data
- **Re-process and Save** - allows you to re-process using the updated claim data and then save the updated claim data and results
**Cancel** - does not save any updates and returns you to the Claim Form

Figure 3-64. Save Validation Dialog Box

![Save Validation Dialog Box](image)

✓ **Pricing Worksheet**

The Pricing Worksheet button (CTRL + ALT + 4) will open a new tab that displays the step-by-step calculations that were performed to derive the final reimbursement. Currently, pricing worksheets are not available for all claims. If a pricing worksheet is not available, you will receive an error as shown in Figure 3-66.
Figure 3-65. Pricing Worksheet Example

| Facility: | 312314 |
| NPI: | 1013386143 |
| Medical Record #: |  |  |
| Ctrl number: |  |  |
| Birth Date: | 00/00/0000 |
| Age: | 62 |
| Sex: | F |
| Total Charges: | $4,951.60 |
| Operation Performed: | EditGroupPrice |
| Max Accept Error for Pricing: | 06, Price entry line without an error |
| Final ACE Disposition: | 00, No final disposition error |
| ACE Class Level Errors: | 0 |
| Base Rate Flag: | 0 |
| Rand: | NPI |

**DX Codes**

<table>
<thead>
<tr>
<th>Line</th>
<th>Code</th>
<th>DX Type</th>
<th>Error</th>
<th>Final Disp</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>N186, END STAGE RENAL DISEASE</td>
<td>APR, ICD-10 Reason for Visit Diagnosis Code</td>
<td>00, No diagnosis disposition error</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>N186, END STAGE RENAL DISEASE</td>
<td>ARK, ICD-10 Principal Diagnosis Code</td>
<td>00, No diagnosis disposition error</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>E8779, OTHER FLUID OVERLOAD</td>
<td>ARB, ICD-10 Secondary Diagnosis Code</td>
<td>00, No diagnosis disposition error</td>
<td></td>
</tr>
</tbody>
</table>

**Summary**

<table>
<thead>
<tr>
<th>Line</th>
<th>HCPSC</th>
<th>Med 1/2</th>
<th>Unit</th>
<th>Date</th>
<th>Rev Code</th>
<th>Charges</th>
<th>APC</th>
<th>Pay Stat</th>
<th>Wage Adj Rate</th>
<th>Total Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>90999, DIALYSIS PROCEDURE</td>
<td>G3 / V5</td>
<td>1</td>
<td>10/31/2019</td>
<td>081</td>
<td>$4,951.60</td>
<td>00000</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

**Outliers/Discount/Pass-through**

<table>
<thead>
<tr>
<th>Line</th>
<th>HCPSC</th>
<th>APC</th>
<th>Pay Stat</th>
<th>Flg Flag</th>
<th>High Pay Flg</th>
<th>Bil Flg</th>
<th>Ter Flg</th>
<th>Disc Fact</th>
<th>Total Pay</th>
<th>Adj Charge</th>
<th>Flg Charge</th>
<th>Tot Charge</th>
<th>Outlier</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>90999, DIALYSIS PROCEDURE</td>
<td>00000</td>
<td>0.00</td>
<td>0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$4,951.60</td>
<td>$0.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Figure 3-66. Unavailable Pricing Worksheet Error Message
✔ Analyzer Worksheet

The **Analyzer Worksheet** button (CTRL + ALT + 5) will open a new tab that displays the detailed factors that were considered in deriving the final analyzer recommendation (as shown below in Figure 3-67). This option is only available when analyzing is utilized and a visit-level recommendation was provided.
Figure 3-67. Analyzer Worksheet Example

**Claim Information:**

- **Medical Record Number:**
- **Analysis:**
- **Patient Control Number:**
- **Test Case:**
- **Facility ID:**
- **Prox Date:**
- **NPI:**
- **Thru Date:**
- **Taxonomy:**
- **Age:**
- **Payer ID:**
- **Gender:**
- **Provider State Abbreviation:**
- **Reason for Visit Diagnosis Codes:**

**Claim Detail:**

- **Diagnosis Codes:** APR: H55 011: CELLULITIS OF RIGHT ORBIT
- **Revenue and HCPCS Codes:**
  - Rev. 0300: 76981, MR ELASTOGRAPHY
  - Rev. 0400: 99055, EMERGENCY DEPT VISIT

**Summary**

The EDC Analyzer™ systematically evaluates each ED visit level code in the context of other claims data (i.e., diagnosis codes, procedure codes, patient age, and patient gender) to ensure that it reasonably relates to the intensity of hospital resource utilization as required per CMS Guidelines.

**CMS Guideline #1:** Follow the intent of the CFR code descriptor in that the guidelines should be designed to reasonably relate the intensity of hospital resources to the different levels of effort represented by the code.

**CMS Guideline #2:** Be based on hospital facility resources, not on physician resources.

The appropriate visit level of an ED claim is determined by the EDC Analyzer™ based on the reason for visit, diagnostic workup, and patient complexity (as represented by conditions present on the claim which may increase the complexity or intensity of facility resources).

**Reason for Visit**

- **Code(s):**
- **Weight:** 400

  The presenting problem of H55 011 is typically of moderate severity.

**Diagnostic Workup**

- **Categories**
  - Laboratory tests:
  - X-rays (film):
  - EKG/Respiratory Therapy/Other diagnostic services
  - CT/MRV/US scans:

  **Code(s):** 70391 200

**Patient Complexity Facility Resource Use Indicator**

- **Code(s):**
- **Weight:** 0

- **Diagnosis Code List:**

**Total Weight:** 600

**Submitted Visit Level:** Level 5 (99285)

**Calculated Visit Level:** Level 3 (99283)

**Error:** 00 (No Errors)

**Visit Level Thresholds**

<table>
<thead>
<tr>
<th>Visit Level</th>
<th>Low Weight</th>
<th>High Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>100</td>
<td>299</td>
</tr>
<tr>
<td>2</td>
<td>300</td>
<td>499</td>
</tr>
<tr>
<td>3</td>
<td>500</td>
<td>799</td>
</tr>
<tr>
<td>4</td>
<td>800</td>
<td>1299</td>
</tr>
<tr>
<td>5</td>
<td>1300</td>
<td>9999</td>
</tr>
</tbody>
</table>
**Delete Button**

When the Delete button (CTRL + ALT + 6) is selected, a Delete Claim dialog box will appear to confirm you want to delete the instance of the claim from the database. Select the Delete button to proceed with the deletion or the Cancel button to cancel the deletion.

Figure 3-68. Delete Claim Dialog Box

3.2.2 Claim Form Tips

**3.2.2.1 Hot Keys**

The following hot keys are available for the Claim Form page.

- **TAB** = This will allow you to move to the next field.
- **SHIFT + TAB** = This will allow you to move to the previous field.
- **CTRL + ALT + 1** = This will perform the Process action.
- **CTRL + ALT + 2** = This will perform the Save action.
- **CTRL + ALT + 3** = This will perform the Save As action.
- **CTRL + ALT + 4** = This will perform the Pricing Worksheet action.
- **CTRL + ALT + 5** = This will perform the Analyzer Worksheet action.
- **CTRL + ALT + 6** = This will perform the Delete action.
- **CTRL + ALT + 7** = This will perform the apply/remove date offset action.
- **CTRL + ALT + Q** = This will perform the Close OR Cancel action.

**3.2.2.2 Date Auto-Population**

To simplify the process of creating a new claim or adding claim lines to an existing claim, the following dates on the Claim Form page will auto-populate to the current date, if a date is not entered:

- Rate Data > From or Admission Date
- Rate Data > Thru or Discharge Date

In addition, the following dates on the Claim Form page will auto-populate based on the From or Admission Date, if a date is not entered:

- Line Data > Date of Service
• Procedure Data > Procedure Date
4 Workflow Menu

The Workflow menu contains Search, Manage, and Schedule workflow options. This chapter includes information on the functionality of each of these options within the PSI application.

This chapter contains the following sections:

- Understanding the Terms
- Search Workflows
  - Total Records
  - Sorting
  - Filters
- Manage Workflows
  - Workflow Section
  - Task Details Section
  - Action Buttons
- Schedule Workflows
  - Schedule Workflow List
  - Schedule Calendar
4.1 Understanding the Terms

The following terms are used throughout this chapter:

- **Layout** - The structure that you define for a claim input or output file. Within a layout you define what fields will appear and in what order they will appear in.

- **Task** - An action you want to take on a batch of claims (e.g. import, export, process)

- **Workflow** - A series of tasks that you define. For example:
  1. Import Inpatient claims,
  2. Import Outpatient claims,
  3. Process Inpatient and Outpatient claims,
  4. Export Inpatient and Outpatient claims.
### 4.2 Search Workflows

The **Search Workflows** page (**Workflow > Search**) is a dashboard to show the latest status of every workflow and to navigate to further detail about the workflows. You can filter and sort the workflows displayed in the results panel. Sorting and filtering are described in further detail below.

Figure 4-1. Search Workflows

<table>
<thead>
<tr>
<th>Actions</th>
<th>Name</th>
<th>Status</th>
<th>Start Time</th>
<th>End Time</th>
<th># of Runs</th>
<th># of Claims</th>
<th>Per Secord</th>
<th>With Edits</th>
<th>With Return Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SNF Import</td>
<td>Completed</td>
<td>07-16-2020 04:00 AM</td>
<td>07-16-2020 04:01 AM</td>
<td>1</td>
<td>21586</td>
<td>418</td>
<td>36800</td>
<td>688</td>
</tr>
<tr>
<td></td>
<td>IPS Import</td>
<td>Completed</td>
<td>06-15-2020 06:22 PM</td>
<td>06-15-2020 06:23 PM</td>
<td>3</td>
<td>2300</td>
<td>150</td>
<td>158</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>Example Workflow</td>
<td>Completed</td>
<td>09-15-2020 06:05 PM</td>
<td>09-15-2020 06:09 PM</td>
<td>1</td>
<td>75625</td>
<td>362</td>
<td>40030</td>
<td>7559</td>
</tr>
</tbody>
</table>

Total Records: 3
4.2.1 Total Records

Total Records is located at the top and bottom left-hand side of the page. The number next to the Total Records displays the total number of workflows in the current database.

Figure 4-2. Search Workflows Total Records

4.2.2 Sorting

You can sort the list of workflows by choosing the up/down arrows in the applicable column. By default, the table will display the most recently completed workflow in descending order. When selecting the up/down arrows, the column will first be sorted in ascending order. By selecting the up arrow again, the data will then be sorted in descending order. You can only sort one column at a time.

Figure 4-3. Search Workflows Sorting Arrows

4.2.3 Filters

Filtering allows you to filter the list of workflows based on a variety of criteria. The following filtering options are available:

- Name*
- Status
- Start Time
- End Time
You can filter for specific workflows using the applicable text box/drop-down within each column by clicking Apply Filters or the Enter key on your keyboard. To clear any filters, click Clear Filters.

For the criteria above with the asterisks, the filter function does not check for an exact match but rather if the value exists within the entire data element.

For the Start Time and End Time filters you must either enter the date (i.e., mm-dd-yyyy format) in the text box or select the date from the calendar pop-up (shown below in Figure 4-4).

Figure 4-4. Start/End Time Filter Calendar Pop-Up
4.2.3.1 Expand/Collapse
The first column is the expand/collapse column. By default, all workflows are collapsed to only show the workflow-level information. You can view the task-level details for each workflow by clicking the expand/collapse icon.

Figure 4-5. Expand/Collapse Icon

4.2.3.2 Actions
The Actions column allows you to either delete a workflow or revert a workflow (i.e., undo).

Note
You may or may not see these options depending on your access level which are defined in the User Groups Access Level page. For further information please refer to the Administration chapter of this guide.

✓ Revert

By clicking the Revert Icon, all associated claims within that workflow will be removed from the PSI database (if applicable) and the workflow will appear as if it was never executed. Once the Revert Icon is clicked, the Revert Workflow dialog box will appear. You can click Yes to continue or No to cancel the request. If the revert action fails, the workflow status will change to Revert Incomplete. You can click the Revert Icon again to complete the revert action.
Figure 4-6. Revert Workflow Dialog Box

**Delete**

By clicking the Trash Icon, you can delete the workflow including all schedules and associated tasks. You can only delete workflows with a status of **Not Run**. Once the Trash Icon is clicked, the **Delete Workflow** dialog box will appear. You can click **Delete** to continue or **Cancel** to cancel the request.

Figure 4-7. Delete Workflow Dialog Box

4.2.3.3 **Status**

The **Status** column displays the current status of the workflow. The status is not automatically updated when workflows are in progress. To check on the progress of a workflow either click the refresh/reload button on your browser or select the **Apply Filters** button in the PSI application. The following statuses are available:

- **Not Run** - This status indicates the workflow has not been run.
- **In Progress** - This status indicates the workflow is currently being executed. The current status of the workflow can be monitored by viewing the **# of Runs, # of Claims, Per Second, With Edits**, and **With Return Codes** on latter columns.
- **Completed** - This status indicates the workflow has successfully been executed. If any claims could not be processed, then the
Completed status will be a hypertext, which when selected will display the **Status Message** dialog box with the location of the log file with the original claim content.

- **Failed** - This status indicates the workflow encountered an issue during the execution. If a workflow failed, then the Failed status will be a hypertext, which when selected will display the **Status Message** dialog box with information about the failure.
- **Reverting** - This status indicates the workflow is being removed, as well as the associated schedule and claim content.

### 4.2.3.4 Start Time
The **Start Time** column indicates the exact date (mm-dd-yyyy) and time (hh:mm) when the workflow was initiated.

### 4.2.3.5 End Time
The **End Time** column indicates the exact date (mm-dd-yyyy) and time (hh:mm) the workflow ended.

### 4.2.3.6 Number of Runs
The **# of Runs** column displays the number of times that a workflow has been run. These values are hypertext at the workflow-level. By selecting the hypertext, you will be navigated to the **Workflow History** page.

The **Workflow History** page displays every execution of the workflow over time. Under the **Workflow History** heading, you will see the **Workflow** name. Each run of the workflow will show as a separate row, which you can expand/collapse to display all the tasks within that run.

![Figure 4-8. Workflow History Page](image)
4.2.3.7 Number of Claims
The # of Claims column displays the total number of claims for that workflow. These values are hypertext at the completed task-level. By selecting the hypertext, you will be navigated to the Workflow Task Search Claims page which will display only the claims within that workflow and task. Under the Search Claims heading, you will see the Workflow and Task name. You can save the URL to this page for future use if desired.

Figure 4-9. Workflow Task Search Claims Workflow

4.2.3.8 Per Second
The Per Second column displays the number of claims that were processed per second for the workflow or task.

4.2.3.9 With Edits
The With Edits column displays the total number of claims with edits within the workflow or task.

4.2.3.10 With Return Codes
The With Return Codes column displays the total number of claims with return codes within the workflow or task.
4.3 Manage Workflows

The Manage Workflows (Workflow > Manage) page allows you to view, update, or create a workflow. The Manage Workflows page is divided into two sections: Workflow and Task Details. Each section is described in detail below.

Figure 4-10. Manage Workflows Page

4.3.1 Workflow Section

The Workflow section contains the workflow name and the associated task(s). You can select a workflow from the Select an existing workflow drop-down by either typing the name of the workflow or selecting from the drop-down. By default, the ten most recently edited workflows will appear in the drop-down list. When typing into the text box, up to ten workflows that contain the entered characters will appear in the drop-down list.

Once a workflow is selected, you can begin to create or modify the task(s) within the workflow. Tasks can be reordered, added, and removed. You can reorder the task list by dragging-and-dropping the task to the position you desire. You can also add a task by selecting the plus icon or delete a task by selecting the trash icon. A limit of ten tasks are allowed per workflow. You can also create a new workflow or copy an existing workflow. This functionality is described in greater detail below.
4.3.2 Task Details Section

To view or modify the details of a task, select the task from the list in the Workflow section. Once selected, the Task Details section displays the information for that task. Every task contains a Task Name, Task Type, and Task Purpose. Every task will have additional fields which will vary depending on the Task Type. These additional fields are described below.
✓ **Task Name**
The **Task Name** allows you to enter a name for the task. A maximum of 40 characters is allowed for the **Task Name**.

✓ **Task Type**
The **Task Type** drop-down determines the function of the task. The following options are available:

1. **Export** - Reads the claims from the database and exports them to a file without processing.
2. **Import** - Reads the claims from a file and imports them into the database without processing.
3. **Process** - Reads the claims from the database, processes them, and then adds the results to the database.
4. **Process then Import** - Reads the claims from a file, processes them, and then adds the claims and the results into the database.

The selection in **Task Type** determines whether the fields described below will be available.

✓ **Data Location**
The data location is available for tasks that read/write claims from/to data files such as **Import**, **Process then Import**, and **Export** task drop-down options. For **Import** and **Process then Import**, the data location is labeled **Source Data Location**. For **Export**, the data location is labeled **Destination Data Location**. The data locations are defined on the **Directory Management** page (Administration > Directories). For further information, please refer to the Administration chapter of this guide.

Figure 4-13. Source Data Location

![Source Data Location](image)

Figure 4-14. Destination Data Location

![Destination Data Location](image)
**File Name**

*File Name* is available for tasks that read/write claims from/to data files such as *Import*, *Process then Import*, and *Export* task drop-down options. Free entry is allowed in this field.

For *Import* and *Process Then Import* tasks, additional restrictions/options apply:

1. Any value entered should match the name of the file that will be present in the *Source Data Location*.
2. Asterisks can be used as wild card characters, allowing for a suite of files matching a convention to be imported. For example, if providing a *File Name* equal to *.dat* in the *Source Data Location*, all files that contain the extension *.dat* will be imported when the task is run.

**Note**

*File Name* can not include any special characters (i.e., !, *, #, ;, ?, /, (, ), ;, ", <, >)

Figure 4-15. File Name

![File Name](image)

**Data Layout**

Data layout contains a select list of layouts defining how claim files are structured. The data layout is available for tasks that read/write claims from/to data files such as *Import*, *Process then Import*, and *Export* task drop-down options. For *Import* and *Process then Import*, the data location is labeled *Data Import Layout*. For *Export*, the data location is labeled *Data Export Layout*. The data layouts are created and modified on the Layout Mapping page (*Administration > Layout*). For further information, please refer to the *Administration* chapter of this guide.

Figure 4-16. Data Import Layout

![Data Import Layout](image)
Target Claims

The **Target Claims** option is available for the **Export** and **Process** task drop-down options. **Target Claims** is a set of options that allows you to select a sub-set of claims from a previous task either inside (**From Task List**) or outside (**From Previous Run**) the current workflow. These options are mutually exclusive, however more than one option can be selected from either list.

Figure 4-18. Target Claims

- From Task List

The **From Task List** allows for the selection of claims from previous tasks within the current workflow. The check-box items (i.e., No. 1 through No. 10) correspond with the numbers in the task list in the **Workflow** section. The task will be executed for the claims indicated by these check-boxes. For example, in **Figure 4-19** the claims from Task No. 1 (Import Claims) will be exported by Task No. 2 (Export Claims).

**Note**

If changes are made to the order of tasks, the check-box selected does not change. Always verify the task list after adding, moving, or removing tasks.
- From Previous Run

The From Previous Run allows for the selection of claims from previous tasks within other workflows. To display/select the list of other workflows that have been executed, select the hypertext to the right of From Previous Run. Once selected, the Select from Previous Runs dialog box will appear. You can select workflows that have been executed from the list on the left side by selecting the add icon. You can also search for a workflow by entering a search term(s) in the Search for Runs text-box. You can remove a workflow in the Selected Runs section by selecting the remove icon. Once complete, you can click the Apply button to save your changes or the Close button to close the dialog box without saving your changes.
**Claim Filter**

The **Claim Filter** option is available for the Export and Process task drop-down options. The **Claim Filter** drop-down allows you to apply an existing claim filter to a task. The gear icon allows you to view the filter or create a new one. Once selected, the **Claim Filters** dialog box will appear. For additional information on **Claim Filters**, please refer to the Claim Menu chapter of this guide.

**Processing Options**

Processing Options is available for the Process and Process then Import task drop-down options. The **Processing Options** drop-down allows you to apply existing processing conditions to a task. The gear icon allows you to view the processing options. Once selected, the **Processing Options** dialog box will appear. For additional information on **Processing Options**, please refer to the Administration chapter of this guide.

4.3.3 Action Buttons

The action buttons located on the bottom left-side of the page include **Save**, **New**, and **Save As**.

**Note**

These options may be disabled depending on your access level which are defined in the User Groups Access Level page. For additional information please refer to the Administration chapter of this guide.

Figure 4-21. Manage Workflow Action Buttons

![Action Buttons](image)

**4.3.3.1 Save**

The **Save** button allows you to save any changes to the existing workflow. The save option is not available for workflows that have already been run.

**4.3.3.2 Save As**

The **Save As** button allows you to save any changes to a new workflow with a new name. When selected, the **Save as a New Workflow** dialog box will appear. Enter the desired workflow name in the text box and click the **Create** button. Click **Cancel** to cancel the changes without saving and close the dialog box.
4.3.3.3 New

The **New** button allows you to create a new workflow. When selected, the **Create a New Workflow** dialog box will appear. Enter the desired **Workflow Name** in the text box and click the **Create** button to create the workflow. Click **Cancel** to cancel without creating the workflow and close the dialog box.

Figure 4-23. Create A New Workflow Dialog Box

![Create A New Workflow Dialog Box](image-url)
4.4 Schedule Workflows

The Schedule Workflows page (Workflow > Schedule) allows you to view, modify, or create a schedule to run workflows. The Schedule Workflows page is divided into two sections: the Schedule Workflow List (left side of page) and the Schedule Calendar (right side of page). These sections are described in further detail below.

Figure 4-24. Schedule Workflows Page

4.4.1 Schedule Workflow List

The Schedule Workflow List section is located on the left side of the Schedule Workflow page. This section contains Find a Workflow filter, Workflow Status View drop-down, and Workflow Schedule Cards.
4.4.1.1 Find a Workflow Filter
The **Find a Workflow** filter option allows you to filter through the Workflow Cards based on the **View** drop-down option you selected. You can enter a search term in the text box below the **Find a Workflow** heading. The results from the search will include up to five workflow cards.

Figure 4-26. Find a Workflow Filter

4.4.1.2 Workflow Status View Drop-Down
The **Workflow Status View** drop-down allows you to view workflows based on their status. The drop-down options include:
• **All** - This option allows you to view both scheduled and unscheduled workflows.

• **Scheduled** - This option allows you to view workflows that have or will be run.

• **Unscheduled** (default) - This option allows you to view workflows that haven't been run.

Figure 4-27. Schedule Workflow Status View Drop-Down

4.4.1.3 Workflow Schedule Cards
A Workflow Schedule Card is shown for all workflows in PSI. By default, up to the five most recently modified unscheduled workflows will appear. Each card includes:

- Workflow name (on the top left in bold)
- Count of tasks (on the bottom left)
- Date and time (on the bottom right) - Indicates the next/last time the workflow will/has been run

The workflow cards can be filtered using the **Find a Workflow** text box or the Workflow Status **View** drop-down. You can drag-and-drop a workflow card onto the Schedule Calendar on the right side of the page to schedule that workflow to be run on a specific date and time (as shown in Figure 4-30).

Figure 4-28. Example of Workflow Schedule Cards
4.4.2 Schedule Calendar

The schedule calendar is located on the right-side of the page. The calendar displays all of the workflows that have or will be run through PSI. You can navigate through the calendar by using the previous/next buttons at the top left-side of the calendar, next to the Today button. You can click the Today button to navigate to the present day. You can display the calendar in the Month (default), Week, or Day view using the buttons at the top right-side of the calendar.

Figure 4-29. Schedule Calendar

4.4.2.1 How to Schedule a Workflow

Workflows set to run on a future date can be viewed/modified by selecting the scheduled workflow in the calendar which will open the Schedule a Workflow dialog box (shown below in Table 4-31). You can drag-and-drop a workflow card onto the Schedule Calendar on the right side of the page to schedule that workflow to be run on a specific date and time (as shown in Figure 4-30). Schedules cannot be viewed/modified if the date/time have already passed.

Note

The Schedule and Delete Schedule options may be disabled depending on your access level which are defined in the User Groups Access Level page. For further information please refer to the Administration chapter of this guide.
To schedule a workflow:

1. Drag-and-drop a workflow card from the Schedule Workflow List on the left-side of the page onto the calendar day you would like to schedule the workflow to run. To drag-and-drop, hold the left click button on you mouse and drag the workflow card to the date you desire as shown below in Figure 4-30.

Figure 4-30. Drag-and-Drop Example

2. In the **Schedule a Workflow** dialog box, select a **Start Time** using the hour, minute, and AM/PM drop-downs.

Figure 4-31. Schedule a Workflow Dialog Box
3. If you want to change the date, click the calendar icon on the right of the **Start Date** box and select a month and year by clicking the previous/next arrows then select a day by clicking the day within the month and year.

Figure 4-32. Start Date Calendar Icon

4. If you want to set this workflow to recur daily, weekly, or monthly, click the Recurrence drop-down and select the recurrence you wish to set for this workflow.

Figure 4-33. Recurrence Drop-Down
5. Once you have selected the recurrence, enter/select an **End Date** for the recurrence. The **End Date** can be set to a maximum of one year from the **Start Date**.

Figure 4-34. End Date

6. When you have entered all desired settings, select the **Schedule** button to set the workflow to run at the entered date and time. Select the **Cancel** button if you do not want to schedule or modify the workflow. Select **Delete Schedule** if you want to remove the workflow schedule. The **Delete Schedule** button is only available if the workflow is selected from the calendar. If you are modifying an existing scheduled workflow, a **Modify Schedule Confirmation** dialog box will appear (shown below in Figure 4-35). Select **This Schedule** to only modify the specific date. Select **The Recurring Series** to modify the complete series. Select **Cancel** to cancel any modifications.

**Note**
If the same workflow is scheduled to run for the same time/date, you will receive an error as shown in **Figure 4-36**. In addition, a maximum of 10 workflows can be scheduled to run for the same time.
Figure 4-35. Modify Schedule Confirmation Dialog Box

![Modify Schedule Confirmation](image1)

Figure 4-36. Scheduled Workflow Error

![Scheduled Workflow Error](image2)
5 Administration

The Administration drop-down contains User Groups, Layouts, Processing, and Directories options. This chapter includes information on the functionality of each of these options within the PSI application.

Note
You may or may not see all the options in the Administration drop-down. Options are available depending on your access level which are defined in the User Groups Access Level page.

This chapter contains the following sections:

• User Group Access Levels
  - Adding a New Group Access

• Layout Mapping
  - Hover Help
  - Choose a Saved Layout
  - Action Buttons
  - Group and Delete
  - Find a Variable
  - Claim Layout

• Processing Configuration Management
  - Saved Configuration Drop-Down
  - Configured Values
  - Processing Directories
  - Action Buttons

• Directory Management
  - Directories Section
  - Add New Directory Location
5.1 User Group Access Levels

The User Group Access Levels page (Administration > User Groups) allows you to grant different access levels for certain groups within your organization. On this page you can add a new group(s) or modify/delete existing group(s). The User Group Access Levels page is split up into two sections, Elevated Access and Content Access. Elevated Access allows you to select who can view, save, and/or modify administrative content such as user groups, layouts, processing options, directories, and API interactions. Content Access allows you to select who can perform actions on the Search Claims, Claim Form, Search Workflows, Schedule Workflows, and Manage Workflows pages.

Important

By default, a Default group is established which grants full access to all users. Optum strongly recommends that the Default user group only be used for the initial setup of PSI and that additional User Group(s) be established which provide users with access to only the content/pages required.

There must always be at least one user group with the User Group Page Access and Edit User Group options checked to manage user access levels within PSI.
5.1.1 Adding a New Group Access

**Important**
The user group must be an Active Directory Group. Please visit the Microsoft® web site for information on how to create a group if you are a Network Security Administrator.

After your Active Directory Group has been created, perform the following steps to add the new group to PSI:

1. Select the **New** button on the bottom left-side of the page.
2. In the **Create a New User Group** dialog box, enter the Active Directory Group in the **User Group Name** field. The **User Group Name** must include the domain name at the beginning followed by a forward slash (\) as shown below in **Figure 5-2**. If this is an administrative group, ensure the **Admin Group** box is checked to prevent potential lockouts. Select the **Create** button to create the
Select the group and close the dialog box. Select the **Cancel** button to close the dialog box without saving the group.

Figure 5-2. Create a New User Group Dialog Box

![Create a New User Group Dialog Box](image)

3. Now that the group is created, you can grant access to the group by selecting the desired check-box options within the **Elevated Access** and **Content Access** sections. You can also select the select all check box to the left of the **Elevated Access** and **Content Access** sections. Selecting this check box will check all the options in that section and deselecting this check box will deselect all the options in that section. These options are described below.

- **Elevated Access** - There are five groups in this section: **User Group Access**, **Layout Mapping**, **Manage Processing Options**, **Directory Management**, and **API Interactions**. Within each group there are check-boxes. For the first four groups, the first check-box allows the user group to view the specified page and the second check-box allows the user group to perform functions on the specified page. For the **API Interactions** group, the **PostClaim Save** check-box allows the user group to save claims to the PSI database that were sent via the API.

- **Content Access** - There are five groups in this section: **Search Claims**, **Claim Form**, **Search Workflows**, **Schedule Workflows**, and **Manage Workflows**. Within each group there are one or more check-boxes that allow the user group to perform the applicable functions on the specified page.
4. Once your selection(s) are made, click the **Save** button to save the changes. Click the **Delete** button to delete the group.

## 5.2 Layout Mapping

The **Layout Mapping** page (**Administration > Layouts**) allows you to define the structure of claim data that you are importing and the structure of output claim data that you are exporting through workflow tasks. Within the **Layout Mapping** page you can create new layouts, add/remove fields to existing layouts, define the repetition of fields, define file delimiters (delimited or fixed-width), save and download layouts. The page is divided into three sections: **Choose a Saved Layout**, **Find a Variable**, and **Claim Layout**.

**Note**

For further information on the fields that can be added to a layout, please refer to the Input & Output Parameter Blocks User’s Guide and the Input & Output Parameter Blocks Workbook.
5.2.1 Hover Help

The Layout Mapping page has hover help functionality. If you hover over any field in the Find A Variable and Claim Layout sections, the EASYGroup™ structure and variable name will appear as hover help (i.e., Pcb1.npi). In this hover help, the characters before the period represent the EASYGroup™ structure and the characters after the period represent the variable name of the field.

5.2.2 Choose a Saved Layout

The Choose a Saved Layout drop-down is located on the top left-side of the Layout Mapping page. You can select an existing layout from the drop-down to view and/or modify.
The gear icon to the right of the drop-down allows you to define the layout details for the selected layout such as repetition of data elements and the delineation (delimited or fixed-width) of the file. When the gear icon is selected, the **Layout Details** dialog box will appear. The **Structure Occurrences** contains the options for you to define the number of occurrences for diagnosis, procedure, and line (CPT®/HCPCS) data elements. **Options** contains the field for you to define the delineation of the file. The **Delimiter** options available are **Comma**, **Pipe**, or **None**. Selecting **None** will indicate that you are using a fixed-width file. Once you have selected your details, click the **Apply** button to apply the details to the layout. Select **Cancel** to not apply and close the dialog box.

**Figure 5-6. Layout Details Dialog Box**

```
<table>
<thead>
<tr>
<th>Structure Occurrences:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis</td>
</tr>
<tr>
<td>Procedure</td>
</tr>
<tr>
<td>Line</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Options:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delimiter</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

[Comma]` |

| Apply   | Cancel |
```

### 5.2.3 Action Buttons

The action buttons are located at the top of the **Layout Mapping** page. These buttons consist of **Save**, **Save As**, **Add New Layout**, and **Download**.

**Figure 5-7. Action Buttons**

```
| Save   | Save As | Add New Layout | Download |
```

#### 5.2.3.1 Save

The **Save** button allows you to save any changes to a layout. When selected, you will receive a successful message. The save option is not available for layouts used in a workflow that has been scheduled to run. Once the workflow has run, the save option will be available.
5.2.3.2 Save As

The **Save As** button allows you to save the layout as a new layout under a new layout name. When selected, the **Save as a New Layout** dialog will appear. Enter the desired **Layout Name** in the text box and click the **Create** button. Click **Cancel** to cancel the changes without saving and close the dialog box.

5.2.3.3 Add New Layout

The **Add New Layout** button allows you to create or upload a mapping layout. When selected, the **Add a New Layout** dialog box will appear. To create a new mapping layout, enter the desired **Layout Name** in the text box and click the **Create** button. To upload a mapping layout, select the **Browse** button and select the mapping layout you wish to upload. Click **Cancel** to cancel and close the dialog box.
Figure 5-10. Add A New Layout Dialog Box

<table>
<thead>
<tr>
<th>Add a New Layout</th>
</tr>
</thead>
<tbody>
<tr>
<td>Layout Name*</td>
</tr>
<tr>
<td>Export Test</td>
</tr>
</tbody>
</table>

5.2.3.4 Download

The **Download** button allows you to download the mapping layout into a XML file. When selected, the mapping layout will be exported using the browser function and allow you to open/save and view the mapping layout in a XML format.

5.2.4 Group and Delete

The **Group** and **Delete** icons are located at the top right-side of the **Layout Mapping** page.

Figure 5-11. Group and Remove Icons

5.2.4.1 Group/Ungroup

The **Group** icon allows you to group procedure, diagnosis, and line fields that share the same structure type. To group, select fields in the Claim Layout section and click the **Group** button (as shown in Figure 5-12). You can select multiple fields by holding **CTRL** on your keyboard while selecting the fields you want to group in the layout. Depending on the field, this will add a **Diagnosis**, **Procedure**, or **Line** Group. To ungroup, select the group in the Claim Layout section and click the **Ungroup** button (as shown in Figure 5-13). If the selected fields are not group-able, you will receive an error message (as shown in Figure 5-14).
Figure 5-12. Example of Grouping

Figure 5-13. Example of Ungrouping
5.2.4.2 Remove

The Remove icon allows you to remove field(s) from the Claim Layout. To remove, select the field(s) in the Claim Layout and click the Remove icon. You can select multiple fields by holding CTRL on your keyboard while selecting the fields you want to remove in the layout.

Figure 5-15. Removing Example

5.2.5 Find a Variable

The Find a Variable section is located on the left-side of the Layout Mapping page. This section allows you search for a field description, variable name, or structure name (as shown in Figure 5-17) by entering the partial or full name in the text box. The results returned will include fields/variables/structures that contain the text entered in the text box (as shown in Figure 5-16).
**Note**
For further information about the available fields, please refer to the Input & Output Parameter Blocks User’s Guide and the Input & Output Parameter Blocks Workbook.

Figure 5-16. Find a Variable Section

![Find a Variable Section](image)

You can also view the field details by double-clicking the field in the Find a Variable section. When you double-click the field, the Mapping Item Details dialog box will appear. The details will include the Field Name, Structure, and
**Length.** Since these details cannot be modified, the **Apply** button will not available.

Figure 5-18. Mapping Items Details for Find a Variable Fields

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Procedure Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structure</td>
<td>Op</td>
</tr>
<tr>
<td>Length</td>
<td>10</td>
</tr>
</tbody>
</table>

5.2.6 Claim Layout

The Claim Layout section is located on the right side of the **Layout Mapping** page. This section is where you define the format of the claim data that you are sending into PSI and the results you are receiving from PSI. Within this format there are fields. These fields can be grouped based on structure type as described above. For example, in **Figure 5-19** the **Diagnosis Group** is the group and the **Diagnosis Code (input)** is a field within that group. Each field is represented by a card (i.e. square). Each card contains the field’s position (located at top left-side of the card), number of occurrences (if applicable; located on the top right-side of the card), and the field name.
You can add, remove, and group fields to match the claim data for import and export. To add a field, drag-and-drop the field from the **Find a Variable** section into the claim layout section.

You can also view the field details by double-clicking the card in the claim layout to open the **Mapping Item Details** dialog box. The details will include the **Field Name**, **Friendly Name**, **Structure**, and **Length**. The only detail that can be modified across all fields is the **Friendly Name**. Here you can add, for example, a common name used in your organization to identify the field. Once entered, click the **Apply** button to save your changes or **Cancel** to cancel the changes and close the dialog box.
Figure 5-21. Mapping Items Details for the Claim Layout Section
5.3 Processing Configuration Management

The Manage Processing Options page (Administration > Processing) allows you to define the global processing rules and directories to utilize. You can assign values which dictate how to process the claim(s) and select which directories to utilize for processing. Processing options can be set for an individual claim on the Claim Form page and set for a batch of claims on the Manage Workflows page.

Figure 5-22. Processing Configuration Management Page

5.3.1 Saved Configuration Drop-Down

The Choose a Saved Configuration drop-down is located on the top left-side. This drop-down contains the saved processing configurations. You can select a configuration from the Choose a Saved Configuration drop-down by either typing the name of the configuration or selecting it from the drop-down. Once a configuration is selected, you can begin to create or modify the configuration. The Default check-box is located to the right of the drop-down. This check-box allows you to select a configuration as the global default processing option.
5.3.2 Configured Values

The Configured Values section allows you to set global overrides for the available fields as shown below in Table 5-1. The value selected in the Patient Type field dictates whether certain fields in this section are editable.

Table 5-1: Available Global Override Fields

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operation Code 1</td>
<td>Defines the processing function to perform on the claim, such as EditGroupPrice or Group.</td>
</tr>
<tr>
<td>Patient Type</td>
<td>Defines the type of claim, such as: Inpatient (used for inpatient, LTC, IPF claims) Outpatient (used for outpatient, ESRD, HHA, ASC, FQHC claims) IRF Physician SNF</td>
</tr>
<tr>
<td>Coding Classification</td>
<td>Defines the coding classification used on the claim such as ICD-9 and ICD-10.</td>
</tr>
</tbody>
</table>
Acceptable Level of Error
Defines the level of error that is considered acceptable to continue with pricing the claim such as:

- **Price clean claims only**
- **Price w/ LIR** (Price every line without an error if claim contains line item rejection errors only)
- **Price w/ LIR and LID only** (Price every line without an error if claim contains line item denial and rejection errors only)
- **Price w/ LIR, LID, and suspension only** (Price every line without an error if claim contains line item denial, line item rejection, and claim suspension errors only)
- **Price w/ LIR, LID, suspension, and RTP only** (Price every line without an error if claim contains line item denial, line item rejection, claim suspension, and claim RTP errors only)
- **Price w/ LIR, LID, suspension, RTP, and rejection only** (Price every line without an error if claim contains line item denial, line item rejection, claim suspension, claim RTP, and claim rejection errors only)
- **Price every line without an error**

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operation Code 3</td>
<td>For APC priced claims, choose <strong>Group only with ACE</strong> to bypass all OCE, CCI, and MUE edits but continue to receive APC assignment, payment status indicator assignment, discounting, and packaging.</td>
</tr>
</tbody>
</table>
### Alternate Rate Lookup

Indicates that additional search(es) of the rate files should be performed if the initial search fails such as:

**For Physician:**
- **Require NPI and taxonomy match** (Perform search of the rate files using NPI and taxonomy.)
- **Default NPI if not found** (Perform search of the rate files using NPI and taxonomy. If not found, perform second search of the rate files using NPI 9999999999 and taxonomy.)
- **Default NPI if not found or closed** (Perform search of the rate files using NPI and taxonomy. If not found or closed/inactive rate record encountered, perform second search of the rate files using NPI 9999999999 and taxonomy.)

**For all other patient types:**
- **Require taxonomy** (Perform search of the rate files using NPI and taxonomy if provided. If NPI/taxonomy not provided or not found, perform second search of the rate files using Medicare ID (OSCAR)/Medicaid ID.)
- **Waive taxonomy** (Perform search of the rate files using NPI and taxonomy if provided. If NPI/taxonomy not provided or not found, perform second search of the rate files using NPI without taxonomy. If NPI/taxonomy not provided or not found, perform third search of the rate files using Medicare ID (OSCAR)/Medicaid ID.)
- **Require taxonomy and waive closed** (Perform search of the rate files using NPI and taxonomy if provided. If NPI/taxonomy not provided, not found, or closed/inactive rate record encountered, perform second search of the rate files using NPI without taxonomy. If NPI/taxonomy not provided, not found, or closed/inactive rate record encountered, perform third search of the rate files using Medicare ID (OSCAR)/Medicaid ID.)
- **Waive taxonomy and closed** (Perform search of the rate files using NPI and taxonomy if provided. If NPI/taxonomy not provided, not found, or closed/inactive rate record encountered, perform second search of the rate files using Medicare ID (OSCAR)/Medicaid ID.)

### Table 5-1: Available Global Override Fields

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternate Rate Lookup</td>
<td>Indicates that additional search(es) of the rate files should be performed if the initial search fails such as:</td>
</tr>
<tr>
<td></td>
<td><strong>For Physician:</strong></td>
</tr>
<tr>
<td></td>
<td>- <strong>Require NPI and taxonomy match</strong> (Perform search of the rate files using NPI and taxonomy.)</td>
</tr>
<tr>
<td></td>
<td>- <strong>Default NPI if not found</strong> (Perform search of the rate files using NPI and taxonomy. If not found, perform second search of the rate files using NPI 9999999999 and taxonomy.)</td>
</tr>
<tr>
<td></td>
<td>- <strong>Default NPI if not found or closed</strong> (Perform search of the rate files using NPI and taxonomy. If not found or closed/inactive rate record encountered, perform second search of the rate files using NPI 9999999999 and taxonomy.)</td>
</tr>
<tr>
<td></td>
<td><strong>For all other patient types:</strong></td>
</tr>
<tr>
<td></td>
<td>- <strong>Require taxonomy</strong> (Perform search of the rate files using NPI and taxonomy if provided. If NPI/taxonomy not provided or not found, perform second search of the rate files using Medicare ID (OSCAR)/Medicaid ID.)</td>
</tr>
<tr>
<td></td>
<td>- <strong>Waive taxonomy</strong> (Perform search of the rate files using NPI and taxonomy if provided. If NPI/taxonomy not provided or not found, perform second search of the rate files using NPI without taxonomy. If NPI/taxonomy not provided or not found, perform third search of the rate files using Medicare ID (OSCAR)/Medicaid ID.)</td>
</tr>
<tr>
<td></td>
<td>- <strong>Require taxonomy and waive closed</strong> (Perform search of the rate files using NPI and taxonomy if provided. If NPI/taxonomy not provided, not found, or closed/inactive rate record encountered, perform second search of the rate files using NPI without taxonomy. If NPI/taxonomy not provided, not found, or closed/inactive rate record encountered, perform third search of the rate files using Medicare ID (OSCAR)/Medicaid ID.)</td>
</tr>
<tr>
<td></td>
<td>- <strong>Waive taxonomy and closed</strong> (Perform search of the rate files using NPI and taxonomy if provided. If NPI/taxonomy not provided, not found, or closed/inactive rate record encountered, perform second search of the rate files using Medicare ID (OSCAR)/Medicaid ID.)</td>
</tr>
<tr>
<td>Mapping Override ID</td>
<td>Unique key used to invoke override functionality that allows you to override the mapping rules for a particular ICD-10 diagnosis or procedure code.</td>
</tr>
<tr>
<td>HAC Override ID</td>
<td>Unique key used by the DSC Editor or DRG grouper to determine what Hospital Acquired Conditions (HACs) should be applied.</td>
</tr>
<tr>
<td>ACE Override ID</td>
<td>Unique key used to invoke override functionality that allows you to turn particular ACE edits on or off.</td>
</tr>
<tr>
<td>APC Override ID</td>
<td>Unique key used to invoke override functionality that allows you to override APC, Payment Status Indicators, and maximum allowable units assignment for a particular procedure code.</td>
</tr>
<tr>
<td>Facility</td>
<td>Facility or provider identifier (i.e., Medicare Provider ID, TIN, or other identifier).</td>
</tr>
<tr>
<td>National Provider ID</td>
<td>Billing Provider National Provider Identifier (NPI).</td>
</tr>
<tr>
<td>Taxonomy Code</td>
<td>Billing provider taxonomy code.</td>
</tr>
</tbody>
</table>
5.3.3 Processing Directories

The **Processing Directories** section allows you to select which directories to use for processing. You can choose a **Rate Path**, **User Path**, and **System Path**. New paths can be added in the **Administration > Directories** page.

- **System Path** is the default location for all the data files
- **Rate Path** is optional and can be used to define an alternate location for the rate files (e.g., `medcalc.dat`, `rate.dat`, `payors.dat`). If a **Rate Path** is not defined, the **System Path** is used.
- **User Path** is optional and can be used to define an alternate location for the PPS component data files (i.e., ACE required files `aceedit.dat`, `oceedit.dat`, and `cciedit.dat`). If a **User Path** is not defined, the **System Path** is used.
- **Program Directory** is the location of the PPS components (i.e., Optimizer, Groupers, Editors, etc.)

For information on how to setup directories, please refer to the **Directory Management** section below.

![Figure 5-25. Processing Directories Section](image)

### Table 5-1: Available Global Override Fields

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payer ID or Contract Code</td>
<td>Payer identifier or contract code.</td>
</tr>
<tr>
<td>Medicare Advantage Flag</td>
<td><strong>Traditional Medicare</strong> = Traditional Medicare pricing&lt;br&gt;<strong>MA - SCHs paid at greater of hosp and fed rate</strong> = Medicare Advantage pricing applies for this patient; SCHs will be paid the greater of the federal or hospital-specific rate&lt;br&gt;<strong>MA - SCHs paid at federal rate</strong> = Medicare Advantage pricing applies for this patient; SCHs will be paid the federal rate (Medicare Inpatient Payment System only)</td>
</tr>
</tbody>
</table>

**5.3.4 Action Buttons**

The action buttons are located on the bottom left-side. These buttons include **Save**, **New**, and **Delete**.
5.3.4.1 Save Button
The **Save** button allows you to save any changes made to an existing configuration. The **Save** button will not be available for configurations that already have been utilized to process any claims.

5.3.4.2 New Button
The **New** button allows you to create a new processing configuration. When selected, the **Create a New Processing Configuration** dialog box will appear. You can enter a **Configuration Name** and click **Create**. Click **Cancel** to cancel without saving.

5.3.4.3 Delete Button
The **Delete** button allows you to delete a processing configuration. When selected, the **Delete Processing Option** dialog box will appear. Click **Delete** to confirm you want to delete the processing configuration. Click **Cancel** to cancel without deleting. The **Delete** button will not be available for configurations that have already been utilized to process any claims.
5.4 Directory Management

The Directory Management page (Administration > Directories) allows you to add directories to be used by the PSI application. The following four directories are installed by default and cannot be modified on this page. These directories are as follows:

- **Data** is the location of all the data files.
- **Optimizer** is the location of the PPS components (i.e., Optimizer, Groupers, Editors, etc.).
- **Watch/Import** is the location of the claim files for batch processing.
- **Watch/Export** is the location of the results from batch processing.

**Important**

The PSI application does not add directories on your application environment. You must create the directories in your application environment first, then add the directory to the PSI application using the Directory Management page.
5.4.1 Directories Section

The **Directories** section contains a list of PSI directory folders. You can filter this list by using the **Type** drop-down and/or the **Name** text-box. The different types of directories include **Data**, **Optimizer**, and **Watch**.
5.4.2 Add New Directory Location

The Add New Directory Location section allows you to create a new directory folder for the PSI application. To add a new directory folder, select either Data or Watch in the Folder Type drop-down. Then enter the Folder Name in the text-box. Click the Add button to add the new directory folder.

Note
The Optimizer directory is defined during installation and an additional Optimizer directory cannot be added.

Figure 5-31. Add New Directory Location Section
6  Application Programming Interface (API)

This chapter includes information about the EASYGroup™ PSI API component. This chapter contains the following sections:

- Introduction
  - PostClaim Method
  - API Model Definitions
6.1 Introduction

The API component allows you to send in claims via web requests in real time. The API is a Representational State Transfer (REST)-based .NET Core service which gives you the ability to write and attach a calling program interface to the API using Java™ Simple Object Notation (JSON). The API is configured in the Internet Information Services (IIS) infrastructure.

6.1.1 PostClaim Method

The PostClaim method takes in claim information and responds back with EASYGroup™ payment system results.

Figure 6-1. Diagram of the PostClaim Method

The API invokes all pricing, editing, grouping, and mapping via the PostClaim method. The PostClaim method receives claim information from the claim input object and sends the claim input object to the web processor, which translates that information. The web processor then processes the claim and sends the claim input and output object back to the PostClaim method. The PostClaim method then sends the claim input and output object to the PSI database and to the calling program. It is accessed via an HTTP POST command to the https://localhost/PSIAPI/PostClaim?dbName=oepps Uniform Resource Identifier (URI). Please note that the localhost in the URI should be replaced with the servername and port (servername:port) when invoking the service on an alternate server (not on the same environment) or port (not
443). In addition, the oepps in the URI should be replaced with the appropriate database you wish to send the claim to.

**Note**
For an overview of grouping, pricing, editing, and/or mapping please refer to the EASYGroup™ User’s Guide.

The format of the JSON claim input object that must be sent to the PostClaim method is shown below in **Table 6-1**.

**Table 6-1: JSON Claim Input Object**

<table>
<thead>
<tr>
<th>Object</th>
<th>Field Name</th>
<th>Format</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oepps</td>
<td>claim_id</td>
<td>string</td>
<td>30-character Claim ID</td>
</tr>
<tr>
<td>Oepps</td>
<td>member_id</td>
<td>string</td>
<td>30-character Member ID</td>
</tr>
<tr>
<td>Oepps</td>
<td>fname</td>
<td>string</td>
<td>Patient’s first name (up to 50 characters)</td>
</tr>
<tr>
<td>Oepps</td>
<td>mname</td>
<td>string</td>
<td>Patient’s middle name (up to 50 characters)</td>
</tr>
<tr>
<td>Oepps</td>
<td>lname</td>
<td>string</td>
<td>Patient’s last name (up to 50 characters)</td>
</tr>
<tr>
<td>Oepps</td>
<td>dtapid</td>
<td>string</td>
<td>Optional key used to specify which existing Processing Option should be used. Processing Options are defined on the Administration &gt; Processing page.</td>
</tr>
<tr>
<td>Oepps</td>
<td>source</td>
<td>string</td>
<td>Optional 10-character field used to define the origination of the claim. If not defined, the source will default to ‘Web’.</td>
</tr>
<tr>
<td>Input</td>
<td>Various</td>
<td>Various</td>
<td>For a list of field names and formats that can be included in the Input object, please refer to the ClaimInput tab of the EASYGroup Web Service Input and Output Spreadsheet.</td>
</tr>
</tbody>
</table>

**Note**
Admitting and Reason for Visit Diagnoses are not accepted in PSI in the PatientClaim.admit_dx and PatientClaim.OutpatientClaim.rfvdx fields. They must be passed in within the Dx object with the Dx.type of ABJ (for admission) and APR (for reason for visit).

| N/A    | GUID       | string | Required key which allows you to connect your input object to an output object returned by the API. |

The format of the JSON claim output object that will be returned by the PostClaim method is shown below in **Table 6-2**.

**Table 6-2: JSON Claim Output Object**

<table>
<thead>
<tr>
<th>Object</th>
<th>Field Name</th>
<th>Format</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>dtacid</td>
<td>integer</td>
<td>Unique database key for the claim</td>
</tr>
</tbody>
</table>
Table 6-2: JSON Claim Output Object

<table>
<thead>
<tr>
<th>Output</th>
<th>Various</th>
<th>Various</th>
<th>For a list of field names and formats that can be returned in the Output object, please refer to the ClaimOutput tab of the EASYGroup Web Service Input and Output Spreadsheet.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>GUID</td>
<td>string</td>
<td>Key which allows you to connect your input object to an output object returned by the API.</td>
</tr>
</tbody>
</table>
6.1.2 API Model Definitions

To support your development effort for the API, the following tools are available:

- **Java™ Objects and Sample Java™ Code**
  The *PSIAPI_SampleCode_Java.zip* file includes the Java™ Archive Files (JAR) that define the models utilized across the PostClaim method. It also includes the sample Java™ code exemplifying how to build an interface to the PostClaim method using an inpatient and outpatient claim.

- **Swagger Definitions**
  The *PsiWebService.yaml* file includes the Swagger Definitions that define the models utilized across the PostClaim method.

- **Sample C# Code**
  The *PSIAPI_SampleCode_C#.zip* file includes the sample C# code exemplifying how to build an interface to the PostClaim method using an inpatient and outpatient claim.

All of these tools can be found on the [Optum Client Portal](https://www.optum.com), as well as, the [Regulatory Portal](https://www.optum.com).
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