



The following Scenarios Summary details the available scenarios and functionality of the SymKey® for EZ-CAP® v. 1.31 Professional Claims, Hospital Claims, Batch Processing, Virtual Auto-Post™, and Hard Duplicates modules, as well as the functionality of the SymKey® Kwik Utility™ applications.

SYMKEY® PROFESSIONAL & HOSPITAL CLAIMS MODULES – STANDARD SCENARIOS

Complete/Process Claims

- ↵ Completes claims in statuses 1, 2, 3, and/or 5, fixes eligibility if necessary, updates the net pay on all lines, and re-adjudicates, checking for EZ-CAP's business rule errors on all lines.
- ↵ Optionally, all lines can be re-priced, existing adjustments on the lines can be removed, an adjustment reason code can be applied to all lines or specified lines, and/or a claim note or memos can be entered.

Deny Claims

- ↵ Denies entire claims in statuses 1, 2, 3, and/or 5, by adjusting the net pay of all lines to \$0.00 with an adjustment reason code.
- ↵ Optionally, all lines can be capitated or un-capitated before the lines are denied, existing adjustments on the lines can be removed, and/or a claim note or claim memos can be entered.

Deny Claim Lines

- ↵ Denies specific claim detail lines by adjusting the net pay of those lines to \$0.00 with an adjustment reason code, fixes eligibility if necessary, and then either completes or pends the claim.
- ↵ Optionally, specified lines can be capitated or un-capitated before they are denied, existing adjustments on the lines can be removed, and the adjustment reason code can be applied to the non-denied lines.

Pend Claims to Status 3

- ↵ Moves claims in statuses 1, 2, 3, and/or 5 to status 3 (manual hold) and fixes eligibility if necessary.
- ↵ Optionally, all lines can be re-priced, existing adjustments on the lines can be removed, an adjustment reason code can be applied to all lines or specified lines, and/or a claim note or memos can be entered.

Force Claims to Status 1

- ↵ Moves claims in statuses 1, 2, 3, and/or 5 to status 1 and overrides EZ-CAP's system pend to status 2.
- ↵ Optionally, a claim note or claim memos can be entered.

Delete Claims

- ↵ Deletes claims in statuses 1, 2, 3, and/or 5 (only if the EZ-CAP user has deletion rights).

Enter a Claim Note

- ↵ Adds a claim note to claims in statuses 1, 2, 3, 5, and/or 9.
- ↵ Optionally, can process a claims batch without editing claims.

Enter Claim Memos

- ↵ Enters claim memos to claims in statuses 1, 2, 3, 5, and/or 9. Any or all memo lines can be entered.
- ↵ Optionally, can process a claims batch without editing claims.

Remove Co-pay/Co-insurance

- ↵ Removes copays from all claim detail lines, specified lines, or lines with a specific procedure code, fixes eligibility if necessary, and then either completes or pends the claim.
- ↵ Removes excess copays from the claim by removing copays from certain lines, keeping either the first copay on the claim, the first E&M copay on the claim, the first copay for each Date of Service (DOS) on the claim, or the first E&M copay for each DOS on the claim, fixes eligibility if necessary, and then either completes or pends the claim.
- ↵ Optionally, negative net pay due to an overpaid copay can be adjusted to \$0.00, lines can be capitated or un-capitated, existing adjustments on the lines can be removed, an adjustment reason code can be applied to all lines or only lines that had their copay removed, and/or a claim note or claim memos can be entered.



Adjust Negative Net Pay to \$0.00

- ↵ Adjusts any negative net pay to \$0.00 on lines with copay/coinsurance, fixes eligibility if necessary, and then either completes or pends the claim.
- ↵ Optionally, lines can be capitated or un-capitated, existing adjustments on the lines can be removed, the adjustment reason code can be applied to all lines, and/or a claim note or claim memos can be entered.

Enter Authorization Numbers

- ↵ Enters an authorization number for each claim, re-prices all lines, fixes eligibility if necessary, and then either completes or pends the claim.
- ↵ Optionally, the date received and place of service can be changed, existing adjustments on the lines can be removed, an adjustment reason code can be applied to all lines, and/or a claim note or claim memos can be entered.

Enter Case Numbers

- ↵ Enters a case number for each claim, fixes eligibility if necessary, and then either completes or pends the claim.
- ↵ Optionally, the date received and place of service can be changed, existing adjustments on the lines can be removed, an adjustment reason code can be applied to all lines, and/or a claim note or claim memos can be entered.

Capitation

- ↵ Capitates all or specified claim detail lines, fixes eligibility if necessary, and then either completes or pends the claim.
- ↵ Optionally, the date received and place of service can be changed, existing adjustments on the lines can be removed, an adjustment reason code can be applied to all lines or to specified lines only, and/or a claim note or claim memos can be entered.

Un-Capitation

- ↵ Removes capitation from all or specified claim detail lines, fixes eligibility if necessary, and then either completes or pends the claim.
- ↵ Optionally, the date received and place of service can be changed, existing adjustments on the lines can be removed, an adjustment reason code can be applied to all lines or to specified lines only, and/or a claim note or claim memos can be entered.

Change Provider

- ↵ Changes the Provider and Vendor of claims in statuses 1, 2, 3, and/or 5 to the specified Provider and Vendor, re-prices all lines, fixes eligibility if necessary, and then either completes or pends the claim.
- ↵ Optionally, the date received and place of service can be changed, existing adjustments on the lines can be removed, an adjustment reason code can be applied to all lines, and/or a claim note or claim memos can be entered.

Change Date Received

- ↵ Changes the date claims were received to the specified date received, fixes eligibility if necessary, and then either completes or pends the claim.
- ↵ Optionally, the place of service can be changed, all lines can be re-priced, existing adjustments on the lines can be removed, an adjustment reason code can be applied to all lines, and/or a claim note or claim memos can be entered.

Change Place of Service

- ↵ Changes the place of service (POS) of claims and all claim lines to the specified POS, fixes eligibility if necessary, and then either completes or pends the claim.
- ↵ Optionally, the date received can be changed, existing adjustments on the lines can be removed, an adjustment reason code can be applied to all lines, and/or a claim note or claim memos can be entered.



Change Type of Service

- ↵ Changes the service type of specified claim detail lines from P (Professional) to H (Hospital) or vice versa, re-prices all lines, fixes eligibility if necessary, and then either completes or pends the claim.
- ↵ Optionally, existing adjustments on the lines can be removed, an adjustment reason code can be applied to specified lines, and/or a claim note or claim memos can be entered.

Remove Existing Adjustments

- ↵ Removes existing adjustments from all lines, specified lines, or only from lines that SymKey enters a new adjustment on, fixes eligibility if necessary, and then either completes or pends the claim.
- ↵ Optionally, all lines can be re-priced, a new adjustment reason code can be applied to all lines or to specified lines only, and/or a claim note or claim memos can be entered.

One purpose for removing existing adjustments is to prevent more than one adjustment to appear on a line, guaranteeing that the adjustment reason code appears on EOB reports instead of "##."

Scenario Templates – NEW

- ↵ Scenario templates can be used to save SymKey configuration settings for business scenarios that are performed regularly, increasing the efficiency of SymKey configuration and decreasing errors made while configuring SymKey. Once loaded, the user can configure additional settings that are specific to that batch, as well as change any preconfigured settings that do not apply.

SYMKEY® PROFESSIONAL & HOSPITAL CLAIMS MODULES – ADVANCED SCENARIOS

Reprocess/Pend

- ↵ Reprocesses previously paid status 9 claims by duplicating the claim and all detail lines, adjusting the original net pay of each line, re-pricing all lines, and then pending the duplicated claim to status 3 for review. Optionally, the date received can be changed and/or a claim note or claim memos can be entered.

Create Exact Claim Copy – NEW

- ↵ Creates an "exact" copy of another claim, meaning all primary header and detail line fields will be copied, including each individual line adjustment, guaranteeing that all amounts calculate the same as the original claim. Optionally, claim memo lines can be copied as well. Claim Notes and Processing Statuses will not be copied. Status 1, 2, 3, 5, and 9 claims can be copied.

Reverse – NEW

- ↵ Reverses the net pay and benefit accumulators of detail lines by first negating the Quantity, Billed Charge, and Contract Value, and then reversing all other amounts on the line (positive amounts become negative and negative amounts become positive). Either all or specified claim lines can be reversed (if the quantity of a line is already negative or zero, it will not be reversed). Claims in status 1, 2, 3, and 5 can be reversed and status 9 claims can be reversed by copying them first (when combined with the "Create Exact Claim Copy" action). Optionally, the line can be re-priced if the "Re-Price Claim Lines" action is selected.

Fix Eligibility

- ↵ Corrects claim eligibility, if possible, by selecting the appropriate health plan benefit that encompasses the service dates of all lines. SymKey automatically performs this logic in most scenarios.

Pend Claims due to COB

- ↵ Pends claims with coordination of benefits (COB) when the member has other primary coverage specified, or any other coverage specified. This optional logic expands EZ-CAP's existing COB logic.

SYMKEY® PROFESSIONAL & HOSPITAL CLAIMS MODULES – BATCH PROCESSING

Optional Batch Processing Functionality

- ↵ Provides file-driven processing of Professional or Hospital claims, including most of the scenarios listed in the Standard Scenarios section above, plus many more claim field actions.



- Additional actions include creating and editing processing statuses, entering modifiers, modifying accounts and subaccounts, entering user-defined fields, entering a claim note for each claim, entering memo lines for each claim, and more.

SYMKEY® FOR EZ-CAP® VIRTUAL AUTO-POST™ MODULE

Utilizing SymKey's advanced automation capabilities, the SymKey® for EZ-CAP® Virtual Auto-Post™ module seamlessly integrates with PCG Software's Virtual Examiner® application, enhancing its efficiency by streamlining the process of posting Virtual Examiner claims recommendations to claims processed in EZ-CAP®.

SYMKEY® FOR EZ-CAP® HARD DUPLICATES MODULE

"Hard Duplicate" Identification

- The Hard Duplicates module identifies duplicate claims based on more advanced and accurate criteria than EZ-CAP®'s duplicate identification functionality. The primary purpose of this module is to identify duplicate claims that can be denied with the SymKey Professional and Hospital Claims modules.

SYMKEY® FOR EZ-CAP® BATCH REPORTING

For each SymKey batch, using any of the scenario actions above, a set of standard batch reports and productivity reports are available for the current SymKey batch or for historical batches, as follows:

Standard Batch Reports

- **Batch Production Report** – displays a summary of the claims processed by SymKey and the scenario actions chosen.
- **Processed Claims Report** – displays detailed results of claims that SymKey either completed to a status 1, denied, or deleted.
- **Pended Claims Report** – displays detailed results of claims that SymKey pended to a status 2 or 3.
- **Unprocessed Claims Report** – displays detailed results of claims that were not processed (skipped) due to not meeting the criteria for the SymKey scenario.

Productivity Reports

- **Month Productivity Report** – displays productivity statistics for Professional and Hospital Claims that were processed in the specified month.
- **Year Productivity Report** – displays productivity statistics for Professional and Hospital Claims that were processed in the specified year.
- **Pend Reason Totals by Month** – displays productivity statistics for Professional and Hospital claims that were repended in the specified month.

SYMKEY® KWIK UTILITY™ APPLICATIONS

There are currently two optional SymKey® for EZ-CAP® Kwik Utility™ applications that provide update functionality in the Payments and ProviderID Update modules of EZ-CAP, as follows:

Move to Status 5

- Using EZ-CAP's Payment Processing module, this Kwik Utility moves a list of selected claims from status 1 (completed) to status 5 (ready for payment).

ProviderID Update

- Using EZ-CAP's ProviderID Update functionality, this Kwik Utility uses a source file containing the current ProviderID and the target ProviderID to update all related Provider records in EZ-CAP. This Kwik Utility can be used to update ProviderIDs to their respective NPIs.

For more information about any of HCIM's products, call (888) 454-0202 or visit www.hcim.com.

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