Apixio and Ensuring Payment Integrity

October 2024





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Apixio

Provider Portal Account Creation & Login Guide



What is the Apixio Provider Portal?

The Apixio Provider Portal is a tool utilized by Providers to upload Medical Record documentation and access Patient claim review findings from Apixio. An independent national review firm, Apixio has been engaged to perform retrospective, post-pricing pre-pay DRG reviews on medical claims.

- Each facility will have a unique URL for Provider Portal access.
- Providers will only be able to view their specific claims within the Provider Portal.

Apixio is part of the Payment Integrity Initiative of the Blue Cross and Blue Shield Association to ensure accurate processing and payment of claims.







UNAUTHORIZED ACCESS TO THIS SYSTEM IS STRICTLY PROHIBITED!

This system is for authorized users only. Individuals using this application without authority, or in excess of their authority, may be subject to criminal prosecution and/or civil suits and may be subject to other legal and/or equitable remedies.

Please note: Users of the system are subject to the requirements of HIPAA and the HITECH Act. Usage may be monitored, recorded and audited. Unauthorized use of any information contained on the system is prohibited and subject to civil and criminal penalities. Use of the system establishes consent by the User to any and all monitoring of system activities.

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Account Creation/Login

An account will need to be created to access the Apixio Provider Portal specifically for your organization. Apixio has been engaged to perform retrospective, post-pricing pre-pay DRG reviews on medical claims.

Users are instructed to enter in their email address for validation.



Account Creation/Login

If this is the User's first time logging in, a window will appear to enter your name and password for the account creation. User email address will automatically populate.

Passwords must be at least 16 characters long (one uppercase, one lowercase, one number, and one special character !@#\$%&*).



Account Creation/Login

User will receive a six-digit verification code to the provider email address provided (where the initial Medical record request letter was received).

Provider Portal Autho	rization Email					
To To If there are problems with how th	er Portal <support@claimlogiq.com> is message is displayed, click here to view it in a web br io help protect your privacy. Outlook prevented automa</support@claimlogiq.com>		Ssage.	≪ Reply All	→ Forward	
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Please note: Users of the system are subject to the requirements of HIPAA and the HITECH Act. Usage may be monitored, recorded and audited. Unauthorized use of any information contained on the system is prohibited and subject to civil and criminal penalties. Use of the system establishes consent by the User to any and all monitoring of system activities.

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Account Creation/Login

When the verification code is received, please enter within the Apixio Provider Portal Login page for account creation and completion.

Users can resend the verification code for any timeout issues, if needed.





Please note: Users of the system are subject to the requirements of HIPAA and the HITECH Act. Usage may be monitored, recorded and audited, Unauthorized use of any information contained on the system is prohibited and subject to civil and criminal penalties. Use of the system establishes consent by the User to any and all monitoring of system activities.

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Account Creation/Login

Once the user account has been verified and all account criteria has been met, users are instructed to re-enter their password. User email address will automatically populate.

Selecting Login will open the Apixio Provider Portal home page. Your account has been successfully created.



Subsequent Logins

- Users who have already completed account creations and have previously logged into the Apixio Provider Portal will be asked for their email address upon access to the Apixio Provider Portal.
- If a user has an existing account, a verification window will appear for two-factor authentication.
- The Verification Code will be sent to the individual user's email address, not the provider email address as appeared in the account creation.
- Once verification is received and entered, users are instructed to enter their password. This will open the Apixio Provider Portal home page.





Apixio

Navigating the Provider Portal





Provider Email Notification

You will receive weekly Records Request email when records are needed.

- The weekly notification will list the outstanding requests within the Apixio Provider Portal.
- Providers will not receive the email notification if there are no pending requests.
- A unique link to your Apixio Provider Portal will be included in the Record Request email.
- The Apixio Provider Portal will make available the Records Request letter to view and save, if desired.
- Medical records will need to be uploaded within eight calendar days of the request for Host (BlueCard) claims and within 23 calendar days for Home (non-BlueCard) claims. Documentation not received within defined time frame will result in a denied claim.

Date:

APIXIO DOCUMENT REQUEST

To whom it may concern

Apixio was engaged by to perform a DRG Validation. In order to complete our review, please submit the requested documents outlined in the document request letter.

FIRST REQUEST

PROVIDER	NUMBER OF OUTSTANDING MR
SECOND REQUEST	
The following medical records have	e not been uploaded to the portal and are now > 30 days
PROVIDER	NUMBER OF OUTSTANDING MR
THIRD REQUEST	
The following medical records have	e not been uploaded to the portal and are now > 60 days
PROVIDER	NUMBER OF OUTSTANDING MR
INFO OUTSTANDING - CORRECT	ION REQUEST
in o ourstanding - connect	ION REQUEST
	e not been uploaded to the portal and are now > 90 days
The following medical records have	e not been uploaded to the portal and are now > 90 days



If you have any questions, please feel free to contact Apixio at 555-555-5555 between 9:00 AM and 5:00 PM (EST), Monday - Friday.

Sincerely, **Apixio**





Homepage Overview

The Apixio Provider Portal homepage displays the following claim information:

- Group
- Patient Name
- Provider Name

- Date of Birth
- Patient Account/HAR #
- Medical Record #

- Claim Status
- Request Status
- System ID
- Initial Request Date

- Claim #
- Service Date From
- Service Date To



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Homepage Overview

- If users have multiple facilities, these will be found within the Provider dropdown menu at the top of the homepage.
- The homepage defaults to active statuses that may require end user's action. An end user may modify status selection via Claims Status dropdown menu.
- All requests are visible within the homepage. Each can be easily filtered by selecting the Claim Status dropdown menu option. Users must select the magnifying icon to process selections.
 - Outstanding request requiring action will be marked with an action icon.



Action Icon Legend

The icons in the right column correspond to the claim status for quick identification of where a claim is in the process.

Claim Status	Action Icon	
First Request		
Second Request		
Third Request	0	
Technical Denial Issued		
Review Complete Findings		
Dispute Review Upheld	0	
Correction Request		
Error	•	

Portal Search Feature

Users are also able to search cases within the Search box for patient name, date of birth, system ID, claim numbers, services dates, or status.

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Claim Sta	atus 🕲										
oup	Provider Name	Claim Status	Request Status	System ID	Init Cla	aim # Patient N	ame D	00B Pat	Me	Ser	Ser.



Request Letter Overview

- Users will be able to review the Record Request letters with information relating to outstanding requests within the Provider Portal.
- Documentation required to complete the request will be listed within the letter as well as in the Provider Portal.
- Please use the coversheet on the last page of the letter when submitting documentation.

Apixio

Date: December 06, 2023

Document Request (First Request)

To whom it may concern,

Apixio was engaged by to perform a DRG Validation on the following claim. In order to complete our review, please submit the documents listed below:

Patient Name:	Payer.	
Patient Acct #:	Payer Claim ID:	
Patient DOB:	Apixio Claim ID:	
Date(s) of Service:		
Facility:		

Documents Requested:

Wrong patient submitted
 Incorrect date submitted for patient
Discharge/narrative summary
History and physical
Consultant/consultation report(s)
Operative report(s)
procedural notes
 brief operative notes
Physician/nursing/office notes (if patient was admitted directly from the clinic)
Emergency department notes (if patient was admitted directly from the ER)
Ambulance report/transfer records
Ancillary/diagnostic reports
• e.g.
laboratory
radiology
 physical therapy
respiratory
pathology
nursing notes
Medication reconciliation

This document is proprietary and confidential. No part of this document may be disclosed

Initial Request

- Initial Document Requests (first) letters are new requests available within the Provider Portal.
- Documentation is being requested for Apixio to complete the review of the claim.



Date: December 06, 2023

Document Request (First Request)

To whom it may concern,

Apixio was engaged by to perform a DRG Validation on the following claim. In order to complete our review, please submit the documents listed below:

Patient Name: Patient Acct #: Patient DOB: Date(s) of Service: Facility: Payer: Payer Claim ID: Apixio Claim ID:

Documents Requested:

- Wrong patient submitted
- · Incorrect date submitted for patient
- Discharge/narrative summary
- · History and physical
- Consultant/consultation report(s)
- · Operative report(s)
- · procedural notes
- · brief operative notes
- · Physician/nursing/office notes (if patient was admitted directly from the clinic)
- · Emergency department notes (if patient was admitted directly from the ER)
- · Ambulance report/transfer records
- Ancillary/diagnostic reports
- e.g.
- laboratory
- radiology
- physical therapy
- respiratory
- · pathology
- nursing notes
- Medication reconciliation



Correction Request

A Correction Request is an Initial or Follow-up Request that has been completed but is missing important documentation within the submitted records.

- Correction Requests will have at least one attachment uploaded to the claim.
- Missing documentation that is being requested will be listed within the Provider Portal on the document upload screen.
- A Correction Request letter will be available once a claim with missing/incorrect documentation has been identified.
- The cases will appear under the Claim Status "Info Outstanding" and Request Status "Correction Request."

LAIM #					
TIENT INFORMATION	Name: Claim Status: Record Status: Medical Record #:		Info Outstanding Correction Report N/A	Date of Birth: Patient Account #: Service Date From: Service Date To:	
Required Documentation	Date Created	User	Document		Accepted/Disputed
Discharge/narrative summary	12-06-2023	system	DocumentRequestLetter.pdf		N/A
History and physical	12-06-2023	system	DocumentRequestLetter.pdf		N/A
Consultant/consultation report(s) Operative report(s), procedural notes, brief operative notes	Select files				Drop files here to uploa
 Physician/nursing/office notes (if patient was admitted directly from the clinic) 	The max allowed file size	:e is 2 GB.			
Emergency department notes (if patient was admitted directly from the ER)					
Ambulance report/transfer records					
 Ancillary/diagnostic reports, e.g., laboratory, radiology, physical therapy, respiratory, pathology, nursing notes 					
Medication reconciliation					



Uploading Documentation

To upload documentation, select the specific patient. A popup window will appear.

- This will allow the user to add PDF files up to 2GB per file.
- If the comprehensive document is greater than 2GB, an end user can upload multiple documents.

To add documents, click the "Select Files" button.

- Once the file is selected, the user will be able to see the file name displayed within the Provider Portal for verification.
- Clicking "Upload" will upload and automatically send the attached files to Apixio to start the claim review process.

Please note – Required documentation is listed for each request. Please review to make sure your attachment includes all documents needed to complete the review.

Required Documentation Date Created User Document Accepted/Dis	Disputed
Discharge/narrative summary 12-06-2023 system DocumentRequestLetter.pdf N/A	
History and physical 12-06-2023 system DocumentRequestLetter.pdf N/A	
Consultant/consultation report(s) Operative report(s) Coperative report(s), procedural notes.	
brief operative notes Select files Drop	rop files here
Physican/nursing/office notes (if patient was admitted directly from the clinic) The max allowed file size is 2 GB.	
Emergency department notes (if patient	
was admitted directly from the ER)	
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Personal provides provides of the one of general	trop files here

Date Created	User	Document	Accepted/Disputed
11- 00- 0000		Test Doc MR.pdf	N/A
	system	DocumentRequestLetter.pdf	N/A
to see and	system	DocumentRequestLetter.pdf	N/A

I

Findings Request

- A Findings notification will be sent to the provider point of contacts via email once a claim review is complete. No letter will be provided if a review results in no Findings.
- Users will be able to review the Findings letter with information relating to the claim review within the Provider Portal.

Date: FINDINGS NOTIFICATION

To whom it may concern,

Apixio was engaged by to perform a DRG Validation. The outcome of the review can be downloaded below.

Please log into our Provider Portal by following the hyperlink or simply clicking on the "Provider Portal" button below to be directed to the site where you will be able to download the findings letter. (If you have not previously used the portal you will be required to create and validate your user access.)

PROVIDER PORTAL

If you have any questions, please feel free to contact **Apixio** at **555-5555** between 9:00 AM and 5:00 PM (EST), Monday - Friday.

Sincerely, Apixio



Date:

DRG Claim Review Findings

To whom it may concern,

Apixio was engaged by to perform a DRG Validation Review. The outcome of the review recommends the following:

Patient Name:	Payer:	
Patient Acct #:	Payer Claim ID:	
Patient DOB:	Apixio Claim ID:	
Date(s) of Service:		
Facility:	CE MELTINEEU	

Original Billed DRG: 897 - ALCOHOL, DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY Revised DRG: 897 - ALCOHOL, drug abuse or dependence w/o rehabilitation thrpy w/o MCC

Original Allowed Amount \$6,000.00

	Summary of	f Charges	
	Original Billed	Revised	Action
Principal Diagnosis	F10.20	F10.20	Retained
Other Diagnosis	F15.20	F15.20	Retained
	F31.4	F31.4	Retained
	F43.10	F43.12	Modified
Procedure Codes			
Discharge Status	30	30	

Rationale:

After review of this claim, it was identified that the original billed DRG 897 - ALCOHOL, DRUG ABUSE OR DEPENDENCE WITHOUT REHABILITATION THERAPY WITHOUT MCC was not supported.



Findings Request

- Users can either Accept or Dispute a claim with Findings. These will display as "Review Findings Identified" under Claim Status.
 - Accept: Provider agrees with claims review Findings. No further action is needed.
 - Dispute: Provider disagrees with the claim review Findings and is initiating an appeal. Provider may request a reconsideration by submitting additional supporting documentation and provide a response for review within the document upload page.
- Users must select "Submit" for entry to be successfully sent to Apixio.
- Non-Acceptance Threshold: If there is no response to the Finding Determination notice, the claim will be considered an acceptance based on a set turnaround time.

Search			😂 🛓 FILTER BY	Providers (59)	- Claim Status (1) - Q
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Provider Name	Claim Status	Request Status	Initial Request Date	Claim #	Patient Name
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Accept Dispute	(Enter your response here)					
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		Apitico DRG Claim Review Findings				



Completed Requests

- Completed requests have all documentation uploaded and there are no further user actions at this time.
- These will appear as "Completed" under the Requesting Status column on the home page.

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TE Drag here to set row groups								
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	Review In Progress	Completed	10.000.0000					
	Review In Progress	Completed	10.00	-	100100-000			



Apixio Provider Portal Support

- If you are experiencing issues with logging in or accessing the Provider Portal, please send an email to <u>support@apixio.com</u> and the support team will assist with resolution.
- For general questions, please contact BCBSKS Customer Support at <u>csc@bcbsks.com</u> or 1-800-432-3990.
- For general feedback or disputing the repriced value of a claim, please contact your BCBSKS Institutional Relations Representative.
- For any additional needs, please contact the Apixio help line at 1-877-245-9167.





Apixio

Frequently Asked Questions



Frequently Asked Questions

Q. How do I receive the Apixio Provider Portal verification code when I am attempting to login for the first time?

A. When you are logging in for the first time only, the initial verification code will be sent to the provider administrator email set by the facilities. All subsequent verification codes will get sent directly to the user email address.

Q. How do I grant new user on my team Apixio Provider Portal access?

A. New users can access the Apixio Provider Poral URL located within any findings or record notification received. Upon first login, the user will be asked to verify and create their account.

Q. I need to add/remove an end user. How can I get this resolved?

A. Please submit a support ticket to the Apixio Support Desk via email (<u>support@apixio.com</u>) for changes to the Provider Portal notification distribution list.

Q. When I log in to the Apixio Provider Portal, how do I know what I need to review and what is outstanding?

A. You will receive an email notification for medical record/documentation request or advising of a review determination (finding or reconsideration). A reference number or System ID is embedded in the email to help locate the claim within the Apixio Provider Portal. Filtering Claim Status to Info Outstanding or Review Findings Identified will also identify all claims requiring action in those statuses. Providers can also look for cases marked with the colored ! Indicating provider action needed.



Frequently Asked Questions

Q. There is a case that is not in an expected status and/or I am unable to upload records, how can I get this resolved?

A. Please submit a support ticket to the Apixio Support Desk via email (<u>support@apixio.com</u>) for any case-related issues within the Provider Portal or contact Apixio Support Desk at 1-877-245-9167.

Q. Who do I contact if I am experiencing Apixio Provider Portal technical issues?

A. Please submit a support ticket to the Apixio Support Desk via email (support@apixio.com) giving detail of issue and System ID.

Q. Is there a size limit when uploading documents to the Apixio Provider Portal, and is there a format preference?

A. Yes. Single uploads are maxed at 2 GBs, however multiple records can be loaded to the claim before submitting. Medical records and documentation need to be in PDF format.



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Institutional Relations

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