PULSE
User Guide

v2013.9 – Oct 2013

NEXtCARE

Document Control

Date	Description	Version	Author
25/7/2012	Initial Version	2013.6	AK
01/9/2013	Eligibility Updates and New Claim Registration	2013.7	AK
28/10/2013	New Claim Screens	2013.8	AK
20/11/2013	Multiple Diagnosis	2013.9	AK

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1. System Overview

PULSE web application is offered to the providers by **NEXtCARE** to facilitate the transfer of information back and forth between both parties.

PULSE, will allow providers to register all new claims on the spot , get claims Pre-certification Response from **NEXtCARE** (Covered, pending, not covered), deliver claims to **NEXtCARE** at the end of billing cycle, apply claims reconciliation, and receive messages from **NEXtCARE**.

Benefits gained when using PULSE are:

- Instantly view current Insured-patient benefit information
- Receive Authorization in real time
- Frees Phone and Fax Lines
- Prevents incomplete claims from being submitted
- Correct claims errors before submission
- Provider's staff can perform administrative work (claims tracking, etc.) during off hours
- Tracking of payment order status
- More complete claims result in faster average turnaround

2. Access PULSE

To access the application, click on the Internet Explorer, and insert the URL.
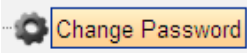
http://pulse-uae.tatsh.com

PULSE Login page will be displayed as a result.

Figure 1 : Login Page

3. Change Password

To reset your Password, click on **Change Password** button [Change Password] from the **Main Menu**.
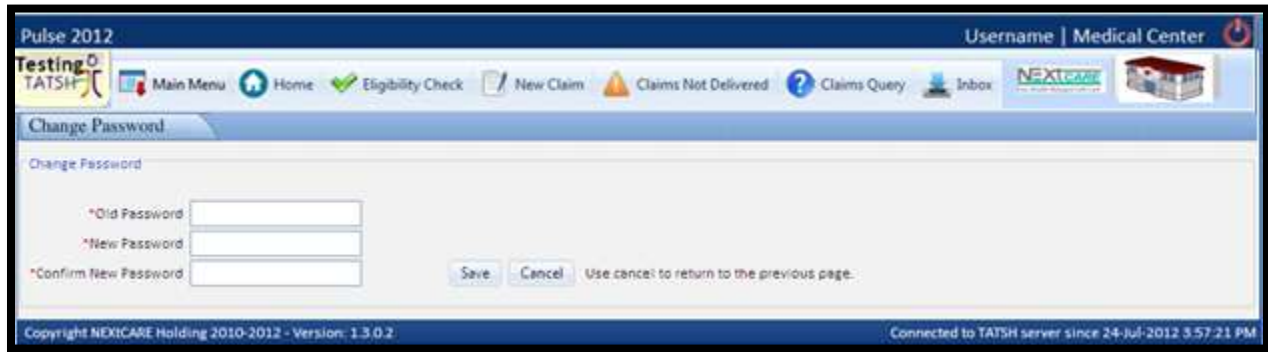

Figure 2 : Change Password

Under **Change Password** page, enter your **Old Password**, **your New Password** and **Confirm New Password**; **New Password** and **Confirm New Password** should be identical, Click on **Save** button [Save] to save the changes.

For security reasons, if **Change Password** page is opened all menu buttons will be disabled.

You will have to click on **Cancel** button [Cancel] to return to previously opened page and continue using **PULSE**.

3.1 Password Complexity

While changing the password, the following **Rules** are introduced to meet the complexity needed:

- **Password** must have a **Minimum Length** of 6 characters (can be modified)
- **Password** cannot be similar to the **Last 3 Changes** (can be modified) including the **Current Password**, and can use previous passwords
- **Password** must be complex, it means it must be alphanumeric and must contain at least one from **each** of the following characters :
    - Small Letter (a, b, c ...)
    - Capital Letter (A, B, C …)
    - Special Character (*&%#@ …)
    - Number (1, 2, 3 ...)

3.2 Password Life Time

In order to meet **Allianz** standards and guidelines, **PULSE** passwords impose high security standards.

The **Password** has a **Lifetime** that cannot be exceeded (**60 days** by default, and can be modified on the territory level); you cannot login after **Lifetime** is exceeded without changing your **Password**.

A **Reminder Time** is set to inform you that you have to change your **Password** (**10 days** prior to password expiry by default, and can be modified).

If you login to **PULSE** before the last 10 days of the **Password Lifetime**, no reminder will be shown.

If you login to **PULSE** after the last 10 days of the **Password Lifetime** and before the limit time, an alert "your password will expire in **N** days" will be displayed to remind you to change your **Password**.

If you login to **PULSE** after exceeding the **Password Lifetime** days, you will be automatically redirected to **Change Password** page, and you may not continue or access any other page without changing your **Password**.

3.3 <u>Password Lock:</u>

Password will be locked after 3 trials in this case refer to NEXtCARE-HELPDESK center:

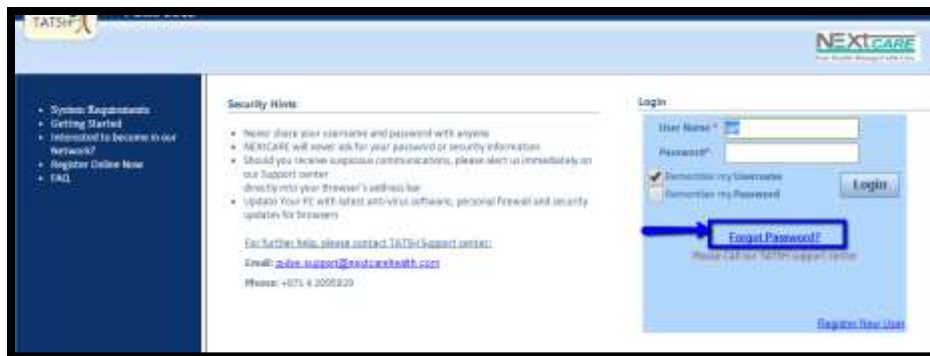**Figure 3 : Locked Password**

3.4 <u>Forgot Password:</u>

Figure 4 : Forgot Password

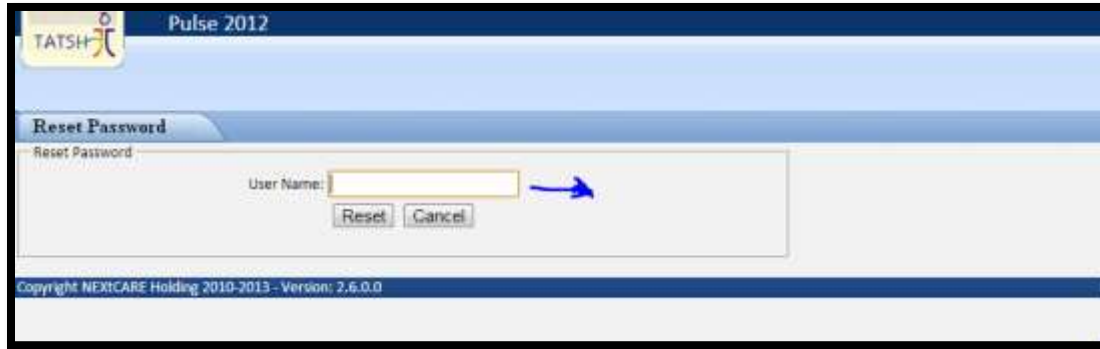In the event your password is locked, kindly click on " Forgot Password? in the main screen and follow instructions.

Figure 5 : Reset Password

Enter the "user name" as provided and click on [Reset] .

Figure 6 : Error 1 – no registered email
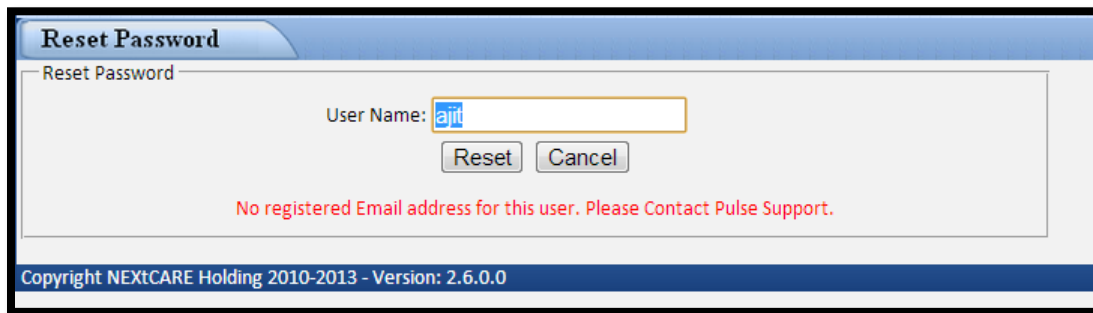
In the event of the above screen error message "No registered Email address for this user. Please Contact Pulse Support."

Please contact +971 04 209 5929 and request for a password RESET.
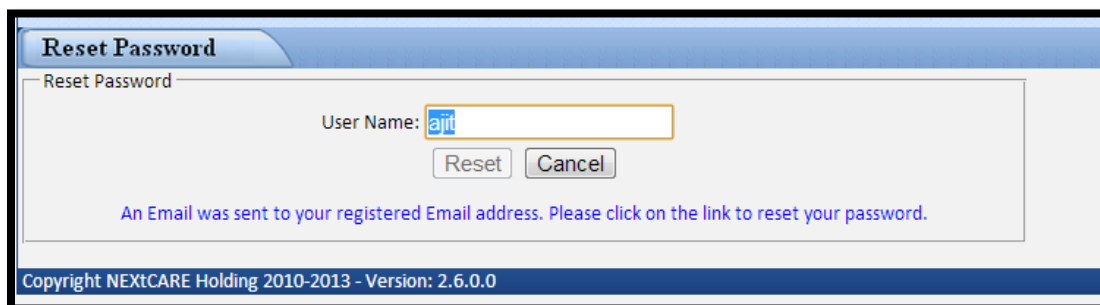

Figure 7 : Password Reset Link

If the above screen shows, it means that the password reset LINK is sent to the email address that has been configured at the time of account creation.

NEXtCARE®
Your Health Managed with Care

Password Reset for ajit
▶ From (pulse@nextcare.ae) 2 minutes ago

Dear User,

Please click on the following link to reset your password: click here
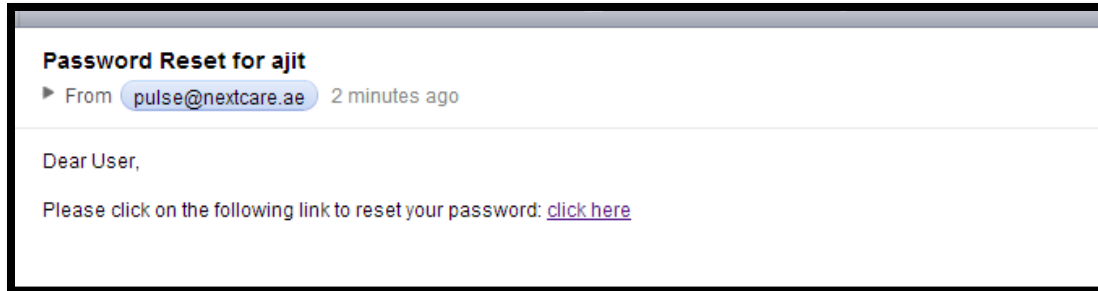
Figure 8 : Password Reset Link

The next screen will relate that the password was RESET successfully and you can proceed to LOGIN with the default password '0000'
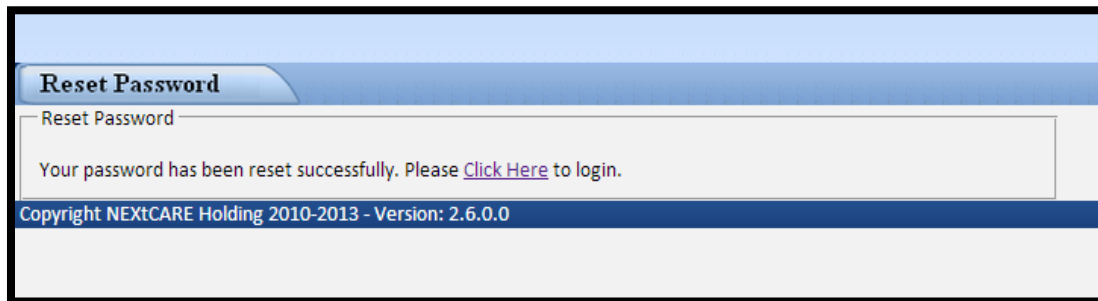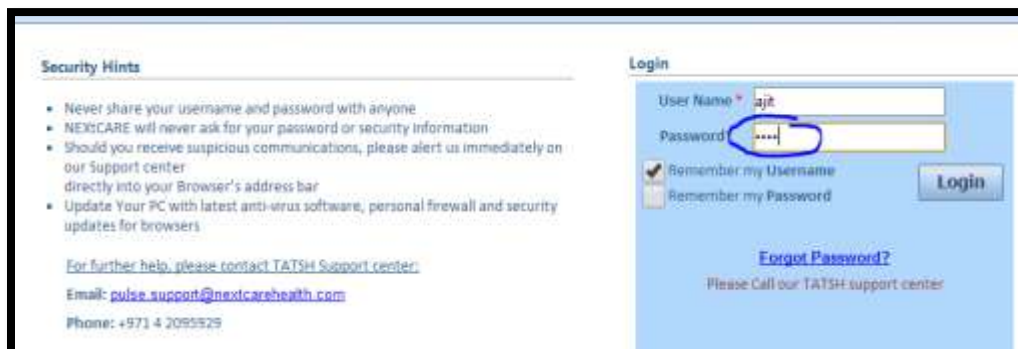

Reset Password
— Reset Password

Your password has been reset successfully. Please Click Here to login.

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Figure 9 : Password Reset

Security Hints

- Never share your username and password with anyone
- NEXtCARE will never ask for your password or security information
- Should you receive suspicious communications, please alert us immediately on our Support center directly into your Browser's address bar
- Update Your PC with latest anti-virus software, personal firewall and security updates for browsers

For further help, please contact TATSH Support center:

Email: pulse.support@nextcarehealth.com

Phone: +971 4 2095929

Login

User Name * ajit
Password
✔ Remember my Username
Remember my Password
Login

Forgot Password?
Please Call our TATSH support center

Figure 10 : Password Reset

Change Password
— Change Password

Password is too short. Minimum length is 6 characters.

*Old Password
*New Password
*Confirm New Password   Save   Cancel   Use cancel to return to the previous page.

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Figure 11 : Password Reset

Follow the steps for the new password by entering the Old Password as '0000'

4. Register a New User

In order to use **PULSE** the provider user should have a User Name and Password. Therefore the user should send a **New User Request** to **NEXtCARE-HELPDESK**, and when the user name is created, **NEXtCARE**-**HELPDESK** will contact the user and inform him/her of the new User Name and Password.

To request a new user, click on button Register New User on the **Login** page. The **New User Registration** page will be displayed.
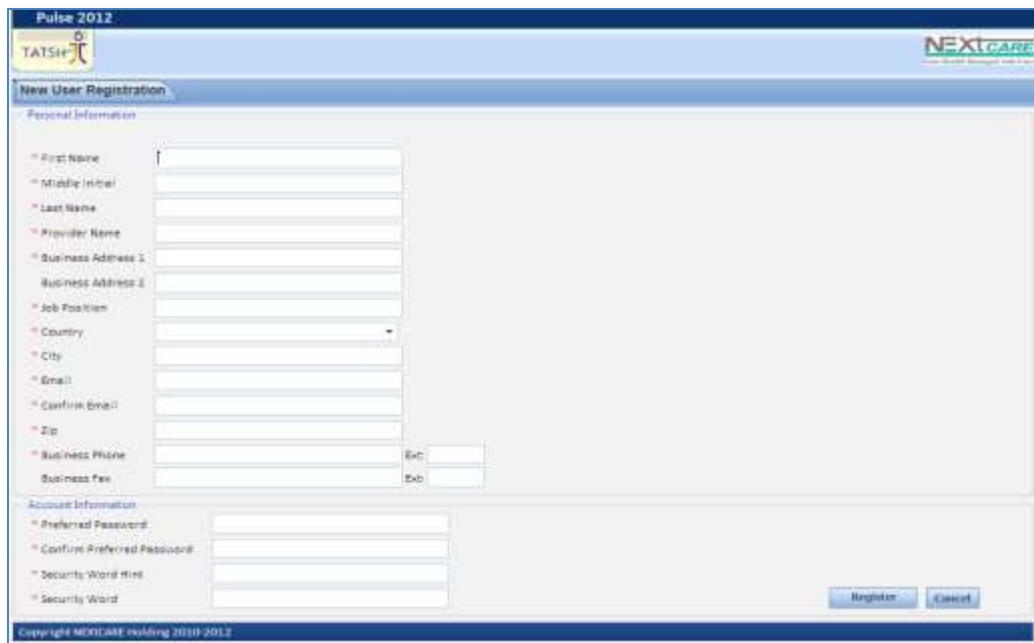

Figure 12 : New User Registration

All fields marked with * are Mandatory.

Fill your Personal Information correctly (**First Name, Middle Name**, Last Name…).

Specify and confirm your **Preferred Password**.

The current **Preferred Password** length is of minimum 6 characters, and it must be complex it means it should contain at least one from **each** of the following characters:

1. Small Letter (a, b, c ...)
2. Capital Letter (A, B, C …)
3. Special Character (*&%#@ …)
4. Number (1, 2, 3 ...)

Insert a **Security Word Hint** and **Security Word**, and memorize them. In case you forget your password, you may contact **NEXtCARE-HELPDESK** to get a new password; you will then be asked for the Security Word Hint and Security Word to confirm your identity. If you answer correctly, **NEXtCARE-HELPDESK** will provide you a new password.

Click on **Registration** button Register to save your registration.

The new user request will then be sent to **NEXtCARE-HELPDESK**. Kindly do not use this module, and make your requests for new users through Pulse Support Email.

5. <u>Login to PULSE</u>

To **Login to PULSE**, fill your *User Name* and *Password* correctly;

If you want the system to remember your *User Name* the next time you access **PULSE**, check the *Remember my Username* checkbox.
If you want the system to remember your *Password* the next time you access **PULSE**, check the *Remember my Password* checkbox.
If you check both checkboxes, system will automatically log you in next time you access **PULSE**.

Now click on the **Login** button ![Login].
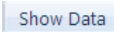
6. <u>Home Page</u>

Once logged in, the **Home Page** will be displayed.
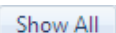
In **Home Page**, claims will be displayed in three divisions:

    a. **Claims with Pending Pre Certification Reply**
    b. **Registered claims without Pre Certification**
    c. **Pre Certified claims**

In each division, the last 10 related claims will be displayed; claim of the past 7 days are displayed in the **Home Page**, by clicking the **Show Data** button.

To view all claims of a division, click on its related **Show All** button.

Related page will be displayed as shown below.

Figure 15 : Dashboard – Home (ShowData)

6.1 Claims with Pending Pre Certification Reply

A claim is set to be pending with a pending reason when it needs an Authorization and is still missing information from either the payer, Provider or **NEXtCARE** in order to be processed.

Figure 16 : Dashboard – Home (Pending precert)

Page may also be reached by clicking on **Pending Replies** button from the **Main Menu.**

6.2 Registered Claims without Pre Certification

When a claim is identified by the system that it does not need a medical precertification, claim status will automatically be set as **"Registered"** and claim can be processed directly.
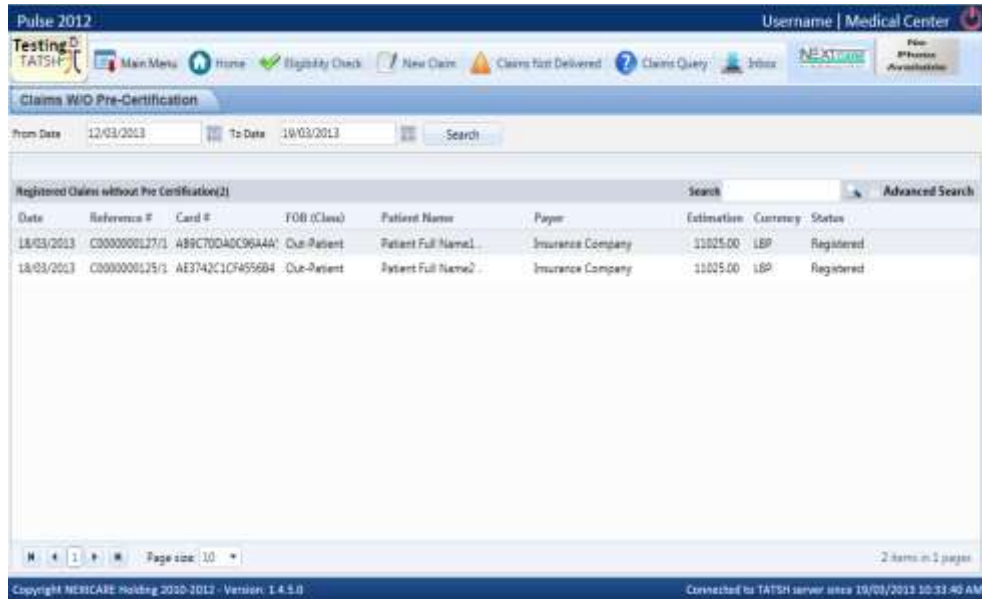
Figure 17 : Registered claims

Page may also be reached by clicking on **Claims w/o pre-certification** button from the **Main Menu.**

6.3 Pre Certified Claims

After **NEXtCARE** decision is taken, the claim is now **Pre-certified** with status set to **"Authorized"** or **"Declined"**.
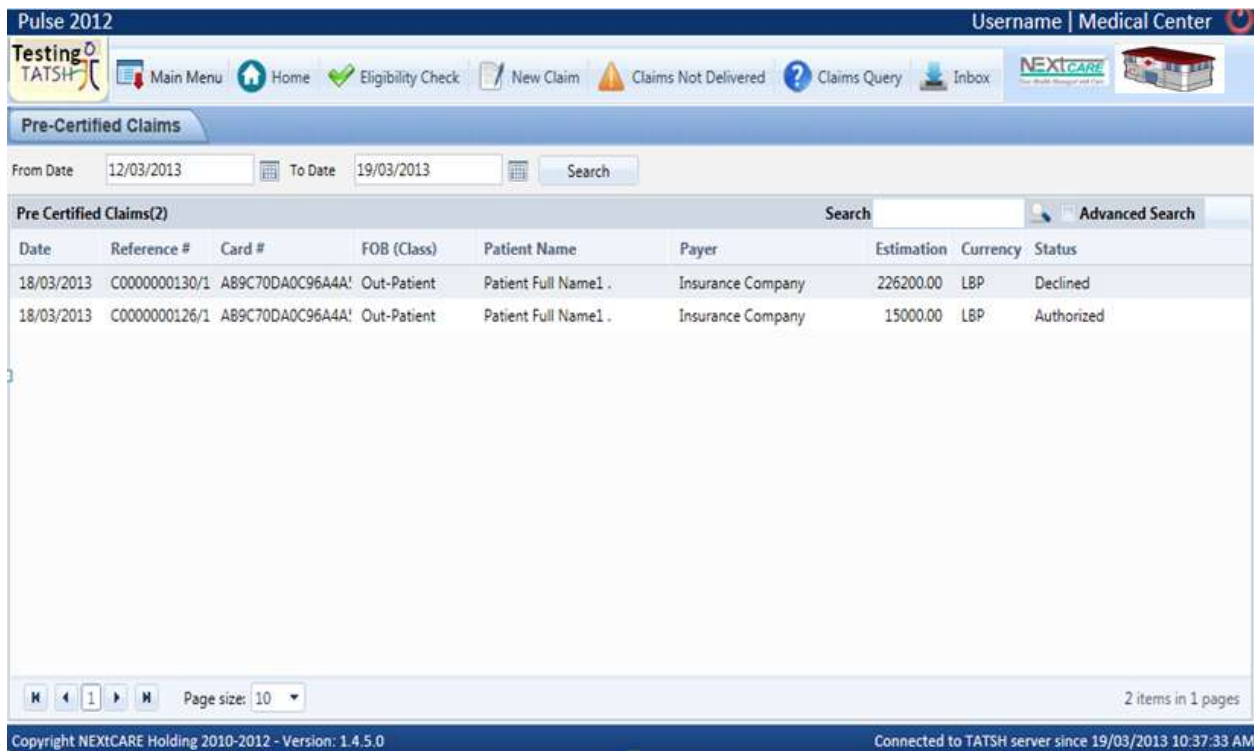

Figure 18 : Pre Certified claims

Page may also be reached by clicking on **Pre-certified Claims** button from the **Main Menu.**

6.4 Claims Display and Search

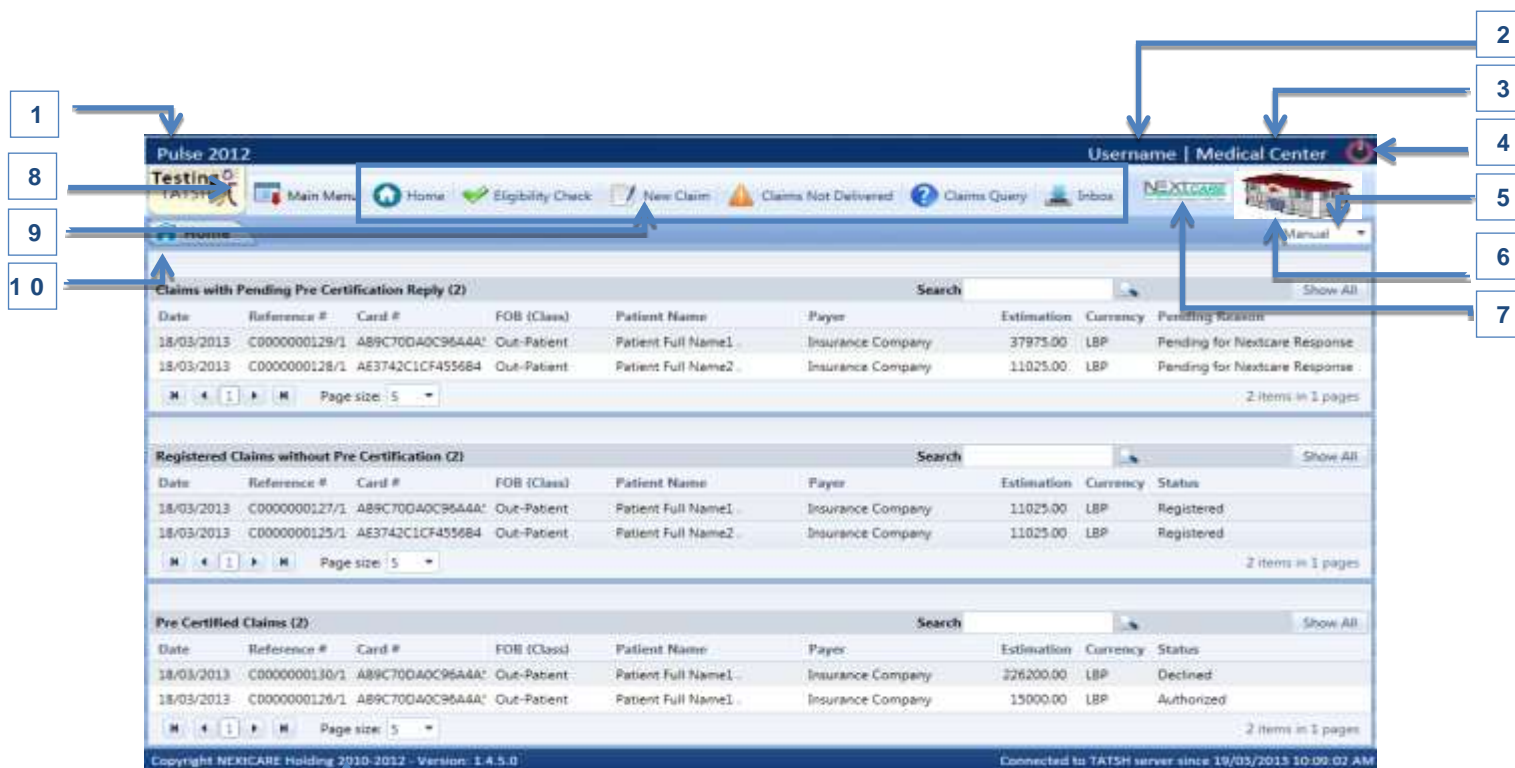When clicking on **Show All** button in any division, all related claims created in the last 7 days will be displayed.

To view earlier claims, you may change the values of the search fields *From Date* and *To Date* and then click on the **Search** button Search .

From Date	01/03/2013		To Date	23/03/2013	

Claims will be then displayed accordingly.

| Date	Reference #	Card #	FOB (Class)	Patient Name	Payer	Estimation	Currency
23/03/2013	C0000000189/1	AB9C70DA0C96A4A5	Out-Patient	Patient Full Name1 .	Insurance Company	0.00	LBP
23/03/2013	C0000000188/1	AB9C70DA0C96A4A5	Out-Patient	Patient Full Name1 .	Insurance Company	0.00	LBP
18/03/2013	C0000000129/1	AB9C70DA0C96A4A5	Out-Patient	Patient Full Name1 .	Insurance Company	37975.00	LBP

Pulse interface, Status and Navigation are presented as listed below:

[1]. **PULSE Top Bar** including **Pulse Production Year**
[2]. **User Name that is logged in into PULSE**
[3]. **Medical Organization (Provider) Name that the logged in user belongs to**
[4]. **Log Out** button: redirects the user to the **Login** Page
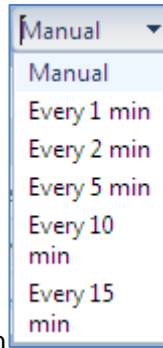
[5]. **Auto Refresh: to** specify Mode and Duration

[6]. **Logged in user's Provider Logo**
[7]. **NEXtCARE Logo**
[8]. **Main Menu** button: to navigate through pages, click to open the main menu or close it;
   [a]. **Provider's Name:** redirects you to the **Home Page**
   [b]. **Folder**: group pages by category, and collapse/expand when clicked
   [c]. **Page Name**: redirects you to the target page; All pages are displayed and can be reached from this menu
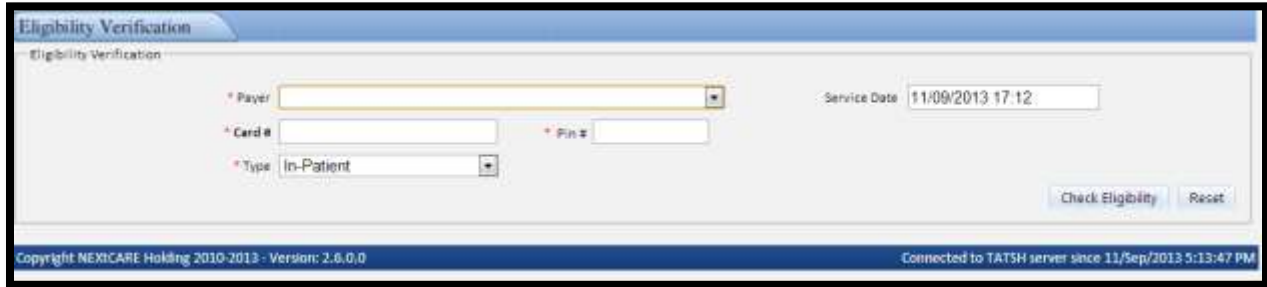   [d]. **Hide Menu**: close the menu
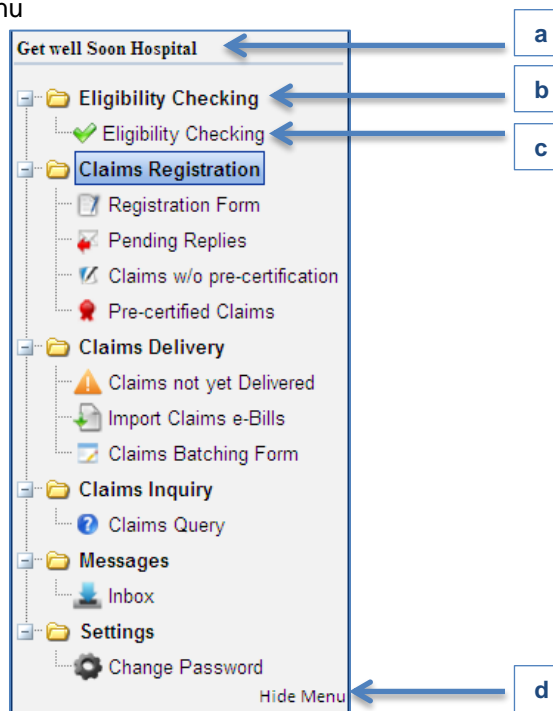
[9]. **Toolbar Menu**: Shortcut menu buttons to the most used pages
[10]. **Opened Page Name**
[11]. **Status bar** including **NEXtCARE Copyright** and the current **PULSE Version**
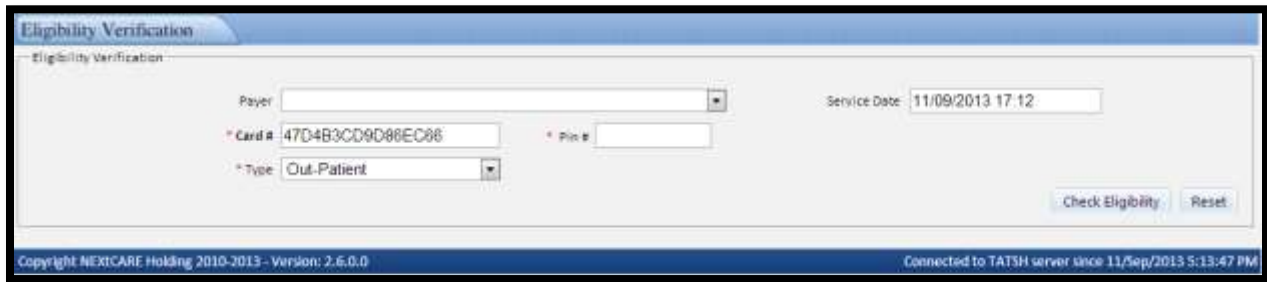[12]. **Connection status**

7. Eligibility

7.1 How to check eligibility

Eligibility is one of the primary and core modules of Pulse and essential of all providers enrolling onto this service.

Steps to follow:

- Leave the payer drop menu without selecting
- Enter the entire set of 16 digits displayed on the card
- Card data can be entered without "-" between every 4 digits
- Card data does not contain the "alphabet" "o" and is in cases where it is shown is always a numeric "0" (zero)
- Omit the PIN entry as it is not applicable in all regions
- Select the "Type" of service that is requested at the event of "eligibility"
    - Eg: Outpatient, Inpatient, Maternity, Dental, etc…
- Once done, click on [Check Eligibility]

7.2 Eligible Member

Once the **Insured Patient Information** section is properly filled, the **Medical Information** and **Service**

7.3 In-Eligible Member

Once the **Insured Patient Information** section is properly filled, the **Medical Information** and **Service**

8. <u>Register a New Claim</u>

PULSE main objective is to make the **Claim Registration** process as easy and fast as possible. With **PULSE** you will be able to send **Claim Registration** to **NEXtCARE** on the spot without making phone calls or sending faxes.
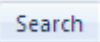
To register a new claim, click on **New Claim** button [New Claim] from the Toolbar or on **Registration Form** button [Registration Form] from the main menu. New Claim Registration page will be displayed.

Figure 20 : New Claim Registration

8.1 <u>Insured Patient Information</u>

To find the target beneficiary, fill the following:

1. at least the first 4 digits of the Card Number , the Pin Number or the Policy Number
2. at least the first 2 characters of the beneficiary name
3. the beneficiary Year of birth in the DOB field

Now click on **Search** button [Search] or press Enter on the keyboard.

4. If entered criteria are correct and they return only one beneficiary, the Insured Patient Information will be automatically filled.

5. If entered criteria are correct and they return multiple beneficiaries, Insured Patient Information popup will be displayed, and you will be able to choose the proper patient.

Figure 21 : Insured Patient Information Popup

Double click on the target patient row to be selected, and have his information filled in the Insured Patient Information section

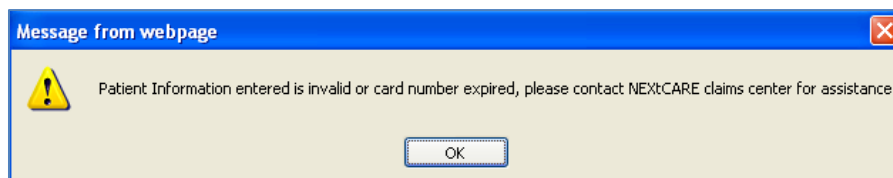6. If the entered criteria are incorrect or patient policy is not active, the following alert will be displayed, and you will have to re-enter correct information in order to proceed.
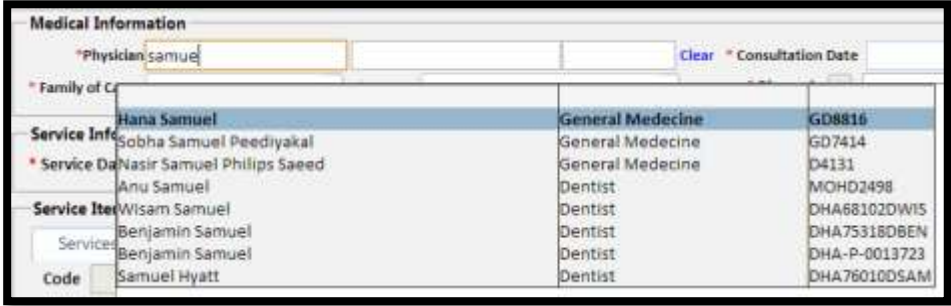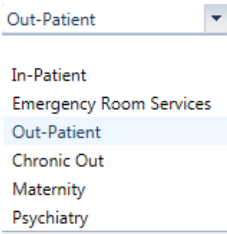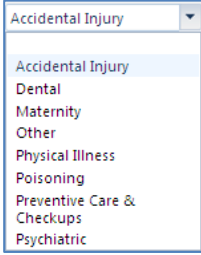
8.2 Medical and Service information

Once the **Insured Patient Information** section is properly filled, the **Medical Information** and **Service Information** sections will be enabled.
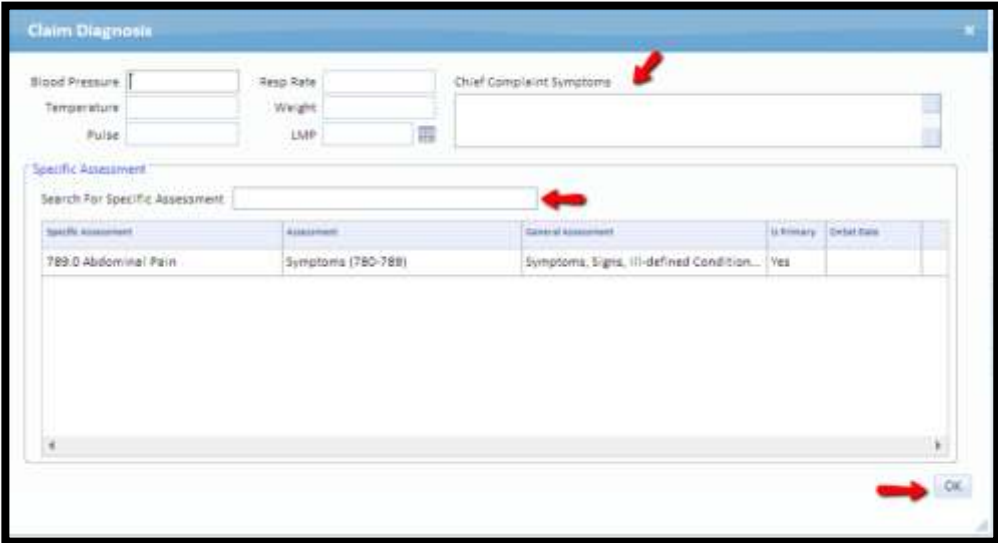
In these sections, all the fields marked with * are Mandatory to be filled.

Fields functionality

Field	Description
Physician	Search for the *Physician* by filling part of his name (first box), or the complete license number (third box). If entered criteria match only one physician, physician information will be filled in physician boxes. If searching by the physician name returned multiple physicians, **Physician Information** popup will be displayed allowing you to select the proper physician.

If entered criteria are incorrect, a notification will be raised.

Consultation date	*Consultation date* is the date of physician's report. Consultation date cannot be greater than *Service Date*.
Type	To specify the claim Service Type you have to select from the *Type* drop down list.
Family of Cause	The *Family of Cause* drop down list* contains the following values: * **Please refer to Appendix I for FOC list.**
Cause	*Cause* values will be filtered depending on the Family of Cause selected. It refers to the precise cause of the claim. **<u>Note below the conditions as to how the claim needs to be encoded in Pulse</u>**

	Type	Family of Cause	Cause
Optical	Optical	Physical Illness	to be specified under assessment
Maternity related claim	Out-patient	Maternity	Others
Dental related claim	Dental	Dental	Any

	Claims other than Maternity, Dental, or Optical	Out-patient	Physical Illness	to be specified under assessment
Diagnosis	Based on DHA standards, recommended coding is ICD10. Fill part of the *Diagnosis* name (4 characters at least) and press Enter to find the target diagnosis. If the entered search value matches only one diagnosis, the result diagnosis will be displayed directly. If the entered search value matches multiple diagnoses, the **Diagnosis Information** popup will be displayed and you will select the proper diagnosis. If the entered search value is incorrect you will be notified accordingly. The *Diagnosis* checkbox should be checked if you want to apply search on the diagnosis shortlist only. Once the *Diagnosis* is selected, the *Currency* will be filled, and the **Services/Procedures** and **Attached Documents** tabs will be enabled.			
More Diagnosis	Adding Multiple Diagnosis Feature on PULSE that allows providers to add more than one diagnosis with OnSet Date for each diagnosis (currently the **OnSet** date is optional). Moreover the provider is able to enter the "Blood Pressure", "Temperature", "Pulse", "Respiratory Rate", "Weight", "LMP" and "Chief Complaint Symptoms" (same as TATSH BO)			

The "OnSet Date" cannot be greater than system date
Primary diagnosis cannot be deleted from the table inside the dialog

Estimated Cost	Claim *Estimated Cost* will be marked as mandatory when you try to save the claim without selecting any item in the **Services/Procedures** tab.
Length of Stay	The *Length of Stay* field will be mandatory when the claim type is In-Patient, Else it will be hidden.
Service Date	Since claims are to be reported on service time, *Service Date* is disabled and set equal to present date and time.
Currency	*Currency* is disabled. After filling the **Medical Information** fields, currency will be automatically filled by the system based on the provider agreement for the selected beneficiary, type and service date.
Invoice Number	*Invoice Number* is for the claim generated from the Provider's system.

8.3 Services/Procedures

All **Services** and **Procedures** that need to be provided to the patient should be listed in the claim registration.
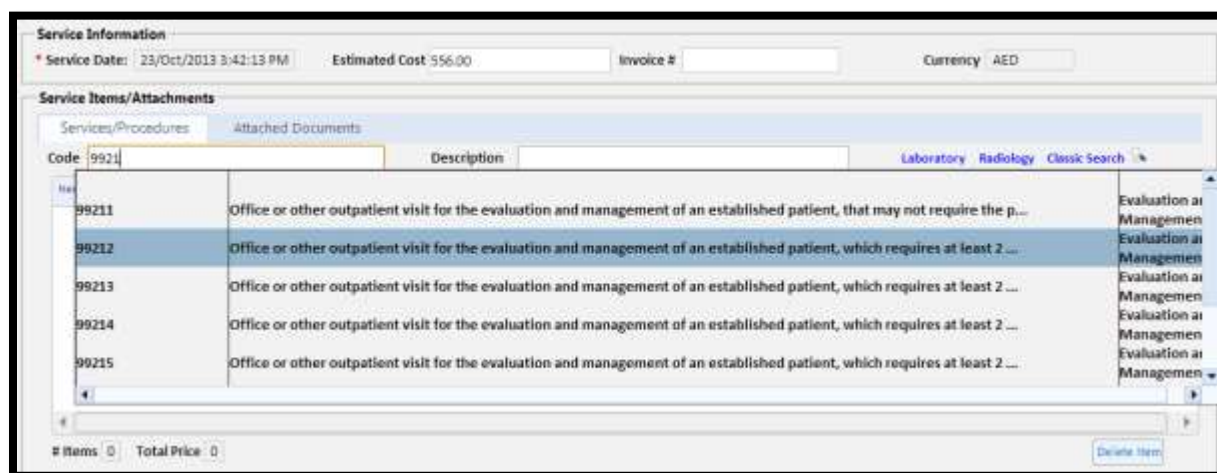
To add Items to the claim, just type in the "CPT Code" of the requested item as shown above and the results will be displayed. Select the appropriate and the "service item" and it will get added to the list.

Figure 22 : Services/Procedures Search and Grid

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Your Health Managed with Care

Available search fields are *Item Code*, *Item Description*. Fill any of the fields with the proper criterion and press enter to get the results. Now double click on the item in the rows displayed to be added to selected items.

Apply as many searches and selections as needed to add more than one item.

To add Multiple Items in one click:
Enter service item codes separated by "semicolon" and just press enter after done. All items existing will be added.

Figure 23 : Items Selected

Some items will not show a price element
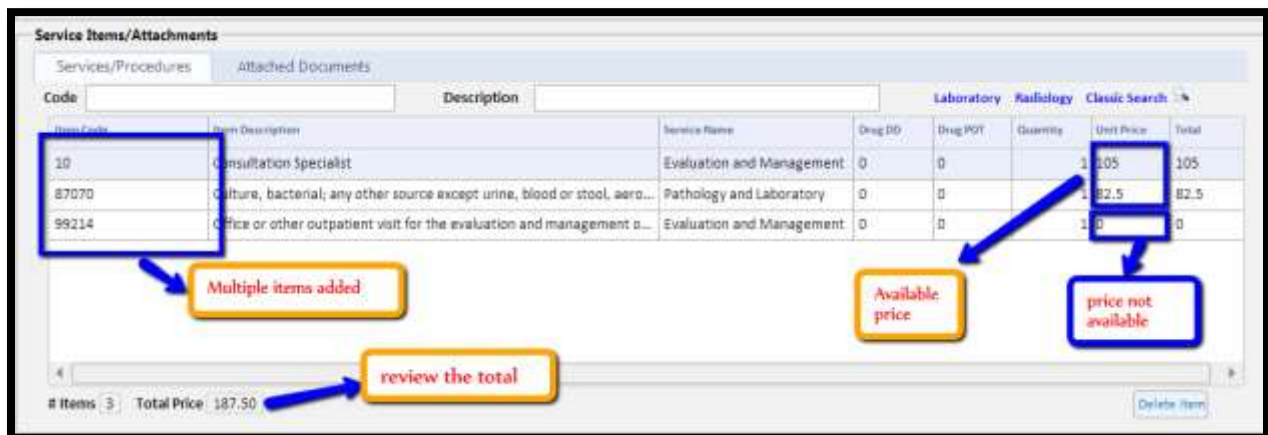
Figure 24 : Items Details

In case of that, kindly refer to the agreed price list and if its duplicated, then enter a note stating the approved price with the "provider internal code" in the Notes section of attached documents.

For Pharmacy:
Selected items grid columns are: *Item Code*, *Item Description* and *Quantity*.

When *Claim Type* is **"Out-patient"** and *Item Service* is **"Pharmacy Medicines"** the columns *DruggDD* (Drug Daily Dosage) and *DrugPoT* (Drug Period of Treatment) will then be *visible and enabled*.

Use the **Edit** button `Edit` in row level to adjust *Quantity*.

To save changes click on **Update** button `Update`, to discard changes click on **Cancel** button `Cancel`.

To remove an item row from the selected items click on the **Delete** button `Delete` at the bottom

Once you finish adding **Services/Procedures**, click on **"Send Registration"**.

8.4 Attached Documents and Notes

To provide **NEXtCARE** with additional notes (claim details, patient conditions …) or any other relevant documents (medical report, claim invoice, official papers …) you may add **Attachments** and **Notes** to the claim.

In case you did not find any item on PULSE, attach the medical report, select the **Attached Documents** tab to display the **Attachments and Notes** grid and the **Upload File** box.
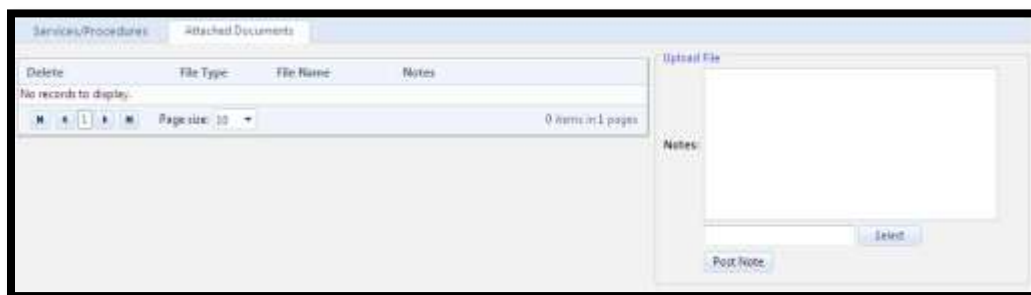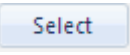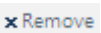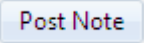
Figure 25 : Attached Document Tab

Fill the *Notes* field with relevant information, and if a document related to the note is available and should be attached, click on **Select** button `Select` and browse for it.

The *Selected Document* name will be added under the *Notes* field, with the **Remove** button `× Remove` available to delete selection when needed.

Click on the **Post Note** button [Post Note] to add the **Notes** and the **Selected Document** to the **Attachments and Notes** grid.

Notes are mandatory to be added to claim if items are not added in the **Services/Procedures** tab.

8.5 Save Claim

Now after you have inserted claim information correctly in all the claim section, you will be able to save the claim and send it to **NEXtCARE**.
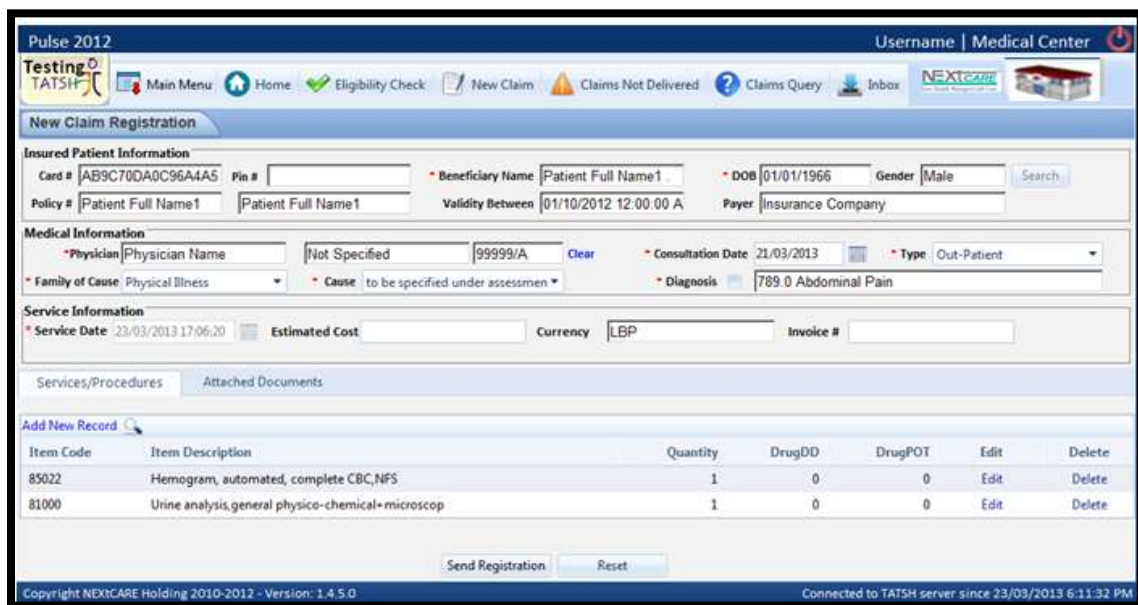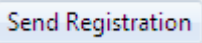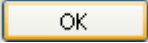
Figure 26 : Claim Information

Click on **Send Registration** button [Send Registration] a confirmation alert will be displayed.
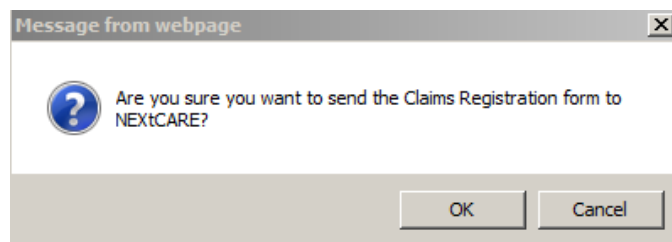
To confirm and send the claim, click on **Ok** button [OK].

To apply changes and additional validation before saving, click on **Cancel** button [Cancel] .

To discard the claim and create a new one, click on **Reset** button [Reset] .

When claim is saved a confirmation message will be displayed with the claim Reference Number as a link to the saved claim.

Claim has been successfully Registered. Reference Id is C0000000976/1

Notes: Kindly make a note of this claim number on your claim form for future reference

8.6 Specific Warning Messages

1. If claim is issued for the same Beneficiary name, date and FOB (type), a popup window will appear. In this case, provider should double check – through the claim query screen - if claim was already entered on PULSE.
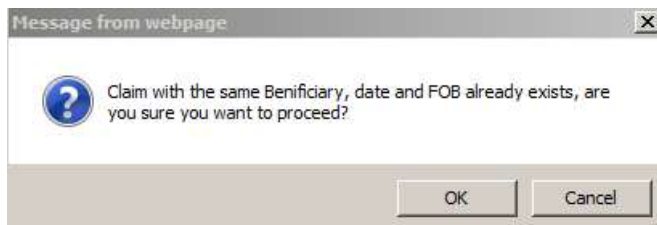
2. In case provider is not within the selected network, the below popup window will appear.
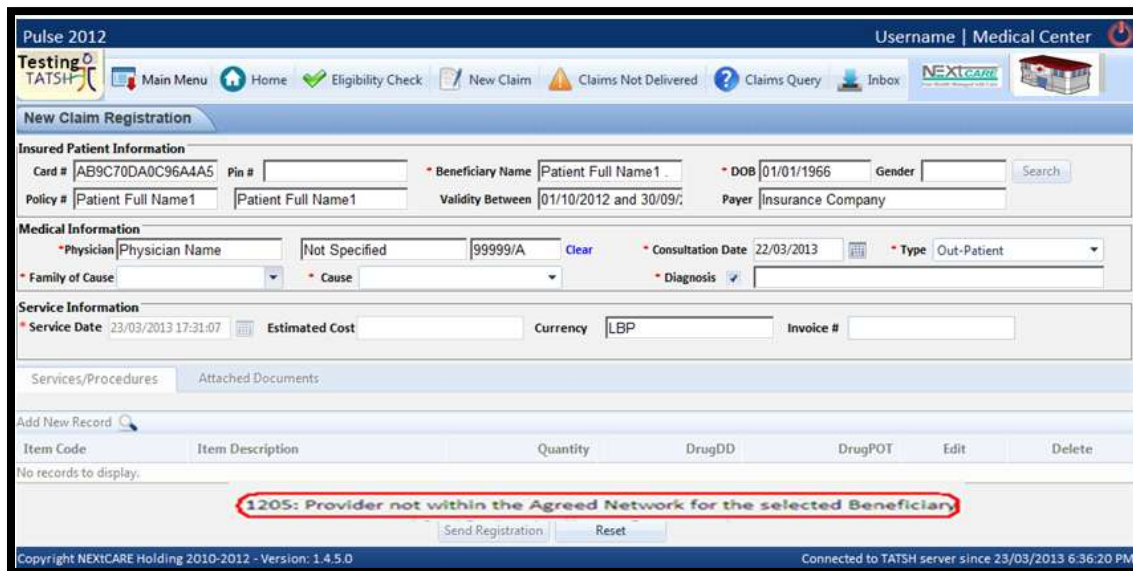
3. In case provider selects a FOB (type) that is NOT allowed as per patient benefit, the following message will appear on the screen: "the selected FOB is not available within the beneficiary policy".

PULSE User Guide

8.7 Registration and Precertification Process

When you submit the claim, the system will verify the entered data and claim will have one of the following statuses:

I. **Registered**: Claim identified by the system that it does not need pre-certification process by NEXtCARE Claim Center, claim *status* will be automatically set as **"Registered"**, and claim evaluation and adjudication will be made after submitting claim papers at the end of the agreed period.

II. **Declined:** Claim identified by the system as not approved, claim *status* will be automatically set as "**Declined**" with the proper *Declined Reason* listed in claim details.

III. **Pending NEXtCARE Precertification**: Claim needs pre-certification process by **NEXtCARE** Claim Center to decide if it should be **Authorized** or **Declined**. Claim *status* will be automatically set as "**Pending**", with the *Pending Reason* set to "**Pending for NEXtCARE Response**". In this case, the claims' center officer at **NEXtCARE** will review the claim in order to take the appropriate decision.

- If claim needs more clarification or is missing required documents from the provider, claim *status* will remain **Pending** and the *Pending Reason* will be set to "**Pending for Provider Response**" awaiting your revision and reply
- Else, the claims' center officer at **NEXtCARE** will take the decision:
  o Claim "**Authorized**" with *Visa Notes* listed in claim details
  o Claim "**Declined**" with the proper *Declined Reason* listed in claim details

To get claim status you must frequently refresh page.
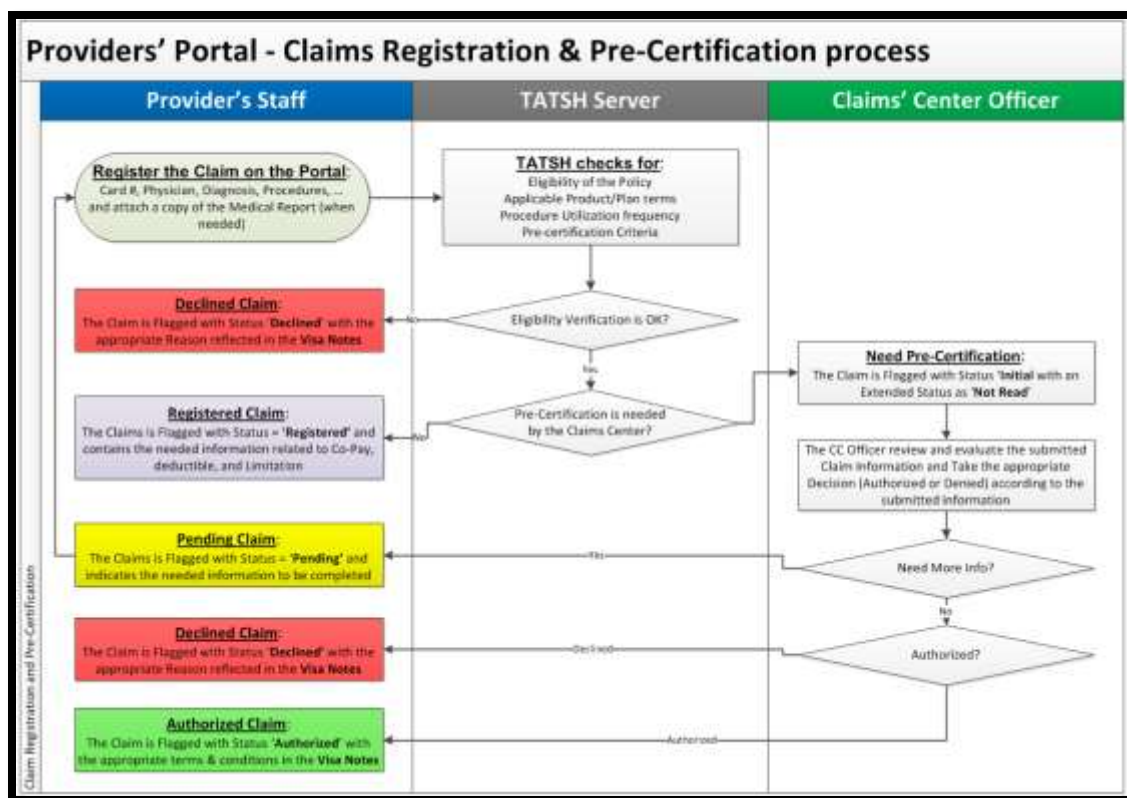
Figure 27 : Claim Registration and Precertification Process

Pulse Workflow for the Precertification Team (emergency cases)

1. Patient at the Provider	2. Sending the case via Pulse	3. Call NEXtCARE for a verbal decision

1. Patient at the Provider

Check the patient eligibility via Pulse

→ Not eligible → Denied

→ Eligible → All details and attachments entered on Pulse

2. Sending the case via Pulse

Register the case via PULSE → Get the Claim Reference Number (CXXXXXXXXX)

3. Call NEXtCARE for a verbal decision

Call NEXtCARE and mention the Claims reference number to NEXtCARE representatives whenever it is asked for

↓

Follow the normal SOP (Standard Operational Procedure) for verbal approvals with NEXtCARE

Without the Claim reference number, NEXtCARE will not be able to provide assistance on your request.

NEXtCARE ®
Your Health Managed with Care

Pulse Workflow for the Precertification Team (non-emergency cases)

1. Patient at the Provider	2. Sending the case via Pulse	3. Follow NEXtCARE SOP for a written decision

Check the patient eligibility via Pulse

→ Register the case via PULSE → Get the Claim Reference Number (CXXXXXXXX)

→ Follow the normal SOP (Standard Operational Procedure) for written approvals with NEXtCARE

Not eligible

Eligible

Denied

All details and attachments entered on Pulse

Without the Claim reference number, NEXtCARE will not be able to provide assistance on your request.

9. <u>View Claim Details</u>

When sending the claim registration, click on the **Claim Reference** link C0000000976/1 to verify the claim details, the precertification terms, the approved procedures and amount.

You may also access the **View Claim Details** page later on by double-clicking on a claim row from any grid in the application (e.g. **Home Page, Search Results** …), you may then re-check a claim and apply revisions and extensions if necessary.

Under **View Claim Details** page, all claim details will be disabled; you may only view **Insured patient Information** and **Medical Information** without being able to edit them.

Claim Status and *Claim Reference* are also displayed on the page top.

Figure 28 : View Claim Details

9.1 <u>Totals Computation</u>

Under **Services/Procedures** tab, for each item you have added to the claim, the *Quantity Approved* and the *Unit Price* will be displayed. If *Quantity Approved* is different than the *Quantity Claimed*, proper *Adjustment Reason* will be listed.

The **Total** *Approved*, *Discount*, *Patient Share*, *Net Claimed* and *Net Approved* will be calculated considering the item's Unit Price and all related conditions and limitations (limits, Co-parts and Excess).

If claim has no items, the calculation will be applied based on the claim *Estimated Cost*.

Claim **Total Amounts** will be displayed in bottom of the page and *Estimated Cost* will be updated and set equal to claim *Payer Share*.

Figure 29 : Totals Computation

9.2 Pre-certification Terms and Conditions

To verify the *Decision* taken concerning a claim (**Authorized, Declined, Pending…**) and the Visa Notes filled by the Claims' Center Officer, click on the **Pre-certification Terms and Conditions** tab.

For **"In-Patient"** claims the *Approved Length of Stay*, *Class* and *Priority Payer* will be specified.

Figure 30 : Pre-certification Terms and Conditions

9.3 Add Claim Revision and Extension

To send requests related to claims to **NEXtCARE** such as an extension of the claim length of stay or addition on the applied **Services/Procedures**, or to deliver missing official papers or documents requested by **NEXtCARE**, go to the **Attached Document** tab.

Attachments and *Notes* added previously will be displayed in the grid. To open an attached document double click on its row or on its **Type Icon** displayed on page top beside the **Claim Status**.

To request modifications and additions or send requested documents, fill the **Notes** field with clear description of your request or of the document you are sending; and to attach a document, click on **Select** button and browse for it.

Click on the **Post Note** button to submit the **Notes** and the **Attached Document**.

9.4 Adjudication Notes

If the *Approved Amount* is adjusted and is different than the *Claimed Amount*, check the adjustment reason inserted by NEXtCARE Processing Officer, in addition to the justification under the **Adjudication Notes** tab.

Figure 31 : Adjudication Notes

9.5   Print Authorization

To print the claim details and sign the **Registration Claim Form** with the patient before proceeding with the claim, click on button [Print Authorization]

To print the claim (authorization, pended or declined), click on **Attached Documents** button and the latest document sorted at the top will have the necessary instruction.

This is the same form that is received through the fax.

Important Notes:
1- **NEXtCARE** will only approve medical charges directly and strictly related to the case registered above. The final bill is subject to our auditing doctors' approval.
2- **NEXtCARE** hereby clearly reserves the right to decline any claim settlement due to misuse, abuse or tentative of fraud related either to the entry of the aforementioned information or to its trueness .
3- Copy of this registration claim form should be attached to the claim on submission for reimbursement.

9.6   Mark Claim as Not Used

When a claim is sent and approved but is not proceeded, i.e. patient is not admitted to the hospital or has not performed any diagnostic tests which could happen for cases when the patient changes his mind or it may happen that the Provider noticed an inaccuracy in the saved information - claim should be set as **Not Used**.

In this case, click on **Mark Claim as Not Used** button [Mark Claim as Not Used] .The **Mark Claim as Not Used** Popup will be displayed.

Figure 32 : Mark Claim as Not Used Popup

Specify the Reason of your changes then click on **Confirm** button [Confirm] . Claim status will now be set to **Not Used** [Claim Status: Not Used] .

==Note:== Claim can only be marked as not used once "NEXtCARE" decision is provided.

9.7 Important Notes

1. Once a claim is submitted, it cannot be edited by the provider
2. Claim number that is generated after submission is essential for all claims communications with NEXtCARE
3. Any service item that requires more than 1 quantity will need to be submitted via the "attached notes" section, where you will need to state the "service item" number and the requested quantity for an additional approval.
4. When submitting the claim, all the service items have to be entered and if for additional clarification, documents or notes to be attached.

10. Search for Claims

For Claim Inquiry and examination, to find your target claim or list of claims, go to Claim Query page by clicking on **Claims Query** button from the Toolbar [Claims Query] or from the main menu [Claims Query].

Figure 33 : Claim Query Page – Search Criteria

Available Search Criteria:

- **Insured Patient Information:** Card #, Pin #, Beneficiary Name, or Payer's Name
- **Medical Information:** Physician, Diagnosis, Type, Consultation Date, Family of cause, Cause
- **Claim Information - From/To:** Service Date, Reception Date, Due Date, Payment Date
- **Claim and Batch Information:** Invoice #, Claim Reference, Batch #, Batch Reference, Batch Label, Batch Status, Claim Status

Sorting and Filtering Options:

- **Filter By**: filter claim by one of the following criteria in addition to above
    - **Show Not Delivered Claims :** Will only display **Authorized** or **Registered** claims having invoices or similar official papers that are not yet delivered by the provider to **NEXtCARE** (approved but not batched)
    - **Show Expired Claims :** Will only display claims that remained **Not Delivered** for more than three (3) months and are now considered as **Expired.**

▪ **Show Adjusted Claims:** Will only display claims that have difference between the **Claimed Total** and **Approved Total** amounts.
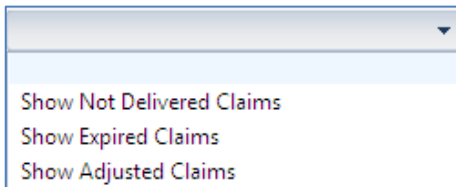
- **Sort By**: specify the sorting method of the search results
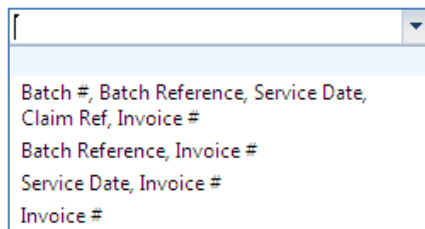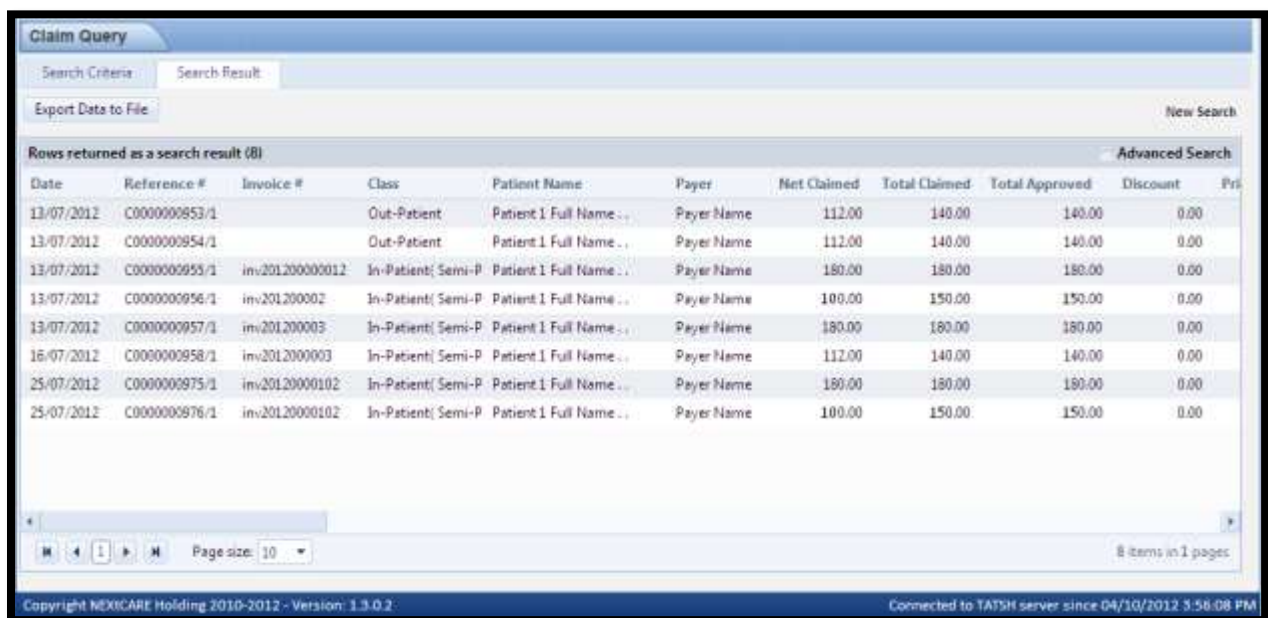
- **Maximum Returned Rows**: the maximum number of rows to be returned by the query. Field is mandatory * and it is set by default to **200** and may be changed. To return all rows, set the **Maximum Returned Rows** to **0**.

Fill as many search criteria as needed – at least one should be specified – then click on **Execute Query** Execute Query button.
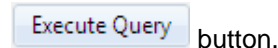
Search Result tab will be automatically displayed listing the resulted claims in a grid. You will be able to check the results in a grid and can **View Claim Details** by double-clicking on the claim row.

Figure 34 : Claim Query Page – Search Result

You may also save search results on your local machine by clicking on **Export Data to File** Export Data to File button then on **Save** button Save on the File Download popup.
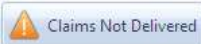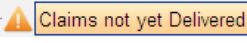
Claims Search Results will be saved into an excel file as displayed below.

Figure 35 : Claim Query Page – Export to Excel

11. Deliver Claims

To deliver claims to **NEXtCARE**, you should find the approved claims (**Registered** and **Authorized**) that are **Not Yet Delivered**, and add them to **Batches** under **PULSE**.

Click on **Claims Not Delivered** button from the **Toolbar** or on **Claims Not Yet Delivered** button from the **Main Menu**. **Claims Not Delivered** page will be displayed. Apply the following steps:

1) Select **Payer Name** or **Contract Name** as needed from the **Tree Panel**
   a. **Claims Nodes** are displayed in **Tree Panel** grouped by claim **Year and Month**, **Payer Name** and **Contract Name**
   b. Only **Current Month** and **Last Month** claims may be selected. **Older than Last Month** group will be displayed in tree node and are not displayed in grid
2) Select the **Claims** you intend to deliver
   a. Claims related to **Selected Nodes** will be displayed in grid
   b. Only **Registered/Authorized** claims will be displayed
   c. Only claims having **Services/Procedures** Items can be selected (Claims with no items are displayed but may not be selected and added to a batch)
3) Fill the **Batch Reference**
   a. All other fields in **New Batch information** are automatically filled by the system according to the claims displayed in grid
4) Click on **Create Batch** button
   a. **Selected Claims** will be delivered under the newly created **Batch**
   b. Page will be refreshed to update **Tree Panel** and **Claims Grid**
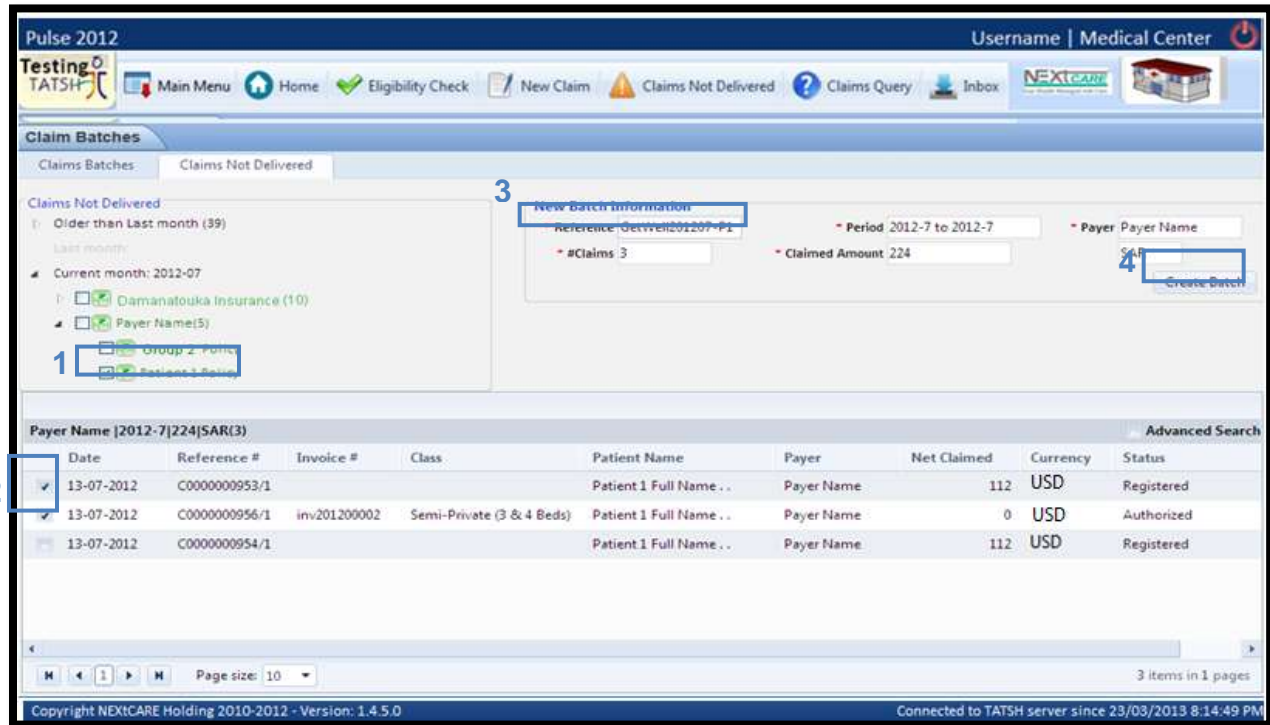
Figure 36 : Claims Not Delivered

12.   Find Created Batches

12.1 Check Batch Information

To check and verify created batches, click on **Claims Batches** Tab ![Claims Batches] to display the **Claim Batches** page. Page may also be reached by clicking on **Claims Batching Form** button ![Claims Batching Form] from the **Main Menu**.
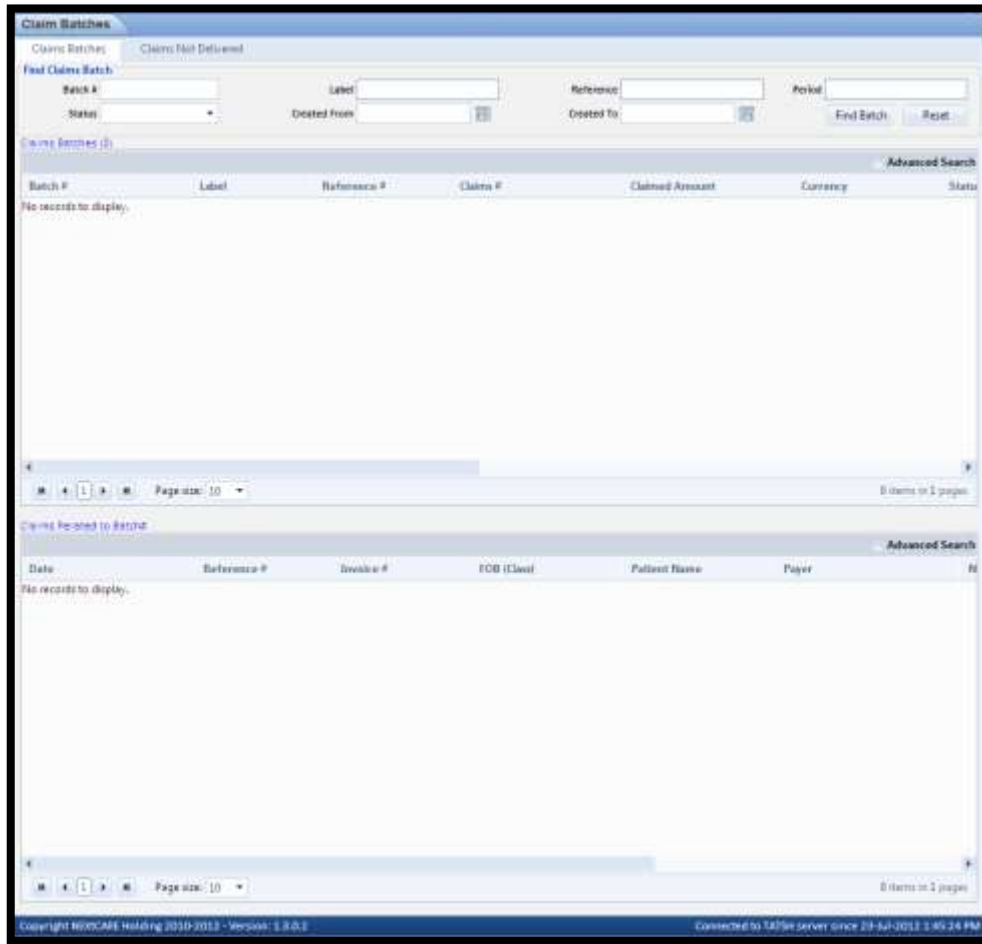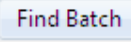
Figure 37 : Claims Batches

Fill the search criteria and click on **Find Batch** button. At least one search criterion should be filled.
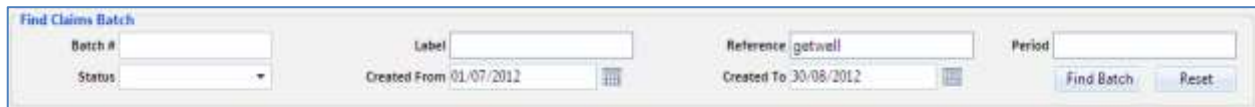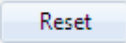
Related batches will be displayed in Batches grid.

Figure 38 : Claim Batches Grid

If you want to apply a new search, use the **Reset** button [Reset] to empty the search criteria and results grid.

12.2 View Batch Claims

After searching for a **Batch**, to view the **Batch Claims**, double-click on the **Batch** row. All claims in the **Selected Batch** will be displayed in the **Claims** grid.

Figure 39 : Claims Related to Batch Grid

You may also view the details of a claim by double-clicking on the claim row.

Batch Information tab will be added to **View Claims Details** page for delivered claims displaying all details related to batch creation and processing.
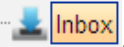
Figure 40 : Batch Information

You can click on advance search in order to find a specific claim in a **Selected Batch**. This is applicable by clicking on the filter next to each field and choosing from the drop-down list (Patient name, invoice #, estimation cost…)

13. Inbox

To update the Provider with all news, manuals and official papers, **NEXtCARE** will send **Emails** under **PULSE**. Provider should always check the **Inbox** by clicking on **Inbox** button from the **Toolbar** or under the **Main Menu** .
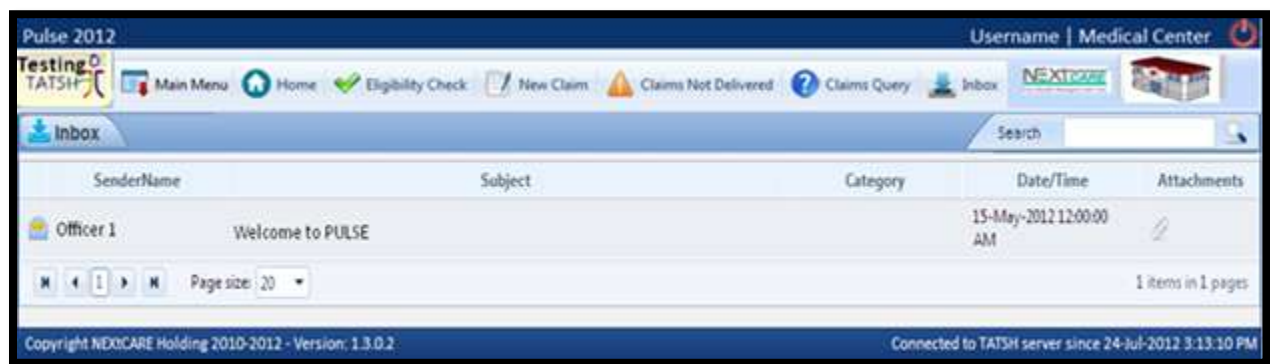
<p align="center">**Figure 41 : Inbox**</p>

Newly Sent Emails will be displayed in **Bold** font to notify the user that there are still not read emails.

Emails with embedded **Attachment** will be marked with the attachment logo " ".

Double-click on a message to view **Message Details**.
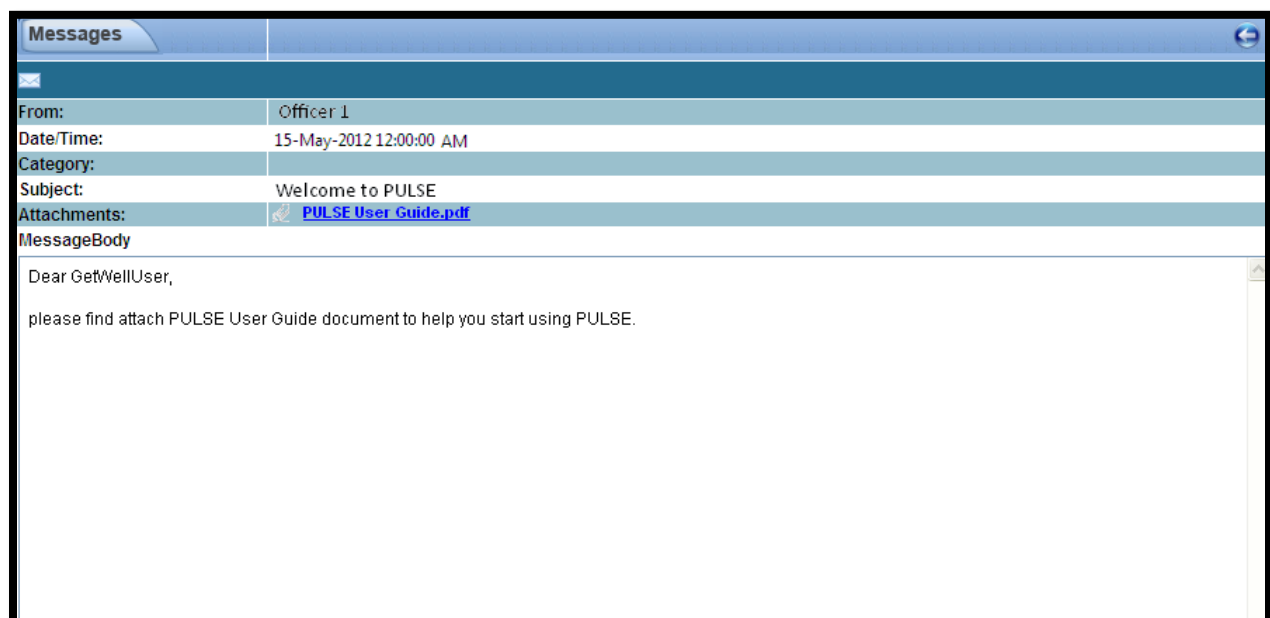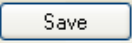
Figure 42 : Message Details

Double-Click on the **Attachment** link, and click on **Save** button in the File Download popup to save the attached document on your local machine.

14.   Briefing

14.1 Claims Extended Status

Find below a briefing on the list of claim statuses previously explained in the claim registration and delivery process.

Claim Position	Description and Specification
Registered	Claim covered automatically by PULSE
Authorized	Claim saved as "Pending NEXtCARE Response" by Pulse and "Authorized" by NEXtCARE.
Declined	Claim not covered
Pending	Claim saved as "Pending NEXtCARE Response" by Pulse and awaiting **NEXtCARE Decision (To be *Authorized* or *Declined*)**
Not Delivered	Claim *Authorized* or *Registered* **and not yet delivered to NEXtCARE**
Expired	Claim that remained *Not Delivered* **for more than three (3) months**
Not Used	Claim have not been utilized by patient
Claim Packed for NEXtCARE	Claim has been added to a batch but not yet received by NEXtCARE
Batch received by NEXtCARE	Batch received by NEXtCARE
Batch is under Processing	Batch has been pre-validated by NEXtCARE
Batch Processed	Batch has been validated by NEXtCARE
Payment order Validated	Payment Order has been issued for claims by NEXtCARE
Payment order settled to provider	Payment Order for claims validated has been settled by NEXtCARE

14.2 Grids functionalities

For **Claims** and **Batches** grids under **PULSE**, the following Functionalities are available:

Width Adjustment: click on a column border and drag to adjust column width

Date	Reference #	Card #	FOB (Class)	Patient Name	Payer
20-07-2012	C0000000970/1	9D20EB8B95D58F2B	In-Patient (Semi-Private (3 &·	Marid Salemeh	Payer Name
20-07-2012	C0000000971/1	9D20EB8B95D58F2B	Out-Patient	Marid Salemeh	Payer Name
19-07-2012	C0000000962/1	9D20EB8B95D58F2B	In-Patient (Semi-Private (3 &·	Marid Salemeh	Payer Name

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Sorting: Click on a column header to sort by the column value in ascending order, click again to sort in descending order, click again to cancel sorting by the column.

Date	Reference #	Card #	FOB (Class)	Patient Name	Payer [Click here to sort]
23-07-2012	C0000000973/1	9D8EA07DD247A3AS	Out-Patient	Marid Salemeh	Al Sagr For Co-operative Ins
23-07-2012	C0000000974/1	9D8EA07DD247A3AS	Out-Patient	Marid Salemeh	Al Sagr For Co-operative Ins
20-07-2012	C0000000970/1	9D20EB8B95D58F2B	In-Patient (Semi-Private (3 &·	Marid Salemeh	Payer Name
20-07-2012	C0000000971/1	9D20EB8B95D58F2B	Out-Patient	Marid Salemeh	Payer Name
19-07-2012	C0000000962/1	9D20EB8B95D58F2B	In-Patient (Semi-Private (3 &·	Marid Salemeh	Payer Name

Change Order: Drag a column header to change its order and place it after or before any other column

Date	Reference #	Card #	FOB (Class) ⌄	Patient Name	Payer	Estimation
20-07-2012	C0000000970/1	9D20EB8B95D58F2B	In-Patient (Semi-Private (3 &·	Marid Sale	Payer Name	0.00
19-07-2012	C0000000962/1	9D20EB8B95D58F2B	In-Patient (Semi-Private (3 &·	Marid Salemeh	Payer Name	0.00
19-07-2012	C0000000964/1	9D20EB8B95D58	In-Patient (Semi-Private (3 &·	Marid Salemeh	Payer Name	0.00
19-07-2012	C0000000965/1	9D20EB8B95D...F2B	In-Patient (Semi-Private (3 &·	Marid Salemeh	Payer Name	545.00
19-07-2012	C0000000963/1	9D20EB8B95...8F2B	In-Patient (Semi-Private (3 &·	Marid Salemeh	Payer Name	0.00

Date	Reference #	Card #	Patient Name	FOB (Class) ⌄	Payer	Estimation	Currency
20-07-2012	C0000000970/1	9D20EB8B95D58F2B	Marid Salemeh	In-Patient (Semi-Private (3 &·	Payer Name	0.00	USD
19-07-2012	C0000000962/1	9D20EB8B95D58F2B	Marid Salemeh	In-Patient (Semi-Private (3 &·	Payer Name	0.00	USD
19-07-2012	C0000000964/1	9D20EB8B95D58F2B	Marid Salemeh	In-Patient (Semi-Private (3 &·	Payer Name	0.00	USD
19-07-2012	C0000000965/1	9D20EB8B95D58F2B	Marid Salemeh	In-Patient (Semi-Private (3 &·	Payer Name	545.00	USD
19-07-2012	C0000000963/1	9D20EB8B95D58F2B	Marid Salemeh	In-Patient (Semi-Private (3 &·	Payer Name	0.00	USD

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Paging and Page size: Use the Paging toolbar to swap between pages and the Page size to specify the number of rows to be displayed in each page

Date	Reference #	Card #	Patient Name	FOB (Class) ⌄	Payer	Estimation
23-07-2012	C0000000973/1	9D8EA07DD247A3AS	Marid Salemeh	Out-Patient	Payer Name	34.52
23-07-2012	C0000000974/1	9D8EA07DD247A3AS	Marid Salemeh	Out-Patient	Payer Name	34.52
20-07-2012	C0000000971/1	9D20EB8B95D58F2B	Marid Salemeh	Out-Patient	Payer Name	48.00
19-07-2012	C0000000966/1	9D20EB8B95D58F2B	Marid Salemeh	Out-Patient	Payer Name	2222.00
19-07-2012	C0000000969/1	9D20EB8B95D58F2B	Marid Salemeh	Out-Patient	Payer Name	48.00

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10
20
50

15. Appendix I: FOC List

Family of cause	Cause
Accidental Injury	Passive War Victim
Accidental Injury	Active War Participant
Accidental Injury	Sport
Accidental Injury	Deliberate Self-Inflicted Injury
Accidental Injury	Work Related Accident
Accidental Injury	Motor Vehicle Accident (Non-work related)
Accidental Injury	Miscellaneous (Non-work related)
Dental	Dental
Maternity	Normal delivery
Maternity	Cesarean delivery
Maternity	Miscarriage/termination of pregnancy
Maternity	Other
Other	Procreative Management - Infertility, Fertility
Other	Contraception
Other	Addiction Treatment
Other	Checking, Replacement or Care of Sutures, Dressings, Catheters, Openings
Other	Checking or Adjustment of Medical Devices
Other	Disability Evaluation Services
Other	Blood Donation
Other	Living Organ Donation
Other	Transplant Recipient
Other	Encounters for Administrative & or Legal Reasons
Other	Housing, Household, Economic Circumstance
Other	Pre-operative examination, tests
Other	Obesity
Other	Premartial tests
Physical Illness	to be specified under assessment
Poisoning	Work Related Poisoning
Poisoning	Non-work Related Poisoning
Preventive Care & Checkups	Well Newborn Care
Preventive Care & Checkups	Special Disease - Condition Screenings
Preventive Care & Checkups	Routine Wellness Checkups & Exams
Preventive Care & Checkups	Vaccinations / Immunizations
Preventive Care & Checkups	Other Checkups
Psychiatric	to be specified under assessment

16.   APPENDIX IV: Definitions & Interpretations

The following words and expressions are used on Pulse shall have the meanings stated below:

i.	**Username**	The Username that is provided at the time of provider empanelment for Pulse. Used to Login into Pulse
ii.	**Password**	Is the confidential alphanumeric set used to Login into Pulse.
iii.	**eASOAP**	Is an electronic ASOAP form or an Medical Claim Form replacing the manual printed form
iv.	**PULSE Support Center**	Centralized contact center for all support queries related to Pulse.
v.	**Claims Not Delivered**	Claims that were not submitted to NEXtCARE with the service items
vi.	**Claims Query**	Is a reconciliation tool to be used by the provider for transparent view of claims contained within
vii.	**Claims with Pending Pre Certification Reply**	Claim needs pre-certification process by **NEXtCARE** Claim Center to decide if it should be **Authorized** or **Declined**
viii.	**Registered Claims without Pre Certification**	**Claim that doesn't require NEXtCARE pre-certification**
ix.	**Pre Certified Claims**	Claim pre-certified by **NEXtCARE** Claim Center with the appropriate decision if it is **Authorized** or **Declined**
x.	**Reference #**	Claim Reference Number, also called as ASOAP number in many cases
xi.	**Card #**	Beneficiary Card Number, available on the Insurance Card. It is a 16 digit alphanumeric number separate by a '-' every 4 digits
xii.	**FOB**	Family of Benefits
xiii.	**Payer**	Insurance Company who is providing the medical coverage for the beneficiary
xiv.	**Estimation**	Estimated Amount of the claim after deductions
xv.	**Pending Reason**	Status of a claim pending decision from nextcare or the provider
xvi.	**Status**	Status of a claim post the decision - registered, approved, declined
xvii.	**Eligibility**	Process to check the eligible status of the patient for the requested services at the attending facility
xviii.	**Type**	Type is referred to the "Family of Benefit" the patient is trying to avail at the facility.
xix.	**Pin #**	Alternate beneficiary PIN no that could also be used in some cases. Not applicable in most cases.
xx.	**Beneficiary Name**	Name of the patient that is at present at the facility
xxi.	**Provider**	Is the service provider / facility where the patient will visit
xxii.	**Patient File No.**	Optional field for the provider to note the file number of the patient as per the provider records
xxiii.	**Policy Holder**	Also referred as the patient
xxiv.	**Category**	Classification of the type of contract or policy the patient has been subscribed under.
xxv.	**Coverage information**	Is the type selected by the provider on request by the patient
xxvi.	**Network**	Type of provider network coverage available for the patient
xxvii.	**Deductible**	Is the deductible the patient will have to pay on final settlement of the claim bills if applicable.
xxviii.	**Consultation**	Is the type that is highlighted if covered or not.
xxix.	**Class**	Is the class of the policyholder (Class A or B)
xxx.	**Limit**	Displays the threshold limit of the selected Type of service
xxxi.	**Consultation Date**	Date the Consultation was done.
xxxii.	**Service Date**	Date the Service was carried out at the provider (could be same as consultation date or a different one in case of IP, Physio, etc)
xxxiii.	**Family of Cause**	A list of causes for the selected "FOB" or "Type"

xxxiv.	**Cause**	A list of selections for the selected FOC, for eg: Physicall Illness, Accidental Injury etc..
xxxv.	**Diagnosis**	ICD 9 or ICD 10 coded diagnosis
xxxvi.	**Attached Documents**	Documents that are attached either from the provider or by the TPA
xxxvii.	**Pre-Certification Terms & conditions**	Decision taken concerning a claim (Authorized, Declined, Pending…) and the Notes filled by the Claims' Center Officer, click on the Pre-certification Terms and Conditions tab.
xxviii.	**Adjudication notes**	*Approved Amount* is adjusted and is different than the *Claimed Amount*, check the adjustment reason and justification under the **Adjudication Notes** tab
xxxix.	**Item Code**	Code of the Service Item as per the provider price list
xl.	**Item Description**	Description of the Service Item as per the provider price list
xli.	**Qty Claimed**	Quantity of Service Items claimed
xlii.	**Qty Approved**	Quantity of Service Items approved
xliii.	**Unit Price**	Unit Price of the Service Item (as per agreed terms)
xliv.	**Patient Share**	Share payable by the patient at the time of claim settlement
xlv.	**Net Claimed**	Amount claimed by the provider to the Payer
xlvi.	**Payer Share**	The same as Net Claimed amount, less any discounts if applicable
xlvii.	**Adjustment Reason**	If the claim amount was adjusted the reason related to that would be stated here.
xlviii.	**DrugDD**	Drug Daily Dosage
xlix.	**DrugPOT**	Drug Period of Treatment
l.	**Mark Claim Not Used**	Claims that are no longer required and which have been abandoned can be marked as "Not Used"
li.	**Claim Query**	Used for Finance Queries and reconciliation
lii.	**Bank Reference**	Transaction number of the bank related to the payments done

17. Table of Figures

18.   APPENDIX IV: FAQ

1	I am trying to Login, but system says Invalid password, and I am not allowed to proceed further?
Ans	Please note that the system will LOCK the account in 3 attempts. Please contact the NEXtCARE call center [042095900] to request a RESET of your password.
2	We have a new user? How can we give them access to Pulse?
Ans	Please contact the NEXtCARE call center [042095900] to request for a new account. We will provide a form **[FORM NO: P001/2012]** that will need to be duly filled and sent across.
3	Can we use multiple users to LOGIN with the same account number?
Ans	By practice, you should not use any other LOGIN credentials other than your own.
4	What is the process when a user is suspended, or needs to be withdrawn?
Ans	Send a cancellation Notice **[FORM NO: P001/2012]** to NEXtCARE Call center [042095900] and they will action the needful and confirm on the same.
6	In Home page, old claims are no longer displayed
Ans	Each of the Home page grids only displays claims stated at the last 7 days, and a maximum of 10 records. To view all the records of a certain grid, click on the **Show All** button on top of that grid
7	Who can use which Sections on PULSE:
Ans	1. Insurance front desk: [Home, Eligibility, New Claim] 2. Insurance back office: [New Claim, Claims Not Delivered, Claims Query] The system can be used by all type of users within the provider across all sections, with adequate training.
8	What is "Inbox"?
Ans	This is used communication from NEXtCARE to the "Provider", further details available in the manual.
9	Can I also use the Main Menu to navigate in the Pulse portal?
Ans	Yes, only use the relevant sections related to the respective job function.
10	What do we do if the system is showing "Invalid" and Patient Medical Card seems to be active?
Ans	Call NEXtCARE contact center [042095900] and verify the information
11	Pulse System is down, no access and Patient is waiting, what can we do?
Ans	Is Pulse link opening to the LOGIN page? If yes Are you able to enter your user credentials? If No Call NEXtCARE contact center [042095900] and request to reset "user credentials" Is Pulse link opening to the LOGIN page? If No Try opening another webpage, for eg: www.google.com , if it works, then capture the screen and send to pulsesupport@nextcare.ae Follow Up with a call Call NEXtCARE contact center [042095900]

	For this case: If "Patient is Waiting" and the case is an "emergency case" follow the below steps: 1. NC Agent will verify and confirm issue 2. NC agent will email provider "scanned version" of ASOAP form The pre-approval request will be received by FAX or email
12	**Discrepancy in the card data and the information printed on the "Medical Claim" form, what should we do?**
Ans	Call NEXtCARE contact center [042095900] and verify the information
13	**I am not able to View or Medical Claim Form after doing the eligibility?**
Ans	1. Please check if POP Ups are enabling in the browser being used. 2. PDF reader available in the client computer 3. If all of the above is in place, refer to the internal Provider IT department After which you can Call NEXtCARE contact center [042095900] and request for IT support
14	**Can we continue using the old pre-printed ASOAP forms?**
Ans	As per the addendum in the SLA, once Pulse is used, no more pre-printed forms will be accepted. Exceptional case: If "Patient is Waiting" and the case is an "emergency case" follow the below steps: 3. NC Agent will verify and confirm issue 4. NC agent will email provider "scanned version" of ASOAP form 5. The pre-approval request will be received by FAX or email
15	**Since the previous ASOAP form was in the form of a triplicate, how should be manage the current printed from for pharmacy claims or diagnostic referral claims?**
Ans	Once the form is duly filled by the physician, signed and stamped, kindly take a copy of it and submit for pharmacy or diagnostic related claims with original stamp and signature. Also mention on the upper right corner "Pharmacy" or "Diagnostic"
16	Am trying to Login, but system says Invalid password, and am not allowed to proceed further?
	Please note that system will LOCK the account in 3 attempts. Please contact the NEXtCARE call center [042095900] to request a RESET of your password.
17	We have a new user? How can we give them access to Pulse?
	Please contact the NEXtCARE call center [042095900] to request for a new account. We will provide a form **[FORM NO: P001/2012]** that will need to be duly filled and sent across.
18	Can we use multiple users to LOGIN with the same account number?
	By practice, you should not use any other LOGIN credentials other than your own.
19	User is suspended, or needs to be withdrawn, what is the process?
	Send a cancellation Notice **[FORM NO: P001/2012]** to NEXtCARE Call center [042095900] and they will action the needful and confirm on the same.

20	Eligibility Check always requires a Member card to be present?
	It is extremely important to note that, at the time of an eligibility check to initiate a patient consultation and treatment at the provider, member card must be available.
21	If PULSE is down, how can we print the forms?
	In the event PULSE is down, please contact NEXtCARE Call center [042095900] first. Once confirmed that the system is temporarily unavailable, the team will inform you to use the "printed ASOAP forms"

CLAIMS	
1	**At the Physician selection section, while selecting the appropriate physician, we can't find in the listed physician? What can we do?**
Ans	In this case, Call NEXtCARE Network team 04-2095335 and get the physician added before creating the claim. If you are unable to reach by phone send an email to networks@nextcare.ae
2	**Can the physician be searched by "MOH ID" or DHA License No?**
Ans	Yes, search results are based on exact matches.
3	**How can I enter the secondary diagnosis with some notes from the "Physician"**
Ans	Once you have entered the **Primary diagnosis** and there is a need for the **Secondary Diagnosis**, go to the **attach documents** section, kindly **enter the notes** and click on **post it** before submitting the claim.
4	**While entering the service items, the service items quantity could be more than '1'?**
Ans	As per the rules in PULSE, you are allowed to put in only 1 quantity per service, hence if you have a service that requires more than 1 quantity, create a note in the attached documents and state the required quantity and the name of the service item code.
5	**We are trying to search patient information and it's not showing any results?**
Ans	If this is the case, try and do the eligibility again, as the Patient may not be valid. If still persists, Call NEXtCARE contact center [042095900] and verify the information
6	Since the previous ASOAP form was in the form of a triplicate, how should we manage the current printed from for pharmacy claims & diagnostic centers claims?
	Once the form is duly filled by the physician, signed and stamped, kindly take a copy of the original eASOAP form, stamp and sign by the doctor, also write on the right TOP corner if it's a pharmacy claims & diagnostic center claims along with the Invoice Number.