HIPAA Dashboard Manual

HIPAAsuite

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Part I: (Application installation)

1. Introduction

1.1 About HIPAADashboard

HIPAADashboard is packed with features to serve as an advanced analysis and data visualization tool, which leverage the healthcare data for more efficient financial management and monitoring vital aspects of your organization.

The dashboard has general statistical visualization along with other generic features that serves all types of our customers; yet has more specific features that benefits some entities more than others, nonetheless; be it a provider, a payer, or a place of service; there is plenty of tools and charts to help you making the right business decisions, minimize cost and providing services more efficiently.

We leverage the existing strength of the HIPAAsuite powerful applications to build on top of them, letting the base application handle the EDI (Electronic data interchange) files parsing and management, aside from the file sourcing and real time exchange applications. Which the dashboard then makes use of on the database level in a non-destructive manner.

The dashboard uses the base application's (HIPAAsuite applications)'s database tables in a non-destructive manner (aka read only access) while creating its own database to serve as an intermediate environment to cache long running processes results, rearranging data in a more accessible format and to store the authorization and authentication information.

We use industry standards when it comes to cryptography, authentication, and authorization to ensure a secure data transmission and information persistency. With a claim-based authorization that allows for a tailored privileges distribution.

HIPAADashboard provides multiple hosting solutions, be it locally hosted, with or without access to the internal network all the way to hosting your own dashboard publicly and rely on the authentication and authorization system, each with their own pros and cons which we will be explaining in greater details in this chapter.

The dashboard also has a live traffic analyzer, to easily show the incoming and outgoing traffic for the EDI files done by the EDI exchange (the base for exchanging and sourcing files for the HIPAAsuite applications), this will help you see how your file is being processed in real time, apply filters and analyzing that traffic.

HIPAADashboard was written in Blazor, hosted inside asp net core console application targeting .NET 5.0, Which is at its core cross platform yet currently only support hosting on windows.

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2. Setup and installation

2.1 Hosting options

There are few options when it comes to hosting the HIPAADashboard, each has its own pros and cons, but it boils down to Kestrel and IIS (Internet Information Services), Both of which are web servers, we recommend for a quick start to test Kestrel first and migrate to IIS after stabilizing everything else to avoid pitfalls on IIS for non-experienced users.

	IIS	Kestrel
Ease to use	✗	✓
Embedded inside the application	✗	✓

SSL Support	✓	✓
Port Sharing	✓	✗
Management Console	✓	✗
IP/Domain restrictions	✓	✗
Advanced features	✓	✗

Nevertheless, with both hosting models you're able to restrict public access through firewall (or rather enabling it as it's off by default), and with both models you're able to point your own domain the hosting server to access the HIPAADashboard using a custom URL.

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3. System Requirements

3.1 Hardware requirements

We recommend that you have the following minimum specs to ensure the application will run smoothly (those specs were recommended for a 100k claims stress test, the more data you've the more resource you will need)

1- At least 8 GB of RAM/Memory
2- At least 4 CPU cores
3- A near (local database or in the same private network) database server to avoid delays
4- MSSQL Server 12.0 and up
5- Windows server 2003 and up

3.2 Software requirements

We recommend having your IT department helping you with the installation process to allocate the proper resources and any required permission and privileges for the application to run properly.

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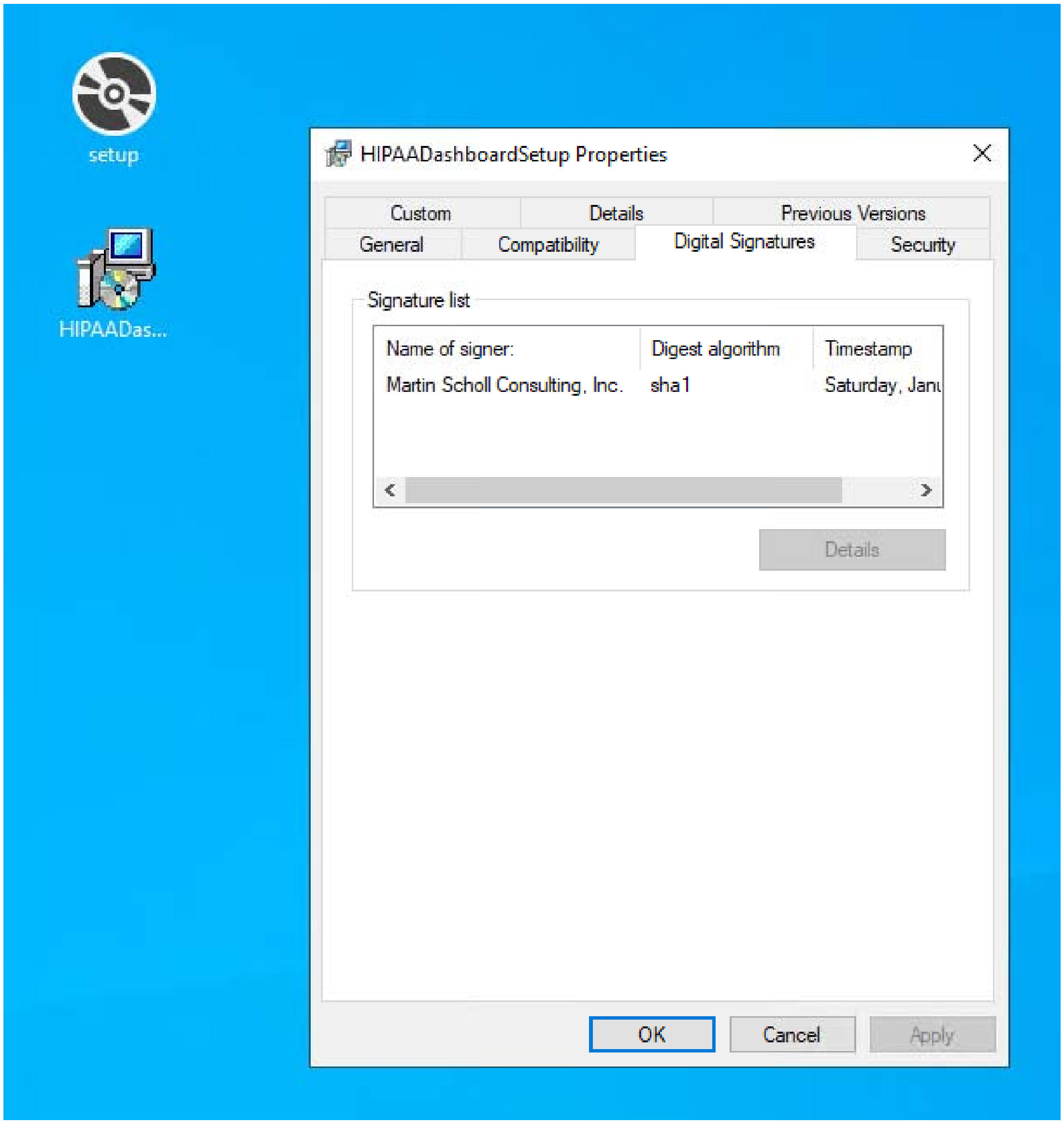
Those include a MS SQL user with the querying, updating, and creating tables privileges (in case the database server isn't local, if you're using windows authentication then this will not be required), and allowing the application through the firewall either locally or even from outside the same network with the appropriate ports (80 for HTTP, 443 for HTTPS); you do not need both ports, you can use either or both but we highly recommend only using the HTTPS to ensure your information to be encrypted at the transportation layer.

1- .NET Core 5.0 Hosting bundle
2- .NET Core 5 Runtime

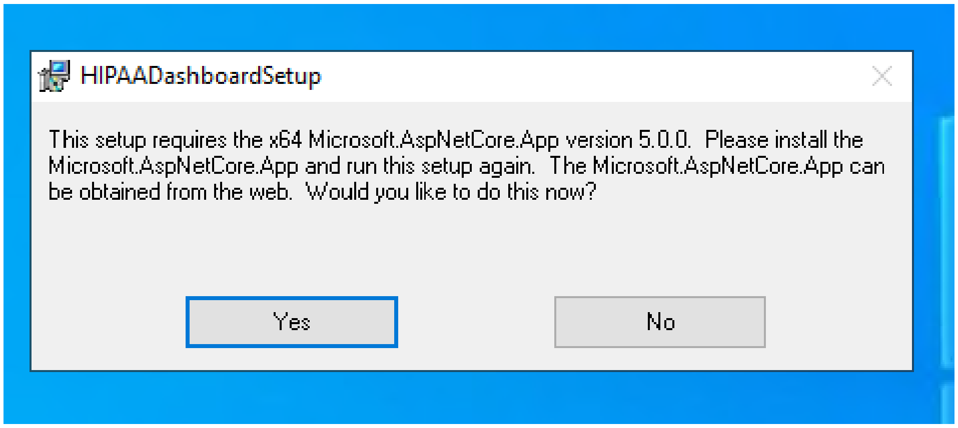
You may download the hosting bundle and the runtime from https://dotnet.microsoft.com/en-us/download/dotnet/5.0

4. Installing the application

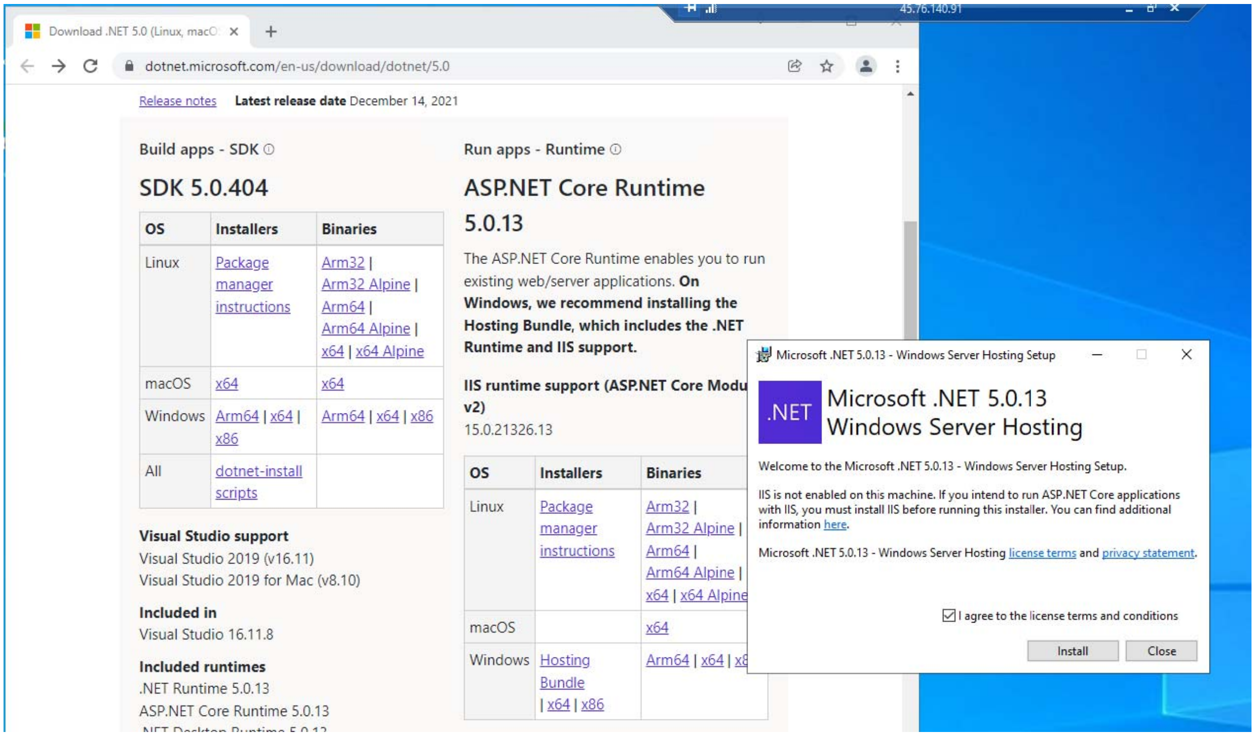
The application comes packed in an MSI and EXE installers, you should make sure that it's authentic copy and is digitally signed by us



In case you do not have the required .net core runtime libraries installed; the system might pop up asking you to install them



Simply follow the installer for the Windows Server Hosting package and you should be good to rerun the installer



Following the installer and selecting the appropriate options for you

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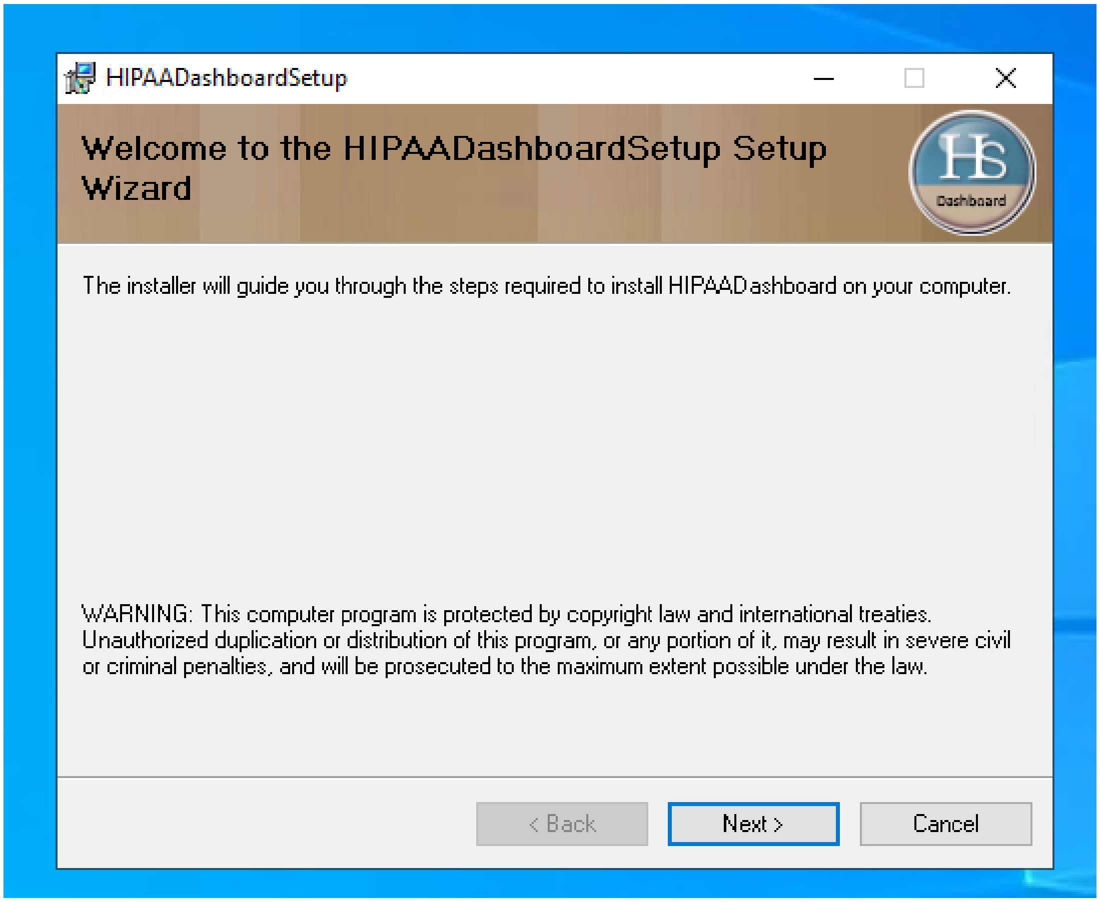

Once finished you should find the application shortcut on the windows and the application installed under C:\Program Files\HIPAAsuite\HIPAADashboardSetup and it depends on the hosting model as to how you will run it

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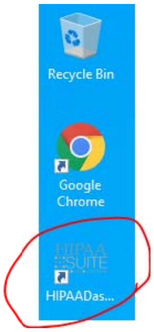

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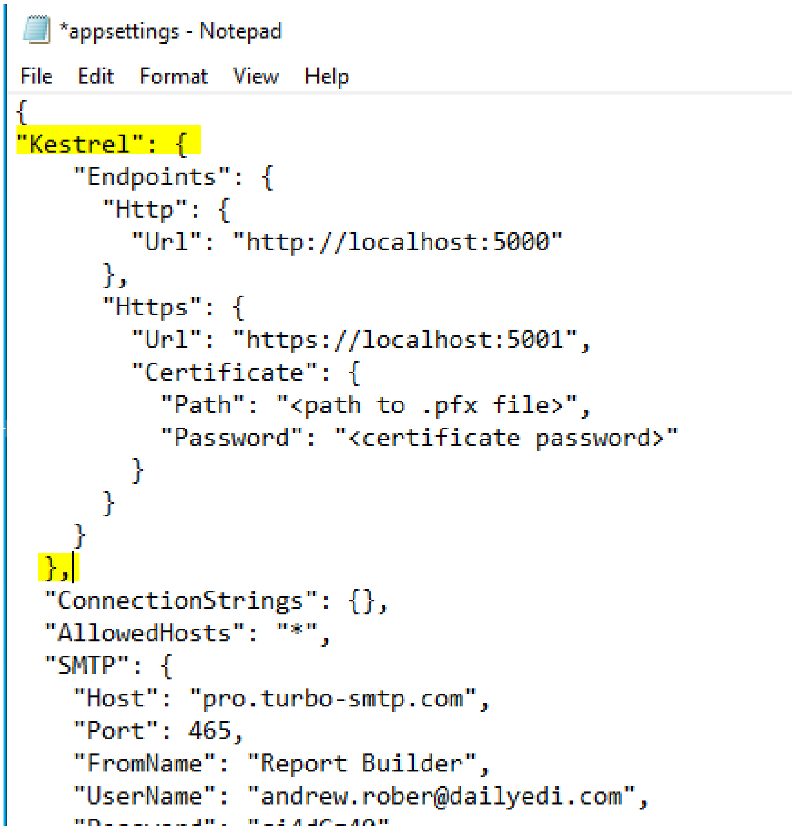
5. using Kestrel

The easiest way to run the application is using the embedded kestrel webserver, this will require updating the following file first

5.1 configuring Kestrel

"C:\Program Files\HIPAAsuite\HIPAADashboardSetup\appsettings.json"

by adding the Kestrel configuration as shown in the next diagram



```
*appsettings - Notepad
File  Edit  Format  View  Help
{
"Kestrel": {
    "Endpoints": {
      "Http": {
        "Url": "http://localhost:5000"
      },
      "Https": {
        "Url": "https://localhost:5001",
        "Certificate": {
          "Path": "<path to .pfx file>",
          "Password": "<certificate password>"
        }
      }
    }
  },
  "ConnectionStrings": {},
  "AllowedHosts": "*",
  "SMTP": {
    "Host": "pro.turbo-smtp.com",
    "Port": 465,
    "FromName": "Report Builder",
    "UserName": "andrew.rober@dailyedi.com",
```

You can omit the HTTP section or the HTTPS section in case you're not using it.

For hosting locally, you may leave the localhost part and change the ports, the default HTTP port is 80 and the HTTPS is 443

In case of HTTPS, you will need to point to the PFX file for the certificate and including the certificate password, you may export the certificate from Control Panel -> Manage user

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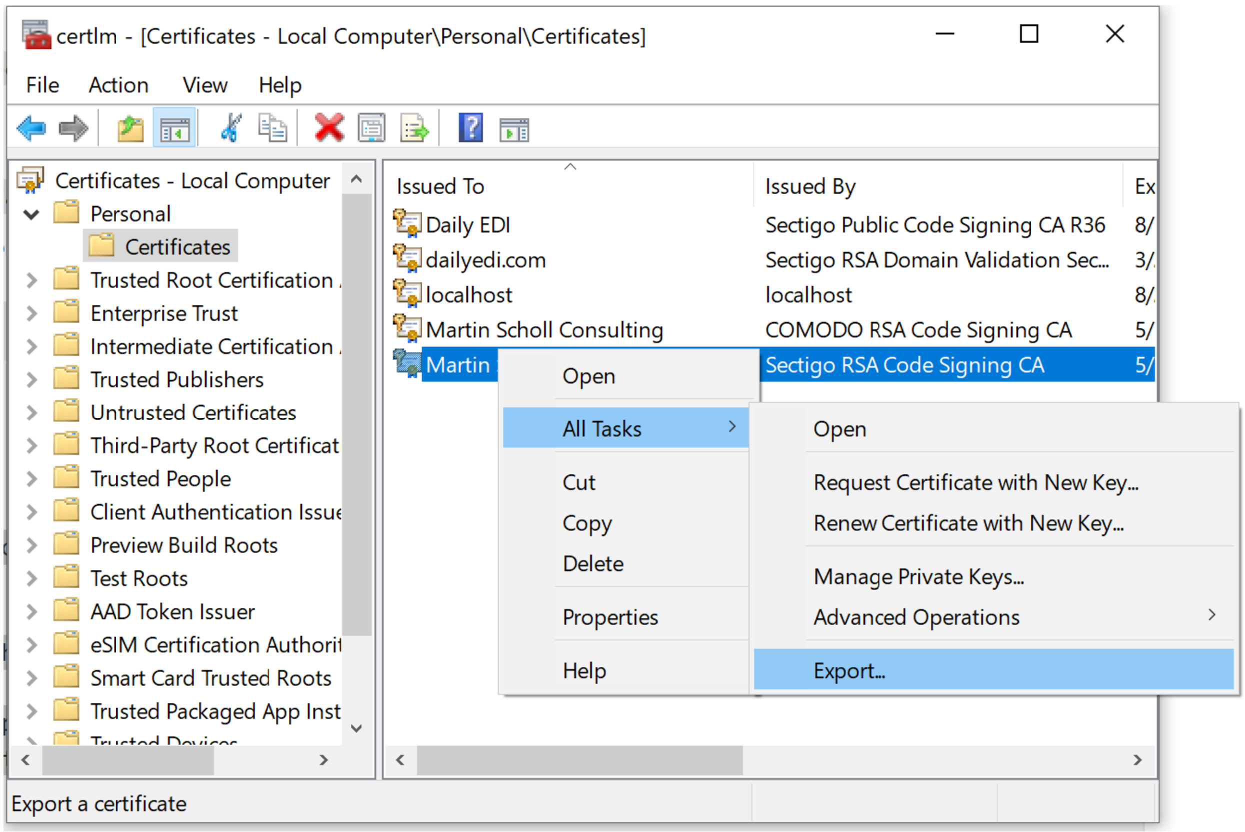
certificates and exporting the appropriate certificate or asking your IT department for the certificate.



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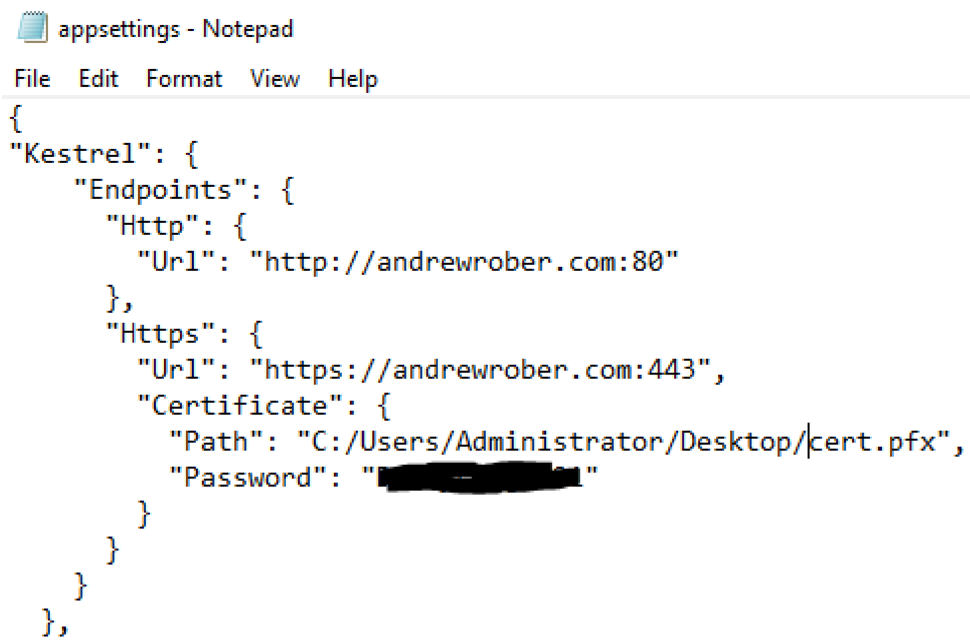
5.2 configuring SSL for Kestrel

The final configuration with the HTTPS should look something like **(note the path is using '/' rather than '\')**



And the application can be launched using the .EXE shortcut on the desktop or from the command line, and you should see something like

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Administrator: C:\Windows\system32\cmd.exe - ReportBuilderTool.exe

```
C:\Program Files\HIPAAsuite\HIPAADashboardSetup>ReportBuilderTool.exe
[16:50:49 INF] User profile is available. Using 'C:\Users\Administrator\AppData\Local\ASP.NET\DataProtection-Keys' as ke
y repository and Windows DPAPI to encrypt keys at rest.
[16:50:49 INF] Creating key {4f39fefc-59ac-46cd-986f-11676b0814ef} with creation date 2022-01-04 16:50:49Z, activation d
ate 2022-01-04 16:50:49Z, and expiration date 2022-04-04 16:50:49Z.
[16:50:49 INF] Writing data to file 'C:\Users\Administrator\AppData\Local\ASP.NET\DataProtection-Keys\key-4f39fefc-59ac-
46cd-986f-11676b0814ef.xml'.
[16:50:50 INF] Now listening on: http://[::]:80
[16:50:50 INF] Now listening on: https://[::]:443
[16:50:50 INF] Application started. Press Ctrl+C to shut down.
[16:50:50 INF] Hosting environment: Production
[16:50:50 INF] Content root path: C:\Program Files\HIPAAsuite\HIPAADashboardSetup
```

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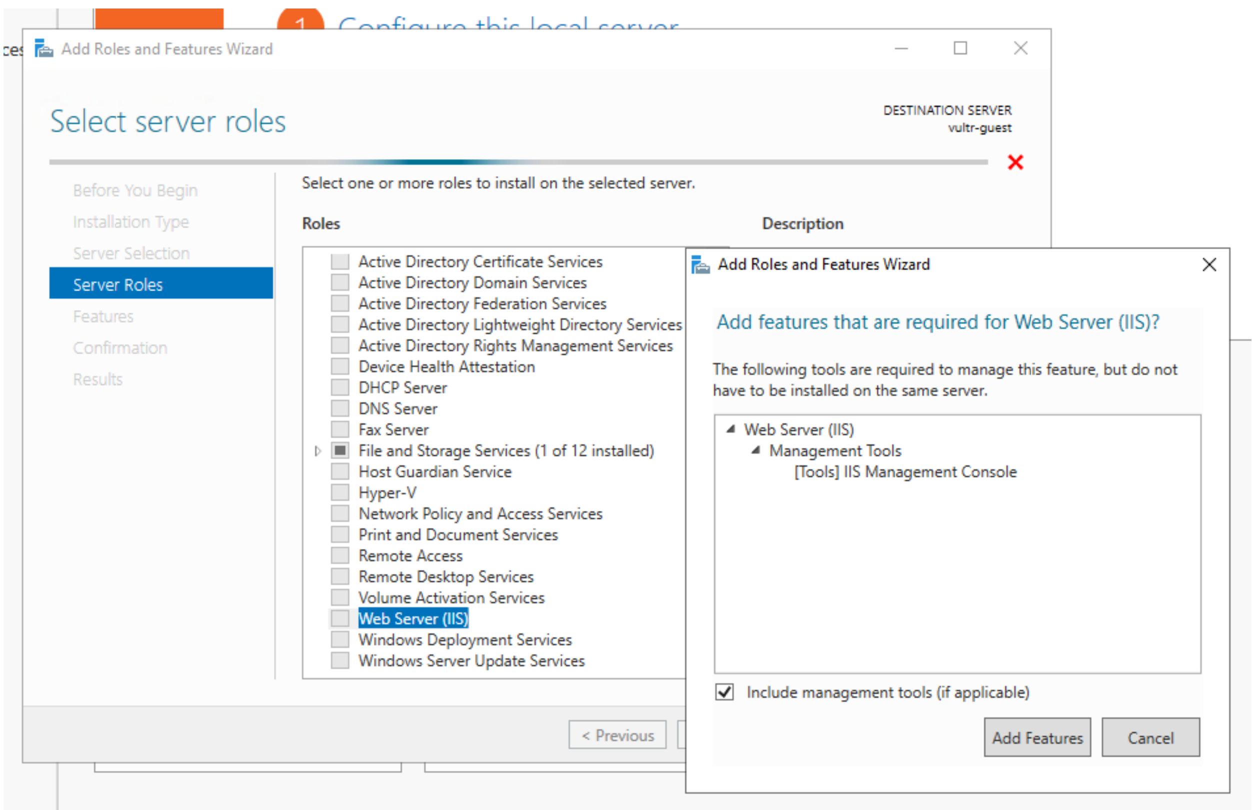
6. using IIS

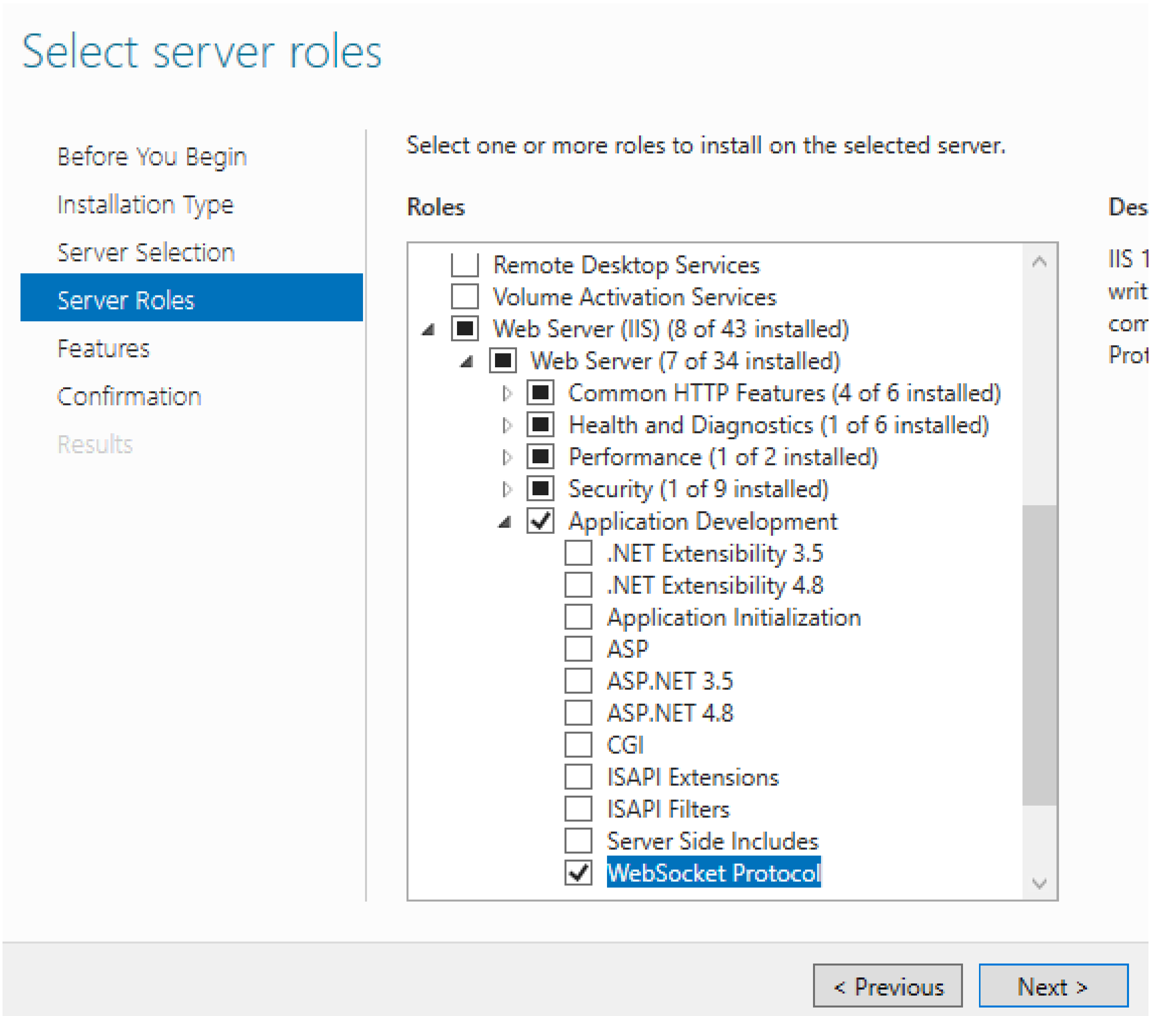
6.1 configuring IIS

If you don't already have IIS enabled on your machine you can enable it before beginning using the window's "Add Roles and Features Wizard", select IIS and add feature

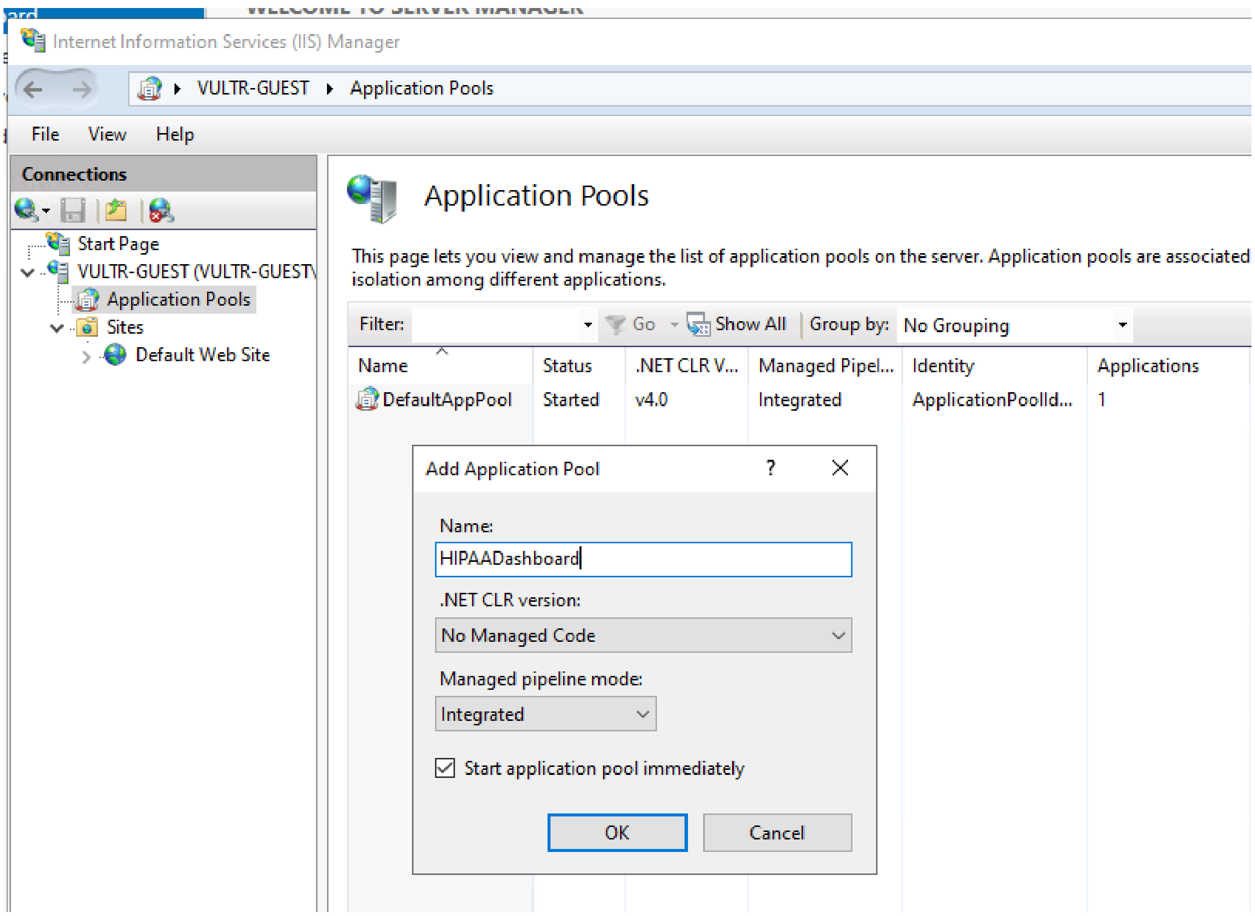


Once you're done you might need to repair or install the .Net net core hosting bundle so that it will update its dependencies for IIS.

Make sure you enable WebSocket protocol for IIS like the diagram below



Once you've IIS up and running, we will start the setup process by creating a new Application pool, give it any name and the .NET CLR version should be "No Managed Code" (you might use an existing pool if you wish).



Then add a new website

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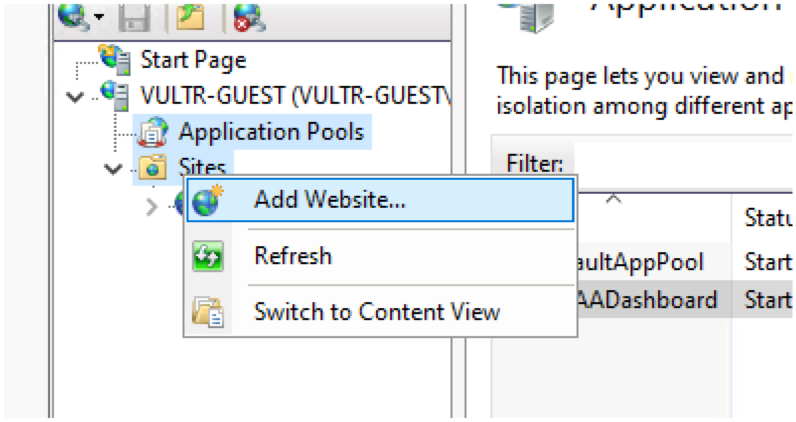

Add the website name, select the application pool we created or any existing application pool that is a "No Managed Code" pool.

Then Navigate to the physical path for the application, adjust the user it should "Connect as" and test the connection to make sure the current user has access through the IIS to access the website directory.

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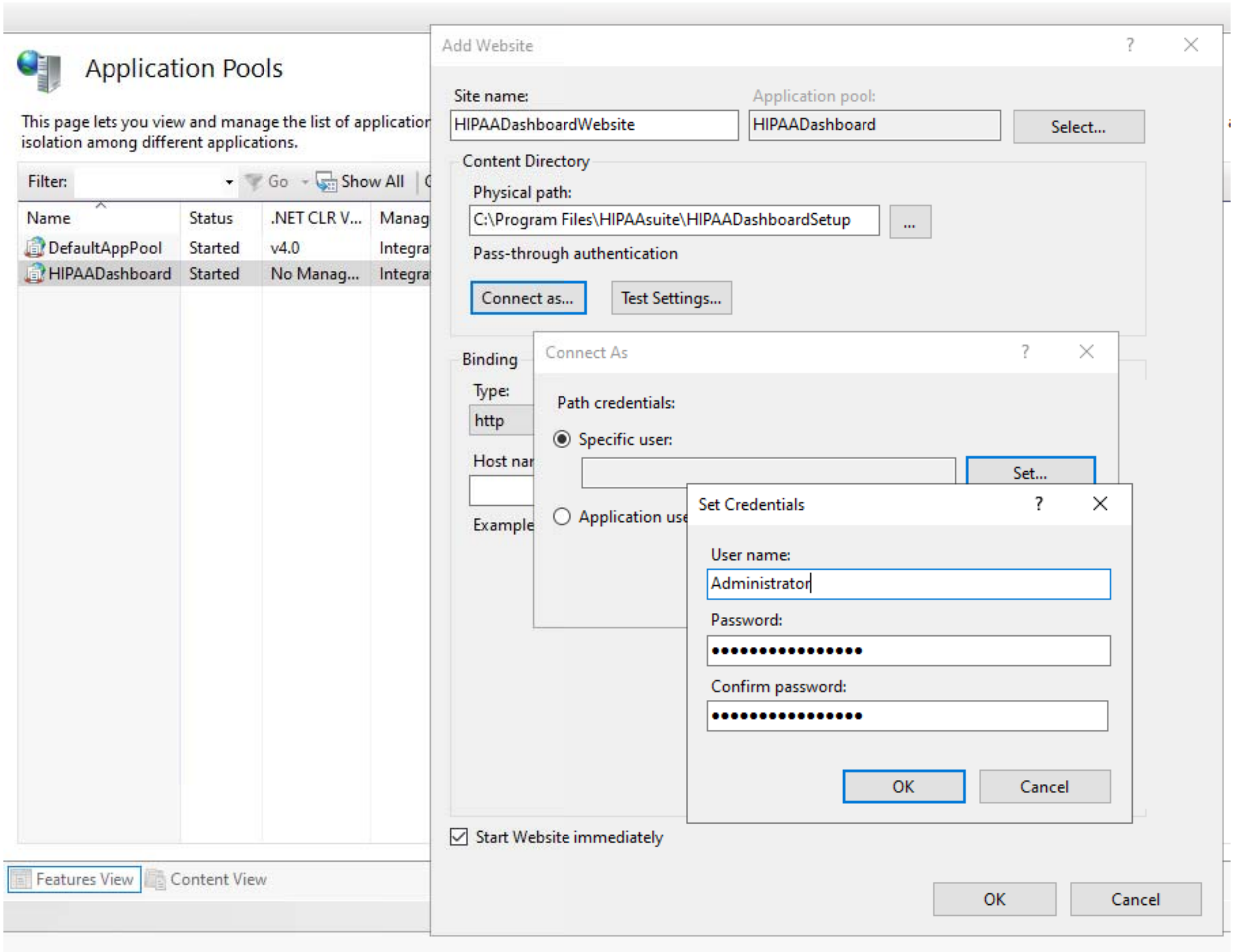

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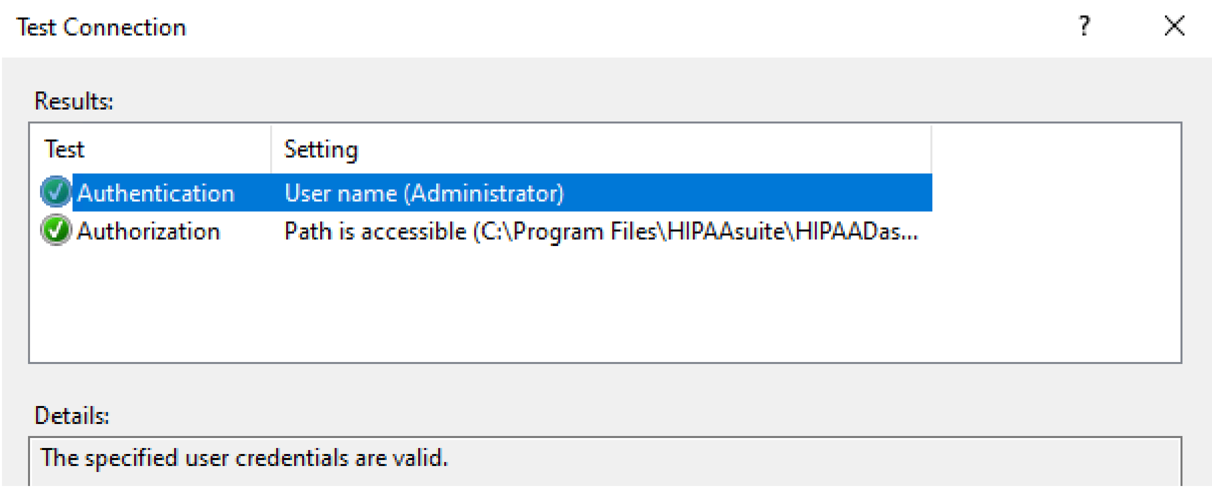

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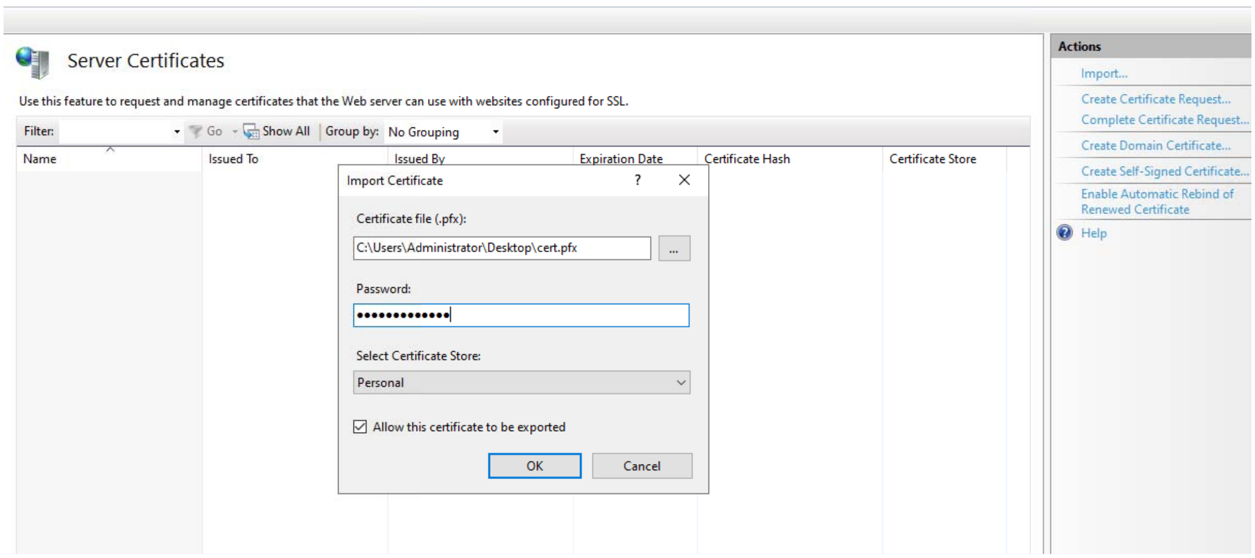
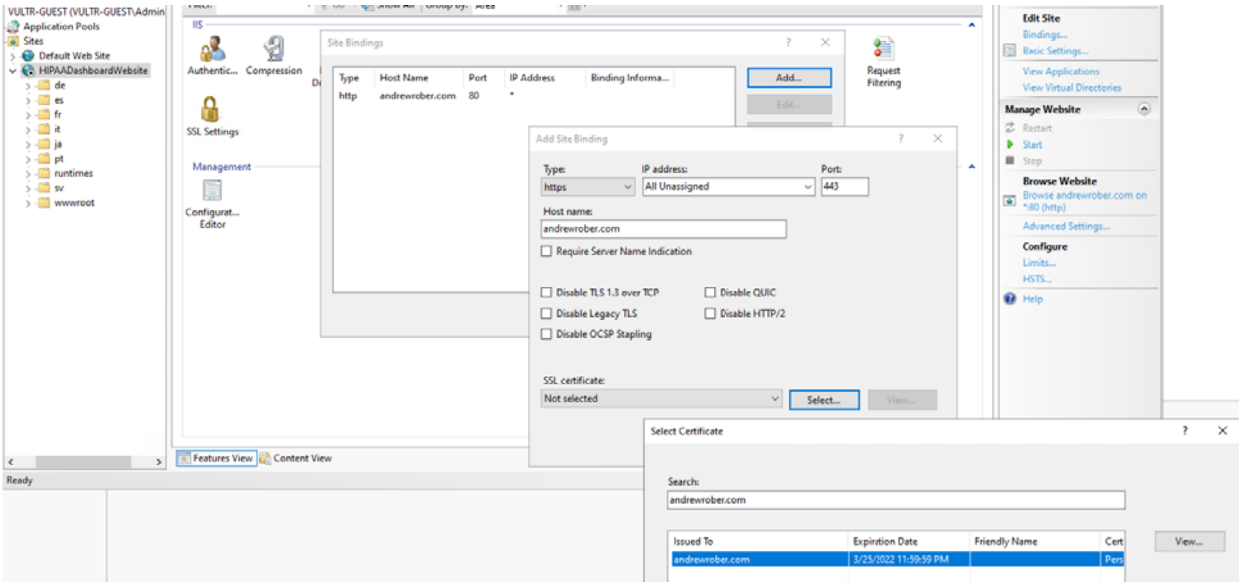
6.2 configuring SSL for IIS

Then select the port binding to your liking from HTTP and HTTPS, the HTTPS requires a valid certificate to function properly, if you didn't have one you can add the certificate from Server Certificates and import.



If you do not have a valid certificate at that time, you could start with http, then change the site bindings later to add the 443 (HTTPS) and/or remove the http like shown in the next diagram.



Then we will need to add the domain name in the host file with the home address like following

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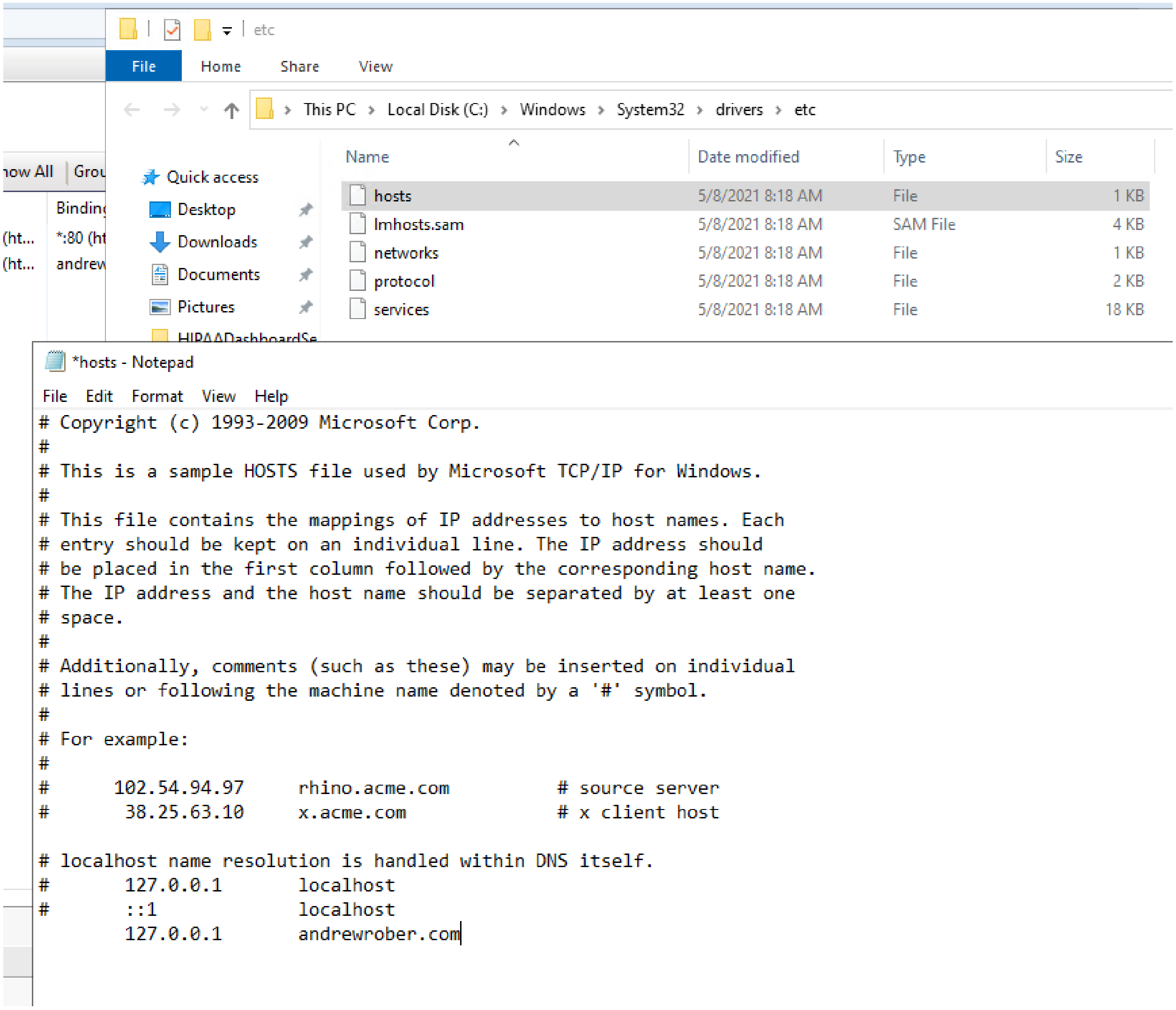

And finally adjusting the SSL settings to require SSL and ignore client certificates (unless you know what you're doing)

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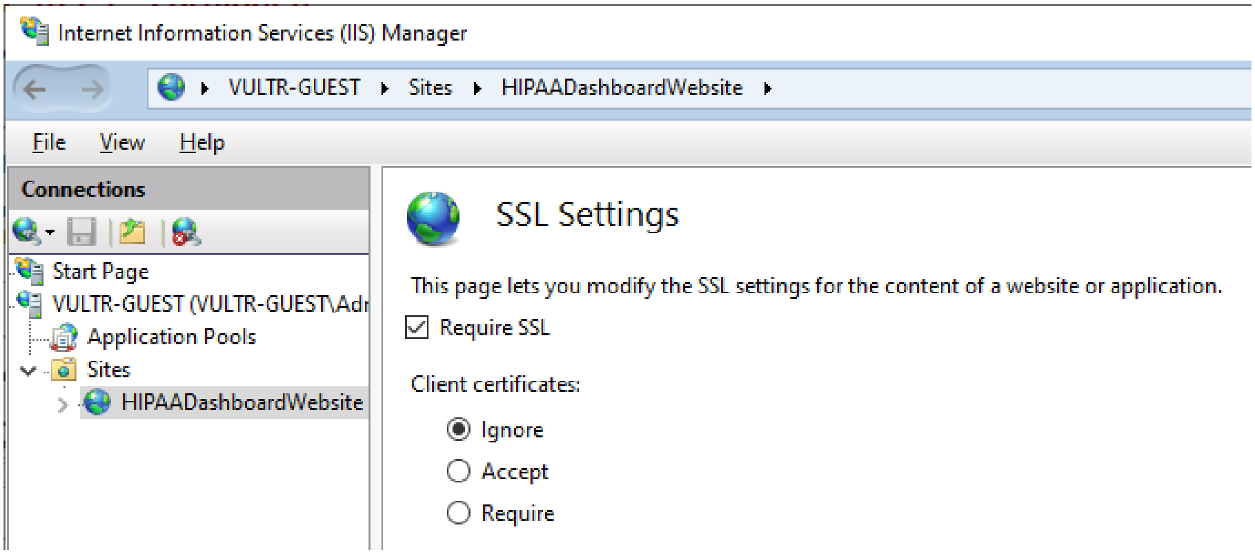

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7. Using a custom domain name

As with any webserver, if you wish to use a custom domain name you need to

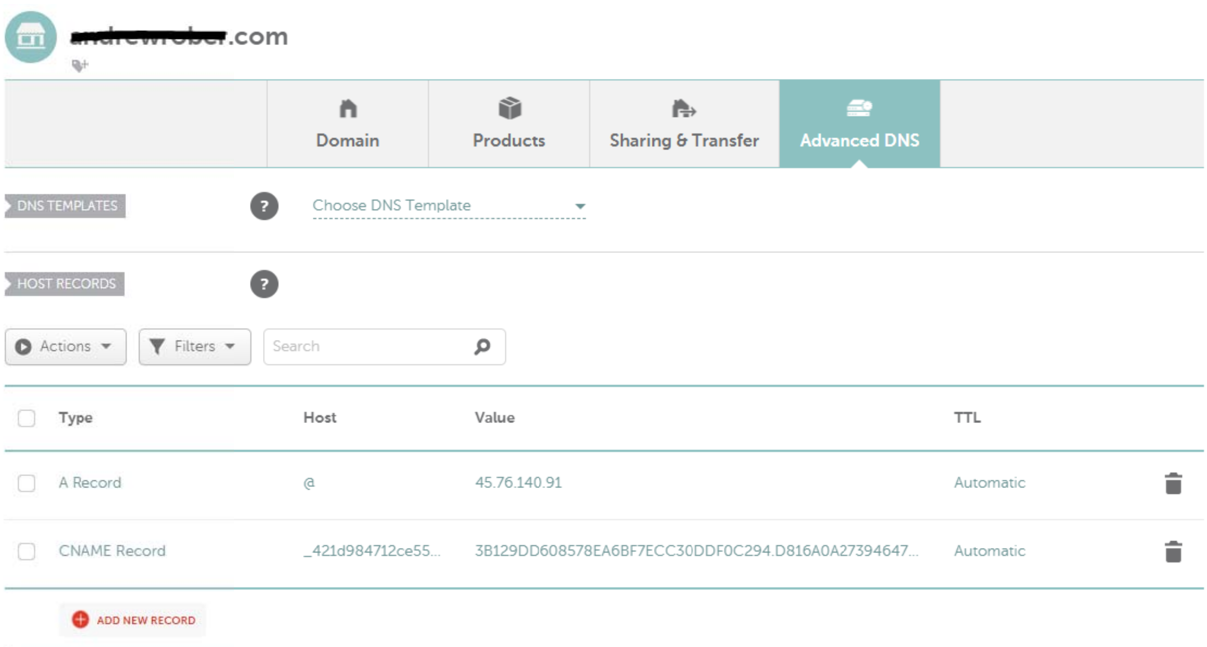
1- Point the custom domain DNS record to the hosting server IP

2- Customizing the hosting files to use the appropriate ports and optionally setup the SSL certificate

3- Allow ports 80/443 for HTTP/HTTP(S) or one of them in your firewall to be accessible, or allowing the application itself

7.1 Pointing the custom domain DNS to your hosting server

This is done either through the provided UI for the domain provider (example from Namecheap) or by your network Administrator



7.2 Customizing the hosting files to use the appropriate ports

This depends on if you're using Kestrel or IIS, review the Kestrel or the IIS sessions for more information. But in both cases, we need to use the domain name rather than the localhost or server's IP.

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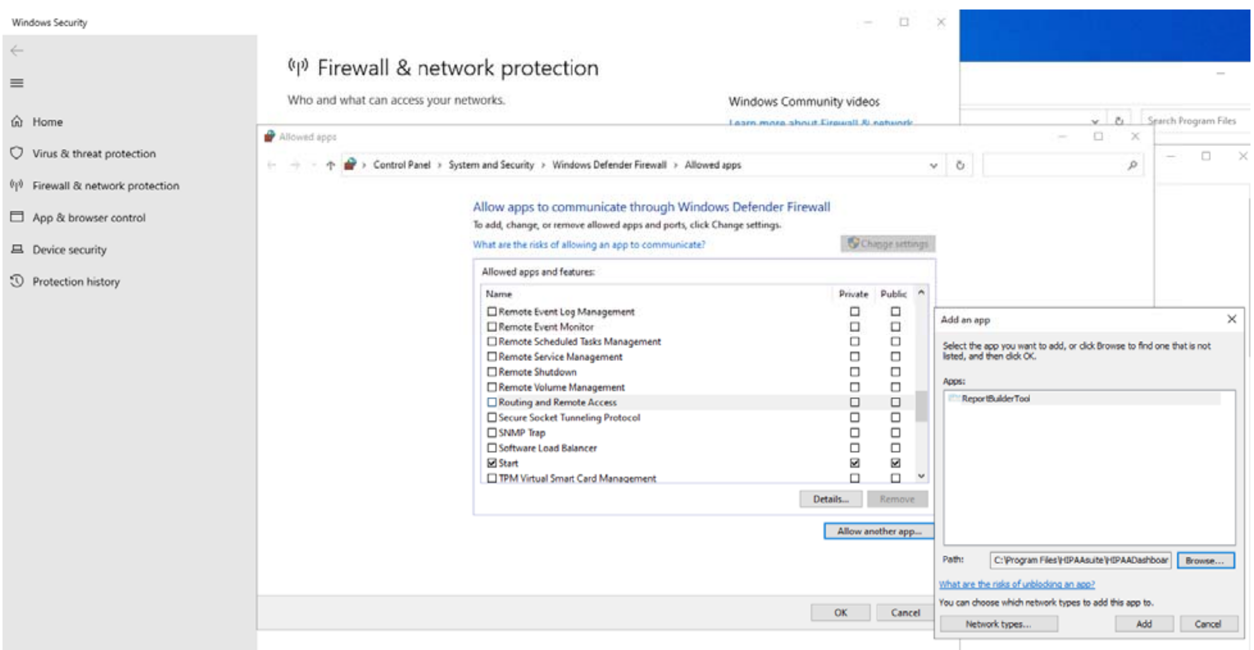
7.3 Allowing the application firewall through the firewall

This step may vary if you’re using special firewall software but for the most common user, you will need to either allow the application through the firewall or add exception rules for the ports utilized by the application.



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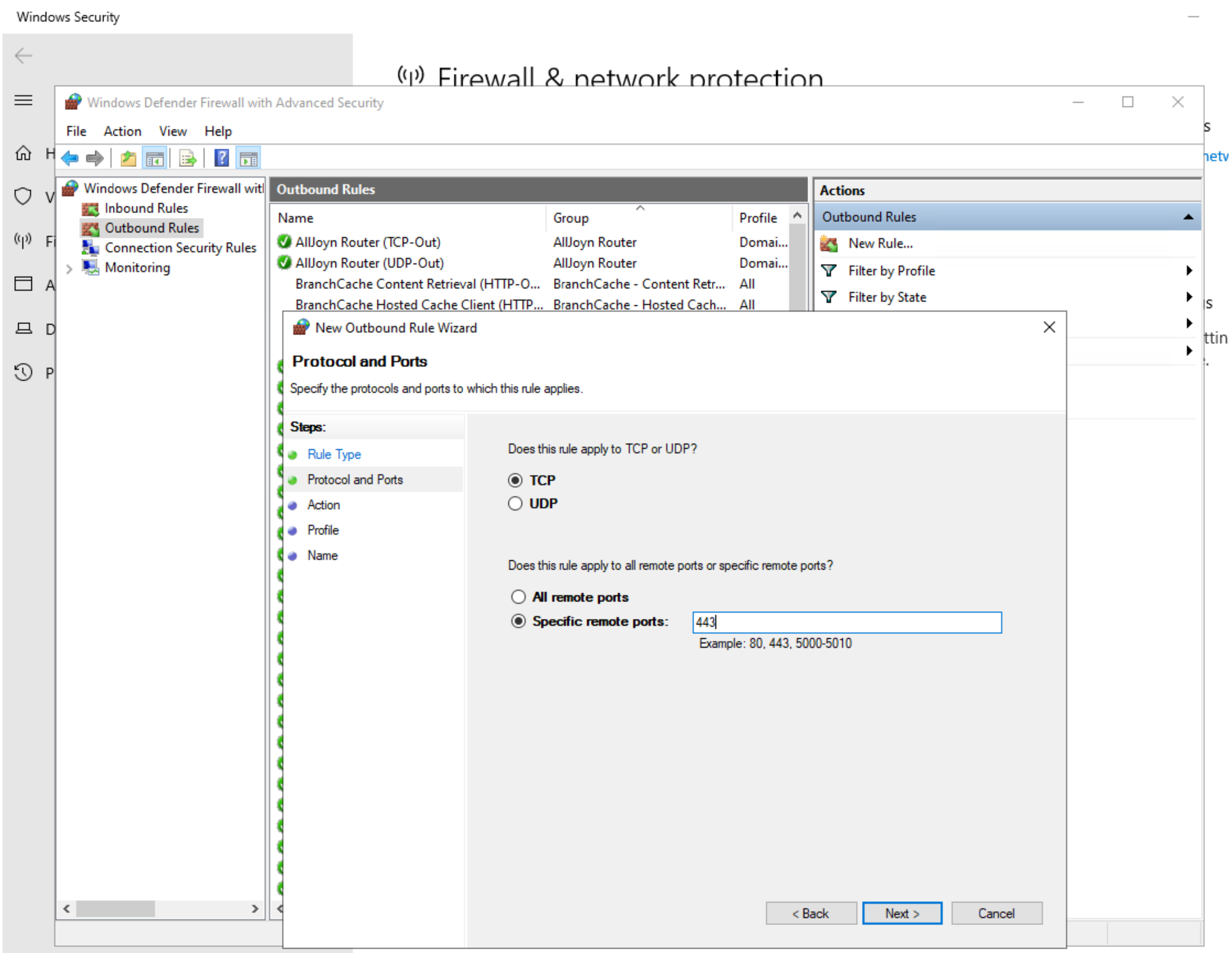

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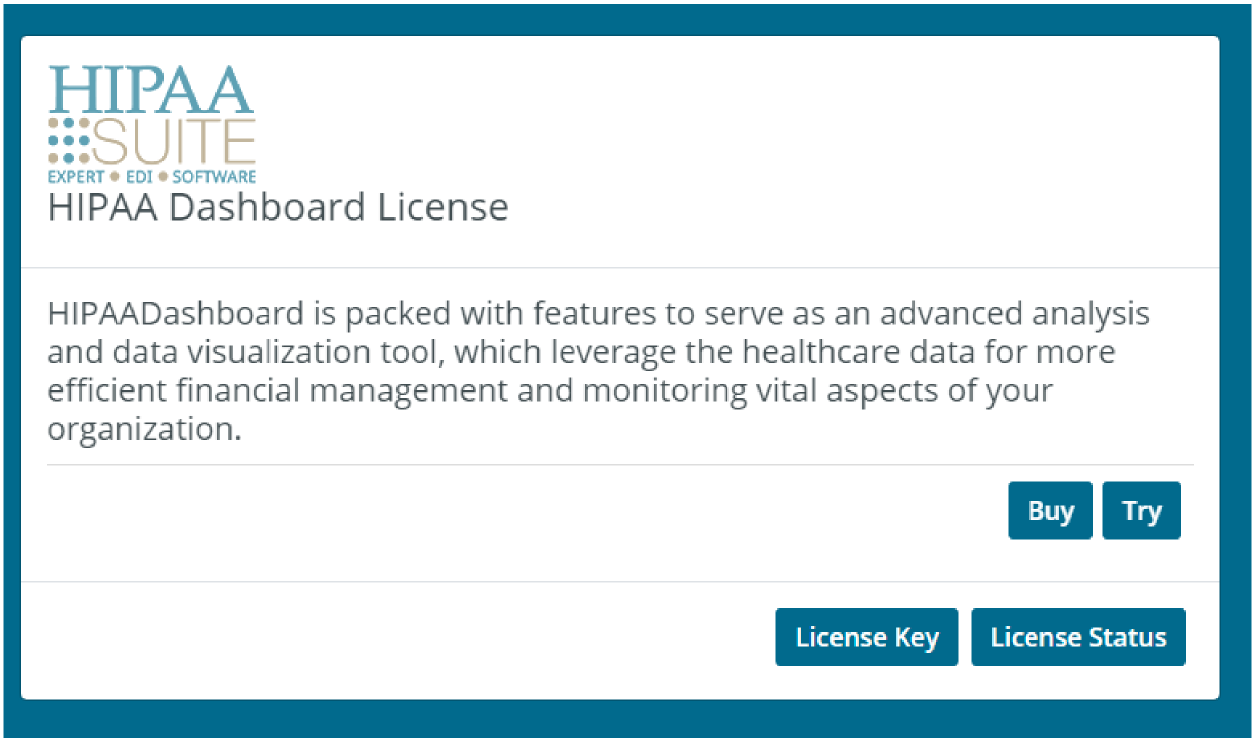
Part II: (Configuration)

Setup wizard walkthrough

After setting up the web server, you need to configure the application to your liking, we have a very convenient setup wizard that will help guiding you through this process in few easy steps.

First Navigate to the website, the default URL for http is http://localhost:5000 while the secure https will be at https://localhost:5001/ unless you changed the port and/or have a custom domain that points to the application

Then use the key you purchased or simply try the trail version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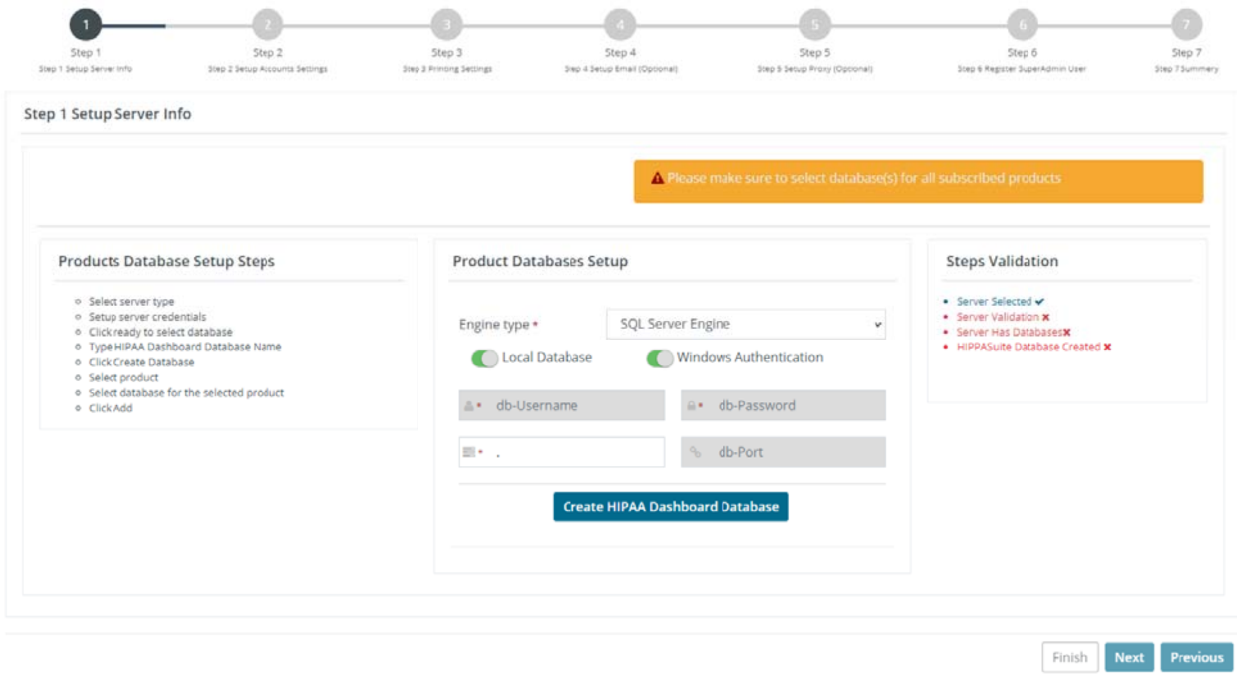
HIPAA Dashboard License
HIPAADashboard is packed with features to serve as an advanced analysis and data visualization tool, which leverage the healthcare data for more efficient financial management and monitoring vital aspects of your organization.
Buy
Try
License Key
License Status

1. Setup Wizard

Once you're at the setup wizard, it will guide you through the required steps and information, some that you may skip for now and adjust later from the administration portal while others are essential for the application to start (the database configuration for instance.).

1.1 Database configuration

At this step you will need to configure the database server, give the dashboard's database a name to create one automatically, then match the products to their respective databases (incase you have multiple products using multiple databases)

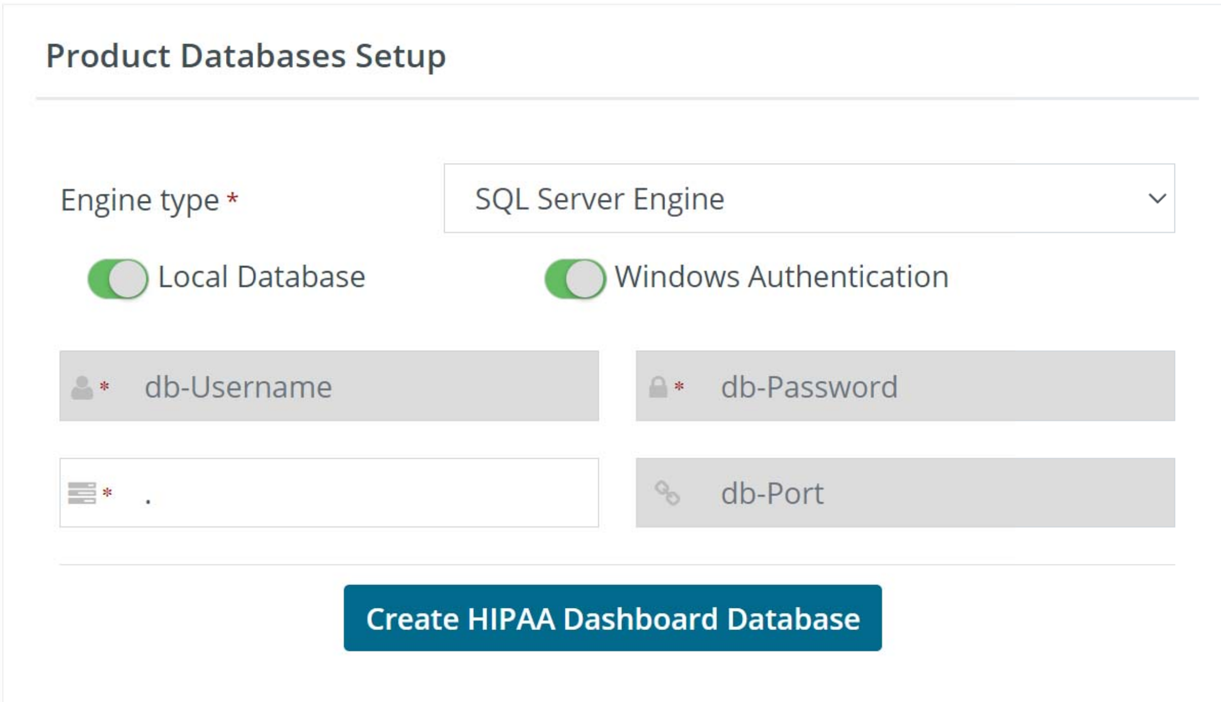


Note: we currently fully support MSSQL Server 12.0 and up, but MYSQL support is still in progress.

Make sure you have the appropriate privileges to the windows authentication user or the credentials MSSQL user to allow the dashboard to use said user in creating its database, adding necessary indexes on the base products databases, and read them.

Note: when using the CM (Claim Master) and CPM (Claim Payment Master) base products and Dashboard modules, they must be on the same server as there are queries and stored procedures that requires accessing both at the same time.

The database server can be local or remote, and you may use windows authentication or credentials authentication.



It will then ask you to name the database for the HIPAADashboard tool, then click “Create Database”

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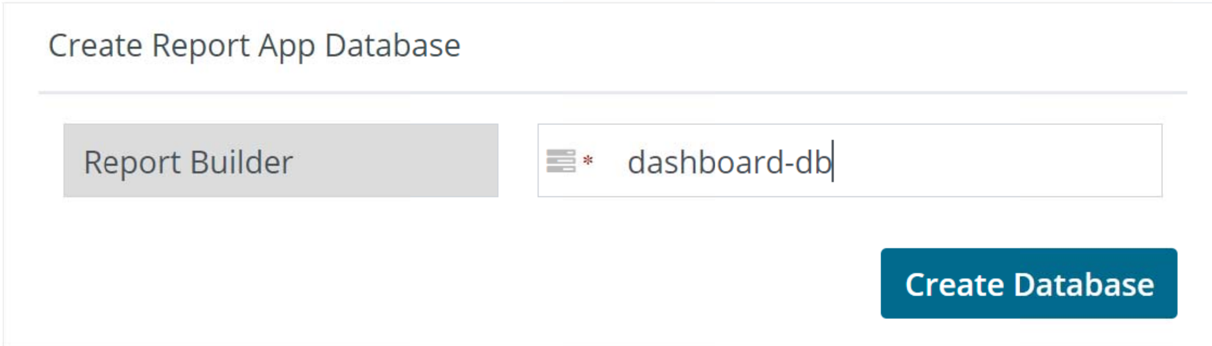
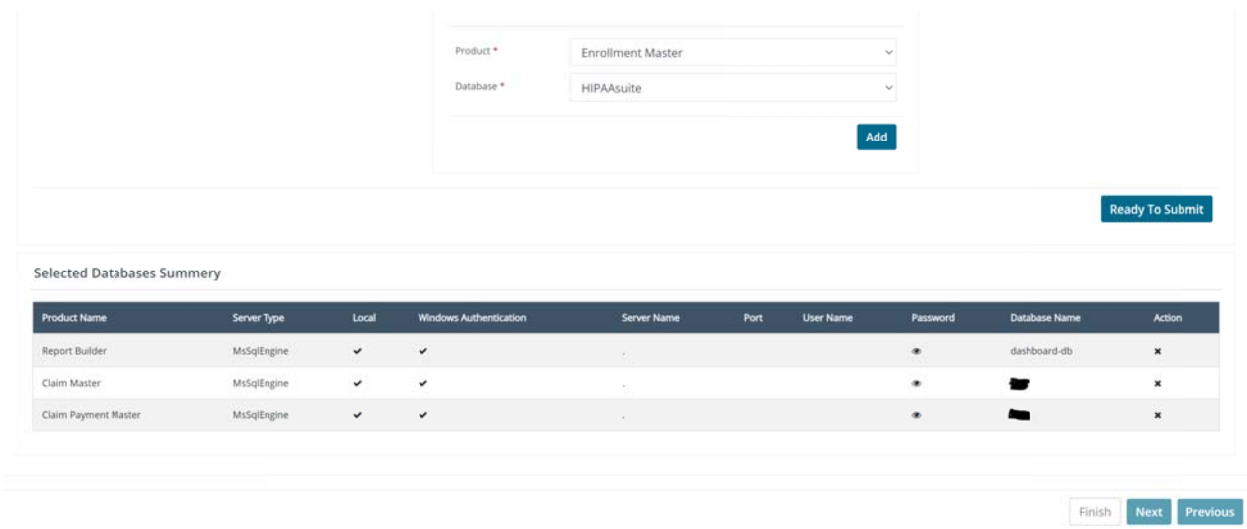


Once you're done you will need to match base products to their respective databases



Once you're all set you can move to the next step

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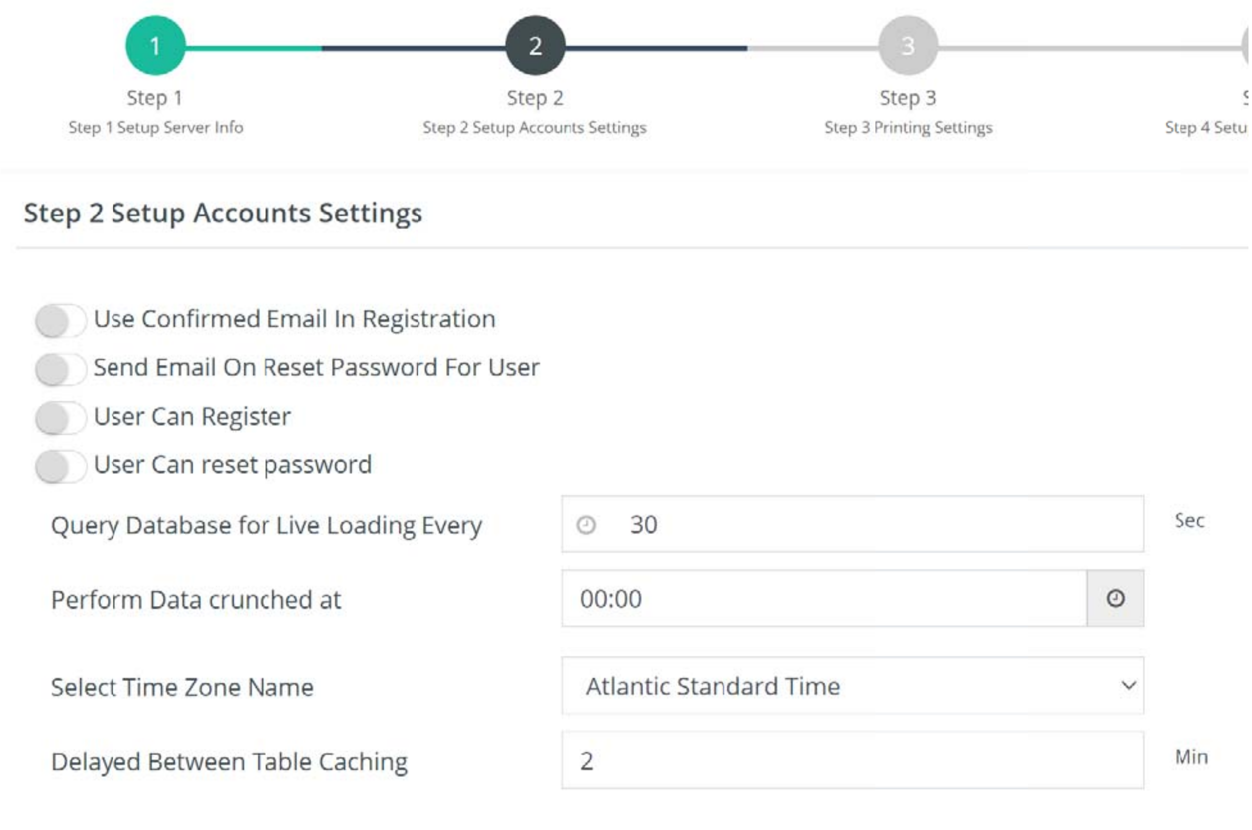
1.2 Accounts and system configuration

This step defines your system as to if it will be open or closed system, we recommend the default settings on this step for the user configuration, which is not allowing users to register for themselves and not allowing users to reset their own passwords to have a total control over the system and avoid unplanned/unauthorized access.



“Query Database for live Loading Every” is a variable used internally by the application to set the delay of refreshing the live components which updates itself without the user refreshing the page which includes live tables; we recommend setting a reasonable value for this variable to avoid overloading the system when having millions of records and plenty of users; a good starting value would be the default of 30 seconds and you could fine tune this later from the administration panel.

“Perform Data crunch at”, “Select time zone” are two values that decide when the system will reprocess and cache data, this helps with scaling when having millions of records to do these calculations once per day at a specific time where you know for a fact that there won’t be plenty of queries or any database load running at this time, and as those calculations doesn’t change frequently, it helps to save unnecessary recalculations. (Defaults are set to midnight and to Atlantic standard time)

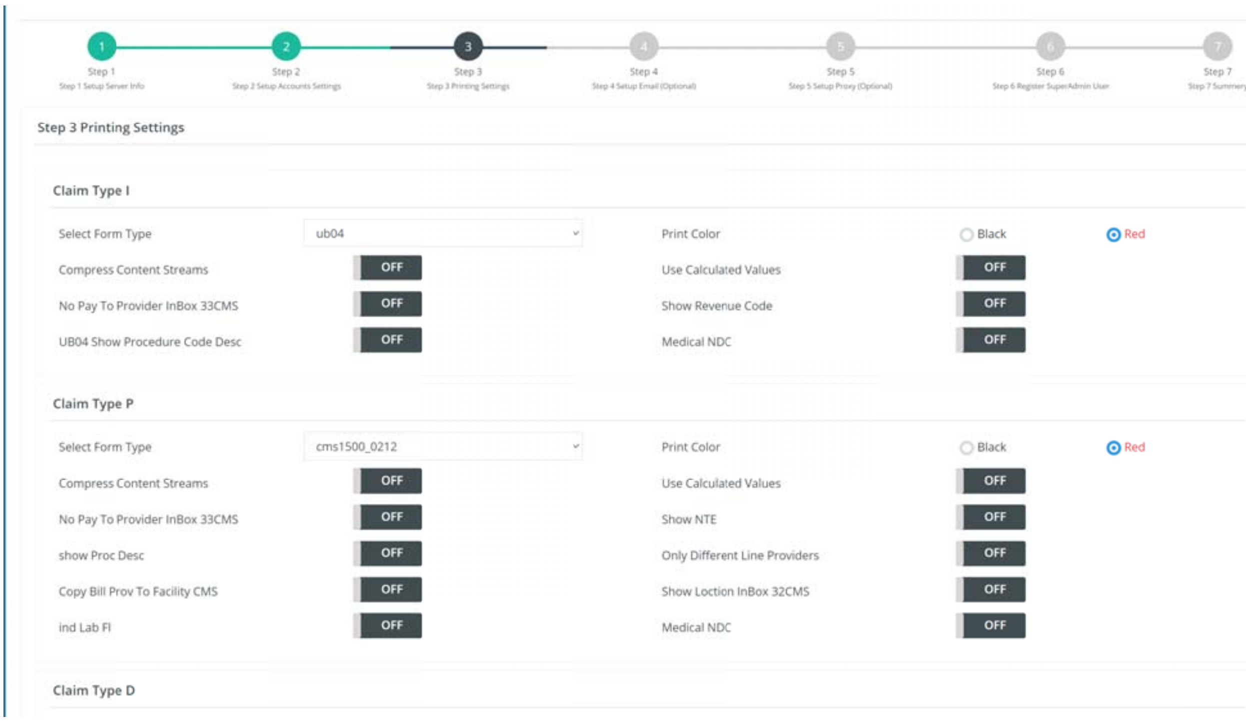
“Delay between tables caching” is a variable we use to create a grace period between user attempts to bust cache and force recalculation, this helps to avoid users trying to recalculate in a short amount of time to avoid overloading the system yet allowing them to be able to do those recalculations on demand if they know for a fact that the system changed a lot (ex. After importing a new data batch).

Note: Allowing the confirmation emails or password reset emails requires having a valid SMTP server, if you don't have the credentials ready now, you may leave them disabled until you do.

1.3 Forms Printing configuration

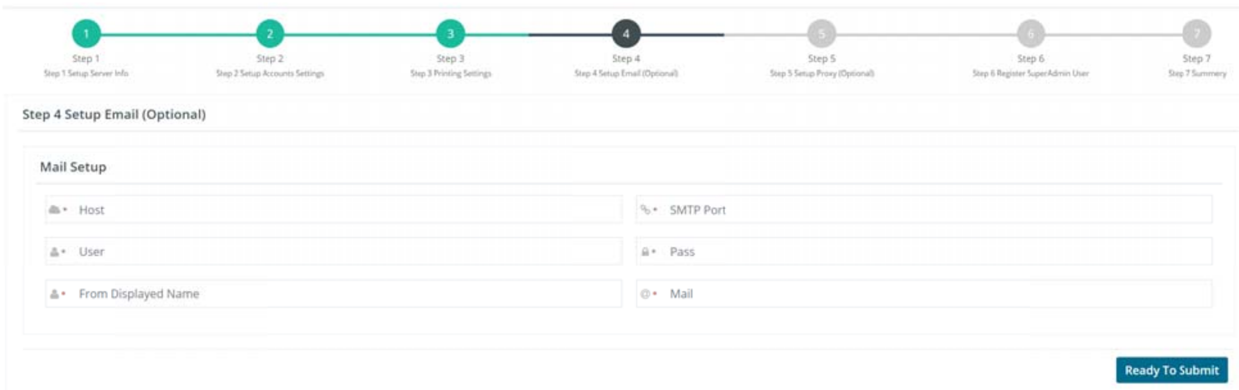
At this step, you can specify the forms printing options, which will later be utilized and used while creating forms (this only apply to the forms generated from the HIPAADashboard and not in the base products).

The configuration is per Claim Type, which allows you to use a specific form for that claim type and adjust all the settings for that specific form type and even the print color, we recommend leaving the defaults unless you know what you're doing.



1.4 SMTP configuration

SMTP stands for Simple Mail Transfer Protocol which we use to send emails to your user from your own domain or SMTP service, there are plenty of alternatives to get SMTP credentials from, but I would start by asking the IT department as they probably already have one.



Note: This step is no mandatory if you do not send confirmation or password reset emails.

A free alternative to paid SMTP servers is using Gmail SMTP services, which requires allowing other applications to send emails on your behalf.

Here is the gmail SMTP information apart from your credentials if you decided to use it.

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Enter the following information in the SMTP account settings of your mail client:

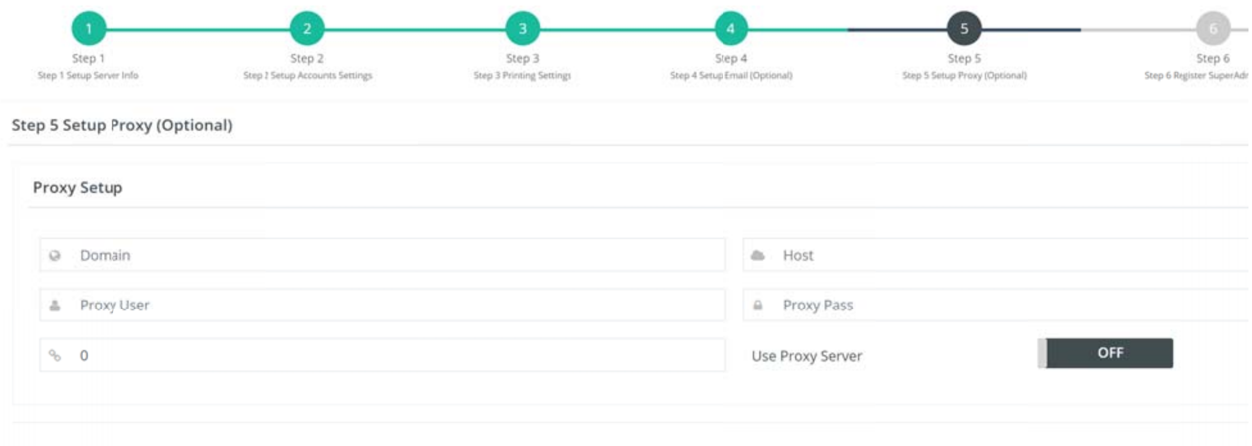
Server: **smtp.gmail.com**
Encryption/Authentication: **SSL**
Port: **465**

Or

Server: **smtp.gmail.com**
Encryption/Authentication: **StartTLS**
Port: **587**

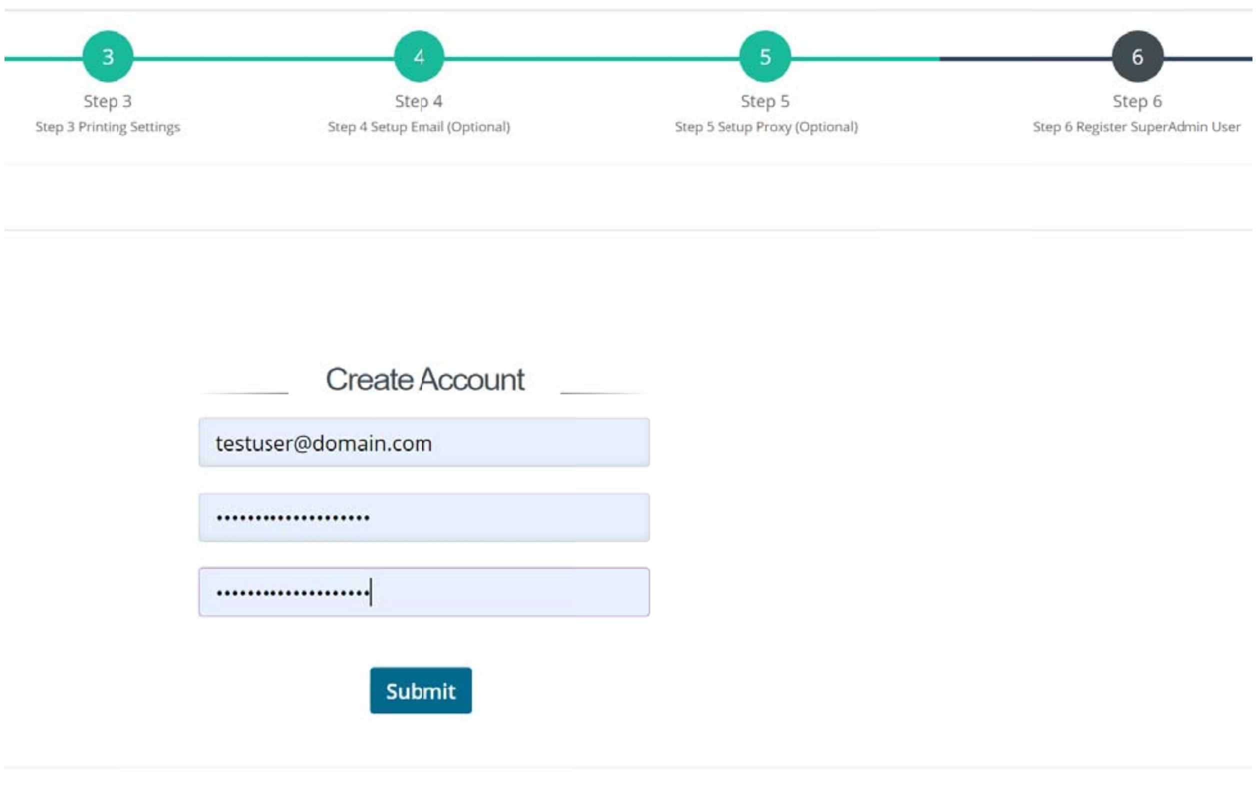
1.5 Proxy configuration

For the application to keep functioning, it requires having a connection to the licensing server, which if it for some reason doesn't; the application stops working, therefore we have a proxy configuration to allow you to still connect to the configuration server.



1.6 Super Admin user configuration

This is the highest privileged user in the system, it controls all other users and have all the permissions across the entire system. This user should be secure and should not be shared across the team. If you lost that user, you might need our help to set another user as a super admin or might even require re-setting up the system (won't lose progress though).



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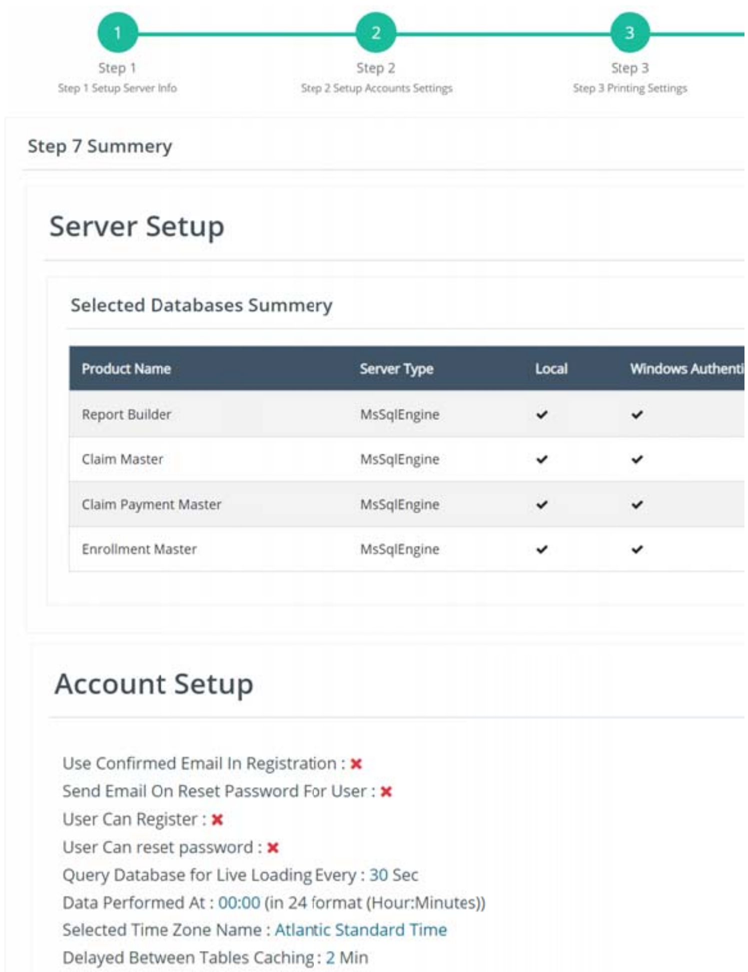
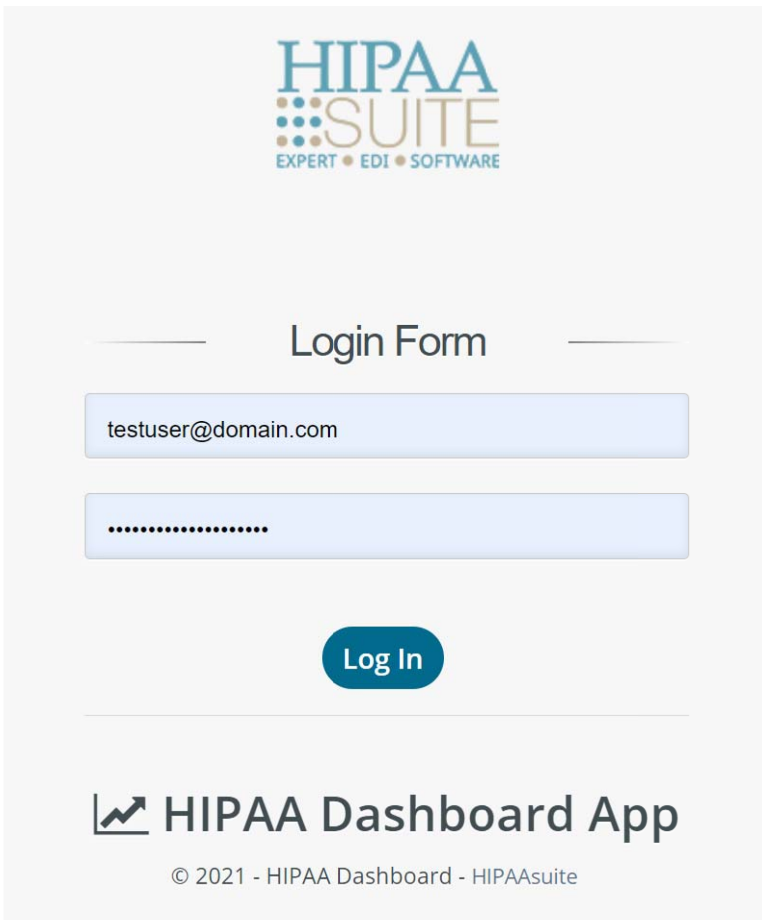
1.7 Summary

In the summary you can review the entire setup process and make sure everything is correct, don’t worry about it much, most of the settings (apart from the database configuration) can be adjusted later from within the administration portal.



2. Navigation

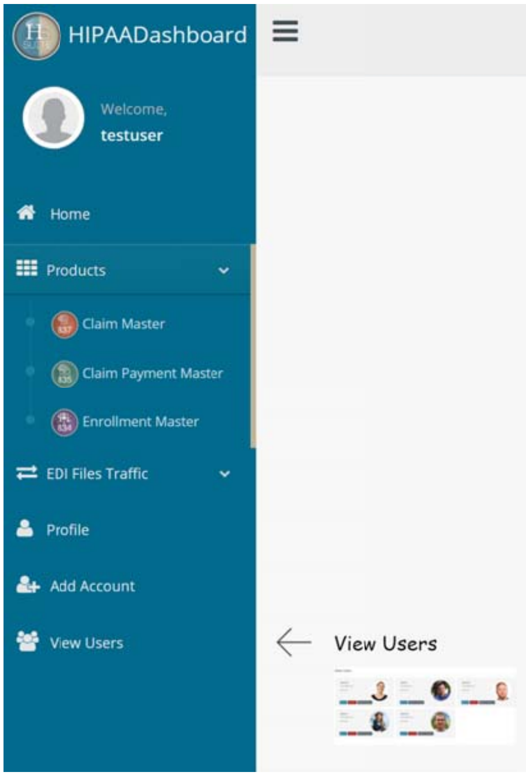
Once you finish the setup wizard, it takes few seconds to start crunching data, generating views, rewriting data in an easily query-able way and doing it's magic, it takes few seconds then redirect you to the application login screen.



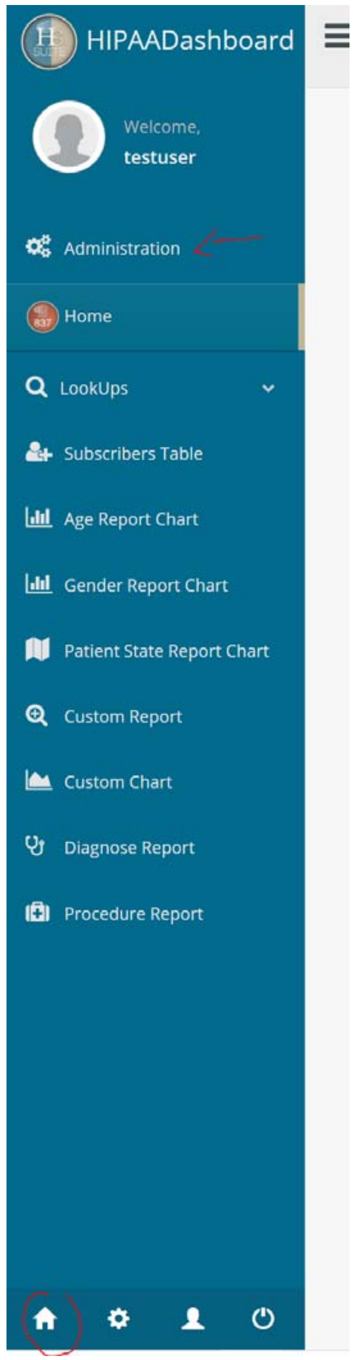
2.1 Structure

The application consists of the administration panel, which is the home/landing page for the dashboard, and on that page, it has the EDI files traffic plus the administration features, pages, and few statistical charts to begin with.

And there is the main navigation to the base products portals, in there you will see the products allowed in your subscription, and you can navigate to any of them.



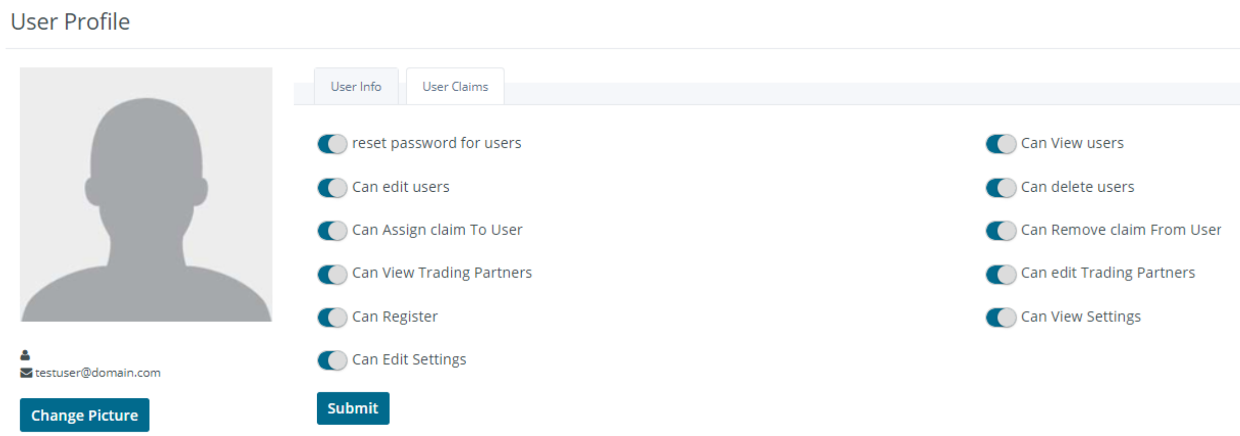
And from any application portal you can go back to the administration portal through either the administration link on the side menu or the home button at the footer.



3. administration

3.1 Profile

The profile is the current user profile, which allows them to update their personal information, their picture, and their password if they have the required claim to do so. There are also the user claims, which is a good time to explain what a claim-based authorization is.



The claim-based authorization is allowing users to do certain actions only and only if they have it's appropriate claim; the super administrator has all claims by default and new users doesn't have much claims to begin with; those claims can be added to them while registering them on the system or later on (which we recommend, to be on a

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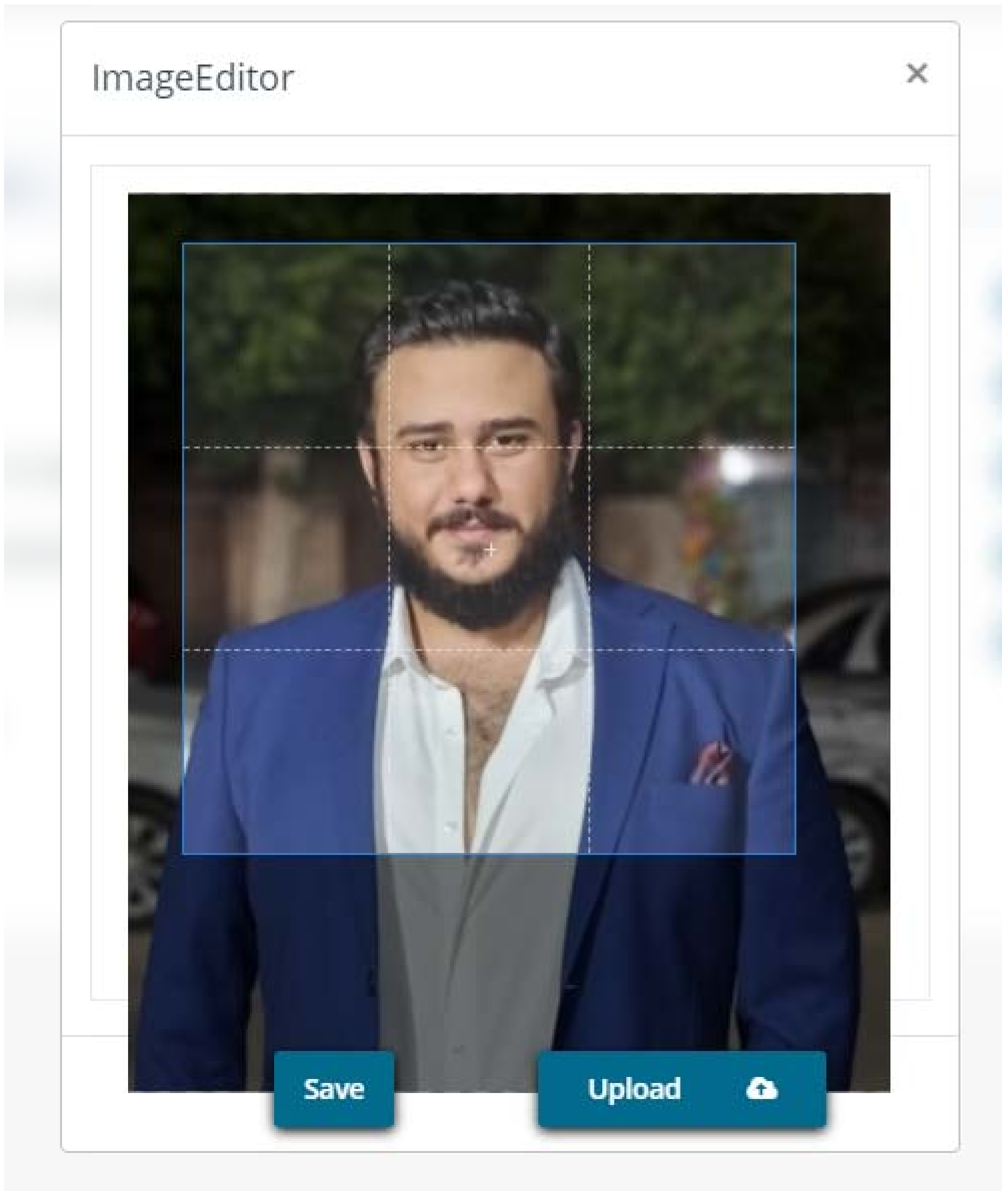
need basis rather than giving them claims upfront that they might not need just in case).

And while at it, you might change your user profile picture through the image uploading utility.



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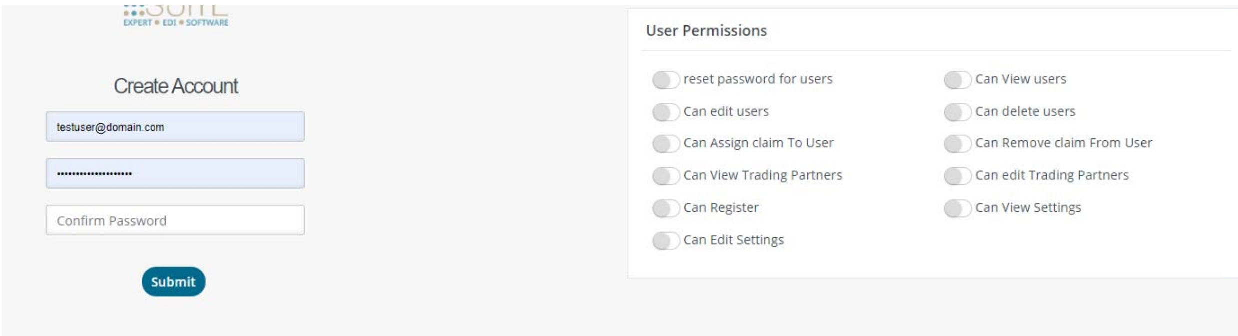
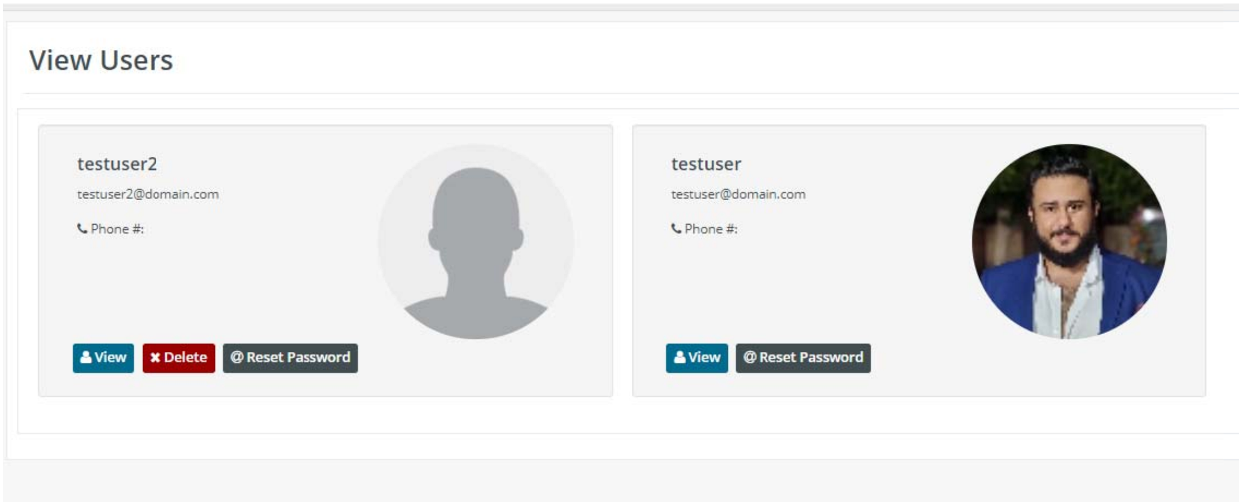
3.2 Add Account

Adding new users is as easy as adding their email and password; but in this case we also can attach user permissions that we know they need.



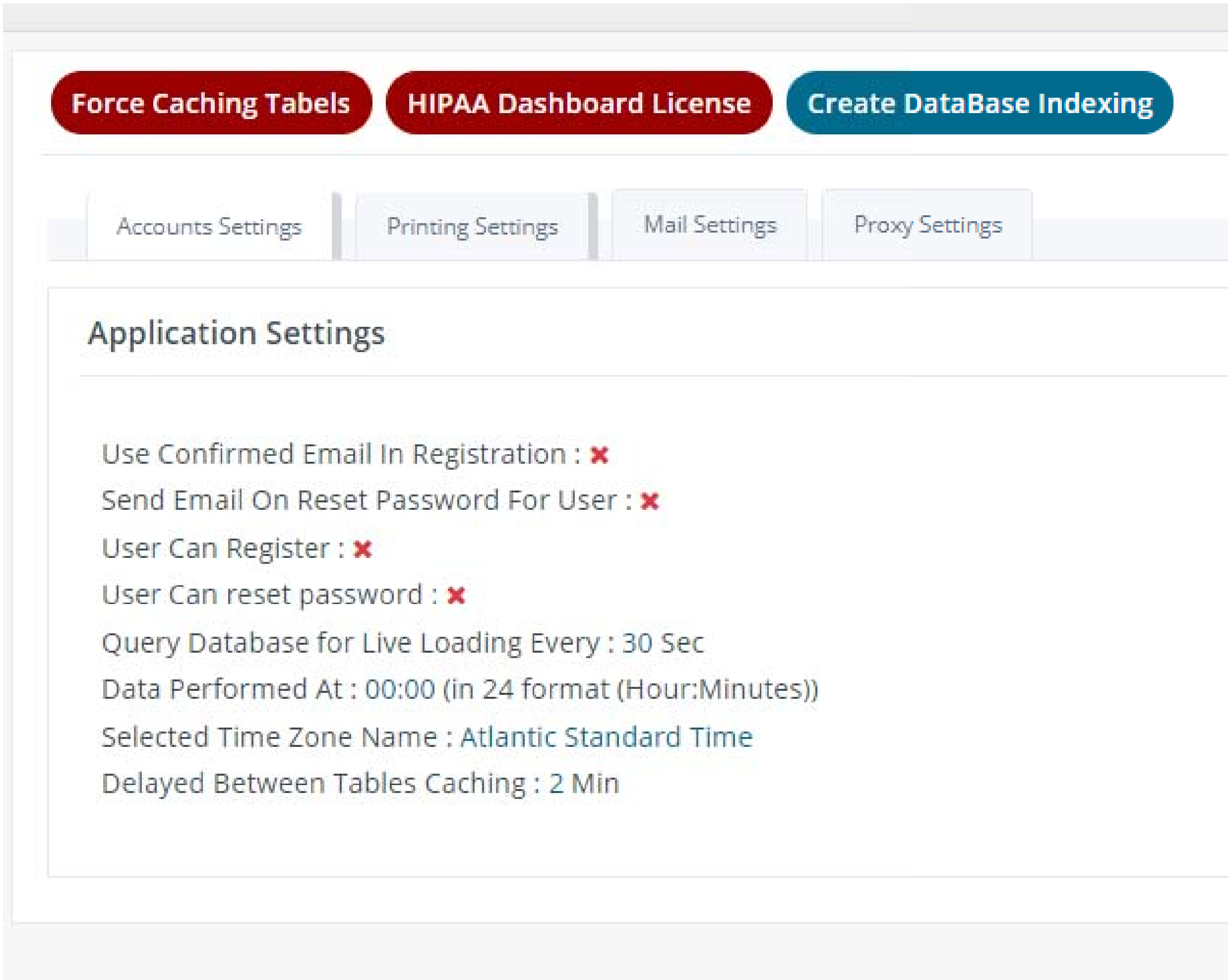
3.3 View Users

The view user is a convenient user management page that allows you to view/edit a user, delete or reset user's password.



3.4 System settings

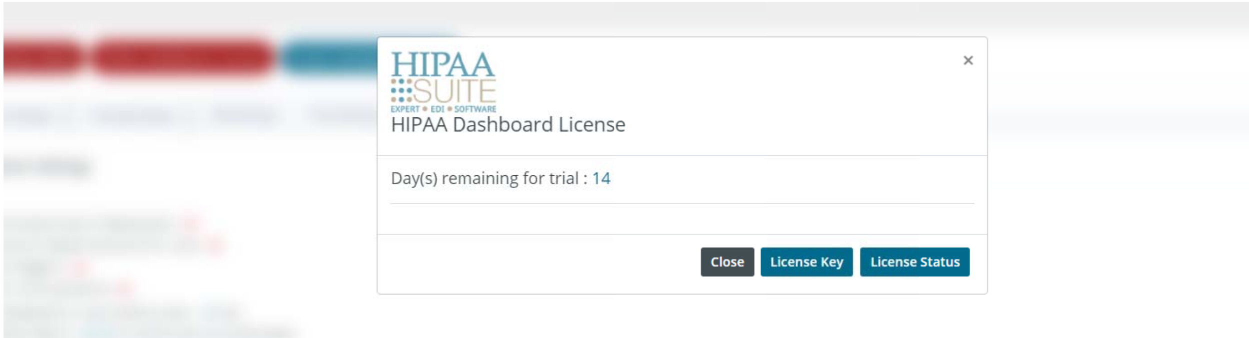
You can access the system settings using the gear icon in the footer, it has most of the settings we've done in the setup wizard.



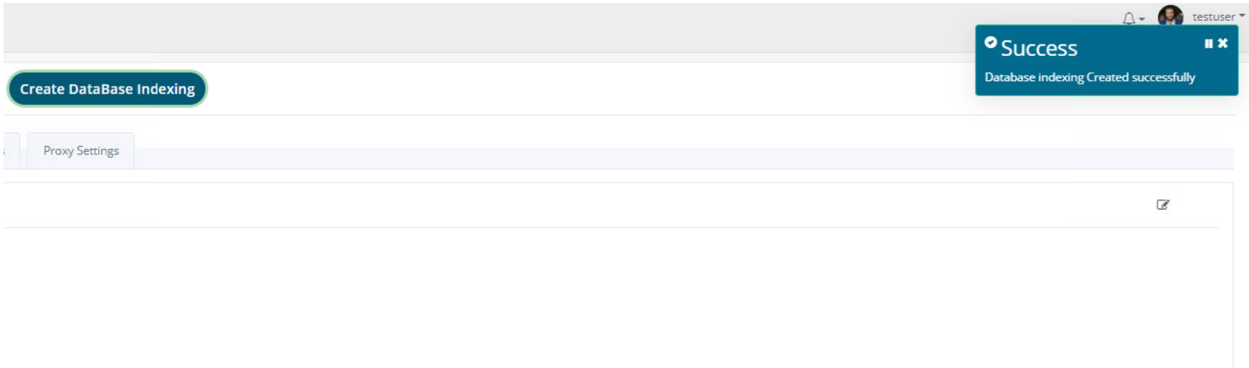
Apart from the system settings, there are few functionalities and actions that you can take from there.

“Force Caching tables” as explained before forces the application to recalculate cached results before they’re due for recalculation.

“HIPAA Dashboard License” this allows you to view your license status, how many trail days left, activating the product, changing the activation key, etc.



“Create Database Indexes” as the name suggest it creates indexes on the base HIPAAsuite application’s tables to optimize the database querying for the HIPAADashboard for everything to run smoothly.



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Part III: (Common components)

1. Data Tables

Data Tables in HIPAA Dashboard is one of the most used components in the application, some tables may have child tables on the row level to explain or add further information and statistics on that row, some tables contains cells or rows that can perform actions like navigating to detailed page for this cell, or perform recalculation for this claim based on the selected rows, and some tables contains status column to preview information about this row record.

Common features across the data tables includes

- Specifying the number of entries shown in the table per page.
- Pagination
- Sorting columns.

- Filtering table based on a specific column.
- Exporting table in multiple forms.
- Some rows are expandable to allow further statistical analysis and explanation on the row level through child suitable

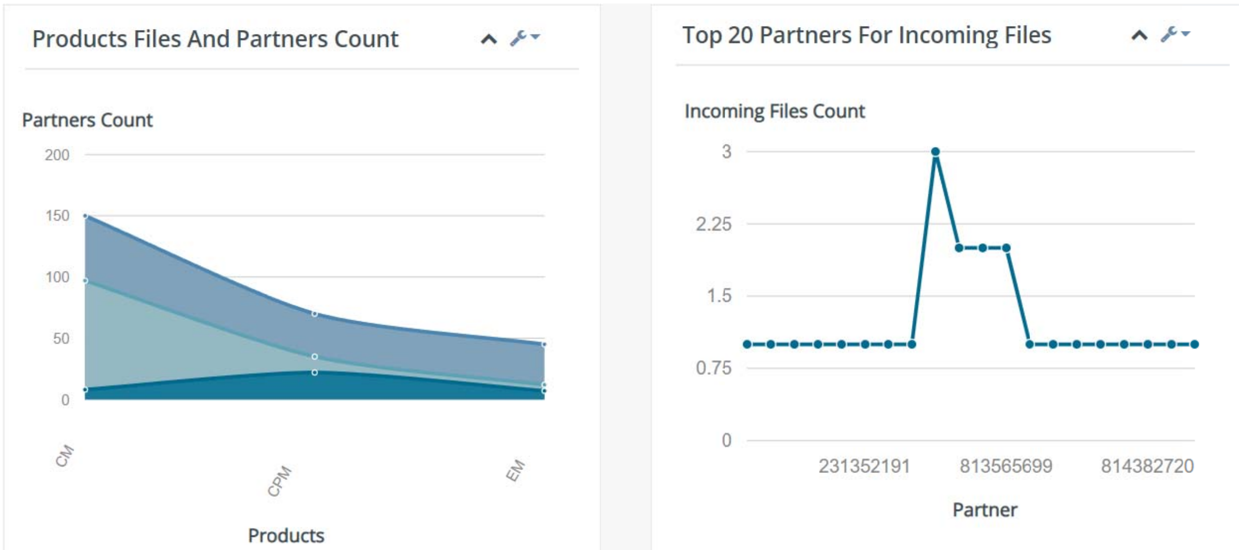
Some Tables in HIPAA Dashboard are live tables, which means when an update occurs in the database it reflects the table as well, and other tables are on demand static tables, more about tables, table types, and table features will be explained extensively in its section

2. Charts

Charts is also one of the most used, and feature rich component, there are multiple types of charts as shown in the below figure, it is visualizing the data and simplifying statistics, to be able to generate reports, some charts are live charts when there is an update in the database, the charts are updated as well, and others are on demand static charts.

Charts component has plenty of features like:

- Changing chart form based on chart type.
- Getting chart data.
- Download chart as an image.
- Hide data points from the chart
- Tooltip to simplify data visualization
- Yearly Calendar preview (available only in Calendar Heat Map)



The above figure shows two types of charts group chart, and 2D chart, there are 6 types of charts:

- Pie Charts
- 2D Charts
- 3D charts
- Group Charts
- Calendar Heat Map
- Population Distribution Map

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each chart type has different forms, and charts have tips on each point appear on hover, to make data visualization easier and more functional, each chart form has its own features, some of forms can download the chart as an image, others can hide data points from the charts, navigation is easy between chart forms with the same data.

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3. Notifications

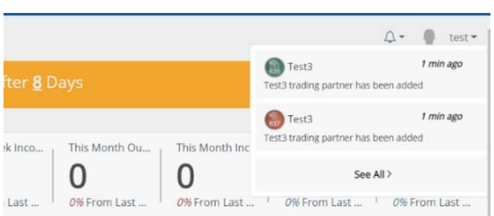
In HIPAA Dashboard there are two types of notifications:

- Live Notifications.
- Informative notifications.

Informative notifications have three types:

- Error
- Success
- Info

top 10 and new notifications can be found by clicking on the bill icon in the top nav menu as shown below in the figure, and all live notifications stored in notifications page to be able to track all notifications



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Notifications are made in HIPAA Dashboard to keep track the updates made in data like new partner added in the database, or the status of the request made in the App whether it succeeded or not, more about Notifications can be found in section 3

4. EDI File Viewer

EDI File Viewer is a component that regulate reading the edi file as shown in the below figure, it shows segment header and fields, EDI File Viewer shows the EDI file send in the outgoing files, can be found in Outgoing File Details as shown in the below figure, it is reachable through selecting any outgoing file in the table in outgoing files report

```
ISA*00* *00* *ZZ*HIPAASUITE *ZZ*445314156 *200110*1210*^*00501*010121039*0*T*:
GS*HS*HIPAASUITE*445314156*20200110*1210*001000002*X*005010X279A1
ST*270*0001*005010X279A1
BHT*0022*13*BE9873FE-33C3-11EA-9400-9400317E1548*20200110*1210
HL*1*20*1
NM1*PR*2*DEPARTMENT OF HUMAN SERVICES*FI*236003113
HL*2*1*21*1
NM1*1P*2*AGELESS HARMONY INC*SV*0017371750007
HL*3*2*22*0
 TRN*1*BFF434E2-33C3-11EA-9400-9400317E1548*1521685400
 NM1*IL*1*MI*999900003800
 REF*EJ*CERT TC #....
```

EDI File Viewer Figure

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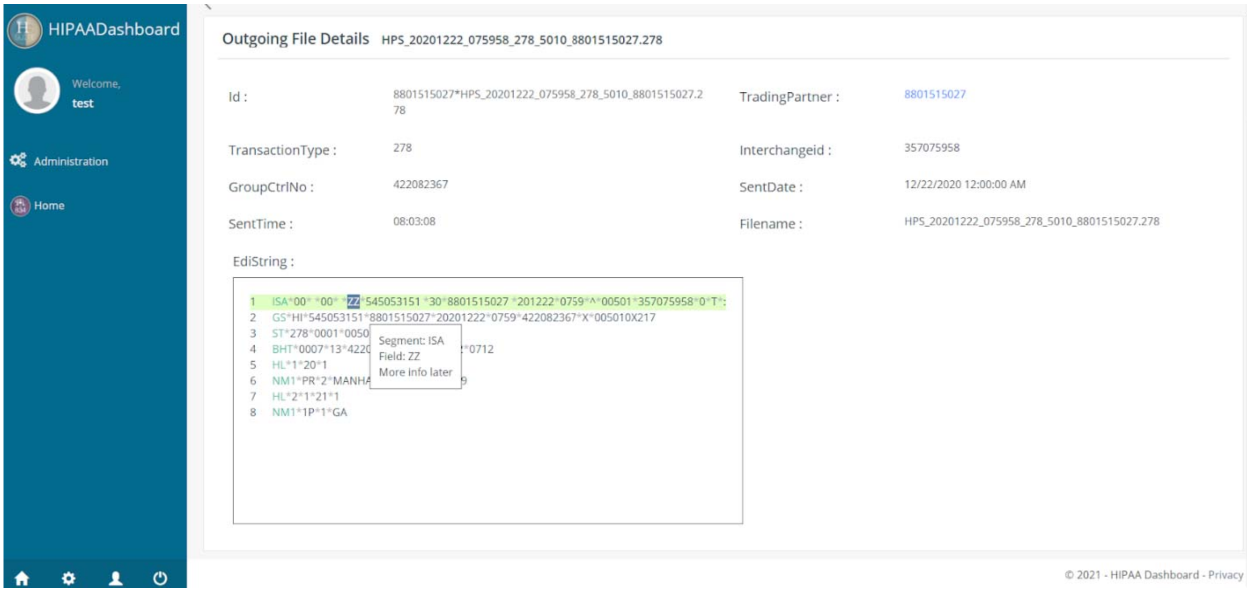

Outgoing File Details Figure

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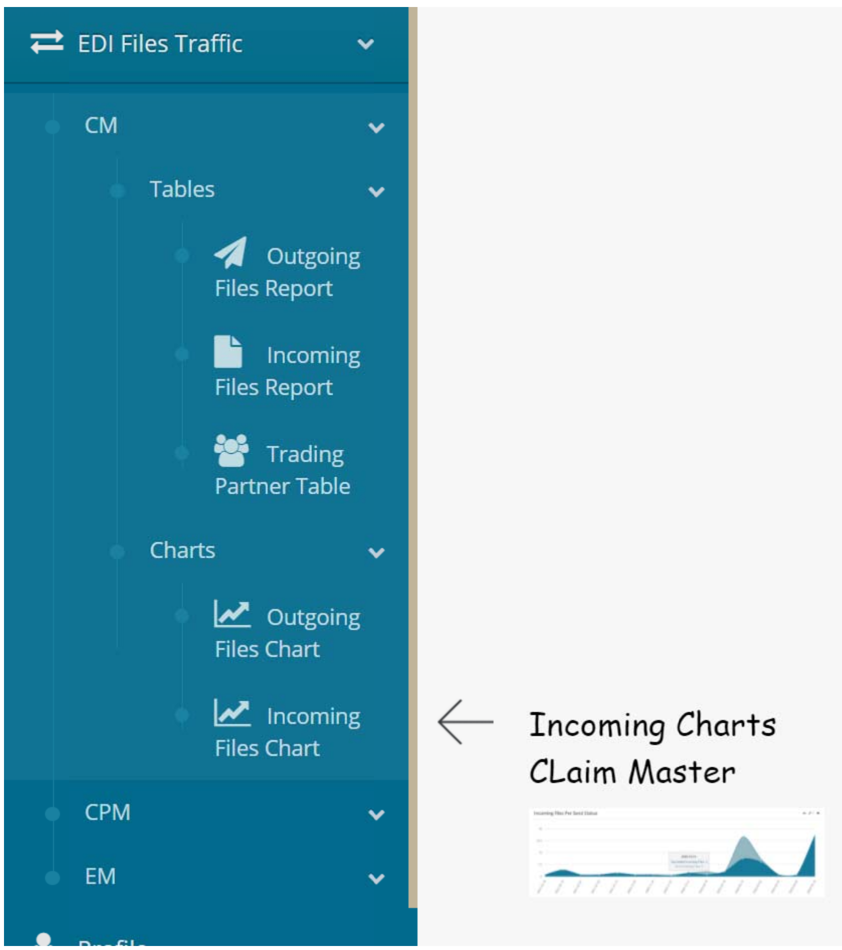
5. EDI Files Traffic

EDI file traffic is a convenient tool to monitor the outgoing and incoming files to the system, it helps showing statistics about historical files sent and received, their processing status, their headers, metadata and more.



Each product has its very own section in the files traffic to separate the traffic of different products and different file types.

You will also find a convenient tool to manage trading partner

Trading Partners Reporting

Show 10 entries   Search: Column   Go!

Copy CSV Excel PDF Print

Id	Id Qualifier	ETN	Name	Phone	Sender Code	Receiver Code	Send Method	Status	Type
ZIRMED	ZZ	ZIRMED	ZIRMED INC	8775551212		ZIRMED	Outbox	Approved	Provider
VALIANT	ZZ	192238132	VALIANT APM	9005555555		VALIANT	Outbox	Inactive	Provider
TAKECAREASIA	ZZ		--PLEASE FILL THIS RECORD--			263923727	Outbox	Inactive	Provider
SUBMITTERS.ID..	28	999999999	ABC SUBMITTER	123	TEST3	SENDER CODE	Outbox	Inactive	Provider
SDS	ZZ	SDS	SMARTDATA	6128162225		SDS	Outbox	Approved	Provider
REQUESTER	ZZ		TEST2	SASupport@Mitch		ELIGCHECKER	Outbox	Inactive	Provider
NYA000090	ZZ		New York Eye Ear			NYA000090	Outbox	Test only	Provider
NDC STD REMIT	ZZ		NDC STD REMIT			NDC STD REMIT	Outbox	Test only	Payer
KEYUR	ZZ	KEYUR	KEYUR	NARKHIK@GMAIL.C		KEYUR			
ISATP1	20	EIN22	TP TEST	123	TEST56	GS	FTP	Test only	Provider

Showing 1 to 10 of 34 entries   Previous First 1 2 3 4 Last Next

A long with few charts that shows important statistics like fault files count vs regular files count per trading partner

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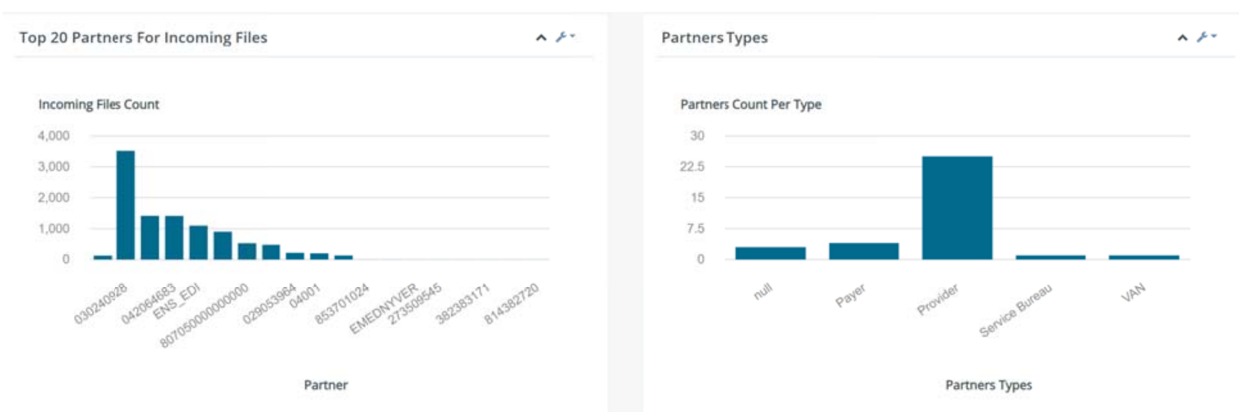
Part IV: (Claim Master Dashboard)

1. CM Dashboard

The dashboard consists of two main components, first is the statistical bar for the incoming and outgoing files, there is a generic one in the administration portal but inside the products portal it's customized per product to only reflect its type of files rather than all types of files.

The second part is the statistical charts, for you to understand your partners, figure out bottlenecks, and rethink your priorities



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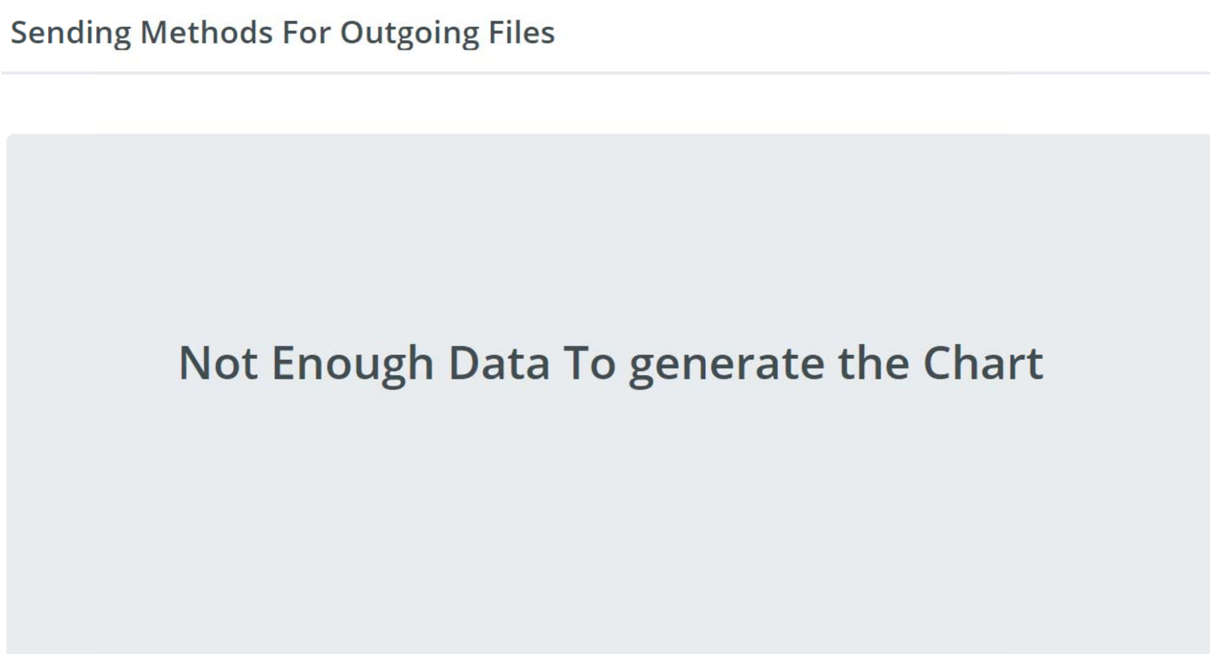
If there is not enough data available for the chart to be created, you will alternatively see the chart stating so. This is not a red flag; it simply indicates that the chart will function properly later when you have more data.



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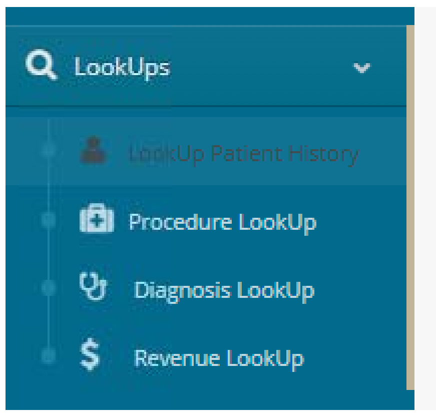
2. Lookup lists

The lookup menu has look up lists and patient history lookup, the last three items helps you translating a procedure, diagnosis or revenue code; and even find a code from it's description; the patient history lookup helps you to track a patient's claims history.



The patient history lookup requires only having the patient id, and it will show all the claims in the system for that patient ordered by the date of service, with statistics and charts.

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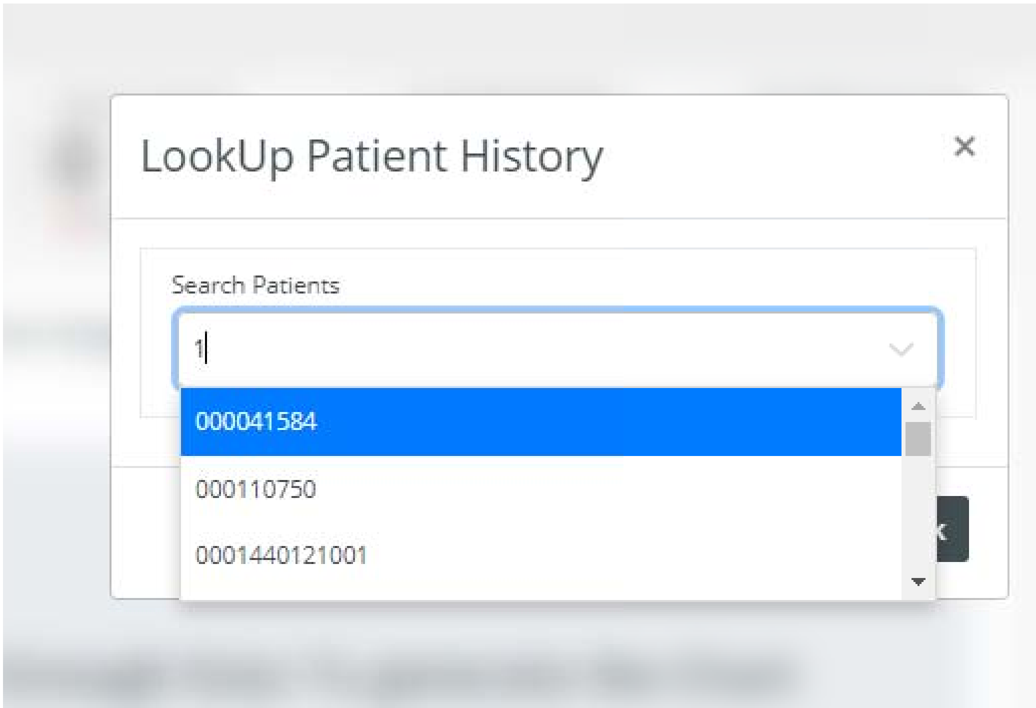

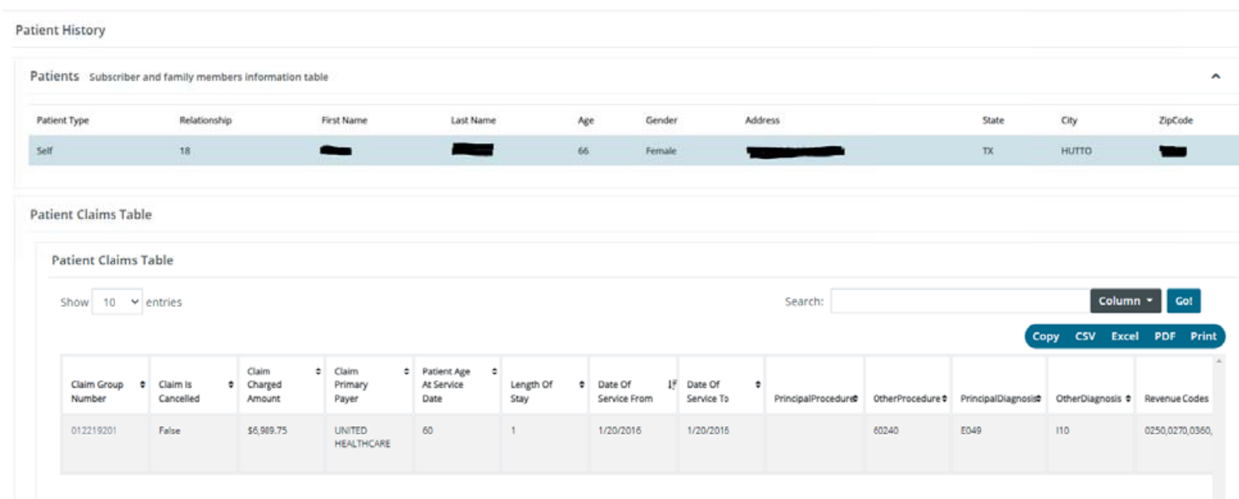

Patient Type	Relationship	First Name	Last Name	Age	Gender	Address	State	City	ZipCode
Self	18	[redacted]	[redacted]	66	Female	[redacted]	TX	HUTTO	[redacted]

Claim Group Number	Claim Is Cancelled	Claim Charged Amount	Claim Primary Payer	Patient Age At Service Date	Length Of Stay	Date Of Service From	Date Of Service To	PrincipalProcedure	OtherProcedure	PrincipalDiagnosis	OtherDiagnosis	Revenue Codes
012219201	False	$6,989.75	UNITED HEALTHCARE	60	1	1/20/2016	1/20/2016		60240	E049	I10	0250,0270,0360,

It also displays the dates of visits on a calendar heatmap, with analysis for procedures and diagnosis.

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It also allows you to navigate to the claim group of any claims displayed to view the exact claims with the same claim number, which helps grouping the claims with the same claim number to be able to track any updates send on that payment at a later date.

Claim Number: 014026901

Claim Summary

Claim Group Number	Primary Payer	Charged Amount	Subscriber Id	Relationship	First Name	Last Name	Gender	Address	State	City	ZipCode	PrincipalProcedure	OtherProcedure
[redacted]	TRICARE SOUTH REGION	$6,058.81	[redacted]	Self	[redacted]	[redacted]	F	[redacted] CT	TX	IRVING	[redacted]		83704,83525,82248,83721,83036,84478,83090,83718,83695,84443,840

Procedure Qualifier	Procedure Code	Revenue Code	Amount	Quantity	Mean Amount	Minimum Amount	Maximum Amount
			Σ $6,058.81		Σ $6,065.43	Σ $5,875.25	Σ $7,561.19
HC : FIBRIN DEGRADATION PRODUCTS, D-DIMER; QUANTITATIVE	85379	0305	$130.00	1	$130.00	$130.00	$130.00
HC : Found No Description	81291	0310	$1,070.00	1	$1,070.00	$1,070.00	$1,070.00
HC : Found No Description	81401	0310	$925.56	1	$925.56	$925.56	$925.56
HC : Found No Description	83704	0301	$686.00	1	$686.00	$686.00	$686.00
HC : NATRIURETIC PEPTIDE	83880	0301	$474.30	1	$474.64	$350.70	$1,422.90
HC : APOLIPOPROTEIN, EACH	82172	0301	$303.10	2	$303.10	$303.10	$303.10

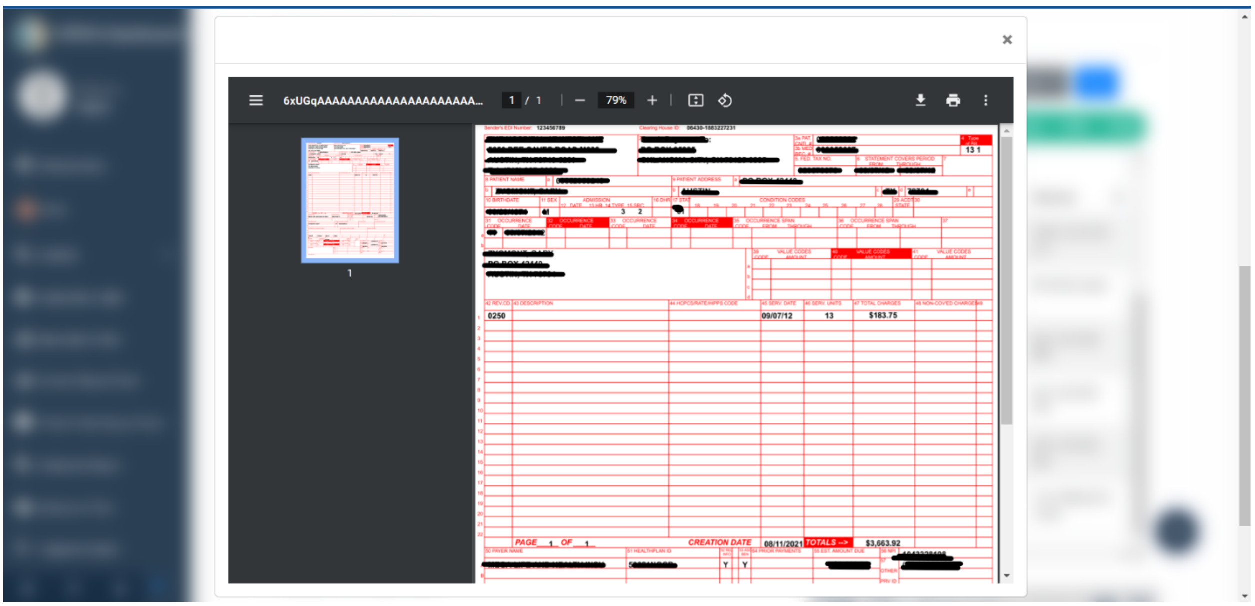
It also allows you to override the system claim engine reduction logic to recalculating with relevant claims and omit other claims in case they were updates or removed.

Claim Records

Re-Calculate

	Claim Id	EDI File Name	Transaction Date	Receive Date	Claim Type	Claim Frequency	Place Of Service	Service Date From	Service Date To	Admission Date	Medical Record Number	Payer Name	Payer Responsibility	Charged Amount	Subscriber Id	Patient Relationship Code	Patient FirstName	Patient LastName	Remark
☐	28986	[redacted]	8/12/2021	9/5/2021	I	1	14	1/25/2018 12:00:00 AM	1/25/2018 12:00:00 AM		[redacted]	TRICARE SOUTH REGION	Primary	$6,088.66	[redacted]	18	[redacted]		
☑	28987	[redacted]	8/12/2021	9/5/2021	I	7	14	1/25/2018 12:00:00 AM	1/25/2018 12:00:00 AM		[redacted]	TRICARE SOUTH REGION	Primary	$6,058.81	[redacted]	18	[redacted]		
☐	28988	[redacted]	8/12/2021	9/5/2021	I	1	14	1/25/2018 12:00:00 AM	1/25/2018 12:00:00 AM		[redacted]	TRICARE SOUTH REGION	Primary	$6,058.81	[redacted]	18	[redacted]		

And by clicking on any Claim ID, it will print a form with that claim record like so



The lookup lists can also be quickly found by the floating plus sign in the bottom right corner of most pages

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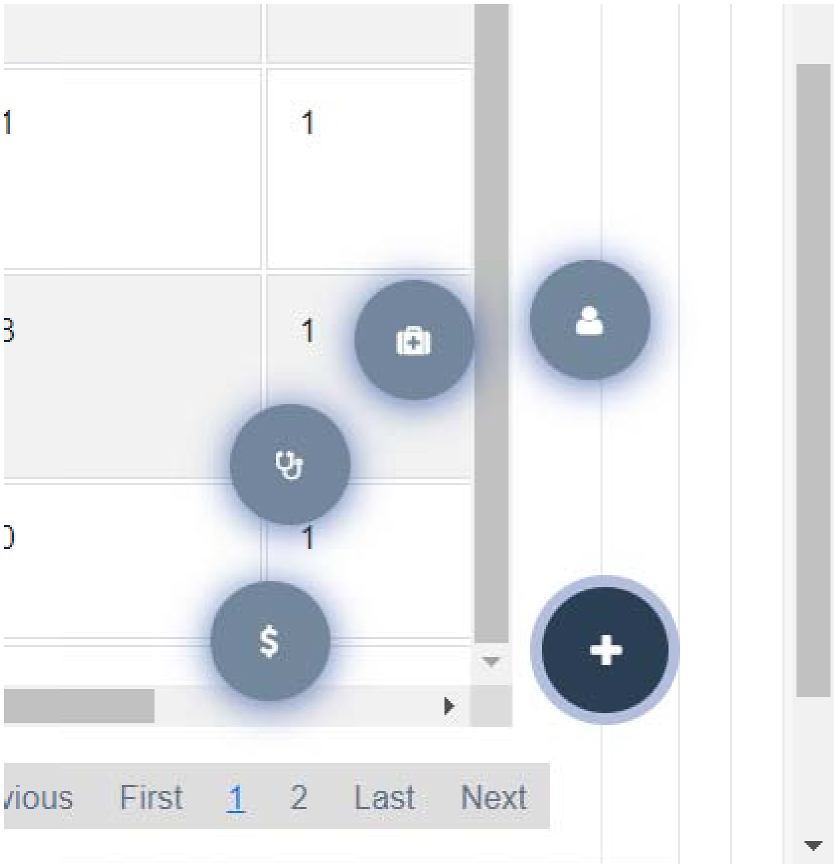

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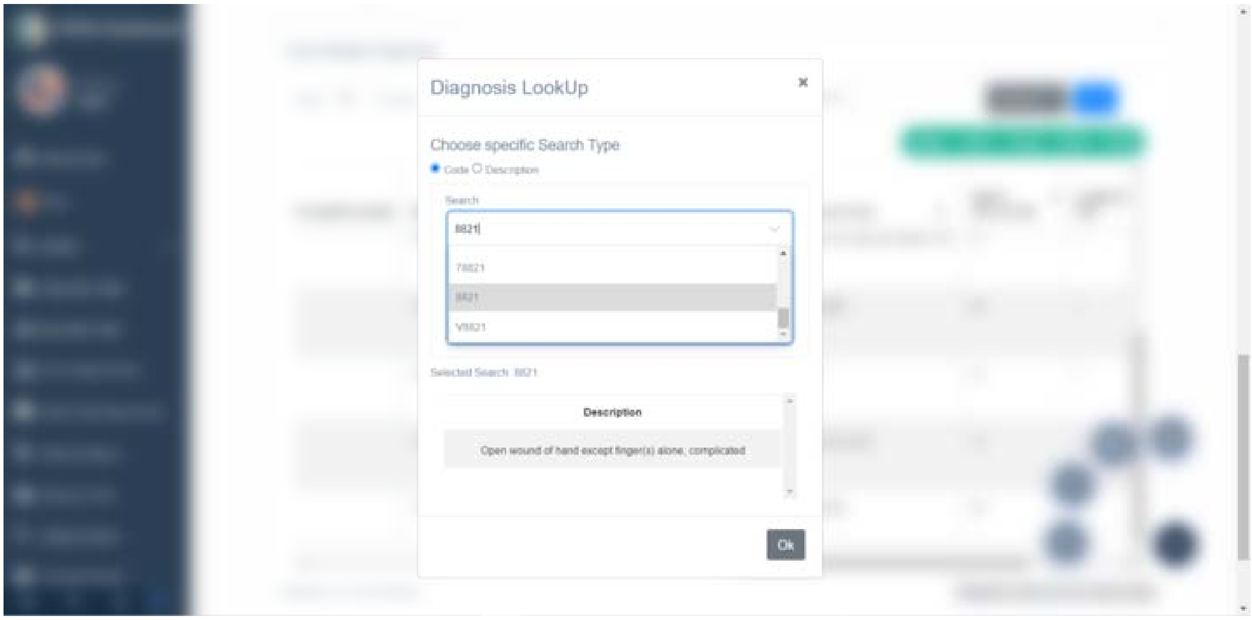
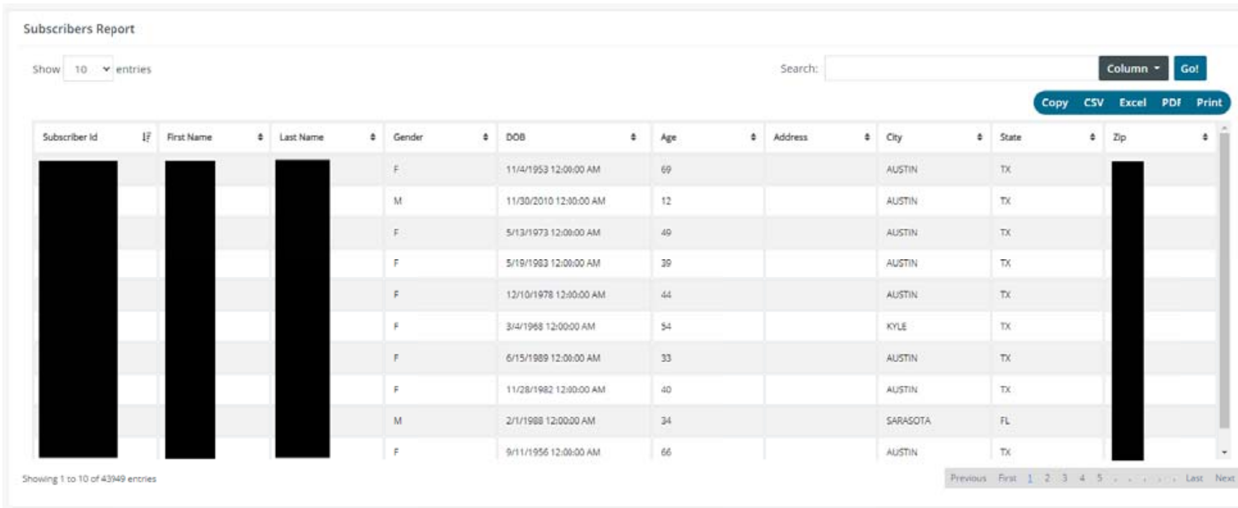


3. Subscribers Table

The subscriber's table is the main view for the subscribers, it allows you to search the subscribers, sort and filter them to extract any required reports to finding insights, clicking on any of the subscribers' ids in there will navigate to that particular patient's history to investigate them even further.



Subscribers Report

Show 10 entries | Search: | Column | Go!

Copy CSV Excel PDF Print

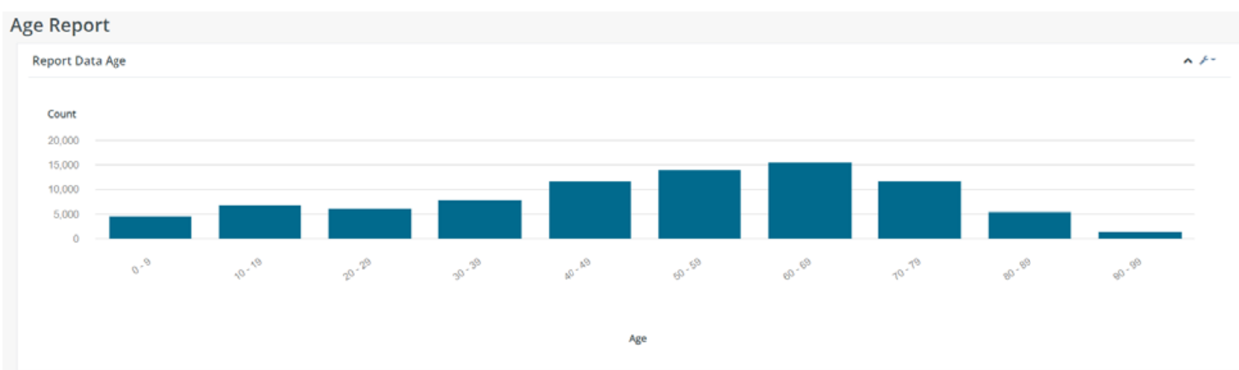
Subscriber Id	First Name	Last Name	Gender	DOB	Age	Address	City	State	Zip
[redacted]	[redacted]	[redacted]	F	11/4/1953 12:00:00 AM	69		AUSTIN	TX	[redacted]
			M	11/30/2010 12:00:00 AM	12		AUSTIN	TX	
			F	5/13/1973 12:00:00 AM	49		AUSTIN	TX	
			F	5/19/1983 12:00:00 AM	39		AUSTIN	TX	
			F	12/10/1978 12:00:00 AM	44		AUSTIN	TX	
			F	3/4/1968 12:00:00 AM	54		KYLE	TX	
			F	6/15/1989 12:00:00 AM	33		AUSTIN	TX	
			F	11/28/1982 12:00:00 AM	40		AUSTIN	TX	
			M	2/1/1988 12:00:00 AM	34		SARASOTA	FL	
			F	9/11/1956 12:00:00 AM	66		AUSTIN	TX	

Showing 1 to 10 of 43949 entries

Previous First 1 2 3 4 5 Last Next

4. Age Report Chart

The age report chart is a breakdown chart for all the patients in the system by age.



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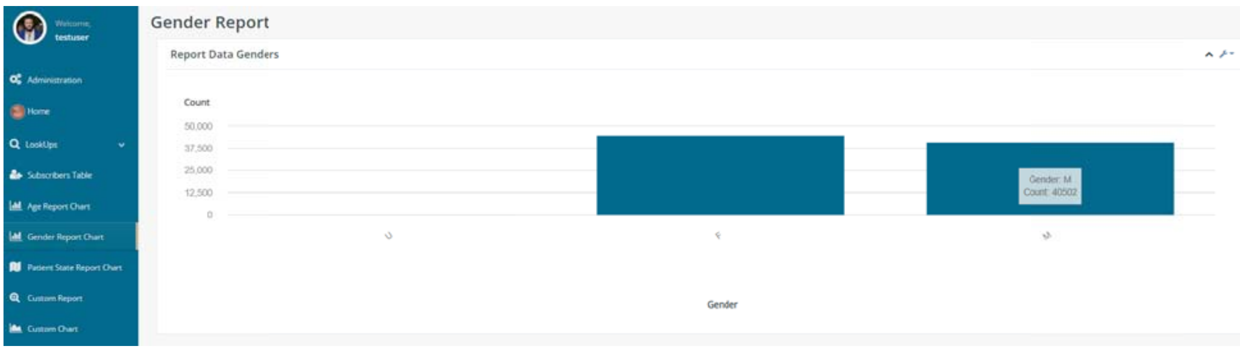
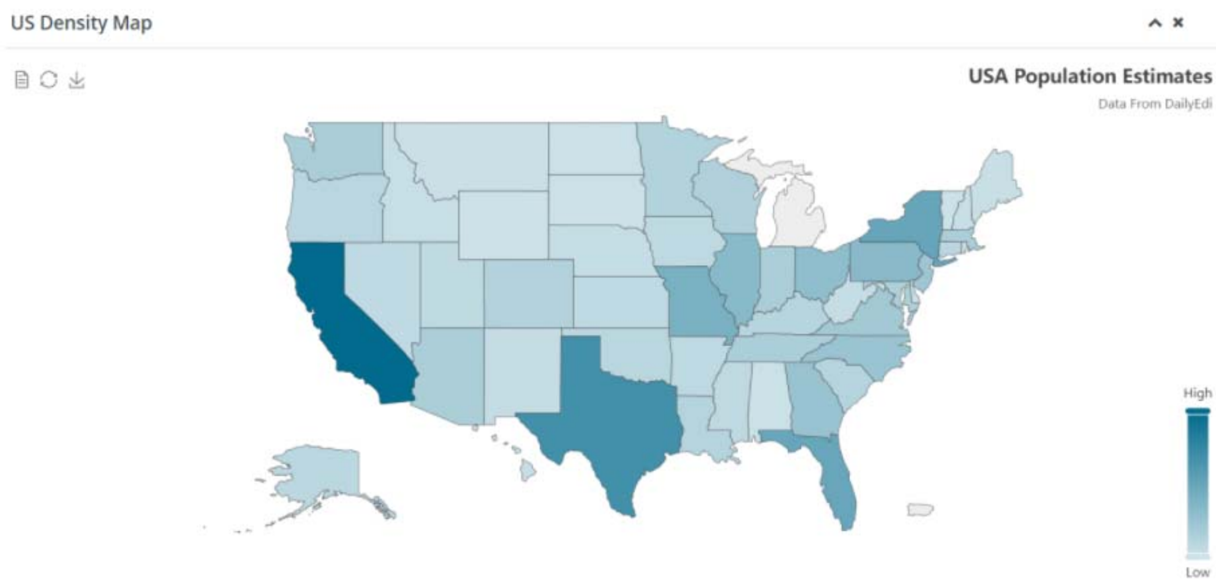
5. Gender Report Chart

The gender report chart is a breakdown chart for all the patients in the system by gender.



6. Patient State Report Chart

The Patient state report chart is a visual breakdown of all the patient's system wide by a US Density map for states.



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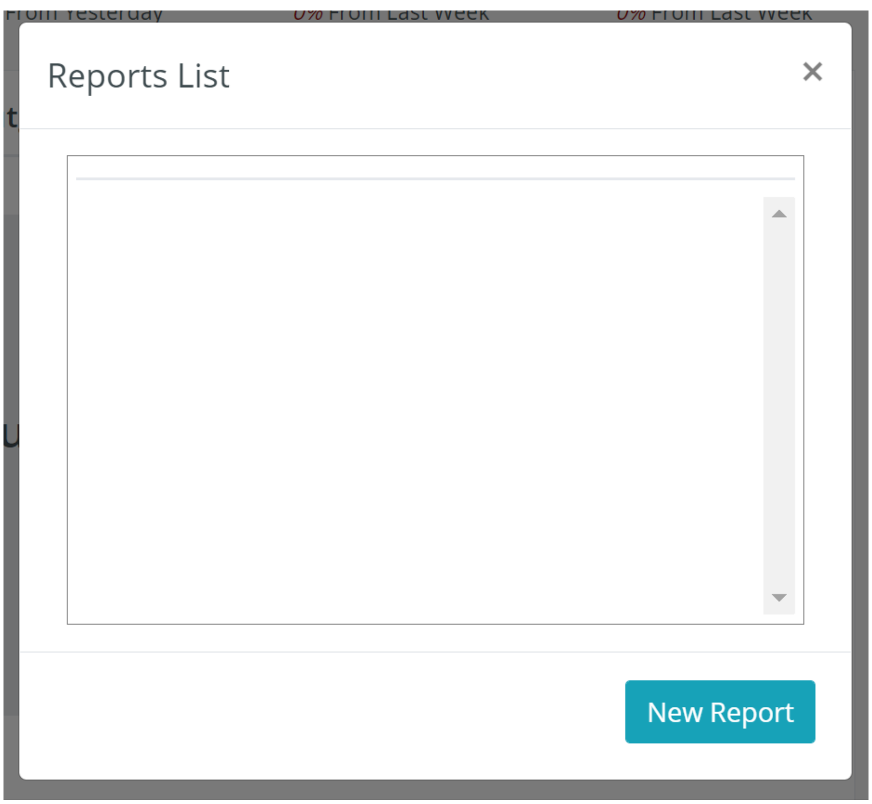
7. Custom Reports

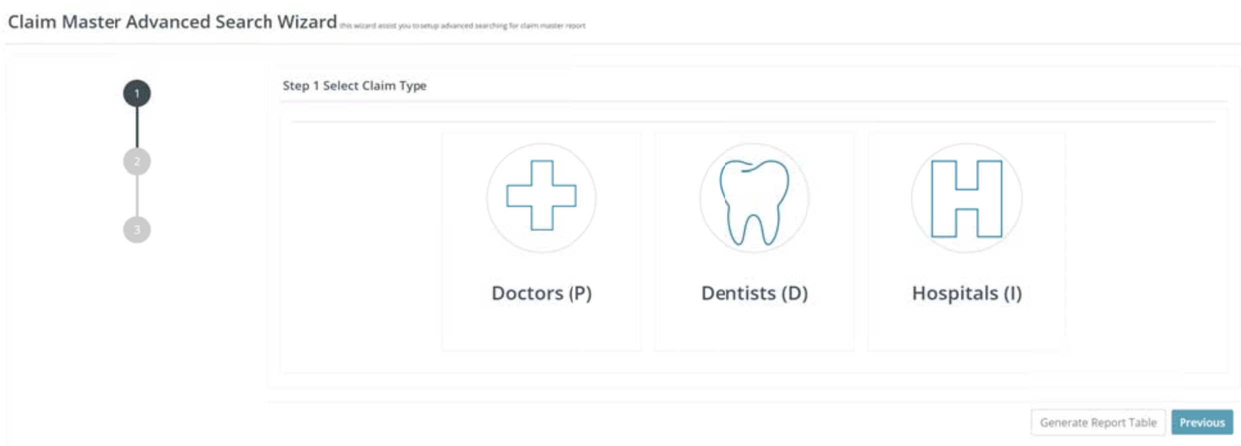
Custom reports is one of the most advanced features in the dashboard that helps you to customize a report that serves your need with plenty of filters to choose from; and because those reports might be expensive (takes time) to generate, we cache their results to be able to view them at a later time without recalculating them.

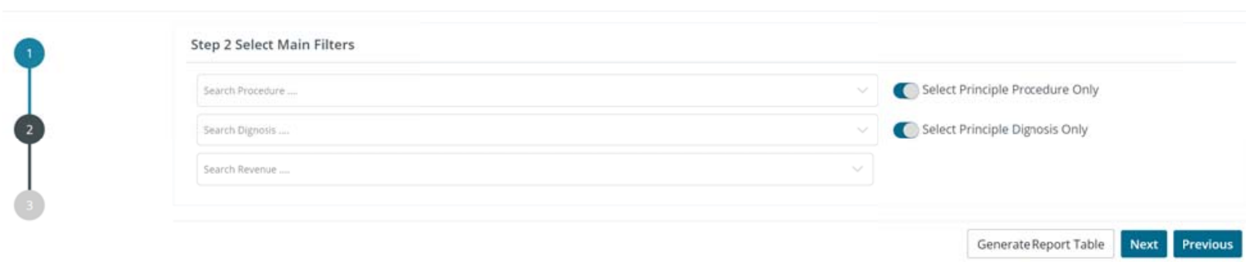
Saved reports will be listed in the report list, to create a new report simply click on new report.



While creating a new report the wizard will guide you through a logical filtration sequence;

which starts the claim type, then procedures, diagnosis and revenue; and ending with





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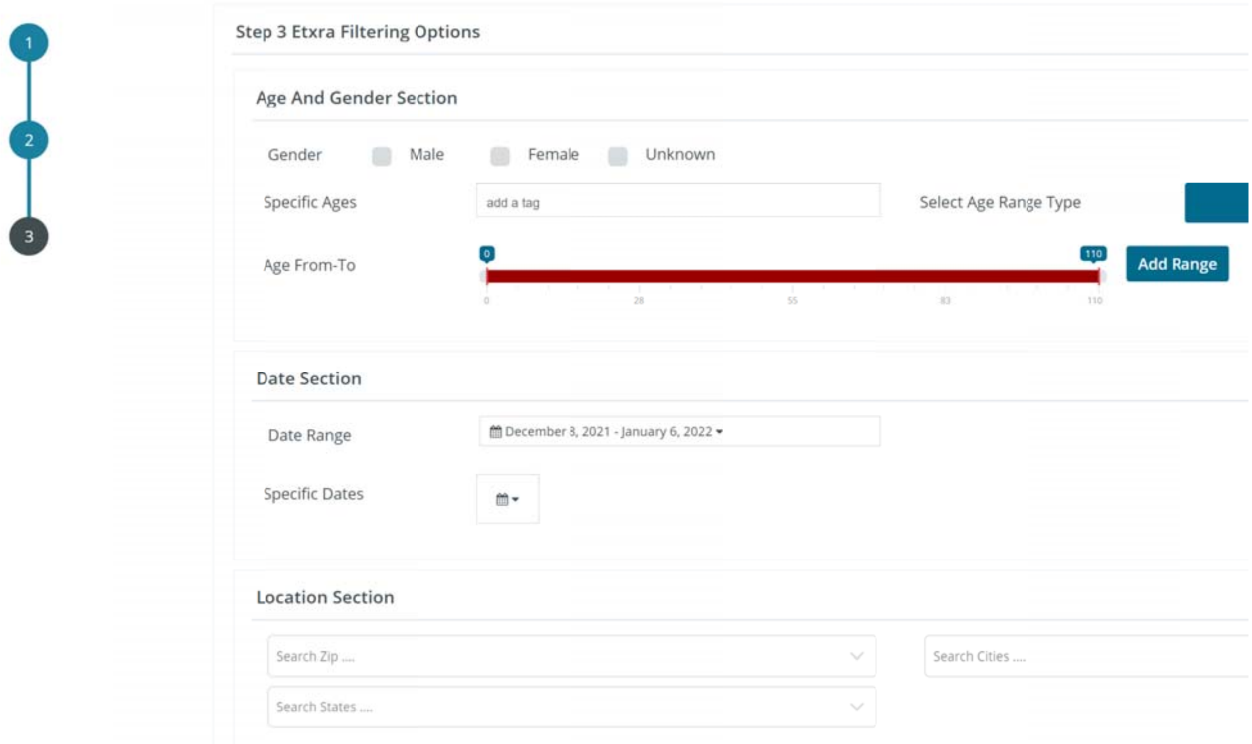
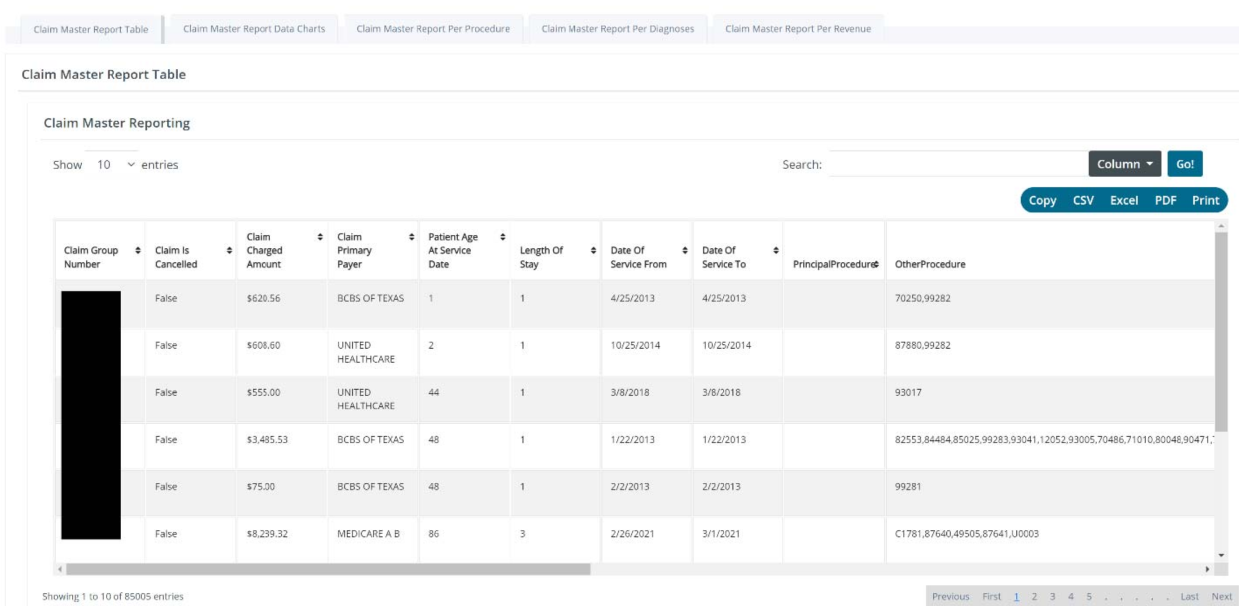


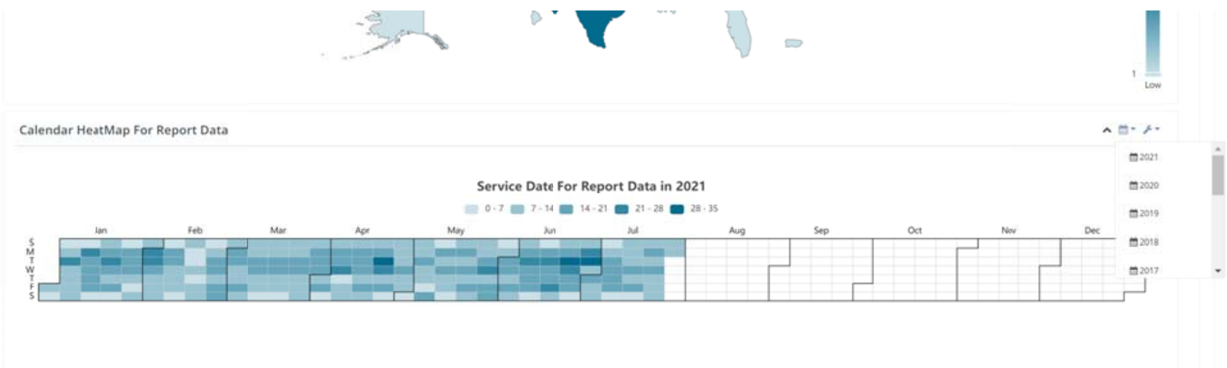
Those filters are optional, the only one required is the claim type.



Claim Group Number	Claim Is Cancelled	Claim Charged Amount	Claim Primary Payer	Patient Age At Service Date	Length Of Stay	Date Of Service From	Date Of Service To	PrincipalProcedure	OtherProcedure
[redacted]	False	$620.56	BCBS OF TEXAS	1	1	4/25/2013	4/25/2013		70250,99282
	False	$608.60	UNITED HEALTHCARE	2	1	10/25/2014	10/25/2014		87880,99282
	False	$555.00	UNITED HEALTHCARE	44	1	3/8/2018	3/8/2018		93017
	False	$3,485.53	BCBS OF TEXAS	48	1	1/22/2013	1/22/2013		82553,84484,85025,99283,93041,12052,93005,70486,71010,80048,90471,
	False	$75.00	BCBS OF TEXAS	48	1	2/2/2013	2/2/2013		99281
	False	$8,239.32	MEDICARE A B	86	3	2/26/2021	3/1/2021		C1781,87640,49505,87641,U0003

All the relevant information is stored in 5 tabs, first for the claims, second for the charts, third, fourth and fifth are for the per procedure statistics, per diagnoses and per revenue in that order respectively.

Apart from that, you will find useful links that will navigate to different pages, ex. Claim groups to the claim group pages for that particular ID, Claim ID to print that claim form, and/or patient ID to navigate to this patient's history.



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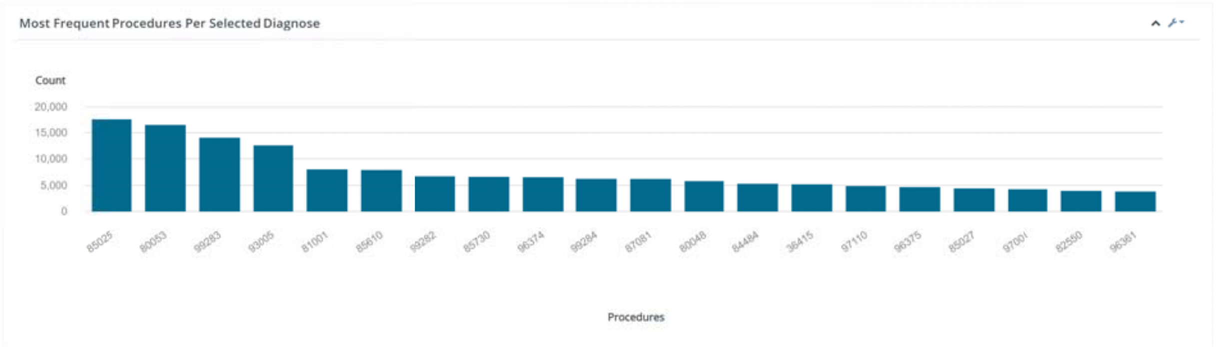
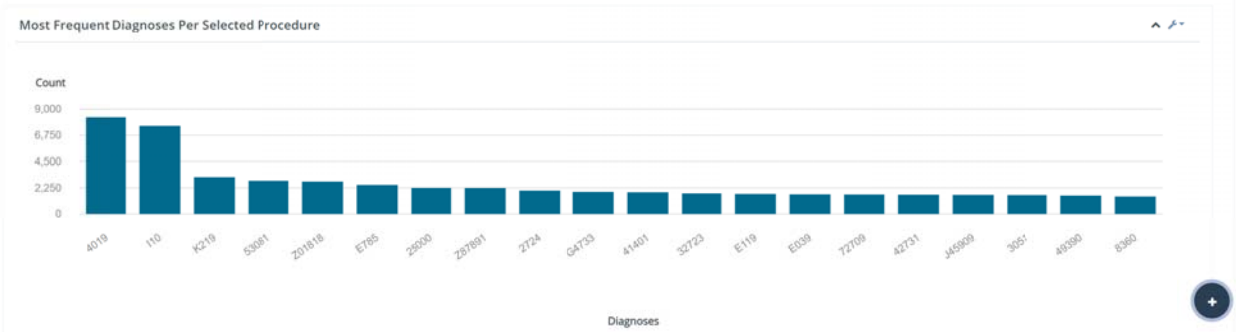
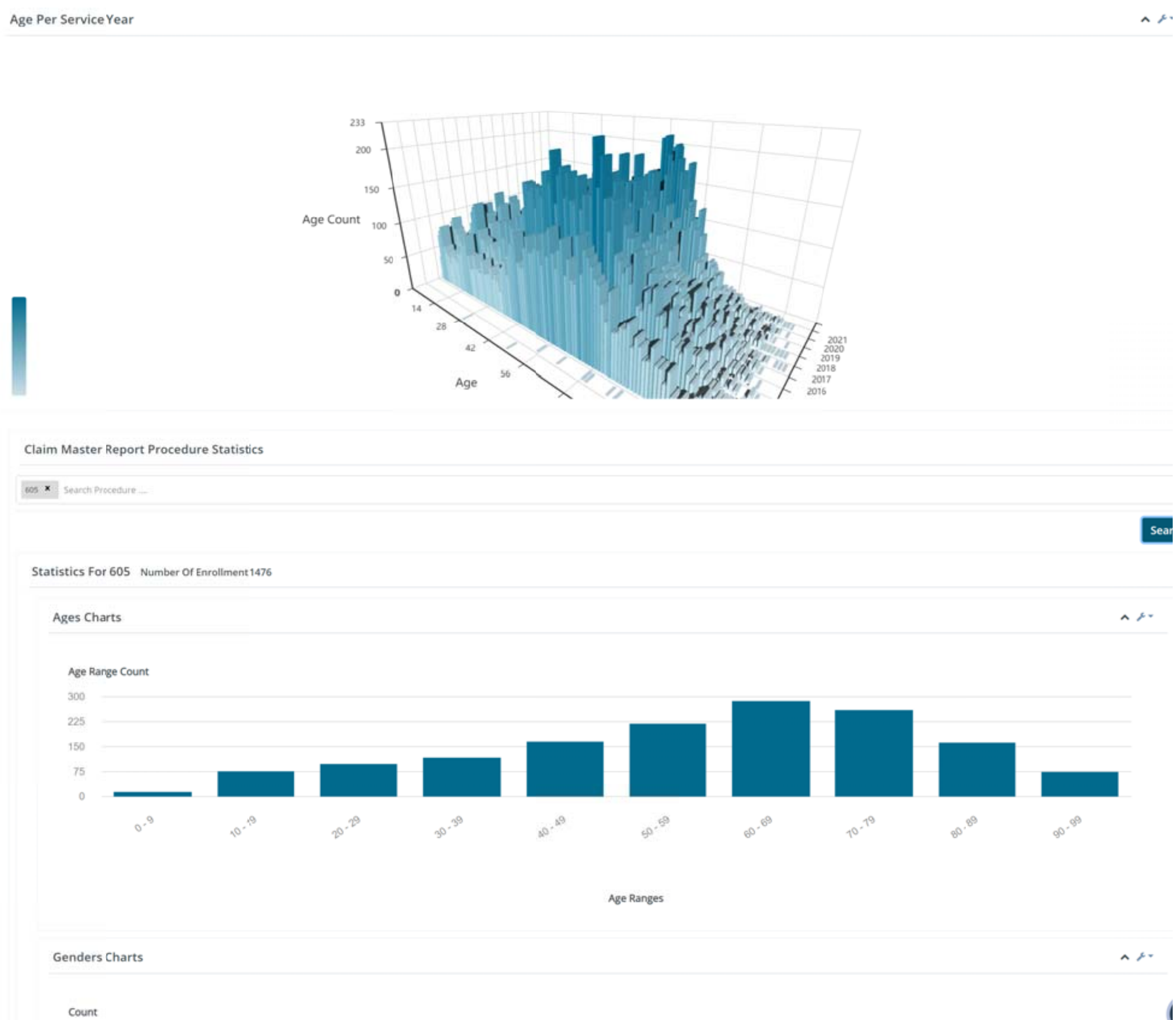
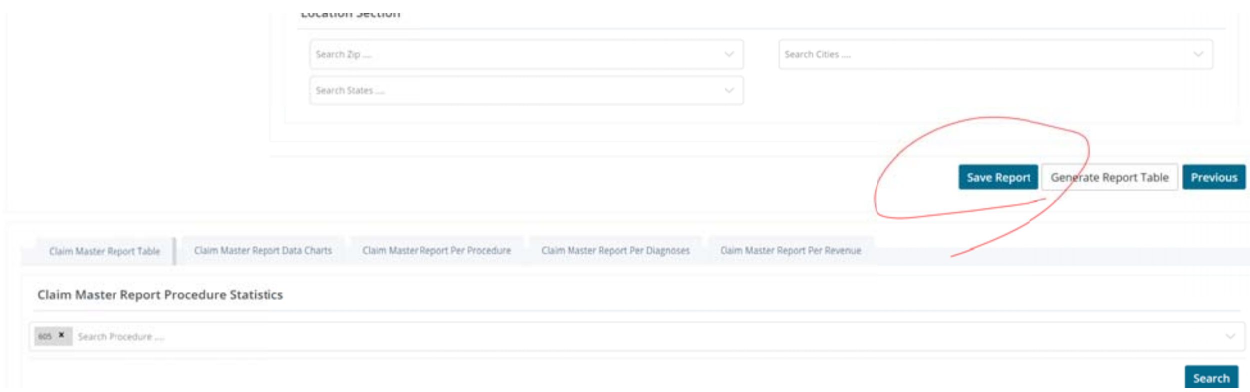

Most Frequent Procedures Per Selected Diagnose
Count
20,000
15,000
10,000
5,000
0
85025
80053
99283
93005
81001
85610
99282
85730
96374
99284
87081
80048
84484
36415
97110
96375
85027
97001
82550
96361
Procedures

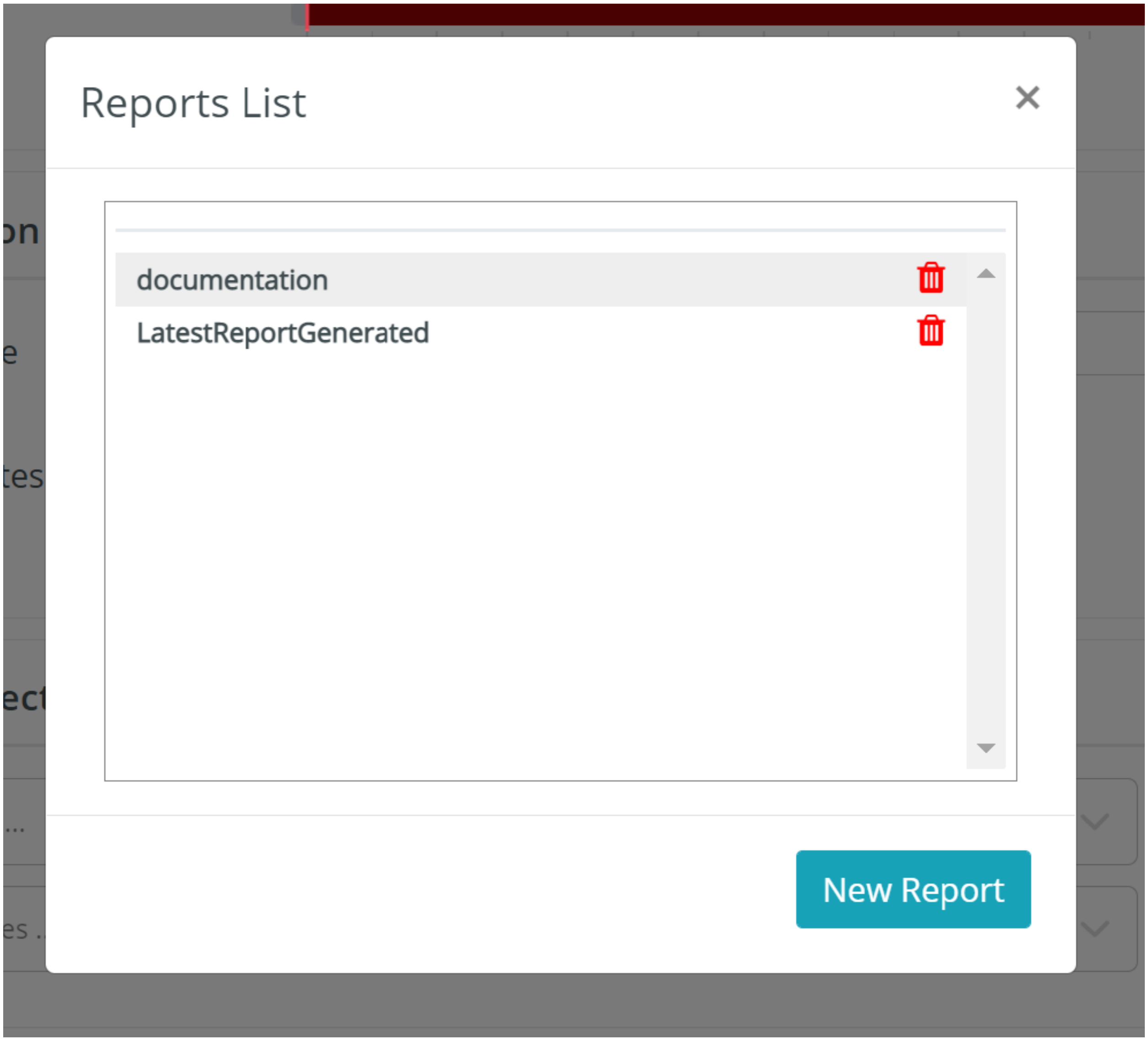

Most Frequent Diagnoses Per Selected Procedure
Count
9,000
6,750
4,500
2,250
0
4019
I10
K219
53081
Z01818
E785
25000
Z87891
2724
G4733
41401
32723
E119
E039
72709
42731
J45909
3051
49390
8360
Diagnoses



If you're happy with the results, you may save that report to be able to open it later on from.



And opening it by double clicking it, also note that the latest report will always be saved.



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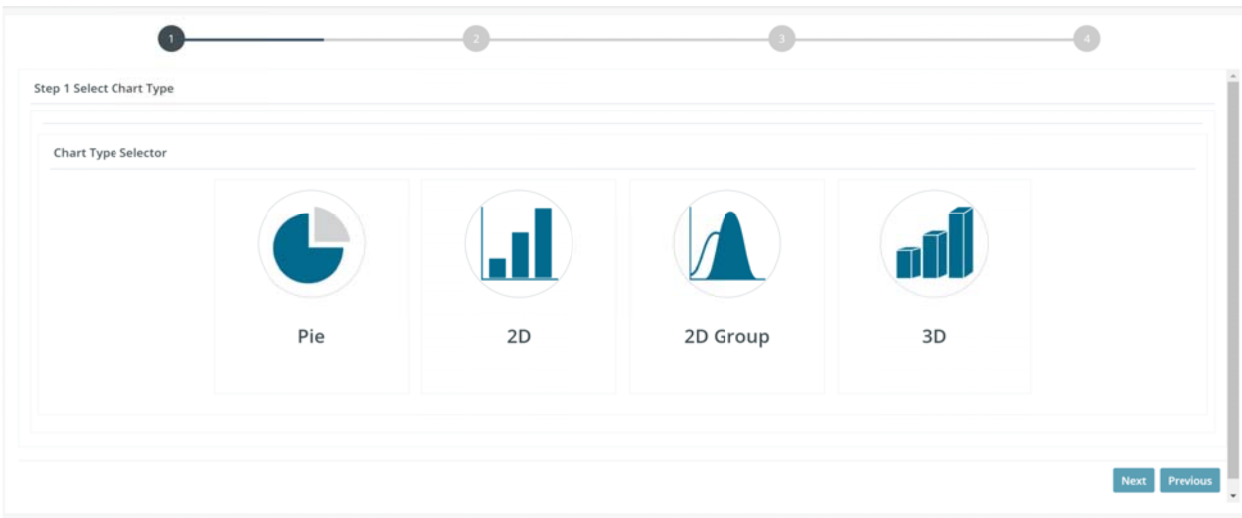
8. Custom Charts

Custom charts is a powerful tool that allows you to create a custom statistical charts by only selecting the relevant columns and/or their relations, this is an advanced feature with a learning curve, feel free to play with it until you've some experience.



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9. Diagnose Report & Procedure Report

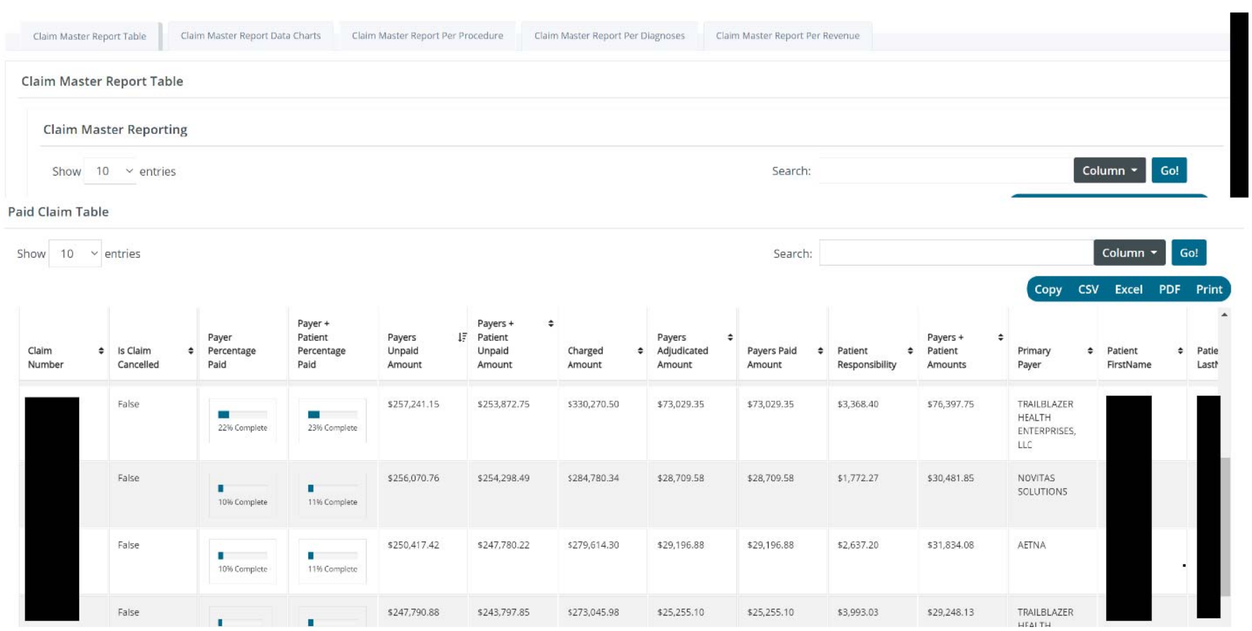
To avoid repetition, the diagnoses and procedures reports are the same as the normal custom reports except it only focuses on the diagnoses and procedures.

It is recommended to use those when appropriate to avoid unnecessary recalculations that might take long with millions of claims on the system.

Part V: (Claim Payment Master Dashboard)

1. Paid Claim Tracker

The paid claim tracker is a UI that display the sums for all the backend calculations done on the claims and their payments to be able to summarize all the payments together taking into consideration the claim status and claim frequency codes from all the payers.



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Paid Claim Accumulator:

Aim: accumulate all Paid Claim records having the same Claim Number, to be able to calculate the following: Total claim charge amount, Payer charged amount after calculating all adjudication, Total patient responsibility, Payer pending charged amount after adjudication, Payer pending amount.

- Total claim charge amount:

  which is the total sum of all paid claim records charged amount.

- Payer charged amount after calculating all adjudication:

  which is the subtraction of (Total claim charge amount) from (Sum of claim adjudication amount) + (Sum of claim line adjudication amount) + (Sum of patient responsibility from adjudication records having AdjustmentGroup = 'PR')

  This field must be equal to the total sum of payer paid amount.

- Total patient responsibility:

  Which is the sum of (Sum of PR claim adjudication amount) and (Sum of PR claim line adjudication amount)

- <u>Payer pending charged amount after adjudication</u>:

  Which is (Total claim charge amount) - (Total claim adjudicated amount) + (Total payer paid amount + Total patient responsibility)

  This field must be equal to zero, else there is issue with the payment records

- <u>Payer pending amount:</u>

  Which is the subtraction of (Total claim charge amount) and (Total payer paid amount)

When clicking on any of the claim numbers, you will find the paid claim details, which starts with the paid claim summary

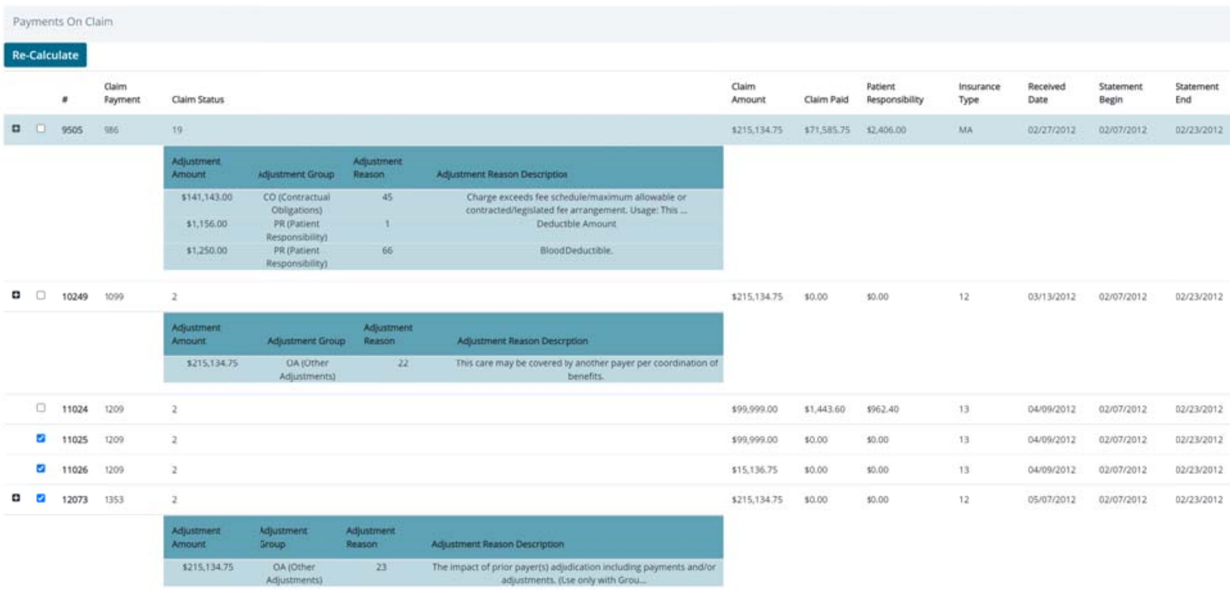
Claim Number: [redacted]

Paid Claim Summary

Claim Number	Total Payers Unpaid Amount	Total Payers + Patient Unpaid Amount	Total Charged Amount	Total Payers Adjudicated Amount	Total Payers Paid Amount	Total Patient Responsibility	Payers + Patient Amounts
[redacted]	$257,241.15	$253,872.75	$330,270.50	$73,029.35	$73,029.35	$3,368.40	$76,397.75

Payer Name	Payer Adjudicated Amount	Payer Paid Amount	Patient Responsibility	Payer + Patient Amounts
AETNA	$1,443.60	$1,443.60	$962.40	$2,406.00
BLUECROSS BLUESHIELD OF TEXAS	$0.00	$0.00	$0.00	$0.00
TRAILBLAZER HEALTH ENTERPRISES, LLC	$71,585.75	$71,585.75	$2,406.00	$73,991.75

And then you will find the payments on the claim, some of those payments might be omitted by the system if they were repeated, or if for any valid reason the tracker engine saw that they shouldn't be summed up in the calculations, this behavior can be overridden by the user by simply selecting the desired claim payments or unselecting bad ones then click recalculate.



Payments On Claim

Re-Calculate

#	Claim Payment	Claim Status	Claim Amount	Claim Paid	Patient Responsibility	Insurance Type	Received Date	Statement Begin	Statement End
9505	986	19	$215,134.75	$71,585.75	$2,406.00	MA	02/27/2012	02/07/2012	02/23/2012

Adjustment Amount	Adjustment Group	Adjustment Reason	Adjustment Reason Description
$141,143.00	CO (Contractual Obligations)	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This ...
$1,156.00	PR (Patient Responsibility)	1	Deductible Amount
$1,250.00	PR (Patient Responsibility)	66	BloodDeductible.

#	Claim Payment	Claim Status	Claim Amount	Claim Paid	Patient Responsibility	Insurance Type	Received Date	Statement Begin	Statement End
10249	1099	2	$215,134.75	$0.00	$0.00	12	03/13/2012	02/07/2012	02/23/2012

Adjustment Amount	Adjustment Group	Adjustment Reason	Adjustment Reason Descrption
$215,134.75	OA (Other Adjustments)	22	This care may be covered by another payer per coordination of benefits.

#	Claim Payment	Claim Status	Claim Amount	Claim Paid	Patient Responsibility	Insurance Type	Received Date	Statement Begin	Statement End
11024	1209	2	$99,999.00	$1,443.60	$962.40	13	04/09/2012	02/07/2012	02/23/2012
11025	1209	2	$99,999.00	$0.00	$0.00	13	04/09/2012	02/07/2012	02/23/2012
11026	1209	2	$15,136.75	$0.00	$0.00	13	04/09/2012	02/07/2012	02/23/2012
12073	1353	2	$215,134.75	$0.00	$0.00	12	05/07/2012	02/07/2012	02/23/2012

Adjustment Amount	Adjustment Group	Adjustment Reason	Adjustment Reason Description
$215,134.75	OA (Other Adjustments)	23	The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Grou...

Expanding the payments nodes will show any adjudication on the payment level (not on the details/line level, those will follow in the next table) with explanation of the adjustment reason along with its description.

After that comes the transaction details, you can click on any payment to show its transaction details and it's paid lines details as well, any adjudications on the transaction or the paid lines will be attached like seen before.

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Payment Transaction Details

#	Trading Partner Id	EDI File Name	File Date	Load Date	Payment Amount	Debit Credit	PaymentMethod	Payment Format	Sending Bank Number
986	04001	[redacted]	3/10/2012	9/2/2021	$151,841.29	C	ACH	CCP	[redacted]

Adjustment Amount	Adjustment Identifier	Adjustment Reason	Adjustment Reason Description
-$64.21	[redacted]	FB	Forwarding Balance

Claim Line Payments

#	Procedure Code	Description	Charged Amount	Paid Amount	Units Paid
64566	0110	NU : Room-Board /PVT	$8,760.00	$8,760.00	8.00
64567	0110	NU : Room-Board /PVT	$7,475.00	$7,475.00	5.00
64568	0200	NU : Intensive Care Unit	$5,985.00	$5,985.00	3.00
64569	0250	NU : Pharmacy	$133,795.00	$133,795.00	1670.00
64570	0270	NU : Medical/Surgical Supplies	$6,992.26	$6,992.26	251.00
64571	0278	NU : Medical/Surgical Supplies: Other implants	$11,699.40	$11,699.40	18.00
64572	0301	NU : Laboratory - Clinical Diagnostic: Chemistry	$6,065.18	$6,065.18	29.00

Claim Line Payments

#	Procedure Code	Description	Charged Amount	Paid Amount	Units Paid
75074	0110	NU : Room-Board /PVT	$8,760.00	$1,443.60	8.00

Adjustment Amount	Adjustment Group	Adjustment Reason	Adjustment Reason Description
-$91,239.00	CO (Contractual Obligations)	94	Processed in Excess of charges.
$97,593.00	OA (Other Adjustments)	23	The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Grou...
$962.40	PR (Patient Responsibility)	2	Coinsurance Amount

#	Procedure Code	Description	Charged Amount	Paid Amount	Units Paid
75075	0110	NU : Room-Board /PVT	$7,475.00	$0.0(	5.00

Adjustment Amount	Adjustment Group	Adjustment Reason	Adjustment Reason Description
$7,475.00	CO (Contractual Obligations)	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This ...

#	Procedure Code	Description	Charged Amount	Paid Amount	Units Paid
75076	0200	NU : Intensive Care Unit	$5,985.00	$0.0(	3.00

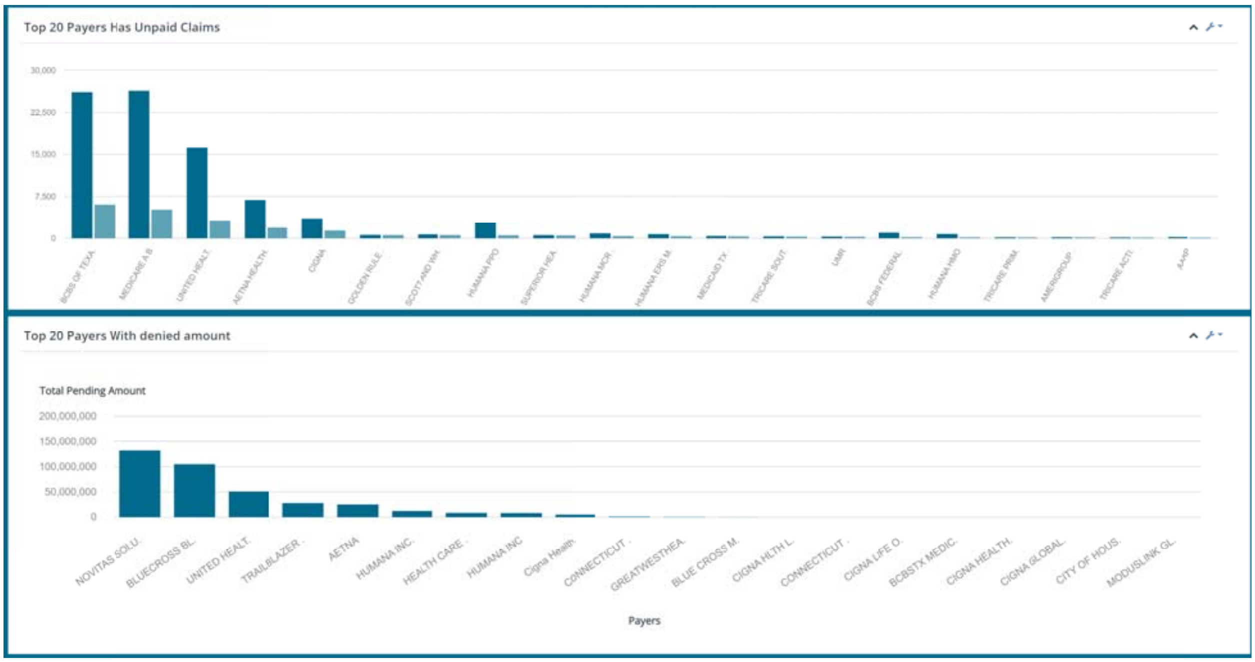
Adjustment Amount	Adjustment Group	Adjustment Reason	Adjustment Reason Description
$5,985.00	CO (Contractual Obligations)	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This ...

#	Procedure Code	Description	Charged Amount	Paid Amount	Units Paid
75077	0240	NU : All inclusive Ancillary	$77,779.00	$0.0(	1.00

Adjustment Amount	Adjustment Group	Adjustment Reason	Adjustment Reason Description
$77,779.00	CO (Contractual Obligations)	45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This ...

2. Paid Claim Statistics

Paid claim statistics is a statistical analysis for the payments, payers, etc. across all your payments.



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3. Unpaid Claims Aging Report

Aging claims report is a report for the unpaid claims broken down by the payers and by time intervals to let you know who owes money on unpaid claims and the age of that debit over different intervals which allows you to set your priorities.

Unpaid Claims Aging Report

Aging Report

Show 10 entries Search: Column Go!

Copy CSV Excel PDF Print

PayerName	Total Unpaid Claims Amount	Total Number of Unpaid Claims	From 0 To 30 Days	From 0 To 30 Days Claim Count	From 31 To 60 Days	From 31 To 60 Days Claim Count	From 61 To 90 Days	From 61 To 90 Days Claim Count	From 91 To 120 Days	From 91 To 120 Days Claim Count	More than 120 Days	More than 120 Days Claim Count
BCBS OF TEXAS	$70,954,260.95	5958	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$70,954,260.95	5958
MEDICARE A B	$57,216,661.90	5197	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$57,216,661.90	5197
UNITED HEALTHCARE	$32,888,693.89	3129	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$32,888,693.89	3129
AETNA HEALTH PLANS	$18,249,132.52	1896	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$18,249,132.52	1896
CIGNA	$12,112,797.16	1413	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$12,112,797.16	1413
SCOTT AND WHITE HMO	$9,403,742.81	573	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$9,403,742.81	573
HUMANA PPO	$4,745,105.20	544	$0.00	0	$0.00	0	$0.00	0	$0.00	0	$4,745,105.20	544

Showing 1 to 10 of 634 entries

Previous First 1 2 3 4 5 . . . . . . Last Next

At this point you're able to click on any claim interval for any payer to get the unpaid claims for that interval so you would be able to report those exact unpaid claims.

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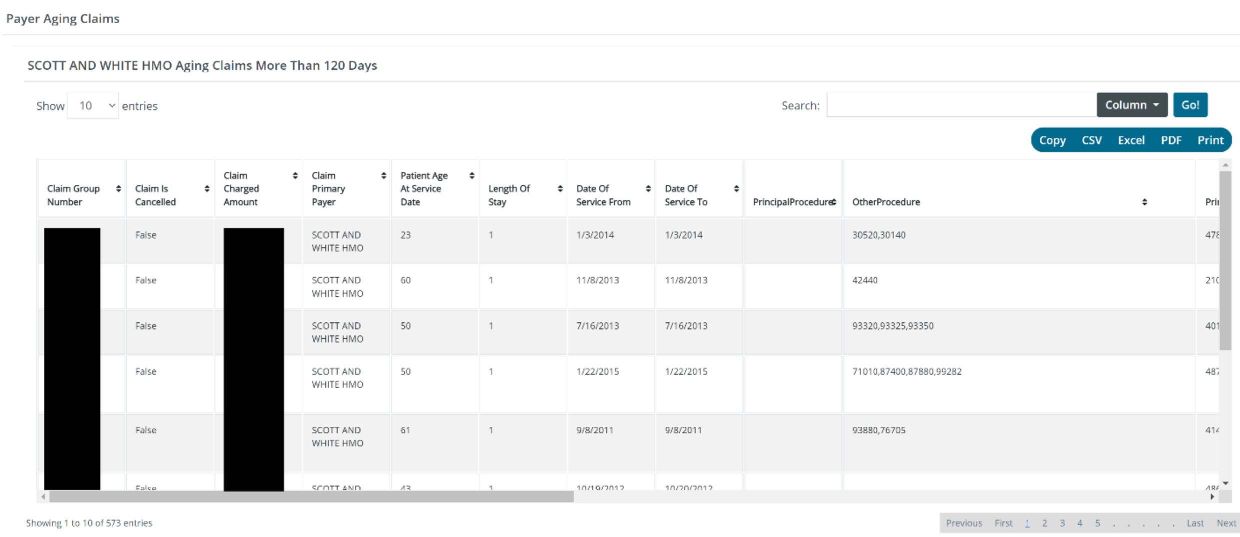

Payer Aging Claims

SCOTT AND WHITE HMO Aging Claims More Than 120 Days

Show 10 entries

Search: Column Go!

Copy CSV Excel PDF Print

Claim Group Number	Claim Is Cancelled	Claim Charged Amount	Claim Primary Payer	Patient Age At Service Date	Length Of Stay	Date Of Service From	Date Of Service To	PrincipalProcedure	OtherProcedure	Pri
[redacted]	False	[redacted]	SCOTT AND WHITE HMO	23	1	1/3/2014	1/3/2014		30520,30140	478
[redacted]	False	[redacted]	SCOTT AND WHITE HMO	60	1	11/8/2013	11/8/2013		42440	210
[redacted]	False	[redacted]	SCOTT AND WHITE HMO	50	1	7/16/2013	7/16/2013		93320,93325,93350	401
[redacted]	False	[redacted]	SCOTT AND WHITE HMO	50	1	1/22/2015	1/22/2015		71010,87400,87880,99282	487
[redacted]	False	[redacted]	SCOTT AND WHITE HMO	61	1	9/8/2011	9/8/2011		93880,76705	414
[redacted]	False	[redacted]	SCOTT AND	43	1	10/19/2012	10/20/2012			48

Showing 1 to 10 of 573 entries

Previous First 1 2 3 4 5 . . . . . . Last Next

And of course, at this point you will be able to navigate to individual claim groups and their individual claims filed.

Appendices

A- Resetting the application if something went wrong

If something went wrong while in the setup wizard or if you wish to reset the entire application, you can simply just replace the contents of the appsettings.json file inside the application installation folder to be

```
{
  "ConnectionStrings": {},
  "AllowedHosts": "*"

}
```

Which the next time you access the application will redirect you to the setup wizard once more to reconfigure the application.

B- Claim reduction logic

Claims filed are grouped by a claim number, this is an identification number that we use to claim relevant claims that send after the main claim filing for one reason or the other (updating claim, adding to it, correcting it, or even cancelling it); which for our purpose we need to reduce that claim group into a single claim, here is how it works.

Grouping records with the same Claim Number:

<u>First step of claim reduction process</u> would be removing cancelled claims and neglecting secondary payers if primary payer records exist.

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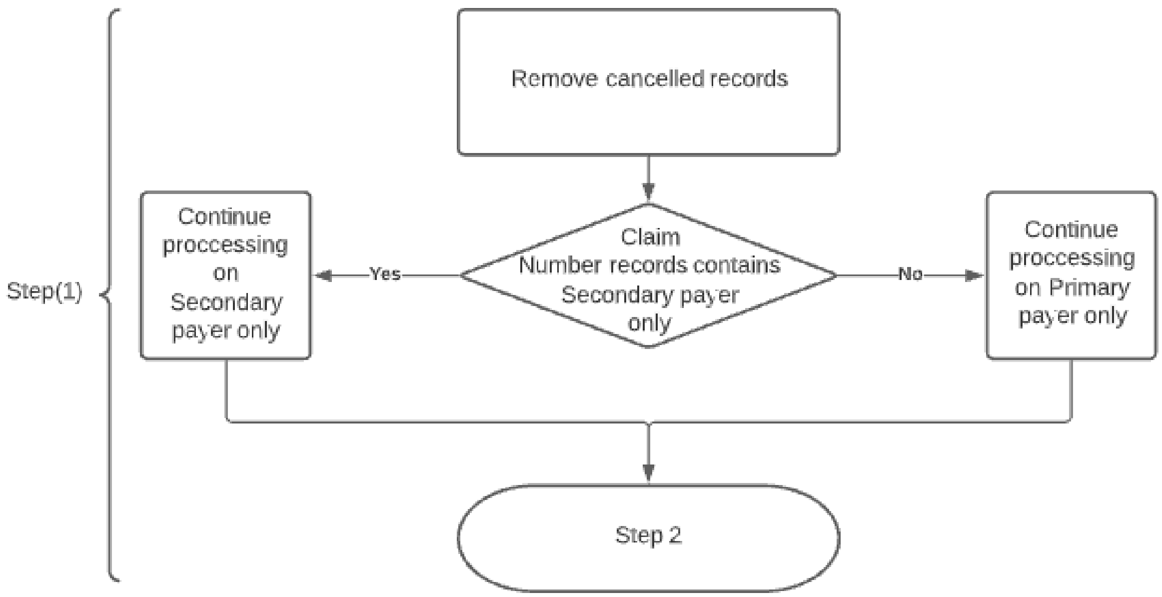
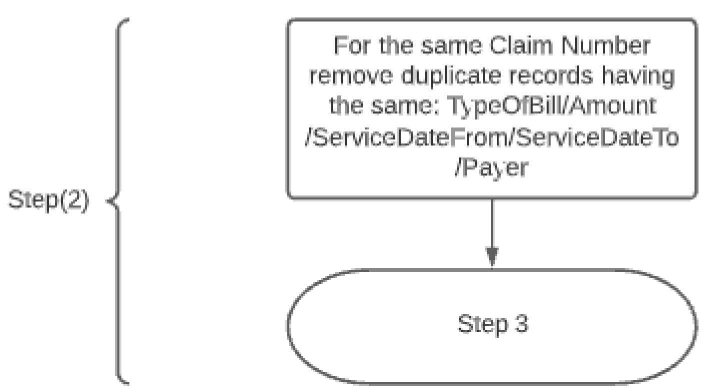


<u>Second step</u>, removing duplicate records identifying them by having the same

Type Of Bill / Amount / Service Date From / Service Date To/ Payer



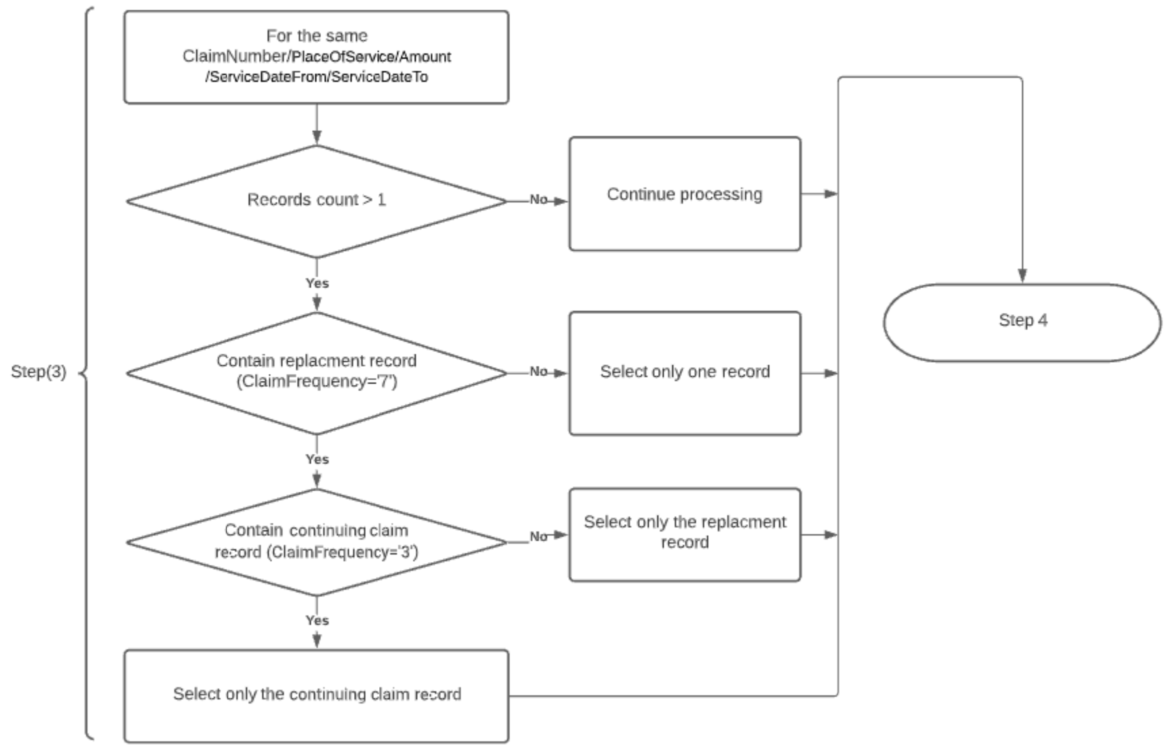
Third step, for the same Place of Service / Amount / Service Date From /Service Date To

If the records contain Claim Frequency

- A- Admit thru discharge claim
- B- Interim - first claim
- C- Interim - continuing claim
- D- Interim - last claim

only, then we would choose one record from them.

If the records contain Claim Frequency (7: Replacement of prior claim), then we would choose the replacement records (if contains replacement records and continuing claim we would choose the continuing claim over the replacement)



At this point we have removed most of unwanted and duplicate records, ending up with unique records with either Place of Service or Claim Frequency / Amount / Service Date.

<u>Fourth step</u>, Last filtration process will be on records having the same Place of Service

/Service Date From / Service Date To

We would be selecting the least amount from the given records (priority of selection would go to replacement record)

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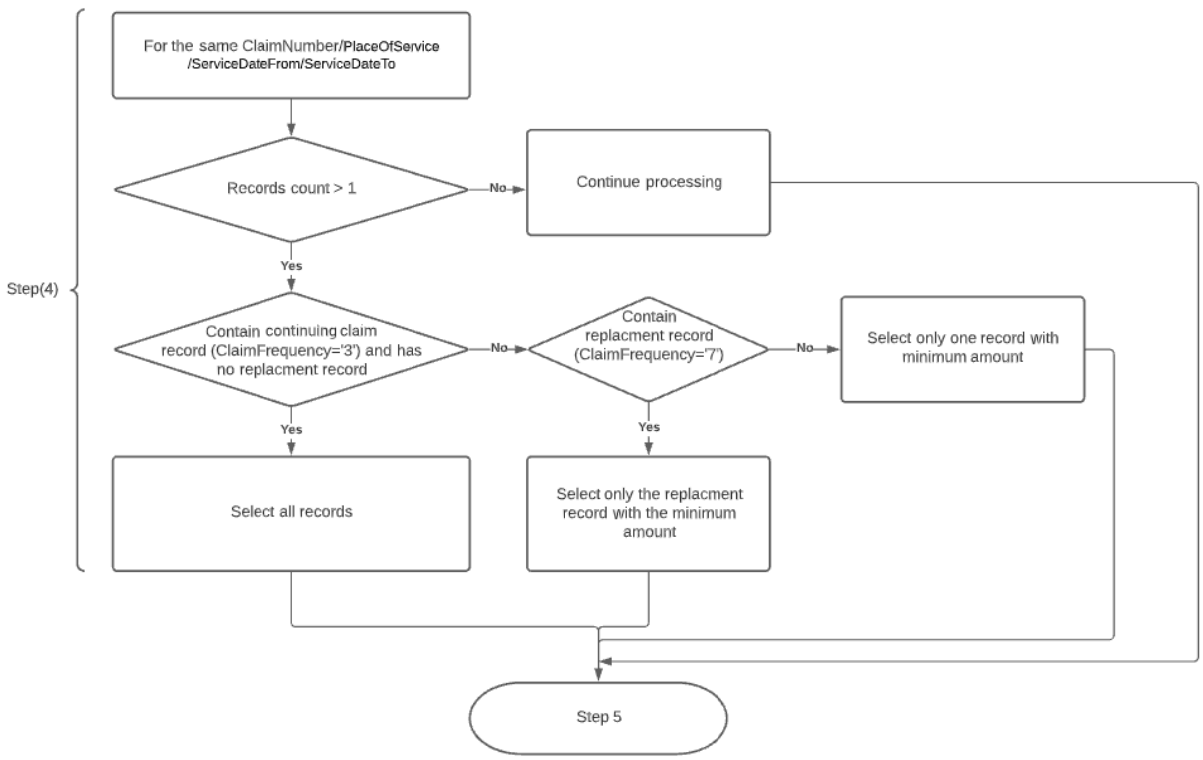
If records are continuing, we would be selecting all records.



Fifth step, last step we will replace every record with its replacement records if exist else we would merge all the remaining records.

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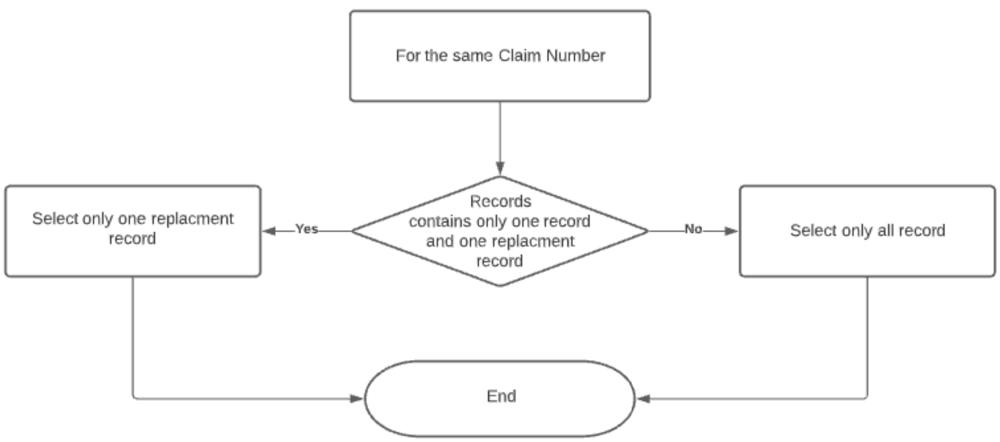
If the Claims Consolidation Engine didn't correctly choose the right claim records for calculation, users could override the claim record selection and re-calculate the claim consolidation through the Claim Details page.

By checking the correct claim records and pressing the recalculate button



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