



Submitting Claims via Holman's Provider Portal

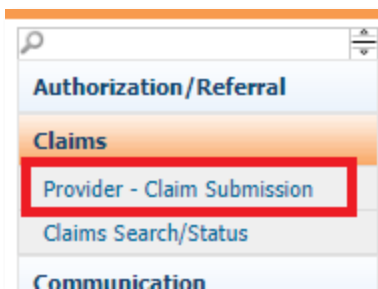
The Holman Group has implemented a Provider Portal for all of our providers to submit claims through. If you submit claims through the portal, you will receive the claim number upon saving the claim.

When a new claim needs to be entered to QuickCap please follow the steps below:

Step 1: Log into the QuickCap portal at: <https://portal.holmangroup.com>. Put in your username and password.

Please note, if you do not have a username and password, you can request an account by clicking on the first-time user icon.

Step 2: Navigate to the **Claims** menu bar and click the **Provider – Claim Submission** submenu.



Step 3: Search for the patient. You must input only the following: **Last Name**, **First Name**, and **DOB** or only the in-system **Member ID** (the latter of which works after you submit a claim using the former information). Once you identify the correct member, click the **CMS1500** icon to begin creating a claim.

Please note, when members display in red font, they may not be currently eligible and will require verification by the Holman Group upon receiving the claim.

Step 4: The Provider information tied to the user will default in the **Select Provider** section. If your access allows, you may be able to see different providers from your organization and select them from the dropdown menu highlighted below.

Claim Submission Back

(Fields marked with the asterisk * are mandatory.)

Company ID: HGTEST Authorization #:

Member Information	Provider Information	Referring Provider Information
ID: 100016812 DOB: 09-01-1990 Health Plan: Las Trampas, Inc Name: TEST MEMBER Sex: M	Provider ID: 555555 <div style="border: 2px solid red; padding: 2px;"> Select Provider: <input type="text" value="DEFAULT PROVIDER"/> </div> Name: DEFAULT PROVIDER Organization: 0000000000 - DEFAULT ORGANIZATION Specialty: Unspecified Specialty Provider Type: IN NETWORK - IN Phone: <input type="text"/> Fax: <input type="text"/>	Referring Provider ID: <input type="text"/> Name: <input type="text"/>

Step 5: Verify or update the **Billing** and **Service Address** Information. The system will populate the information for the billing and service addresses that The Holman Group has on file for your organization. If that data does not match for this claim, you can update the billing and/or service addresses manually in this area.

Billing Address	Service Facility Address	Pay-to-Address
Name: DEFAULT ORGANIZATION Address Line 1: DEFAULT ADDRESS Address Line 2: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/> NPI: <input type="text"/> Tax ID: 000000000	Name: DEFAULT PCP Address Line 1: DEFAULT ADDRESS Address Line 2: <input type="text"/> City: LOS ANGELES State: CA Zip: 99999 NPI: 3670471499 Other ID: <input type="text"/>	<input type="checkbox"/> Same as Billing Address Address Line 1: DEFAULT ADDRESS Address Line 2: <input type="text"/> City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>

Step 6: Update the **Place of Service (POS)** for where the services were rendered.

Claim Details

POS:

Admission Date: Discharge Date:

Step 7: Input a **Diagnosis Code**. You can search by description or code by clicking on the **Magnifying Glass** icon. Once you have selected the **Diagnosis Code**, click the **Add** icon for the codes to be linked to the claim.

Please note, the system allows for multiple diagnosis codes to be added in a claim if needed.

Diagnosis

* Diagnosis Code: (Only distinct diagnosis codes are allowed.)

Diag. Reference	Diag. Code	Diag. Description
No diagnosis codes added.		

Step 8: Input the **Date(s) of Service** and at least one **Service Code**. NDC codes correlate with drugs and will likely be skipped when adding a service. Ensure any **Modifiers** are added to the claim. Then, update the units and billed amount in the section called **Qty – Billed**, as well as any **notes** or **attachments** required. If multiple **Service Codes** need to be entered on the claim, click the **Add** icon to create an additional line.

Services Requested MM-DD-YYYY Selected date will be used as Service From and Service To dates for all service lines. Yellow fields are mandatory.

Service Date-Time	Service Code	NDC Code - Qty- Unit Type	Modifiers	Diag. Ref.	Qty - Billed	Other Insurance	Notes
From: 10-11-2022 00:00 To: 10-11-2022 00:00	99404 PREVENTIVE COU...	11-digit 5-4-2 1 Unit	Modif. 1 Modif. 2 Modif. 3 Modif. 4	Ref. 1 Ref. 2 Ref. 3 Ref. 4	1.00 Un 99.99		

Clinical indications for request (include pertinent past medical history, treatment, physical findings, and attach all relevant medical records, test results, etc.)

Documents

File

Choose File No file chosen (Please upload .doc, .docx, .xls, .xlsx, .pptx, .xps, .psd, .htm, .pdf, .tiff, .rtf and text documents only.)

Attachments:

+ Add more documents

Step 9: **Save** the claim by either clicking the **Save** or **Save & Add for Same Member** icon. The **Save** icon will complete the claim submission process and clear the screen. Clicking the **Save & Add for Same Member** icon will keep the member information and clear all other items to allow users to easily enter another claim for this person.

(Fields marked with the asterisk * are mandatory.)

Save **Save & Add for Same Member**

Step 10: Upon saving the claim, you will get a **Claim Number** for your records. You can use this **Claim Number** to search the status of the claim from the **Claim Search/Status** screen at any time.