

ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

INTERNET ELECTRONIC CLAIMS (IEC) SYSTEM

Transportation Invoice Claim Submission Direct Data Entry (DDE)

Web address - www.myhfs.illinois.gov

HFS MEDl Home

Update December 18, 2017

Alert! Please Read

Java 9 was released on September 21 2017. **Do not upgrade to Java 9.** If you have automatic updates for Java turn them off. For instructions Google 'How do I turn off Java automatic updates'.

The 12/12/2017 Microsoft Windows update will block all Java versions below 8u151. If you are getting the message that Microsoft Windows is blocking your Java, you can use the new version. www.java.com. Do not change your Java if you can login.

If your password is over a year old you may be prompted to change your password. This is normal. If you are having problems logging in and your password is over a year old or it has been over 90 days since you used Medi you may have to change your password.

For Illinois (Instate) users, use the Forgot Password button on the MEDl login page.

For Out of state users, call 1-217-524-3648 or 1-312-814-3648. Select option 1 then option 2 for assistance changing passwords.

Please Note: Only accounts which were registered using a State of Illinois Driver's License (DL) or State of Illinois ID card can use the Instate option for changing their password.

If you upgrade to Windows 10 be aware that the default browser is a new product called Windows Edge.

Click on Login Here

myHFS Login

Please enter your User Name and Password from your state of Illinois Digital ID.

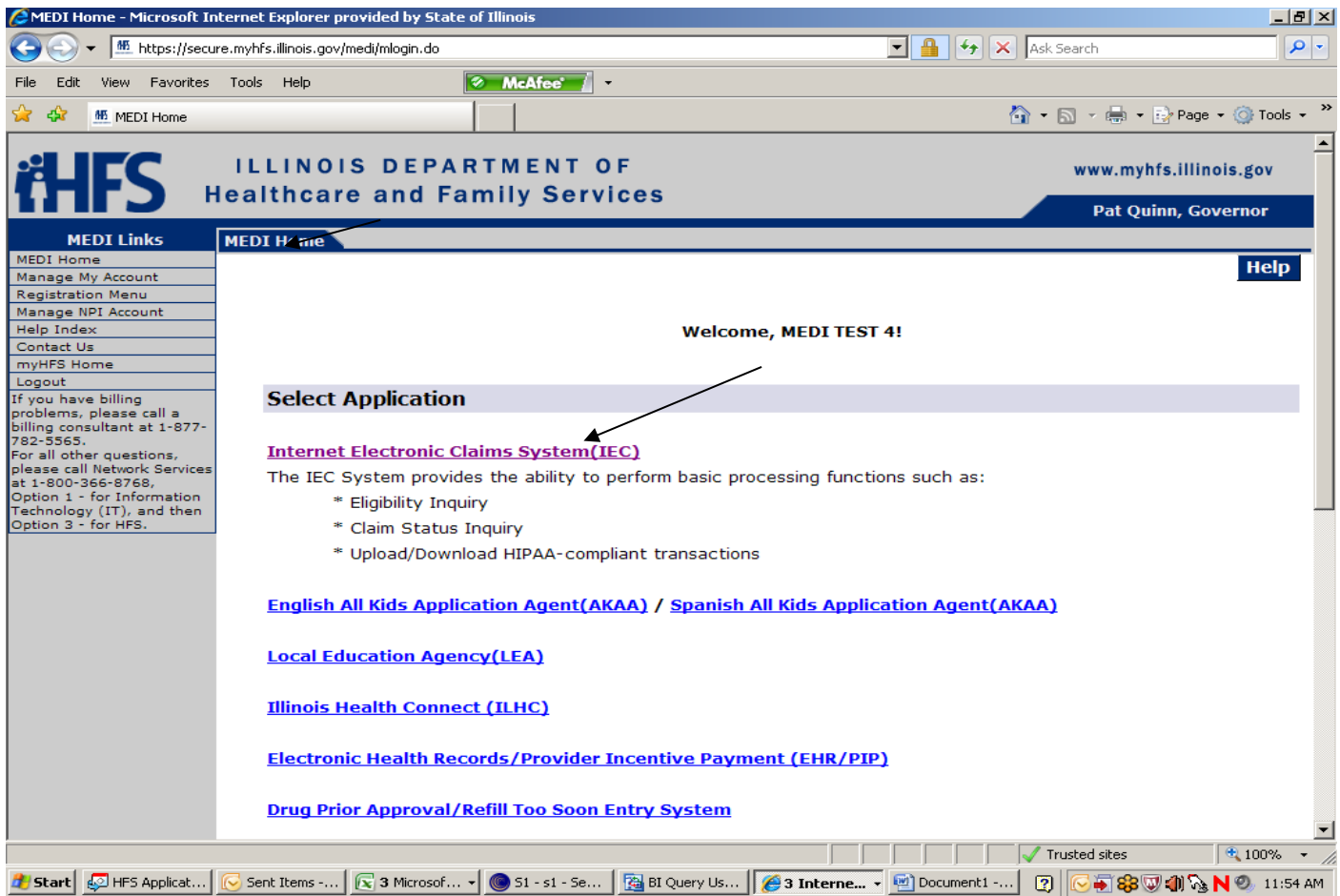
User Name:

Password:

Remember name

If you have forgotten your password or need to change your password, then choose 'Forgot Password'. You may also use this option to recover your password if you have exceeded your login limit.

Type in your user name and password then click Log in



This page has general information, such as functionality overviews, additional information and help documentation. Clicking on a hyperlink opens a new window that displays the topic information

Note the left hand menu bar. This menu has buttons that allow authorized users access to the different functions within IEC.

Select Internet Electronic Claims System (IEC)

Click on the Claim submission Button

IEC Home - Microsoft Internet Explorer provided by State of Illinois

https://secure.myhfs.illinois.gov/iec/login.do

File Edit View Favorites Tools Help

McAfee

IEC Home

www.myhfs.illinois.gov

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IEC Links

- IEC Home
- Eligibility Inquiry
- Claim Submission**
- Claim Status Inquiry
- Remittance Advice
- Upload X12 File(s)
- Download X12 File(s)
- Help Index
- Companion Guides
- Contact Us
- MEDI Home
- myHFS Home
- Logout

If you have billing problems, go to www.hfs.illinois.gov/system or for a billing consultant, call 1-877-782-5565. For all other questions, call Network Services at 1-800-366-8768 Option 1 - for Information Technology (IT), and then Option 3 - for HFS.

IEC Home Page

IEC News

TO ENSURE PROPER MEDI AUTHORIZATION, PLEASE READ THE FOLLOWING CAREFULLY.

Do not submit an NPI that has not been registered with HFS. These claims will not be processed. You may now use your NPI number, for the Billing Provider, on your batch claim files and Professional/Institutional DDE claim submission screens.

835 Electronic Remittance Advice Now Available

The 835 Electronic Remittance Advice Function is now available in the IEC system. The use of this function requires that a **PAYEE** registration be completed using the [Medi Home Page](#).

Please read the Remittance Advice Overview below for instructions on how to use this function.

Overviews

- [IEC Overview](#)
An overview of the IEC system.
- [Upload Overview](#)
An overview of the Upload process.
- [Download Overview](#)
An overview of the Download process.
- [Claim Status Inquiry Overview](#)

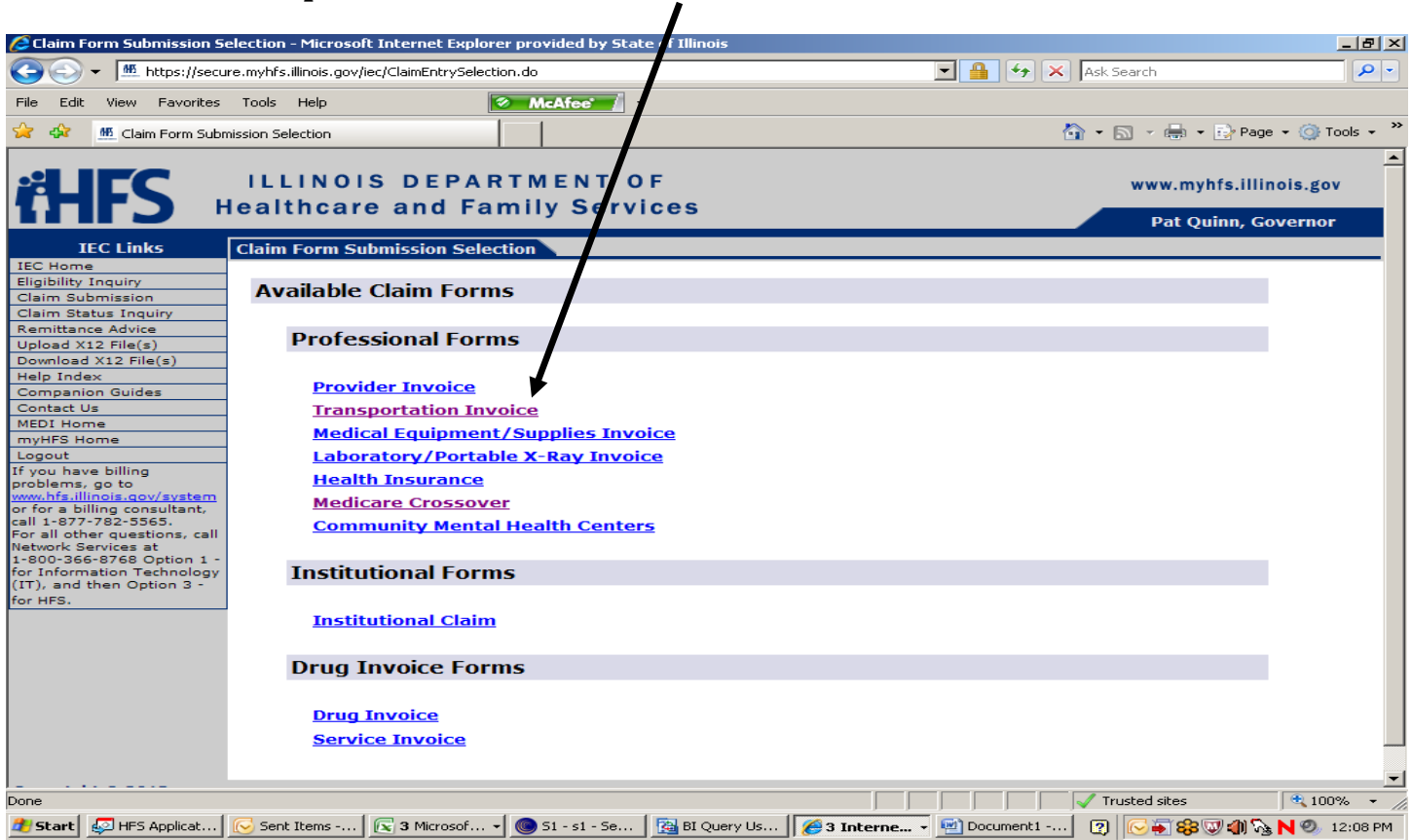
Done

Trusted sites 100%

Start HFS Applicat... Sent Items -... 3 Microsof... S1 - s1 - Se... BI Query Us... 3 Interne... Document1 -... 12:06 PM

The Claim Form Submission Selection page is displayed.

Click on the Transportation Invoice link.



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IEC Links

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If you have billing problems, go to www.hfs.illinois.gov/system or for a billing consultant, call 1-877-792-5565. For all other questions, call Network Services at 1-800-366-8768 Option 1 - for Information Technology (IT), and then Option 3 - for HFS.

Transportation Invoice Claim Submission

* Denotes required field

Submit **Reset** **Help**

Total Claim Charge Amount: 0.00 **Total Net Amount Billed:** 0.00 **Total TPL Payments:** 0.00

Submitter Id:*

Submitter Contact Name:*

Submitter Contact E-mail Address: *

Patient/Subscriber **Provider** **Claim** **Claim TPL** **Service Line**

Patient/Subscriber Information

Recipient ID Number (RIN):*

First Name:* **Middle Name:** **Last Name:***

Date of Birth: *
Month: * Day: * Year: *

Gender: *
 Male
 Female
 Unknown

Recipient Address:

Address Line 1:*

Address Line 2:

City:* **State:*** **Zip Code:***

Next

Once you click on Transportation Invoice, DDE (Direct Data Entry) pages are displayed. The pages are arranged in a tabular format to simplify data entry. There are 5 tabs: Patient/Subscriber; Provider; claim; Claim TPL and Service Line.

Note that there is a **Submit** button, a **Reset** button and a **Help** button in the upper right corner. The **Submit** button allows the user to Submit the claim for processing. The **Reset** button clears all of the fields on the form. The **HELP** button opens another window with content sensitive help. The **Submit and Reset** buttons are also available at the bottom right corner of the screen as well.

To access a specific tab, simply click on the tab name. You can also move between tabs by using the **Next** and **Previous** buttons located at the bottom of each tab if applicable.

Data entry notes:

- 1) When working with dates, the Year portion of any date must be entered as YYYY (4 digits). Month should be entered as MM (05 for example). Day should be entered as DD (07 for example).
- 2) Dollar amounts that are whole number (dollars only with no cents) can be entered without the decimal places. Dollar amounts with cents must always contain a decimal point.
- 3) In order to print the claim form, users will click on a **Print a Copy of Claim Submission** button, which will print all of the tabs from the claim submission and will include the claim submission confirmation number.
- 4) Each of the fields on a tab will either be *Required* or *Situational*. A required field, which will be denoted with an asterisk (*) following the field name, is mandatory under **all** circumstances. A situational field is not always required but may be required under certain circumstances.



- IEC Links
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- Logout
- If you have billing problems, go to www.hfs.illinois.gov/system or for a billing consultant, call 1-877-782-5555.
- For all other questions, call Network Services at 1-800-366-8768 Option 1 - for Information Technology (IT), and then Option 3 - for HFS.

Transportation Invoice Claim Submission

* Denotes required field

Submit Reset Help

Total Claim Charge Amount:	Total Net Amount Billed:	Total TPL Payments:
0.00	0.00	0.00

Submitter Id:*

Submitter Contact Name:*

Submitter Contact E-mail Address: *

Patient/Subscriber Provider Claim Claim TPL Service Line

Patient/Subscriber Information

Recipient ID Number (RIN):*

First Name:*	Middle Name:	Last Name:*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth: *
Month: * Day: * Year: *

Gender: *
 Male
 Female
 Unknown

Recipient Address:

Address Line 1:*

Address Line 2:

City:*	State:*	Zip Code:*
<input type="text"/>	<input type="text"/>	<input type="text"/>

Next

Submitter ID – This is a required field. Select your provider name/number from drop down box. This indicates the individual or organization that is submitting the claim.

Submitter Contact Name – This is a required field. This is the contact person for the submitter.

Submitter contact E-mail Address – This is a required field. This is the e-mail address for the person who is the contact for the submitter.

Patient / Subscriber Tab

Recipient ID Number (RIN) – This is a required field. This is the Medicaid ID number for the individual receiving medical service. Enter the 9-digit number assigned to the individual on the MediPlan Card.

First Name / Last Name – These are required fields. The **Middle Name** is optional.

Date of Birth – This is a required field.

Gender – This is a required field.

Recipient Address – These are required fields.

Click on **Next**

Provider Tab

The Provider tab allows entry of provider specific information.

The screenshot shows a web browser window with the URL https://secure.myhfs.illinois.gov/iec/ClaimEntry.do?action=new&FORM_TYPE=2&FORM_NAME=Transportation%20Inv. The page title is "Claim Submission - Professional - Microsoft Internet Explorer provided by State of Illinois". The website header includes "myHFS Healthcare and Family Services" and "Pat Quinn, Governor".

The main content area is titled "Transportation Invoice Claim Submission". It features a sidebar with "IEC Links" and a main form area. The form includes the following fields and buttons:

- Submit**, **Reset**, **Help** buttons.
- Total Claim Charge Amount:** 0.00
- Total Net Amount Billed:** 0.00
- Total TPL Payments:** 0.00
- Submitter Id:*** (dropdown menu)
- Submitter Contact Name:*** (text input field)
- Submitter Contact E-mail Address: *** (text input field)
- Navigation tabs: **Patient/Subscriber**, **Provider** (selected), **Claim**, **Claim TPL**, **Service Line**
- Provider Information** section:
 - (Billing) Provider ID: *** (dropdown menu)
 - NPI:** (dropdown menu)
 - Provider Taxonomy Code: *** (text input field)
- Previous** and **Next** buttons.
- Submit** and **Reset** buttons.

At the bottom of the page, there is a copyright notice: "Copyright © 2013 myHFS" and links for "Privacy Information", "Web Accessibility", and "Webmaster".

Provider ID – This is a required field. You must make your selection from the dropdown list. The dropdown list is populated based on the choice you make for the Submitter Tax ID field.

NPI – This is not a required field. (Non-emergency transportation providers will not use this field)

Provider Taxonomy Code – This is a required field. This is the code which designates the category of service you are billing.

Ambulance – 341600000X
Medicar taxonomy – 343800000X
Service Car taxonomy – 343900000X
Private Auto – 347C00000X

Click the **Next** button to go to the next tab.

Claim Tab

This is where the user can enter information about the claim.

ILLINOIS DEPARTMENT OF Healthcare and Family Services
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Transportation Invoice Claim Submission

*** Denotes required field**

Total Claim Charge Amount: 0.00 **Total Net Amount Billed:** 0.00 **Total TPL Payments:** 0.00

Submitter Id:* [Text Box]

Submitter Contact Name:* [Text Box]

Submitter Contact E-mail Address: * [Text Box]

Patient/Subscriber **Provider** **Claim** **Claim TPL** **Service Line**

Claim Information

Patient Account Number:* [Text Box] **Claim Frequency Code:*** [Dropdown] **Delay Reason Code:** [Dropdown]

Spenddown Amount: [Text Box]

Prior Authorization Number: [Text Box] **Original DCN:** [Text Box]

Vehicle License State:* [Text Box] **Vehicle License Number:*** [Text Box]

EPSDT Screening

Was this an EPSDT Service: * Yes No

**** Pickup and Dropoff information entered here applies to all Service Lines unless overridden at the Service Line Level ****

Pick-up:

Address Line 1:* [Text Box]

Address Line 2: [Text Box]

City:* [Text Box] **State:*** [Text Box] **Zip Code:*** [Text Box]

Drop-off:

Address Line 1:* [Text Box]

Address Line 2: [Text Box]

City:* [Text Box] **State:*** [Text Box] **Zip Code:*** [Text Box]

Diagnosis Codes (if unknown, type 7999 in Diagnosis Code 1):

1)* [Text Box] 2) [Text Box] 3) [Text Box] 4) [Text Box] 5) [Text Box] 6) [Text Box]

7) [Text Box] 8) [Text Box] 9) [Text Box] 10) [Text Box] 11) [Text Box] 12) [Text Box]

Attachment Information

**** Attachment Information is currently unavailable**

Type of Attachment: [Dropdown] **Attachment Control Number:** [Text Box]

Previous **Next**

Submit **Reset**

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Claim Tab (cont'd)

Patient Account Number – This is a required field. This number is used in the Submitter’s accounting system for identification of the patient. If you do not have an account number for the patient, please enter the RIN.

Claim Frequency Code – This is a required field. You must select *1 – Original* from the dropdown list. **If you are voiding a paid claim, you will use either *7 – replacement claim*, or *8 – void*. You have 1 year from the original voucher date to void your claim electronically. If your claim is older than 1 year, you can void by using the HFS 2292 NIPS Adjustment Form.**

Delay Reason Code – This field is not required.

Spenddown Amount – This field is not required.

Prior Authorization – Even though there is no asterisk, **this field is required for non-emergency claims**. Enter your RTN number from First Transit in this area and it will apply to the entire claim. There is no asterisk because emergency providers are not required to use it.

Original DCN – This field is only required when voiding or replacing a claim. Using the DCN listed on your voucher, add the digits “202” before the DCN and the service section # behind the DCN. If you are voiding an entire claim, use “00” behind the DCN.

Vehicle License State – This is a required field. It should be the two-character State code.

Vehicle License Number – This is a required field. Enter the license plate number for the vehicle exactly as it is on the license.

EPSDT service – This is a required field. It should always be marked No.

Pick up / drop off – The pick-up and drop-off locations must be filled in.

Diagnosis code – This is a required field. For dates of service prior to 10/1/15, if you do not know what the diagnosis code is, use 7999. Beginning with date of service 10/1/15, if you do not know what the diagnosis code is, use R69.

Type of Attachment – This field is currently unavailable for use. This indicates the type of attachment and will be a dropdown list.

Attachment Control Number – This is the attachment identification number.

Click on the **Next** button to go to the Claim TPL tab.

Claim TPL (Ambulance Providers Only)

This tab allows entry of claim level TPL fields. Note the **Save Claim TPL Line** button. A user is able to enter up to four lines of claim TPL information on a claim. The **Save Claim TPL Line** button allows a user to save a Claim TPL line and then enter a subsequent line. There is also a **Remove All Claim TPL Lines** button which removes every Claim TPL line that is entered on a claim.

Claim Submission - Professional - Microsoft Internet Explorer provided by State of Illinois

https://secure.myhfs.illinois.gov/iec/ClaimEntry.do?action=new&FORM_TYPE=2&FORM_NAME=Transportation%20Inv...

File Edit View Favorites Tools Help

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Claim Submission - Professional

Contact Us
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If you have billing problems, go to www.hfs.illinois.gov/system or for a billing consultant, call 1-877-782-5565. For all other questions, call Network Services at 1-800-366-8768 Option 1 - for Information Technology (IT), and then Option 3 - for HFS.

Submitter Contact Name:

Submitter Contact E-mail Address: *

Patient/Subscriber Provider Claim **Claim TPL** Service Line

Claim TPL Information

Other Insured Information

First Name: * Middle Name: Last Name: *

ID: Group Policy Number:

Other Payer Information

Organization Name: *

TPL Code: * TPL Status Code: * Payer Paid Amount/ TPL Amount: *

Save Claim TPL Line Remove All Claim TPL Lines

Prv Id	TPL Cd	TPL Stat Code	Paid TPL Amt
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Previous Next

Submit Reset

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First Name – This is a required field if Claim TPL is entered. This is the first name of the person whose insurance information is being entered.

Middle Name – This field is optional.

Last Name – this is a required field if Claim TPL information is entered.

ID – This field is not required.

Group Policy Number – This field is not required.

Claim TPL (cont'd)

Organization Name – This is a required field if Claim TPL information is entered. This represents the organization name of the other payer on this claim.

TPL Code – This is a required field if Claim TPL information is entered. The TPL Code shown on the eligibility screen is to be entered in this field.

TPL Status code – This is a required field if Claim TPL information is entered. This is a two-digit code indicating the disposition of the third party billing. You may choose from the dropdown list.

Payer Paid Amount / TPL Amount – This is a required field if Claim TPL information is entered. Enter the total amount of the payment received from the third party resource for this claim.

At the bottom of the **claim TPL** tab, there is a table. After clicking on the **Save Claim TPL Line** button, an entry is put into the table. The data that was entered for that Claim TPL line has been stored and is summarized by this line. The form on the page is then cleared to allow entry of an additional TPL resource if needed.

Remember: If you are submitting a claim with claim TPL lines, you must save each one to this table.

The **Edit** button allows the user to make changes to the Claim TPL line after it has been saved. After pressing this button, all of the line information previously entered is repopulated into the data entry boxes at the top of the page for editing. Once you have made your changes, you can again click on the **Save Claim TPL Line** button to save your changes. The **Remove** button allows a user to remove a specific line.

Service Line Tab

The **Service Line** tab allows entry of service line fields. Note the **Save Service Line** button. The **Save Service Line** button allows a user to save a service line and then enter a subsequent service line, which will populate the table at the bottom of the tab.

Note: You MUST save your service line information before entering information for a second service line.

There is also a **Remove All Service Lines** button which removes every Service Line that is entered on a claim.

The **Edit** button allows the user to make changes to the service line after it has been saved. After pressing this button, the line information will appear in the data entry boxes at the top of the page. The **Remove** button allows a user to remove a specific line.

myHFS Home
Logout
If you have billing problems, go to www.hfs.illinois.gov/system or for a billing consultant, call 1-877-782-5565. For all other questions, call Network Services at 1-800-366-8768 Option 1 - for Information Technology (IT), and then Option 3 - for HFS.

Submitter Contact E-mail Address: *

Patient/Subscriber Provider Claim Claim TPL **Service Line**

Service Line Information

Claim Diagnosis Codes:
1) 2) 3) 4) 5) 6)
7) 8) 9) 10) 11) 12)

Procedure Code: *

Modifiers:
1) * 2) 3) 4)

Diagnosis Code Pointers:
1) * 2) 3) 4)

Line Item Charge Amount: *

Service From Date: *
Month: * Day: * Year: * Emergency Ind: Family Planning Ind:

Prior Authorization Number: Units/Loaded Miles: *

Vehicle License State: Vehicle License Number:

Origin Time: * Destination Time: *

** Only enter Pickup/Dropoff information here if different than the Claim Level**

Service Line tab (cont'd)

Claim Submission - Professional - Microsoft Internet Explorer provided by State of Illinois

https://secure.myhfs.illinois.gov/iec/ClaimEntry.do?action=new&FORM_TYPE=2&FORM_NAME=Transportation%20Inv...

File Edit View Favorites Tools Help

McAfee

Claim Submission - Professional

Origin time: Destination time:

**** Only enter Pickup/Dropoff information here if different than the Claim Level****

Pick-up:

Address Line 1:

Address Line 2:

City: State: Zip Code:

Drop-off:

Address Line 1:

Address Line 2:

City: State: Zip Code:

TPL Information

Line 1

TPL Code: TPL Status Code: Payer Paid Amount/TPL Amount:

Adjudication or Payment Date: Month: Day: Year: Coinsurance Amount: Deductible Amount:

Line 2

TPL Code: TPL Status Code: Payer Paid Amount/TPL Amount:

Adjudication or Payment Date:

Start HFS Ap... Inbox - ... S1 - s1 ... Phone ... BI Quer... 4 Int... MEDI I... Calculator 201330... Trusted sites 100% 3:35 PM

Claim Submission - Professional - Microsoft Internet Explorer provided by State of Illinois

https://secure.myhfs.illinois.gov/iec/ClaimEntry.do?action=new&FORM_TYPE=2&FORM_NAME=Transportation%20Inv...

File Edit View Favorites Tools Help

McAfee

Claim Submission - Professional

Address Line 1:

Address Line 2:

City: State: Zip Code:

TPL Information

Line 1

TPL Code: TPL Status Code: Payer Paid Amount/TPL Amount:

Adjudication or Payment Date: Month: Day: Year: Coinsurance Amount: Deductible Amount:

Line 2

TPL Code: TPL Status Code: Payer Paid Amount/TPL Amount:

Adjudication or Payment Date: Month: Day: Year: Coinsurance Amount: Deductible Amount:

Save Service Line Remove All Service Lines

Procedure Code	Charge Amt	TPL Code	TPL Stat Code	Paid TPL Amt	Service Date	Adj Pmt Date
Total Claim Charge Amount: 0.00						

Previous

Submit Reset

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Start HFS Applicat... Inbox - Mic... S1 - s1 - Se... 3 Interne... BI Query Us... Phone Log - ... MEDI Instru... Trusted sites 100% 3:57 PM

Service Line tab (cont'd)

Claim Diagnosis Code fields are display only fields on the **Service Line** tab. These codes are displayed from the diagnosis codes you entered on the **Claim** tab.

Procedure Code – This is a required field. These codes indicate the procedure code for the specific service line being submitted.

Modifier – This is a required field. This is where the Origin and Destination codes from your First Transit prior approval go. Insert both codes together in box 1.

Diagnosis Code Pointer – This is a required field. This points to a diagnosis code at the claim level. In most cases, you will only have 1 diagnosis, therefore, your Diagnosis Code Pointer would be 1.

Line Item Charge Amount – This is a required field. This is the amount charged for the service line.

Service From Date – This is a required field. This is the day you transported the patient.

Emergency Ind – This is not a required field. The user can select from a dropdown list either Yes or No. The default value for this field is N. If services were rendered for emergency purposes, select Yes. If an ambulance provider wishes to bill for COS 50 (Emergency Ambulance Transportation) the Emergency Ind must be set to Yes or it will be rejected.

Family Planning – This is not a required field. This will default to No and should not be changed.

Prior Authorization Number – This field is situational. This is where the RTN number from your prior approval from First Transit goes. It is not necessary to repeat this number if you entered it on the claim tab.

Units/Total Loaded Miles – This is a required field. When billing anything but miles, enter the number 1. If billing for miles, enter the number of miles traveled. You must use whole numbers. Ours system does not accept dot points (i.e. 4.75 miles would be entered as 5 miles)

Vehicle License State – This is not a required field as long as it is the same as what was entered on the Claim tab.

Vehicle License Number – This is not a required field as long as it is the same as what was entered on the Claim tab.

Origin Time – This is a required field. Enter the time the originating address was reached. You must enter the 4-digit military time. (i.e. 5:00 am would be 0500; 5:00 pm would be 1700)

Destination Time – This is a required field. Enter the time the destination address was reached. You must enter the 4-digit military time. (i.e. 5:00 am would be 0500; 5:00 pm would be 1700)

Origin Address – This is a required field. This is the Facility Name, City or Address, City where the trip originated. You do not need to repeat if this is the same as you entered on the claim tab.

Destination Address – This is a required field. This is the Facility Name, City or Address, City where you dropped the patient off. You do not need to repeat if this is the same as you entered on the claim tab.

Service Line TPL – This is only required if you filled out the **Claim TPL** tab.

Click on the button that says **Save Service Line**. This will drop the information into a table below the Save Service Line button.

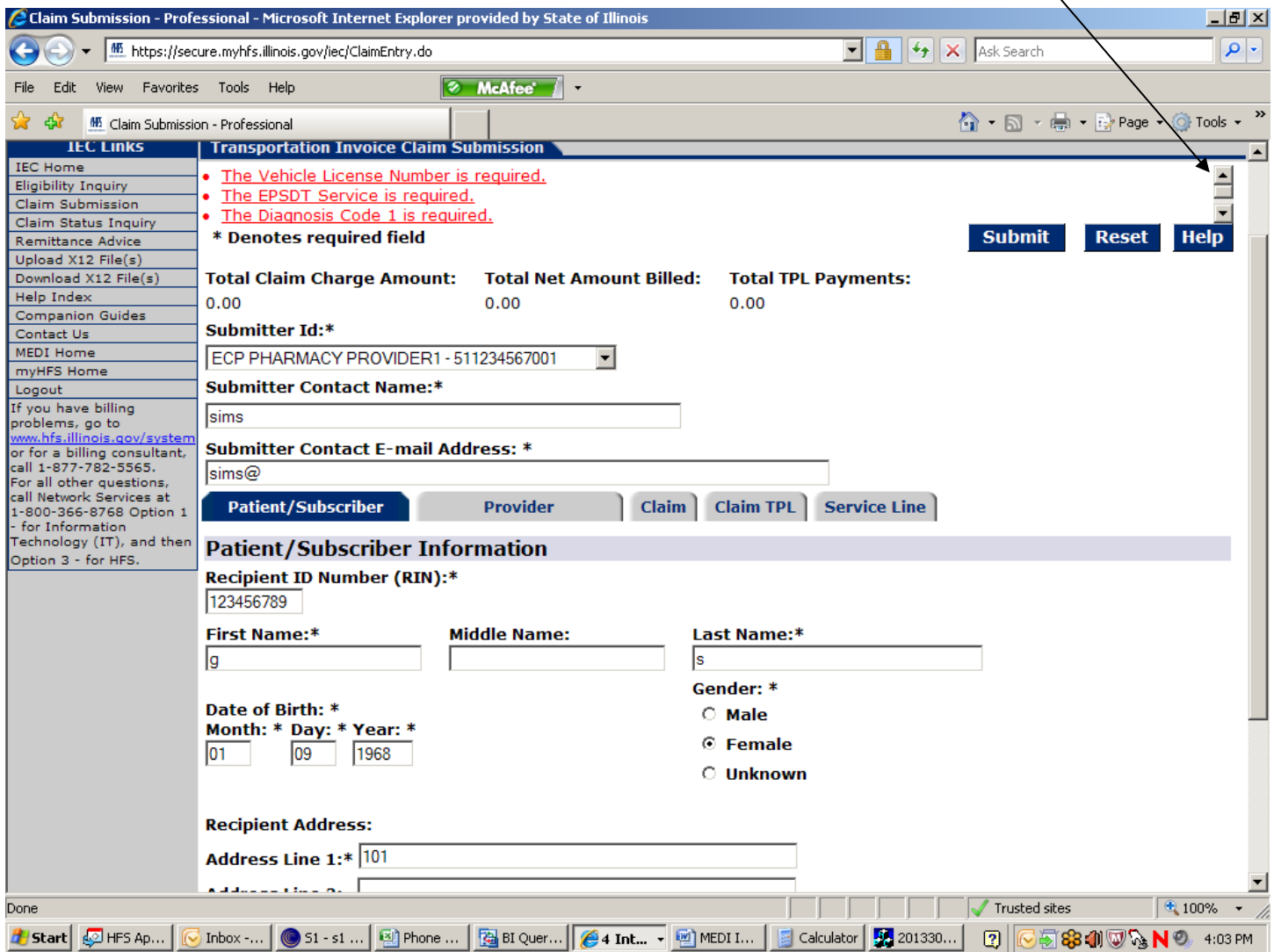
If you have more service lines to enter, fill in the **Service Line** tab again and then click on **Save Service Line** again.

Once you have entered all service lines, click the **Submit** button.

Entering a Claim - Errors

For a valid claim submission, each of the required fields denoted with an asterisk (*) on each tab must be populated. In this example, I did not fill in some of the data fields required prior to clicking the **Submit** button.

After pressing the **Submit** button, red error messages are returned to the screen. Note that there is an error message for each field that is in error. The error message itself is a link. Clicking on the link will take the user to the tab where the error has occurred. If you have many error messages, the list of errors will be presented with a scroll bar to the right. Some errors will not be visible unless you scroll down to view them.



Entering a Claim – successful submission

After pressing the **Submit** button, the claim is successfully submitted and the Confirmation page is displayed. The confirmation page displays all of the fields that were entered on the claim submission. The **Print Copy of Claim**

Submission button will allow the user to print the entire claim submission, including the Date of Submission, Time of Submission and Confirmation Number.

It is a very good practice to print a copy of your claim submission. Make note of the confirmation number. If we do not receive your claim, this may help the Technical Support staff find your submission.

Entering another claim

At the top of the confirmation page, there is a dropdown list available to allow the user to more easily create a new claim. There are four options for how the new claim will appear

- 1) No field pre-populated.
- 2) The same Submitter fields pre-populated, with the same Submitter and Provider field pre-populated, or with the same Submitter, Provider and Recipient fields pre-populated.