

SMART CLAIMS PROVIDER TRAINING MANUAL

Your health is worth protecting





INTRODUCTION TO SMARTCLAIMS

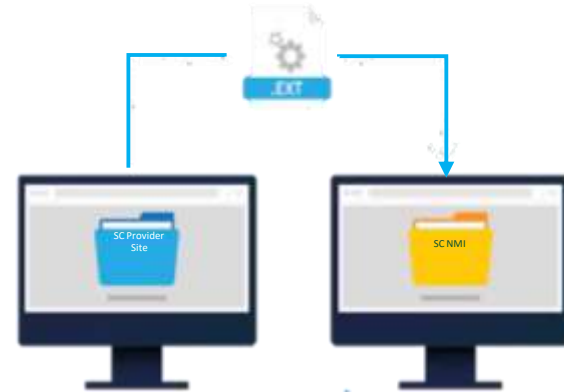
At Nationwide Medical Insurance, we remain committed to improving our processes to serve you and our members better.

We are excited to introduce our new, state-of-the-art claims submission and processing software designed to streamline and transform the way insurance claims are handled.

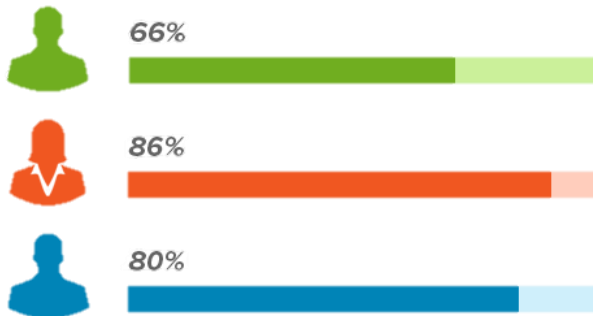
BENEFITS OF SMARTCLAIMS



Member Verification With OTP



Seamless Claims Transmission



Effective Member Benefit Utilization Computation



Seamless HMS Integration

UNIQUE FEATURES



MEMBER VERIFICATION WITH OTP



PRE-AUTHORIZATIONS



**APPROVAL OF NEW SERVICES
AND INVESTIGATIONS**



QUERIES

OUTLINE

1. CONTRACT FILES INSTALLATION AND CONFIGURATION
2. USER ACCOUNT SET-UP (LOGIN AND SET-UP USERS)
3. ATTENDANCE GENERATION (MEMBER VERIFICATION)
4. CLAIMS GENERATION
5. CLAIMS SUBMISSIONS
6. PRE-AUTHORIZATIONS
7. QUERIES
8. APPROVAL OF NEW SERVICES AND INVESTIGATIONS
9. APPENDIX

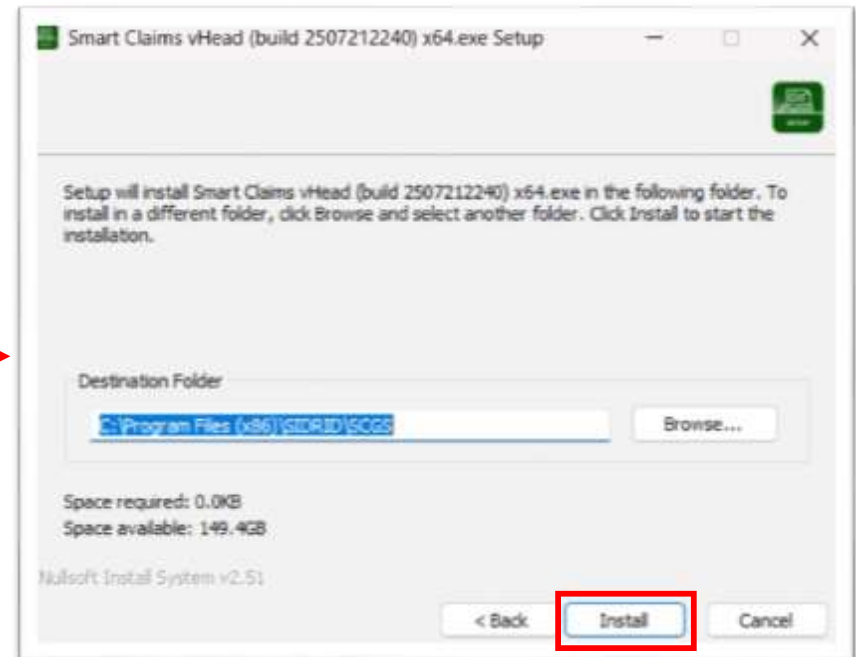
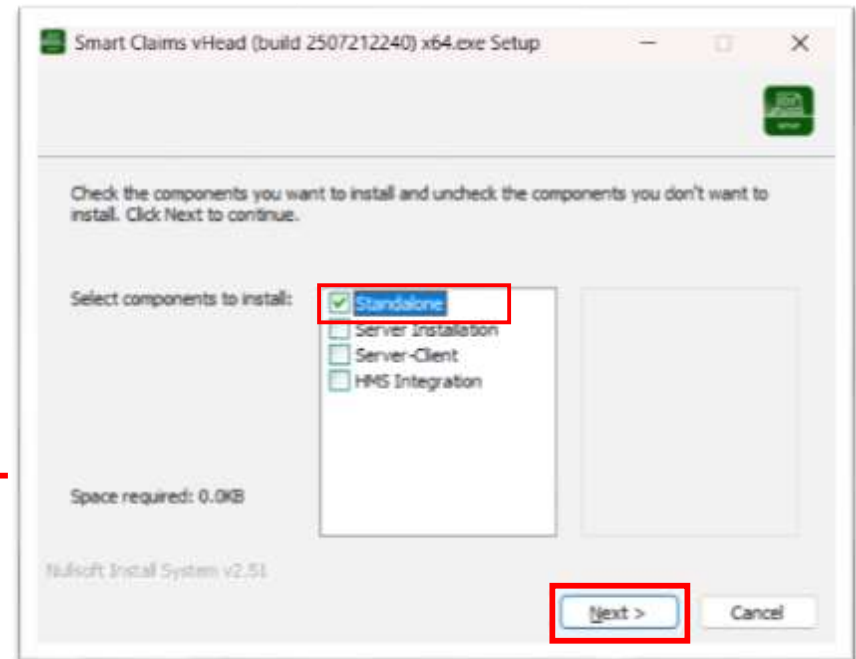
INSTALLATION AND CONFIGURATION

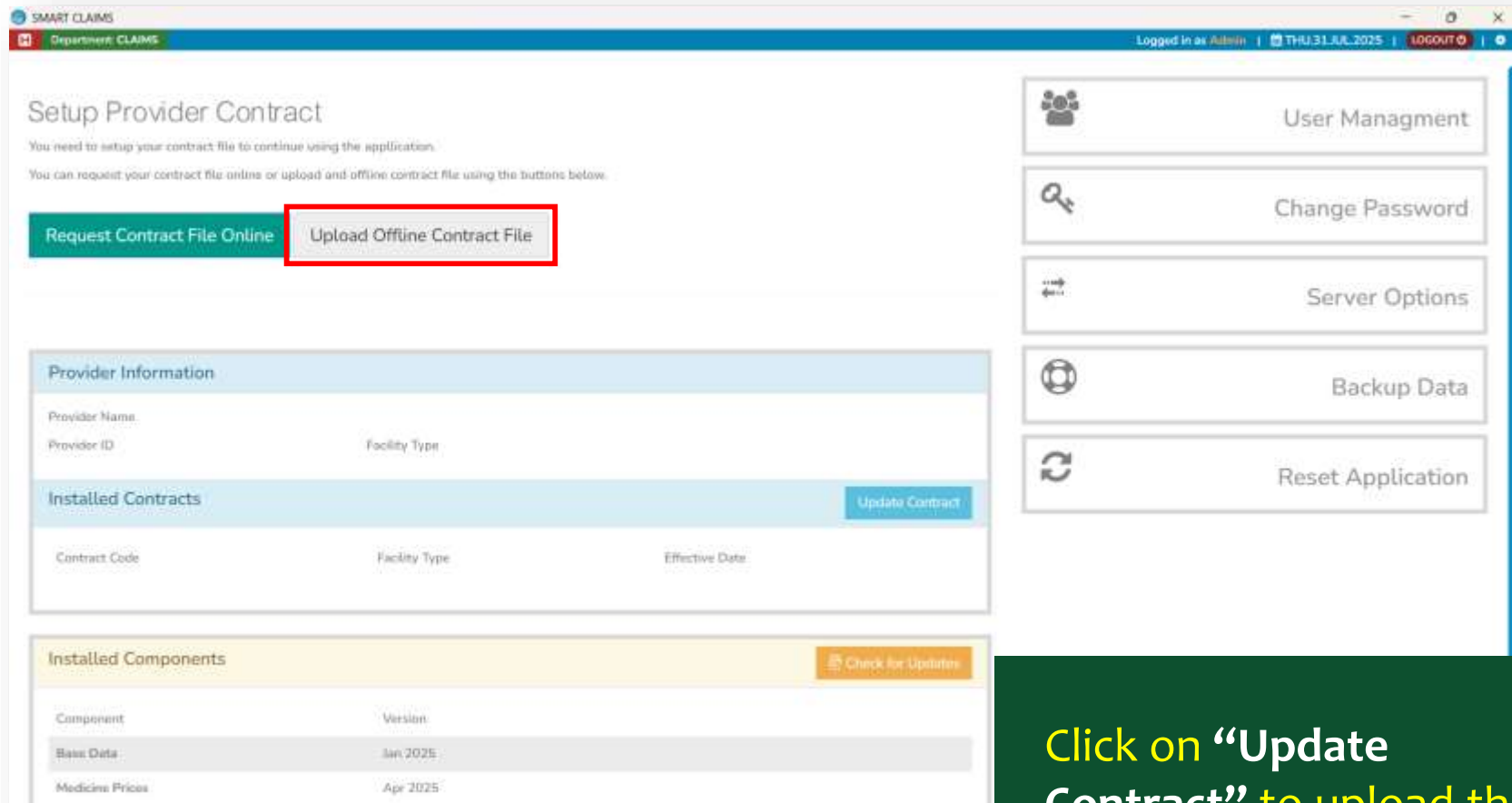




Step 1

Run the SMARTCLAIMS Setup File





SMART CLAIMS
Department: CLAIMS
Logged in as Admin | THU, 31 JUL 2025 | LOGOUT

Setup Provider Contract

You need to setup your contract file to continue using the application.
You can request your contract file online or upload and offline contract file using the buttons below.

[Request Contract File Online](#) [Upload Offline Contract File](#)

Provider Information

Provider Name	
Provider ID	Facility Type

Installed Contracts [Update Contract](#)

Contract Code	Facility Type	Effective Date

Installed Components [Check for Updates](#)

Component	Version
Base Data	Jan 2025
Medicine Prices	Apr 2025

User Management

Change Password

Server Options

Backup Data

Reset Application

Note: Nationwide Medical Insurance will share a contract file with you to upload.

Click on “Update Contract” to upload the contract file.

i. Click on “Pick Credential File” to upload the contract file.

UPDATE CREDENTIAL X

Pick or Drag-N-Drop Credential File here...

ii. Click “OK” to restart the application.

Update Successful X

Updates were successfully installed. The application will be restarted.

iii. Confirm the details of the contract file i.e. facility name, provider ID and Effective date for the contract.

- Always include your provider ID when communicating with NMI

Provider Information

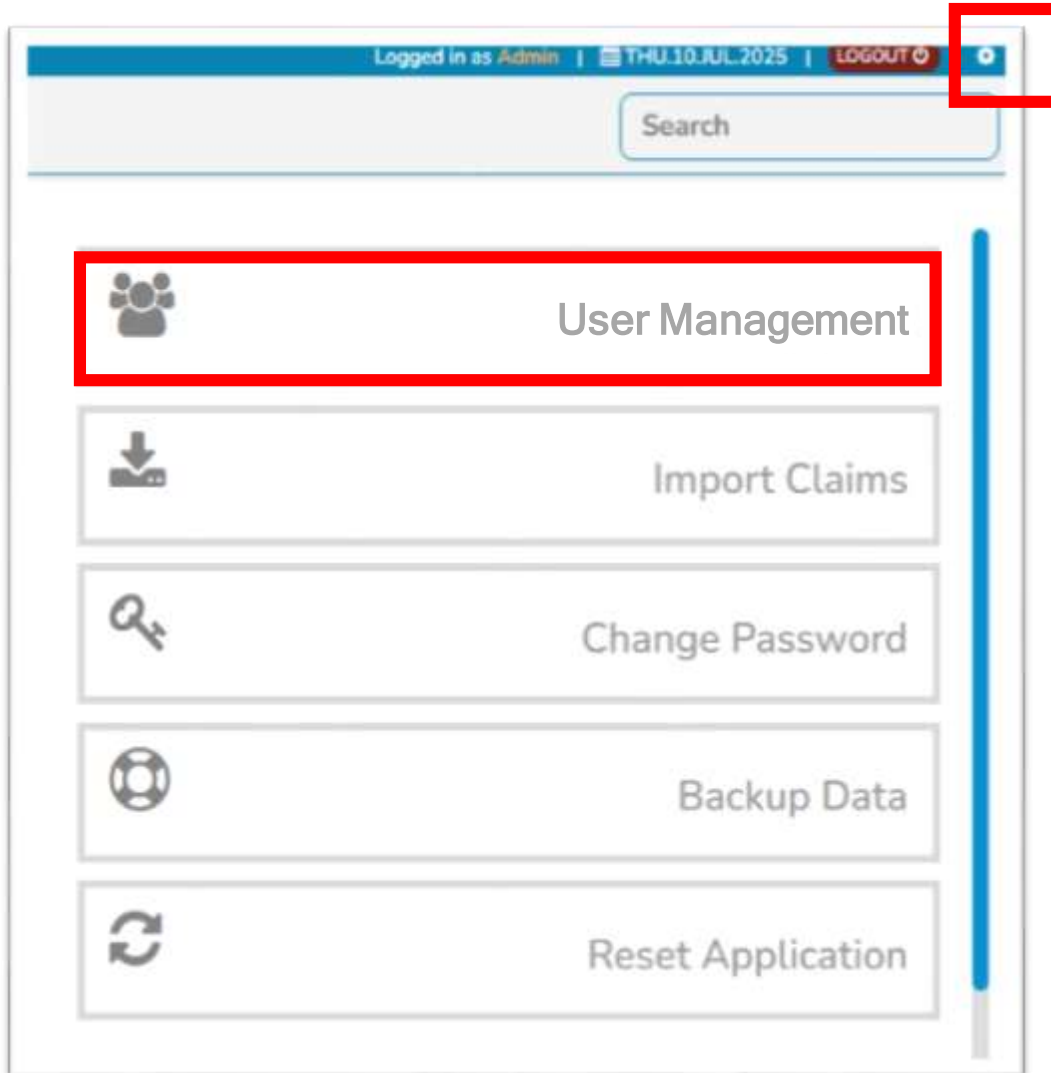
Provider Name	HEALTHCARE NETWORKS LIMITED-SWAN MEDICAL CENTER	
Provider ID	Facility Type	
01-05-00531	PRIVATE CLINIC	

Installed Contracts Update Contract

Contract Code	Facility Type	Effective Date
01-05-001-02-00531-06-SD-1-010316	PRIVATE CLINIC	01 Jan 2016

USER ACCOUNT SET-UP (LOGIN AND SET-UP USERS)

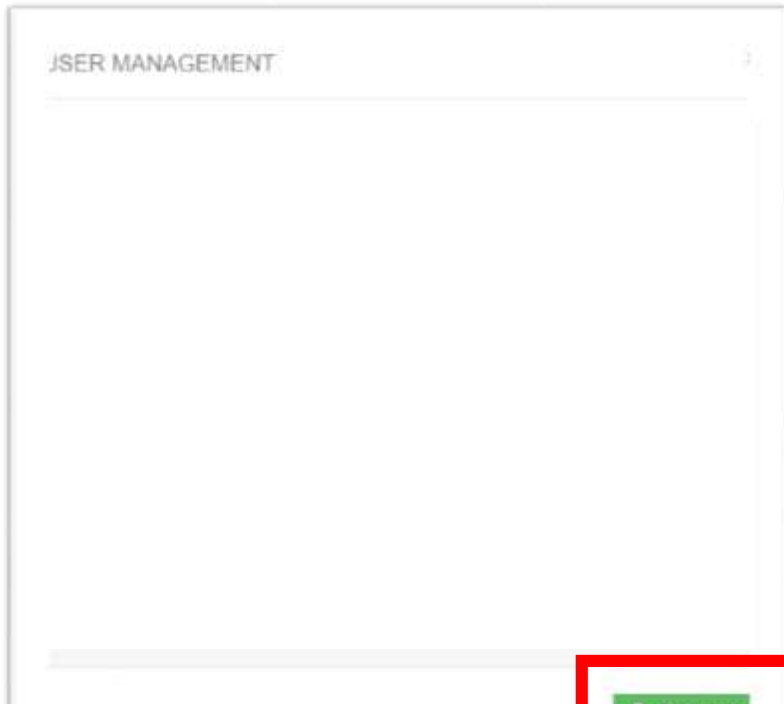




Step 2a

Go to “settings”
and click “User
Management”.

USER MANAGEMENT



Step 2b

Click on “New User”

Step 2c

NEW USER

Username: evans

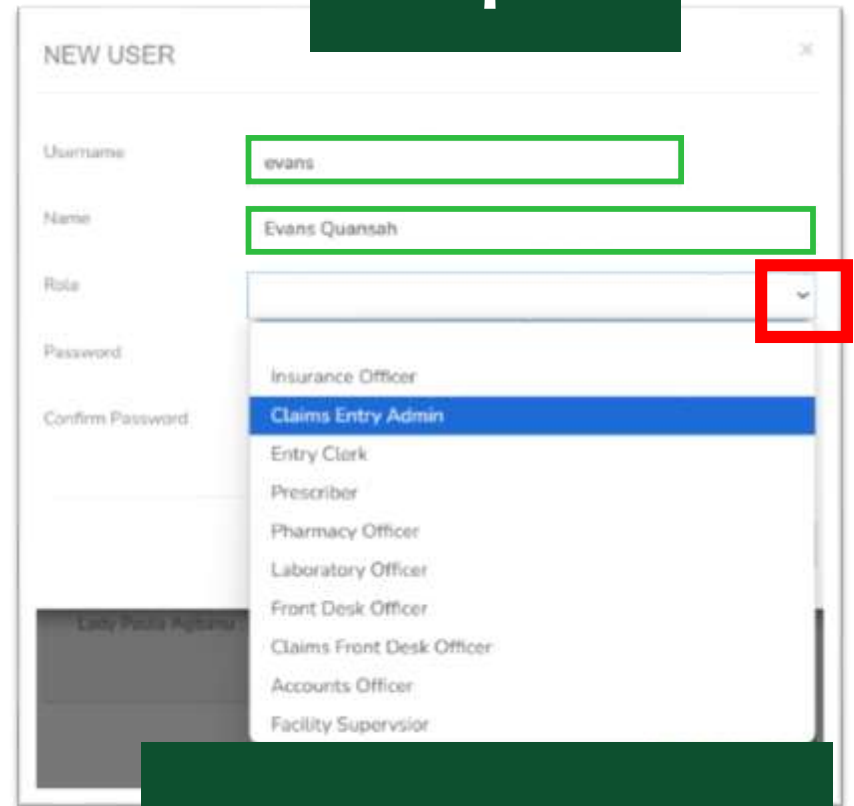
Name: Evans Quansah

Role:

Password:

Confirm Password:

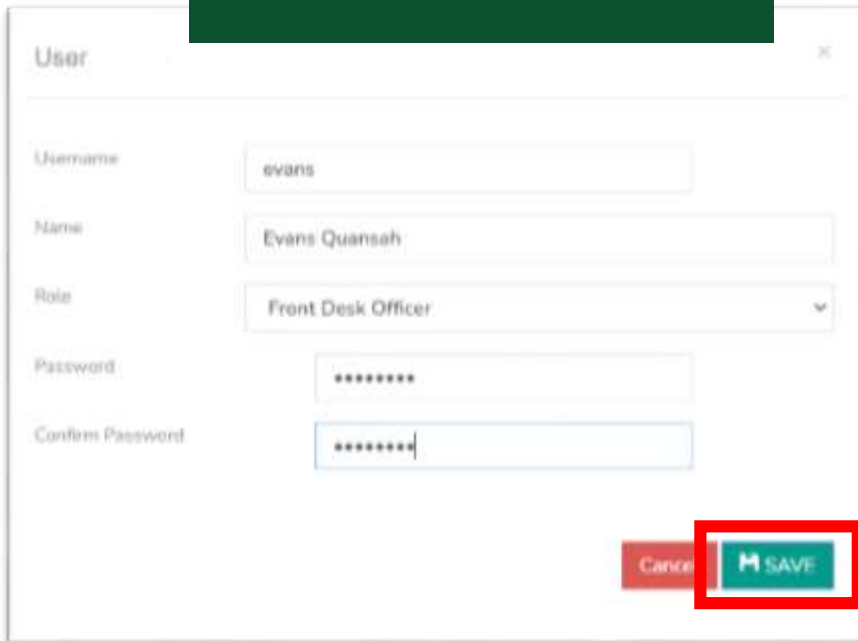
- Insurance Officer
- Claims Entry Admin
- Entry Clerk
- Prescriber
- Pharmacy Officer
- Laboratory Officer
- Front Desk Officer
- Claims Front Desk Officer
- Accounts Officer
- Facility Supervisor



- Enter details of user per the required field.
- Click on “Role” dropdown to select user role.
- Create default “Password”

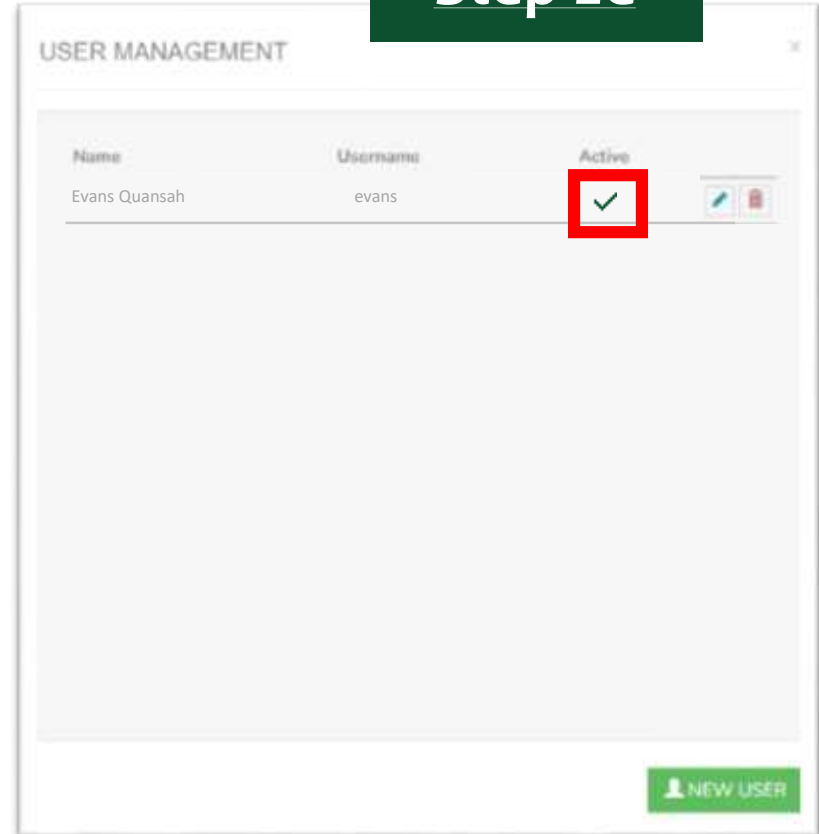
Step 2d

Click on “Save” after completing all fields





The screenshot shows a 'User' form with the following fields: Username (evans), Name (Evans Quansah), Role (Front Desk Officer), Password (masked with asterisks), and Confirm Password (masked with asterisks). The 'SAVE' button is highlighted with a red box.

Step 2e



The screenshot shows a 'USER MANAGEMENT' table with the following columns: Name, Username, Active, and icons. The 'Active' column for the user 'Evans Quansah' has a checked checkbox, which is highlighted with a red box.

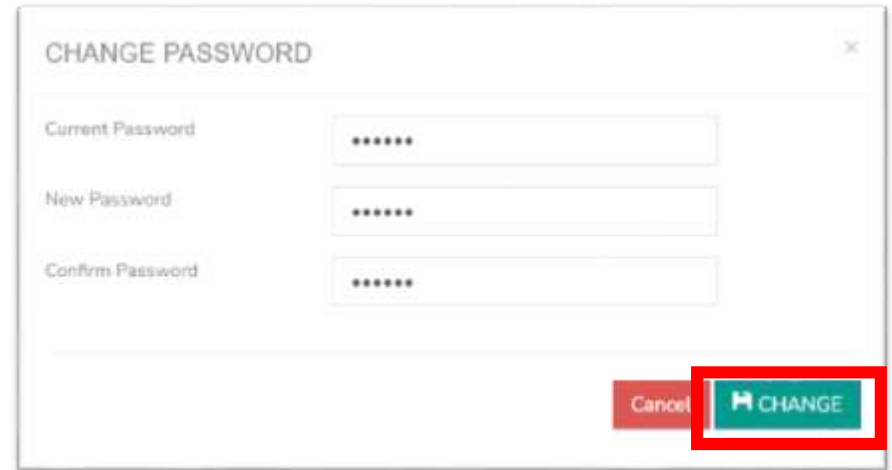
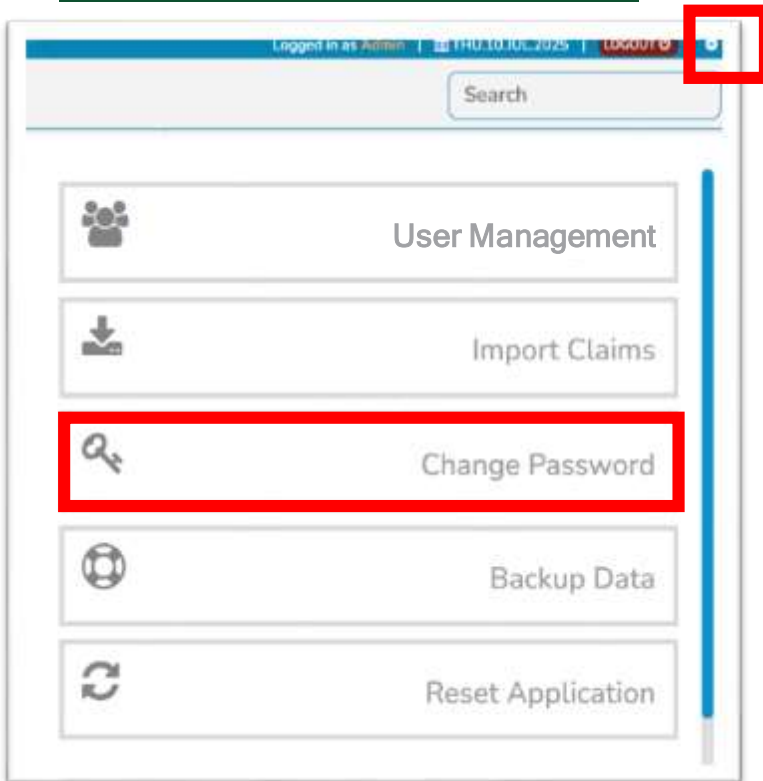
Name	Username	Active	Icons
Evans Quansah	evans	<input checked="" type="checkbox"/>	 

- Locate “Username”
- Activate account by clicking on [—] sign into a [] ✓

PASSWORD RESET



Go to “settings” and
click on “Change
Password”



A screenshot of a "CHANGE PASSWORD" dialog box. The dialog has a title bar with "CHANGE PASSWORD" and a close button (X). It contains three input fields: "Current Password", "New Password", and "Confirm Password", each with a masked password (*****). At the bottom right, there are two buttons: a red "Cancel" button and a green "CHANGE" button with a white icon, which is highlighted with a red rectangular box.

Enter the necessary
details and click
“Change”

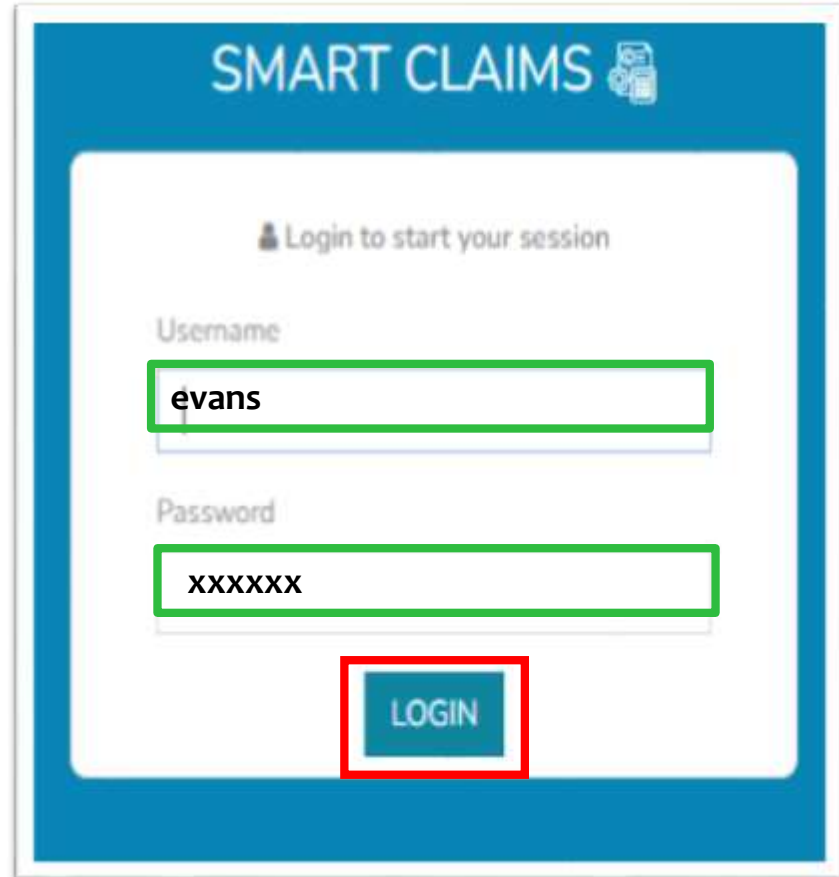
ATTENDANCE GENERATION


(MEMBER VERIFICATION)




Step 3a

Enter login details
and click “OK”



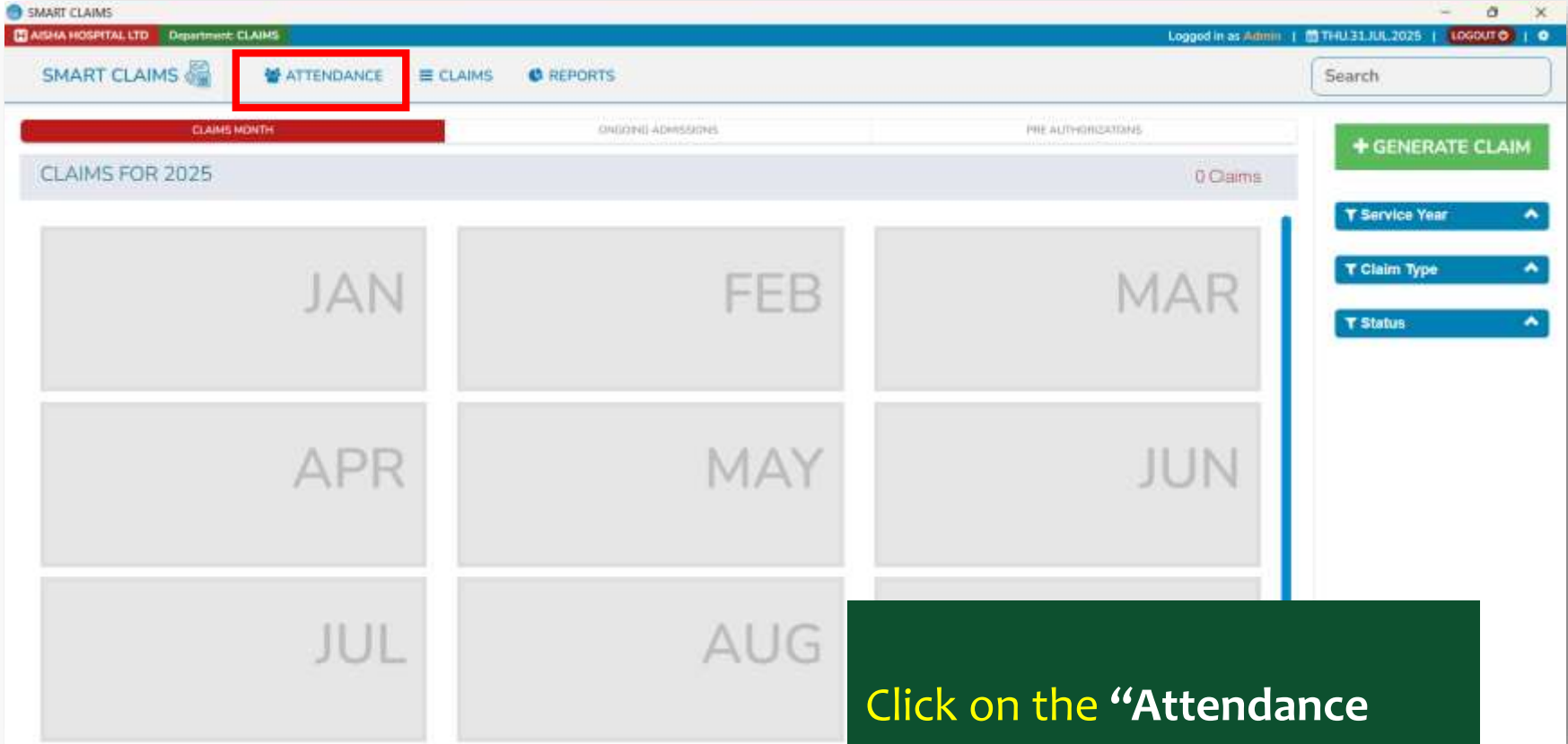
SMART CLAIMS 

 Login to start your session

Username

Password

Step 3b



SMART CLAIMS

AISHA HOSPITAL LTD | Department: CLAIMS

Logged in as Admin | THU 31 JUL 2025 | LOGOUT

SMART CLAIMS **ATTENDANCE** CLAIMS REPORTS

SEARCH

CLAIMS MONTH | ONGOING ADMISSIONS | PRE AUTHORIZATIONS

CLAIMS FOR 2025 0 Claims

JAN FEB MAR

APR MAY JUN

JUL AUG

+ GENERATE CLAIM

Service Year

Claim Type

Status

Click on the “Attendance tab” to generate an attendance



Step 3c

ATTENDANCE FOR MEMBER WITH ONE POLICY

NEW ATTENDANCE

1 Start 2 Confirm Member Info 3 Authorize

Type of Service: **OUTPATIENT**

Type of Attendance: **Emergency/Acute Episode**

Member No.: **exe 008976**

Claim Type: **ONLINE** OFFLINE

Start Attendance

Enter "Member No." and click on "Start Attendance"

Step 3d

For members with one policy only, Check Member details and click on "Confirm Member Details" to generate "OTP"

NEW ATTENDANCE

1 Start 2 Confirm Member Info 3 Authorize

EXE 008976
MR. QUANSAH EVANS

MALE / 40yrs

Date of Birth: 30 Nov 1984

Folder No. Telephone No(s)

Policy Plan

Plan: EXECUTIVE

Policy Type: PRINCIPAL

Start Date: 01 Jan 2025

Expiry: 31 Dec 2025

Status: **ACTIVE**

Company: NATIONWIDE MEDICAL INSURANCE

Confirm Member Info

Step 3c (ii)

ATTENDANCE FOR MEMBER WITH MULTIPLE POLICIES

NEW ATTENDANCE

1 Start — 2 Confirm Member Info — 3 Authorize

Type of Service: **OUTPATIENT**

Type of Attendance: **Emergency/Acute Episode**

Member No: **xxx 008976**

Claim Type: **ONLINE** OFFLINE

Start Attendance >

Enter “Member No.” and click on “Start Attendance”

Step 3d

- Choose member preferred policy plan.
- Check Member details and click on “Confirm Member Details” to generate “OTP”

1 Start — 2 Confirm Member Info — 3 Authorize

N2547529581
MRS MULTIPLE TEST RENEW
FEMALE / 34yrs

Date of Birth: 15 Nov 1990 | Folder No. | Telephone No(s)

Select Policy Plan

<input checked="" type="radio"/>	Plan EXECUTIVE 3D Start Date 24 Jun 2025 Expiry 23 Aug 2025 Company TEST COMPANY Policy Type DEPENDANT Status ACTIVE
<input type="radio"/>	Plan PREMIER Start Date 30 Jul 2025 Expiry 29 Sep 2025 Company RENEWAL TEST COMPANY Policy Type PRINCIPAL Status ACTIVE

Back | **Confirm Member Info** >

Step 3e

NEW ATTENDANCE

1 Start — 2 Confirm Member Info — 3 **Authorize**

EKI 0089766
Policy #: 281732 / Plan: EXECUTIVE
MR. QUANSAH EVANS
MALE / 40yrs

Attendance Code: *****4

Authorization Code
An authorization code has been sent to the member on the phone number ending 024*****32. Kindly request the authorization code from the member and enter in the following box to start a new attendance.

Enter Authorization Code:

[Back](#) [Authorize](#)

Enter "OTP" received from member and click "Authorize" to display member benefits

QUANSAH EVANS

Member No. EKI 0089766 | Policy Plan EXECUTIVE | Policy Type MUNICIPAL | Policy Start Date 01 Jan 2025

MEMBER POLICY LIMITS

Utilization Benefit	Limit	Used	Bal
ADMINISTRATIVE SERVICES	GHC 1,500.00	30.00	1,470.00
DENTAL	GHC 1,000.00	-	1,000.00
DENTAL % ADVANCED DENTISTRY	GHC 1,000.00	-	1,000.00
DENTAL % BASIC DENTISTRY	GHC 1,000.00	-	1,000.00
EMERGENCY	GHC 2,000.00	-	2,000.00
EMERGENCY % LOCAL EVACUATION	GHC 2,000.00	-	2,000.00
EYE CARE	GHC 2,750.00	-	2,750.00
EYE CARE % EYE SURGERY	GHC 2,000.00	-	2,000.00
EYE CARE % SPECTACLE	GHC 750.00	-	750.00
EYE CARE % SPECTACLE % FRAME	GHC 750.00	-	750.00
EYE CARE % SPECTACLE % LENS	GHC 750.00	-	750.00
EYE CARE % SPECTACLE % LENS AND FRAME	GHC 750.00	-	750.00
OPD	GHC 10,000.00	-	10,000.00
OPD PROCEDURES	GHC 3,500.00	150.00	3,350.00
OPD PROCEDURES % DETENTION	GHC 3,500.00	-	3,500.00
OPD PROCEDURES % OPD PROCEDURES	GHC 3,500.00	-	3,500.00
REHABILITATION	GHC 1,200.00	-	1,200.00
REHABILITATION % PHYSIOTHERAPY	GHC 1,200.00	-	1,200.00
WELLNESS	GHC 300.00	-	300.00

[GENERATE CLAIM](#) [CLOSE](#)

Confirm Member benefits and click "Edit Claim"


Step 3f

Attendances cannot be generated for Inactive, Expired, or Suspended members.

NEW ATTENDANCE

1 Start 2 Confirm Member Info 3 Authorize

EXE 0089766
MR. QUANSAH EVANS
MALE / 40yrs



Date of Birth: 30 Nov 1984
Folder No.:
Telephone No(s):

Policy Plan

Plan	Policy Type
EXECUTIVE	PRINCIPAL

Start Date	Expiry	Status
01 Jan 2025	31 Dec 2025	INACTIVE


Company: NATIONWIDE MEDICAL INSURANCE

Back Confirm Member Info

NEW ATTENDANCE

1 Start 2 Confirm Member Info 3 Authorize

EXE 0089766
MR. QUANSAH EVANS
MALE / 40yrs



Date of Birth: 30 Nov 1984
Folder No.:
Telephone No(s):

Policy Plan

Plan	Policy Type
EXECUTIVE	PRINCIPAL

Start Date	Expiry	Status
01 Jan 2025	31 Dec 2025	EXPIRED

Company: NATIONWIDE MEDICAL INSURANCE

Back Confirm Member Info

CLAIMS GENERATION

(ADDITION OF DIAGNOSES,
SERVICES & INVESTIGATIONS)



Step 4a

UPDATE CLAIM

Member No.	EXE 0089766	Client Name	MR. QUANSAH EVANS
Type of Service	OUTPATIENT	Attendance Code	525664
Type of Attendance OPD	EMERGENCY/ACUTE EPISODE	Attendance Date	10/7/2025
		Claim Type	ONLINE OFFLINE

Diagnoses Services Medicines/Items Investigations

No Diagnosis Provided...

Attachments

No Attachments...

Cancel EDIT

Attendance Code

Click "Edit" to update claim information

Client Details

**QUANSAH
EVANS**

Folder No:
Gender: M
Age: 40yrs
DOB: NOV 30,
1984

Claim Status **INCOMPLETE**

Step 4b

CLIENT

MR. QUANSAH EVANS

MALE / 40y

Member No	Date of Birth	Folder No
EXE 0089766	30 Nov 1984	
Policy No	Plan	Policy Type
201732	EXECUTIVE	PRINCIPAL
Start Date	Expiry	Company
01 Jan 2025	31 Dec 2025	NATIONWIDE MEDICAL INSURANCE

[View Policy Limits](#)

Recent Claims

Date	Type of Attendance
6 days ago	OPD
22 days ago	OPD
a month ago	INHC
a month ago	OPD
a month ago	OPD

CLOSE

QUANSAH EVANS

Member No: EXE 0089766 | Policy Plan: EXECUTIVE | Policy Type: PRINCIPAL | Policy Start Date: 01 Jan 2025

MEMBER POLICY LIMITS

Utilisation Benefit	Year	Used	Lim
ADMINISTRATIVE SERVICES	INHC 1,500.00	30.00	1,470.00
DENTAL	INHC 1,000.00	-	1,000.00
DENTAL % ADVANCED DENTISTRY	INHC 1,000.00	-	1,000.00
DENTAL % BASIC DENTISTRY	INHC 1,000.00	-	1,000.00
EMERGENCY	INHC 2,000.00	-	2,000.00
EMERGENCY % LOCAL EVACUATION	INHC 2,000.00	-	2,000.00
EYE CARE	INHC 2,750.00	-	2,750.00
EYE CARE % EYE SURGERY	INHC 2,750.00	-	2,750.00
EYE CARE % SPECTACLE	INHC 750.00	-	750.00
EYE CARE % SPECTACLE % FRAME	INHC 750.00	-	750.00
EYE CARE % SPECTACLE % LENS	INHC 750.00	-	750.00
EYE CARE % SPECTACLE % LENS AND FRAME	INHC 750.00	-	750.00
OPD	INHC 10,000.00	-	10,000.00
OUTPATIENT PROCEDURES	INHC 3,300.00	104.00	3,196.00
OUTPATIENT PROCEDURES % DETENTION	INHC 3,500.00	-	3,500.00
OUTPATIENT PROCEDURES % OPD PROCEDURES	INHC 3,500.00	-	3,500.00
REHABILITATION	INHC 1,300.00	-	1,300.00
REHABILITATION % PHYSIOTHERAPY	INHC 1,300.00	-	1,300.00
WELLNESS	INHC 300.00	-	300.00

GET DATA

Click on the “i” sign to view member details and recent claims

Click on “View Policy Limits” to view member benefits

UPDATE CLAIM

Member No: EXE 0089766 Client Name: MR. QUANSAH EVANS

Type of Service: OUTPATIENT Attendance Code: 525664 Claim Type: ONLINE OFFLINE

Type of Attendance (OPD): EMERGENCY/ACUTE EPISODE Attendance Date: 10/7/2025

Diagnoses Services Medicines/Items Investigations

Diagnosis	ICD10	
MALARIA	B54	Delete Edit
HEADACHE	R51	Delete Edit

Diagnosis: ABD

- ABDOMINAL PREGNANCY
- ABDOMINAL ACTINOMYCOSIS
- ABDOMINAL AND PELVIC PAIN
- ABDOMINAL AORTIC ANEURYSM, RUPTURED
- ABDOMINAL AORTIC ANEURYSM, WITHOUT RUPTURE
- ABDOMINAL HERNIA
- ABDOMINAL RIGIDITY

Cancel DELETE SAVE

Client Details

QUANSAH EVANS

Folder No:
Gender: M
Age: 40yrs
DOB: NOV 30, 1984

Claim Status: INCOMPLETE

ADD PRE-AUTH SERVICE

Add diagnosis and click the add button [+] or remove button [-]

Step 4d

- Click on “Services”
- Enter service name and add quantity
- Click [+] to add

UPDATE CLAIM

Member No: EXE 0089766 Client Name: MR. QUANSAH EVANS

Type of Service: OUTPATIENT Attendance Code: S25664 Claim Type: **ONLINE** OFFLINE

Type of Attendance OPD: EMERGENCY/ACUTE EPISODE Attendance Date: 10/7/2025

Diagnoses Services Medicines/Items Investigations

Code	Description	Qty	Date	Cost
01OUTP01C01	GP CONSULTATION	1	10 Jul 2025	150.00

Code: 015PRV007A01 Registration Unit Price: x Qty: Total: 0.00

Attachments

No Attachments...

Drag-N-Drop Files Here... Attach a File

Cancel DELETE SAVE

Step 4e

Attendance code is to be used only at the Pharmacy/Diagnostic Center

- Add Medications by clicking on “Medicines/items”
- Enter medicine name and quantity
- Select dose, frequency and duration
- Click [+] to add

UPDATE CLAIM

Member No: EXE 0089766 Client Name: MR. QUANSAH EVANS

Type of Service: OUTPATIENT Attendance Code: 529664 Claim Type: ONLINE OFFLINE

Type of Attendance OPD: EMERGENCY/ACUTE EPISODE Attendance Date: 10/7/2025

Diagnoses Services **Medicines/Items** Investigations

Code	Description	Qty	Date	Cost
N02000000260	PARACETAMOL SUPP 125MG GENERIC 2 SUPP x BID x 7 DAYS	5	10 Jul 2025	7.00

Code: [] x Qty: [] Total: 0.00

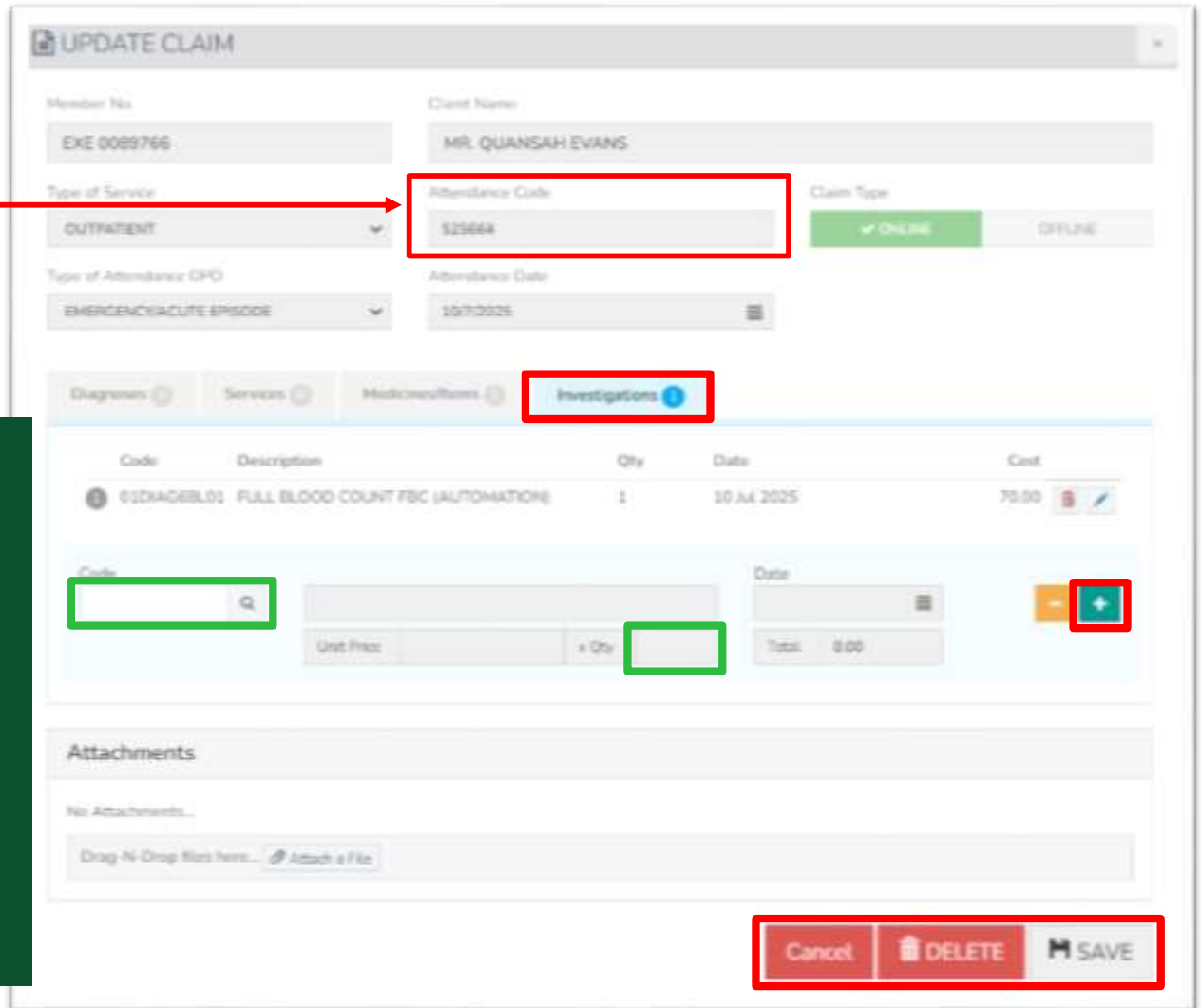
Prescription Dose... Frequency... Duration...

Attachments
No Attachments...
Drag-N-Drop files here... Attach a File

Cancel DELETE SAVE

Attendance code is to be used only at the Pharmacy/Diagnostic Center

- Click on the “Investigations tab”
- Enter investigation name and quantity
- Click [+] to add



UPDATE CLAIM

Member No: EXE 0089766 Client Name: MR. QUANSAH EVANS

Type of Service: OUTPATIENT Attendance Code: S29664 Claim Type: ONLINE

Type of Attendance CPD: EMERGENCY/ACUTE EPISODE Attendance Date: 10/7/2025

Diagnoses Services Medications/Items **Investigations**

Code	Description	Qty	Date	Cost
012HADBL01	FULL BLOOD COUNT FBC (AUTOMATION)	1	10 Jul 2025	70.00

Code: [] Date: [] Unit Price: [] Qty: [] Total: 0.00

Attachments: No Attachments... Drag-N-Drop files here... Attach a File

Cancel DELETE SAVE

Step 4g

Click “Save” and
“Close” claim
after entry.

UPDATE CLAIM

Member No. EXE 0089766 Client Name MR. QUANSAH EVANS

Type of Service OUTPATIENT Attendance Code 525664 Claim Type **ONLINE** OFFLINE

Type of Attendance OPD EMERGENCY/ACUTE EPISODE Attendance Date 10/7/2025

Diagnoses Services Medicines/Items **Investigations**

Code	Description	Qty	Date	Cost
01DIAG01L01	2-HOUR POST PRANDIAL BLOOD GLUCOSE /2HPP	1	10 Jul 2025	100.00

Code: [] Date: [] Total: 0.00

Attachments

No Attachments...

Drag-N-Drop files here... Attach a File

Cancel DELETE **SAVE**

Step 4h

CLAIMS SUMMARY

QUANSAH EVANS ✕

Member No.	Date of Birth	Age	Gender
EXE 0089766	30 Nov 1984	40yrs	M
CCC No.	Type of Service	Claim Month	
525664	OPD	JUL 2025	

CLAIM SUMMARY

Type of Service	Amount
<input type="checkbox"/> - Outpatient	225.00
GP Consultation	150.00
Registration	75.00
<input type="checkbox"/> + Investigations	90.00
<input type="checkbox"/> + Medicines	216.88
Total	GHC 531.88

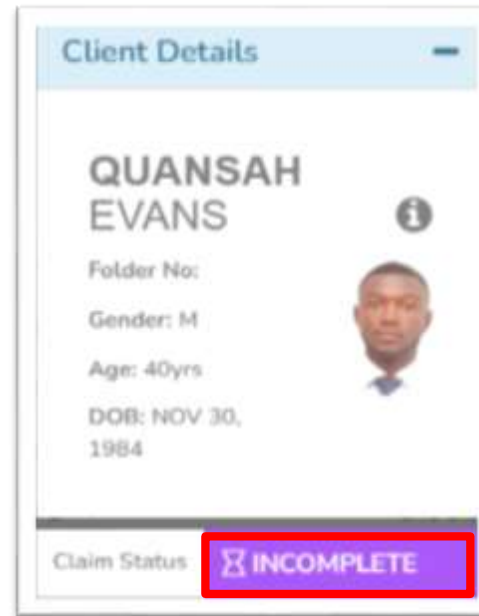
CLOSE ✕

Click on “Edit” to
update the claim

Click on the [+] to
view more details

Step 4i

CLAIM STATUSES



Client Details

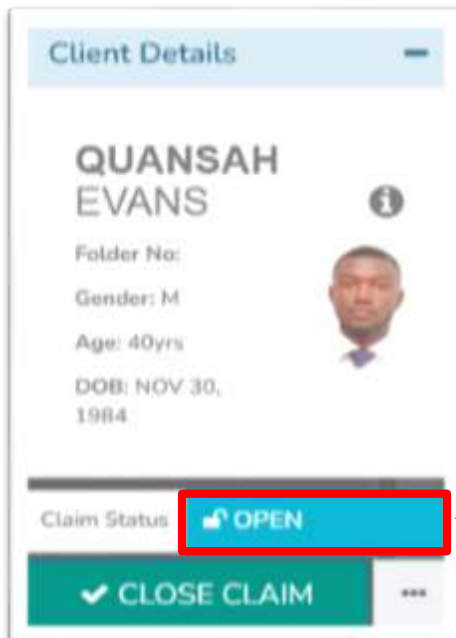
QUANSAH
EVANS

Folder No:
Gender: M
Age: 40yrs
DOB: NOV 30,
1984

Claim Status **INCOMPLETE**

Incomplete Status:

Before and
during addition
of item(s)



Client Details

QUANSAH
EVANS

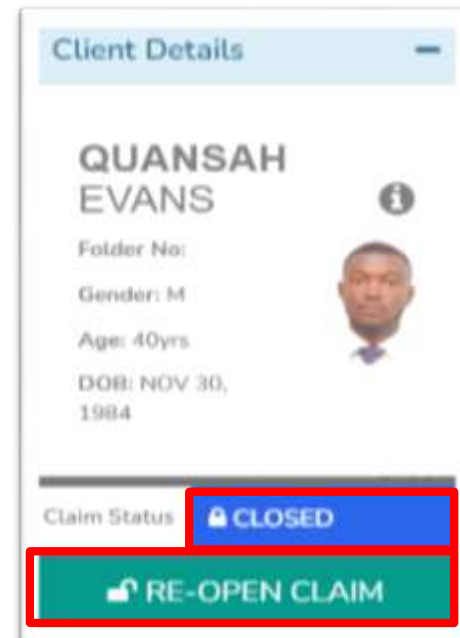
Folder No:
Gender: M
Age: 40yrs
DOB: NOV 30,
1984

Claim Status **OPEN**

CLOSE CLAIM

Open Status:

- After adding and saving claim(s).
- Available for edits



Client Details

QUANSAH
EVANS

Folder No:
Gender: M
Age: 40yrs
DOB: NOV 30,
1984

Claim Status **CLOSED**

RE-OPEN CLAIM

Closed Status:

After finalizing
claim input

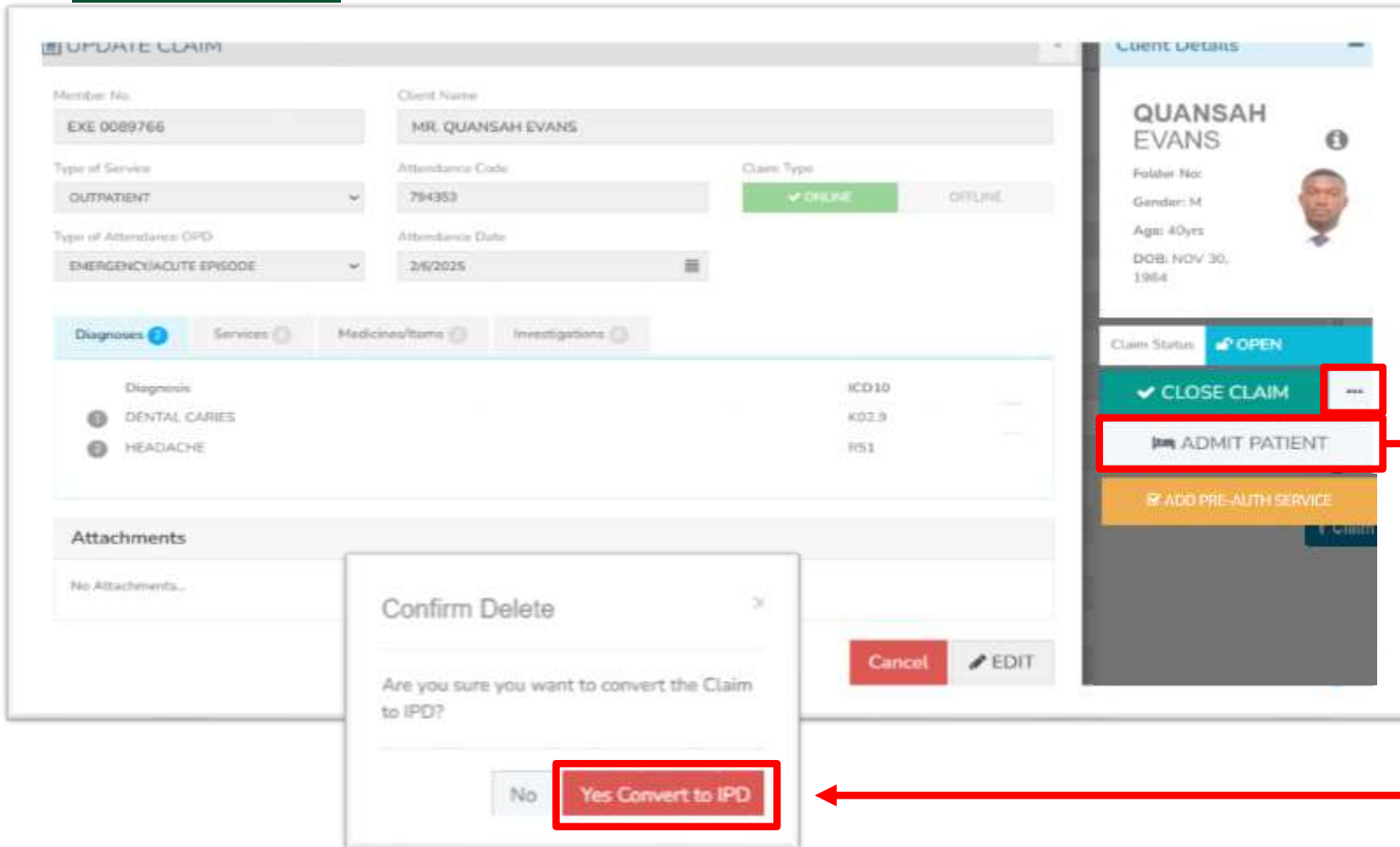
CLAIM CONVERSION

(IPD/OPD CLAIMS)



Step 4h

- Click on the three dots “...” to dropdown “Admit Patient” button.
- Click on “Admit Patient” to display a confirmation tab.



The screenshot displays the 'UPDATE CLAIM' interface for a patient named MR. QUANSAH EVANS. The main form includes fields for Member No. (EXE 0089766), Client Name (MR. QUANSAH EVANS), Type of Service (OUTPATIENT), Attendance Code (784353), Claim Type (ONLINE), Type of Attendance (EMERGENCY/ACUTE EPISODE), and Attendance Date (2/6/2025). A sidebar on the right shows Client Details (QUANSAH EVANS, Folder No., Gender: M, Age: 40yrs, DOB: NOV 30, 1984) and Claim Status (OPEN). A dropdown menu is open, showing options: CLOSE CLAIM, ADMIT PATIENT, and ADD PRE-AUTH SERVICE. A 'Confirm Delete' dialog box is overlaid, asking 'Are you sure you want to convert the Claim to IPD?' with 'No' and 'Yes Convert to IPD' buttons. Red boxes highlight the three dots on the 'CLOSE CLAIM' button, the 'ADMIT PATIENT' button, and the 'Yes Convert to IPD' button, with a red arrow pointing from the 'ADMIT PATIENT' button to the 'Yes Convert to IPD' button.

Member No. EXE 0089766

Client Name MR. QUANSAH EVANS

Type of Service OUTPATIENT

Attendance Code 784353

Claim Type ONLINE

Type of Attendance: OPD EMERGENCY/ACUTE EPISODE

Attendance Date 2/6/2025

Diagnoses Services Medicines/Items Investigations

Diagnosis ICD10

1 DENTAL CARIES K02.9

2 HEADACHE R51

Attachments

No Attachments...

Client Details

QUANSAH EVANS

Folder No.

Gender: M

Age: 40yrs

DOB: NOV 30, 1984

Claim Status OPEN

CLOSE CLAIM

ADMIT PATIENT

ADD PRE-AUTH SERVICE

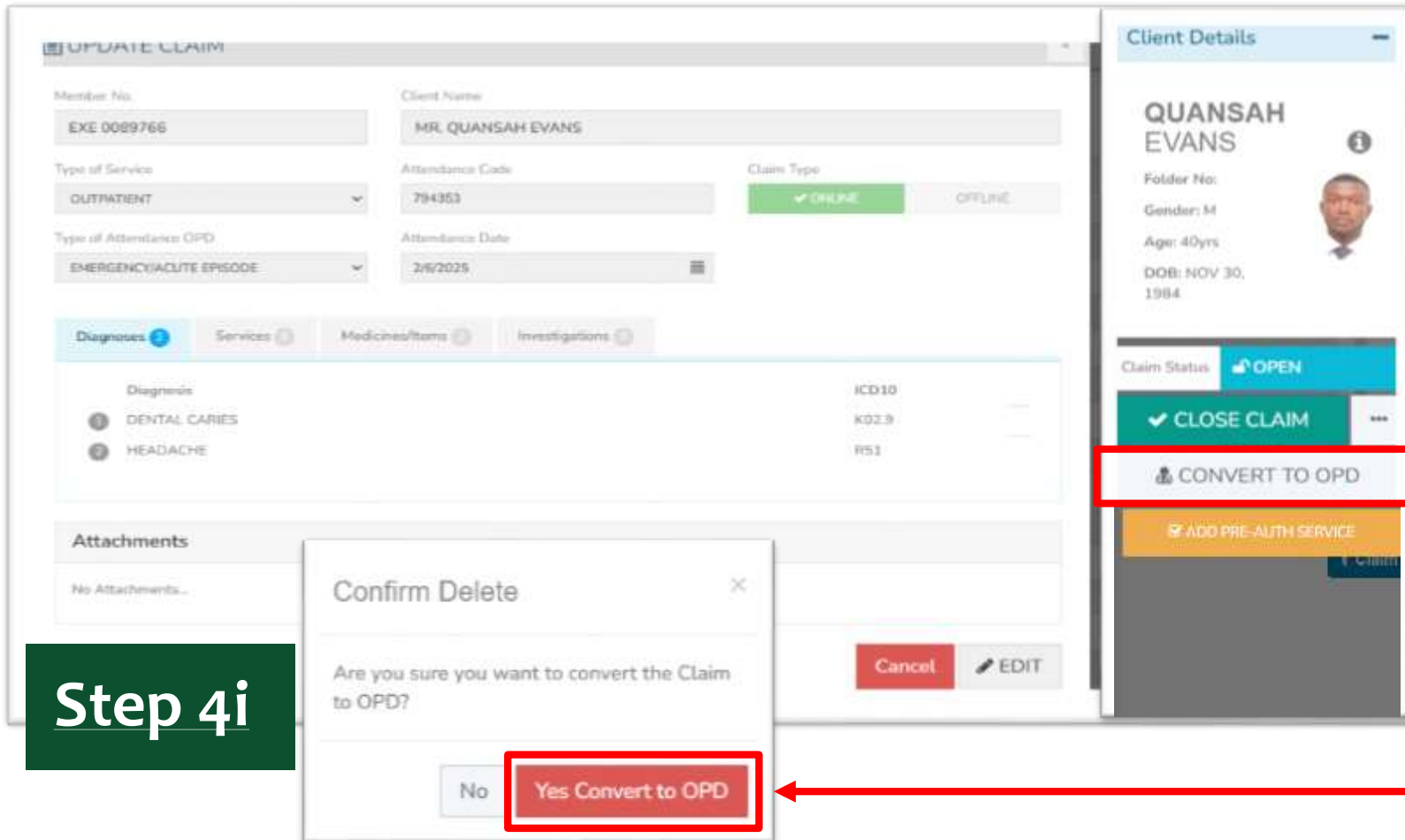
Confirm Delete

Are you sure you want to convert the Claim to IPD?

No Yes Convert to IPD

Cancel EDIT

Click on “Convert to
OPD” to display a
confirmation tab.



UPDATE CLAIM

Member No: EXE 0089766
Client Name: MR. QUANSAH EVANS

Type of Service: OUTPATIENT
Attendance Code: 794353
Claim Type: ONLINE OFFLINE

Type of Attendance: OPD
Attendance Date: 2/5/2025

Diagnoses: DENTAL CARIES, HEADACHE
ICD10: K02.9, R51

Attachments: No Attachments...

Client Details: QUANSAH EVANS, Folder No, Gender: M, Age: 40yrs, DOB: NOV 30, 1984

Claim Status: OPEN

Buttons: CLOSE CLAIM, **CONVERT TO OPD**, ADD PRE-AUTH SERVICE

Confirm Delete dialog: Are you sure you want to convert the Claim to OPD?
Buttons: No, **Yes Convert to OPD**

Step 4i

CLAIMS SUBMISSION


(INDIVIDUAL & BATCH
SUBMISSIONS)




Step 5a


INDIVIDUAL SUBMISSIONS



Client Details


**QUANSAH
EVANS** 

Folder No:
Gender: M
Age: 40yrs
DOB: NOV 30,
1984



Claim Status  OPEN

 **CLOSE CLAIM** 

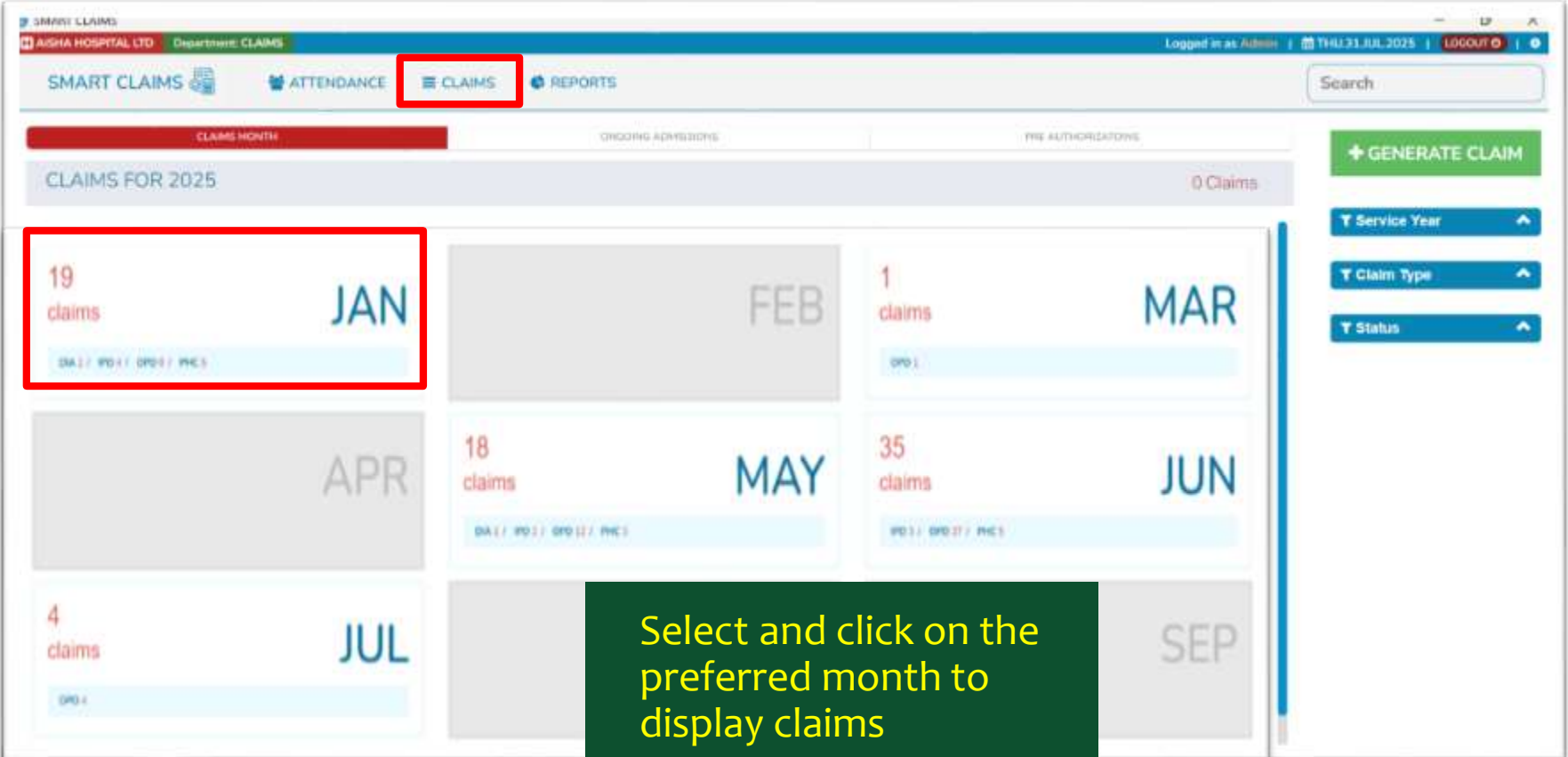
 ADMIT PATIENT

Click “Close Claim”
after completing the
data entry process

Step 5b

MONTHLY SUBMISSION

Click on the “Claims tab” to display the dashboard








The screenshot displays the SMART CLAIMS dashboard for AISHA HOSPITAL LTD. The 'CLAIMS' tab is selected in the navigation menu. The dashboard shows a grid of monthly claim counts for 2025. The 'JAN' tile is highlighted with a red box, indicating it is the selected month. The 'JAN' tile shows 19 claims and includes a filter bar with 'DA', 'PD', 'OPD', and 'PC' options. Other months shown include FEB (0 claims), MAR (1 claim), APR (0 claims), MAY (18 claims), JUN (35 claims), and JUL (4 claims). The 'SEP' tile is partially visible. On the right side, there is a '+ GENERATE CLAIM' button and three dropdown filters: 'Service Year', 'Claim Type', and 'Status'.

Month	Claims
JAN	19
FEB	0
MAR	1
APR	0
MAY	18
JUN	35
JUL	4
SEP	0

Select and click on the preferred month to display claims

Step 5c

SMART CLAIMS  ATTENDANCE  CLAIMS  REPORTS 

Period	No of Claims	Total Cost					SUBMIT BATCH 	
JUL 2025	4	531.88	Claim Date	Member NO	Name	Added	Type	Cost
15 TUE	EXE 0089790	ANNAN IVY NAA KOMLE	15 JUL 2025 09:45 AM	OPD	GH¢ 0.00			
14 MON	EXE 0089790	ANNAN IVY NAA KOMLE	14 JUL 2025 12:16 PM	OPD	GH¢ 0.00			
10 THU	EXE 0089786	QUANSAH EVIANS	10 JUL 2025 12:00 PM	OPD	GH¢ 531.88			
09 WED	EXE 0089790	ANNAN IVY NAA KOMLE	09 JUL 2025 11:31 AM	OPD	GH¢ 0.00			

Click on “Submit
Batch”

Step 5d

CLAIMS BATCH SUBMISSION

Total Volume	4
	claims
Total Cost	531.88
	GHC

	Volume	Cost
Outpatient	4	531.88

Service Cost

Medicine Cost

59.22%

40.78%

GHC 315.00

GHC 216.88

Disclaimer

You are about to export claims for **Jul 2025**.

* Claims generated from this system are still subject to adjudication. Continue with Submission only if you agree.

* Claims for Jul 2025 will be LOCKED. You can unlock later after the submission.

* It is recommended that you run the Submission Advice Report for Jul 2025 to review pending issues.

Submit Offline

Submit Online

Confirm Online Upload

Are you sure you want to upload your claims to the Submission System?

No

Yes Upload

Submit Online : used when submitting claims over the internet

Submit Offline : used when submitting claims in the absence of internet

Submission Authorization

Please re-enter your password

Authorize



NB: Generation of member attendance(s) for **Pharmacy/Diagnostic Centers** require a **“Referral Attendance Code”** from a Hospital/clinic, Optical, Dental, or Physiotherapy Center.

PHARMACY DIAGNOSTIC ATTENDANCE CREATION



PHARMACY ATTENDANCE GENERATION 1a

NEW ATTENDANCE

1 Start 2 Confirm Member Info 3 Authorize

Type of Service

Member No.

Claim Type
 ONLINE OFFLINE

Referral Attendance Code

Referral Facility Name

[Start Attendance >](#)

- Enter member number
- Enter “Referral Attendance Code”
- Click on “Start Attendance”

- Make sure the Referral attendance Code is valid as indicated

NEW ATTENDANCE

1 Start 2 Confirm Member Info 3 Authorize

EXE 0089766
MR. QUANSAH EVANS
 MALE / 40yrs

Date of Birth: 30 Nov 1984
 Folder No.:
 Telephone No(s):

Referral Info
 Referral Att. Code: 525664
 Referral Attendance Code is valid.
 Referred from Facility: HEALTHCARE NETWORKS LIMITED-SWAN MEDICAL CENTER

Policy Plan
 Plan: EXECUTIVE
 Policy Type: PRINCIPAL
 Start Date: 01 Jan 2025
 Expiry: 31 Dec 2025
 Status: ACTIVE
 Company: NATIONWIDE MEDICAL INSURANCE

[Back](#) [Confirm Member Info >](#)

Step 2b

NEW ATTENDANCE

1 Start — 2 Confirm Member Info — 3 Authorize

EKI 0089766
Policy #: 281732 / Plan: EXECUTIVE
MR. QUANSAH EVANS
MALE / 40yrs

Attendance Code: *****4

Authorization Code
An authorization code has been sent to the member on the phone number ending 024*****32. Kindly request the authorization code from the member and enter in the following box to start a new attendance.

Enter Authorization Code:

[Back](#) [Authorize](#)

Enter "OTP" received from member and click "Authorize" to display member benefits

QUANSAH EVANS

Member No. EKI 0089766 | Policy Plan EXECUTIVE | Policy Type MUNICIPAL | Policy Start Date 01 Jan 2025

MEMBER POLICY LIMITS

ALL 42 | AVAILABLE 42 | LEAD 8 | USED UP 0

Utilization Benefit	Limit	Used	Bal
ADMINISTRATIVE SERVICES	GHC 1,500.00	30.00	1,470.00
DENTAL	GHC 1,000.00	-	1,000.00
DENTAL % ADVANCED DENTISTRY	GHC 1,000.00	-	1,000.00
DENTAL % BASIC DENTISTRY	GHC 1,000.00	-	1,000.00
EMERGENCY	GHC 2,000.00	-	2,000.00
EMERGENCY % LOCAL EVACUATION	GHC 2,000.00	-	2,000.00
EYE CARE	GHC 2,750.00	-	2,750.00
EYE CARE % EYE SURGERY	GHC 2,000.00	-	2,000.00
EYE CARE % SPECTACLE	GHC 750.00	-	750.00
EYE CARE % SPECTACLE % FRAME	GHC 750.00	-	750.00
EYE CARE % SPECTACLE % LENS	GHC 750.00	-	750.00
EYE CARE % SPECTACLE % LENS AND FRAME	GHC 750.00	-	750.00
OPD	GHC 10,000.00 every year	-	10,000.00
OUTPATIENT PROCEDURES	GHC 3,500.00	150.00	3,350.00
OUTPATIENT PROCEDURES % DETENTION	GHC 3,500.00	-	3,500.00
OUTPATIENT PROCEDURES % OPD PROCEDURES	GHC 3,500.00	-	3,500.00
REHABILITATION	GHC 1,200.00	-	1,200.00
REHABILITATION % PHYSIOTHERAPY	GHC 1,200.00	-	1,200.00
WELLNESS	GHC 300.00	-	300.00

[GENERATE CLAIM](#)

Confirm Member benefits and click "Edit Claim"


PHARMACY ATTENDANCE GENERATION

Wrong Referral Attendance Codes

NEW ATTENDANCE

1 Start 2 Confirm Member Info 3 Authorize

EXE 0089766
MR. QUANSAH EVANS
MALE / 40yrs



Date of Birth: 30 Nov 1984
Folder No.:
Telephone No(s):

Referral Info
Referral Att. Code: 525663
Referred from Facility: ** Referral Attendance Code is not valid.

Policy Plan

Plan: EXECUTIVE	Policy Type: PRINCIPAL
Start Date: 01 Jan 2025	Expiry: 31 Dec 2025
Company: NATIONWIDE MEDICAL INSURANCE	Status: ACTIVE

Back Confirm Member Info

An indication of a wrong
“Referral Attendance
Code”

Attention!

Referral Attendance Code is not valid.

OK

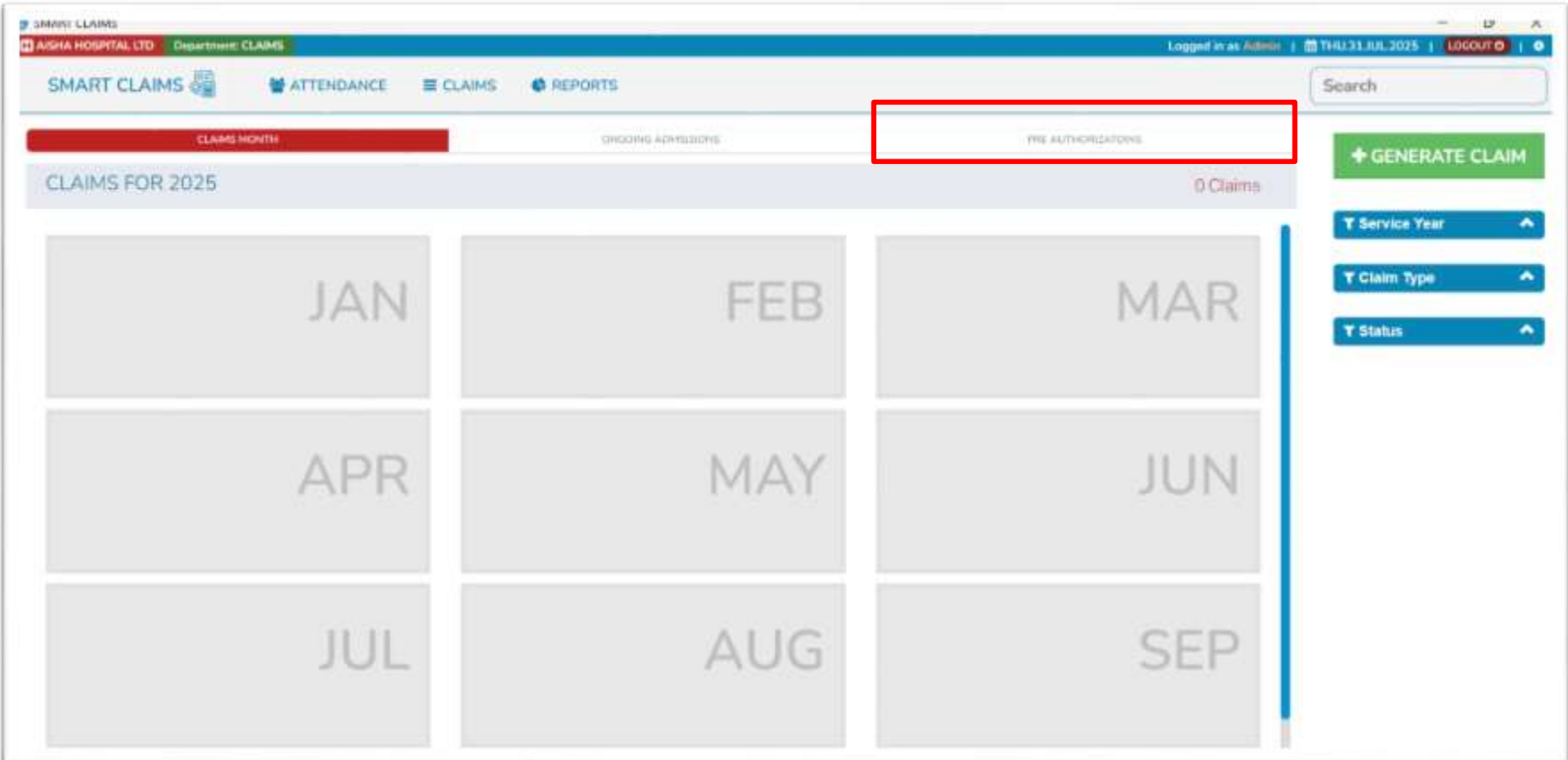
NB: A Pharmacy/diagnostic
attendance cannot be generated
for members using wrong
“referral attendance codes”

PRE- AUTHORIZATION



Step 1

Click the “Pre-authorization” button to request for approval from NMI



SMART CLAIMS

AISHA HOSPITAL LTD | Department: CLAIMS

Logged in as Admin | THU 31 JUL 2025 | LOGOUT

SMART CLAIMS | ATTENDANCE | CLAIMS | REPORTS

Search

CLAIMS MONTH | ONGOING ADMISSIONS | **PRE AUTHORIZATIONS**

CLAIMS FOR 2025 | 0 Claims

JAN | FEB | MAR

APR | MAY | JUN

JUL | AUG | SEP

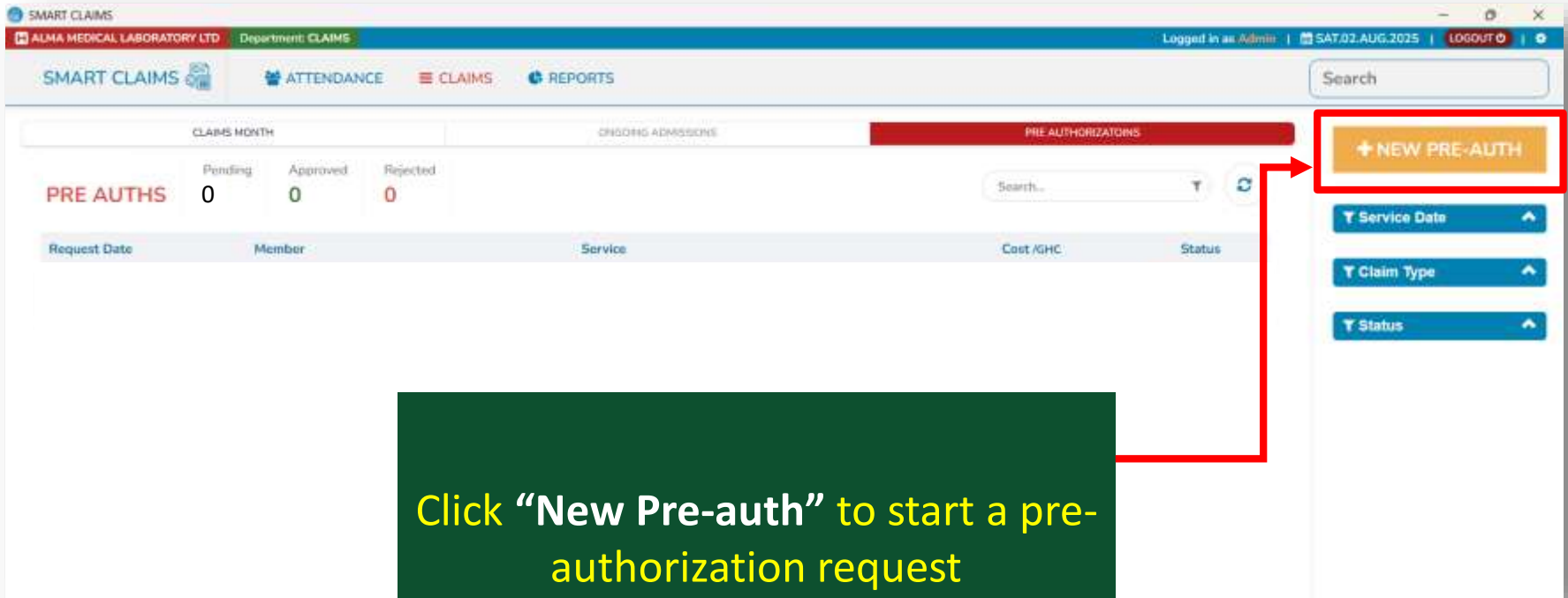
+ GENERATE CLAIM

Service Year

Claim Type

Status

Step 2



SMART CLAIMS

ALMA MEDICAL LABORATORY LTD | Department: CLAIMS | Logged in as Admin | SAT,02.AUG.2025 | LOGOUT

SMART CLAIMS | ATTENDANCE | CLAIMS | REPORTS

Search

CLAIMS MONTH | ONGOING ADMISSIONS | PRE AUTHORIZATIONS

PRE AUTHS | Pending: 0 | Approved: 0 | Rejected: 0

Search...

+ NEW PRE-AUTH

Service Date

Claim Type

Status

Request Date | Member | Service | Cost /GHC | Status

Click "New Pre-auth" to start a pre-authorization request

Step 3

- Enter member number and click on confirm member Info.
- Choose member preferred plan if member has two policies

Enter procedure/service /item

Enter service/item details

Click "Attach a file" to attach additional documents

Click "Submit Request" to submit for approval

Pre-authorization Request

Member No. Member Info
MRS MUL TIPE TEST RENEW FEMALE / 34yrs

Select Policy Plan

Plan	Start Date	Company	Status
<input type="radio"/> EXECUTIVE 3D	24 Jun 2025	TEST COMPANY	ACTIVE
<input type="radio"/> PREMIER	30 Jul 2025	RENEWAL TEST COMPANY	ACTIVE

Pre-auth Service Uveitis Management

Invoice Total 0.00

Invoice Details

Code	Description	Qty	Cost
01DIAG68L01	FULL BLOOD COUNT FBC (AUTOMATION)	1	30.00
UNKN00L	BLOOD GROUPING (ABD + RH)	1	52.00
01DIAG94L01	LFT	1	80.00

Code Unit Price x Qty Total 0.00

Attachments

No Attachments...
Drag-N-Drop files here...

View pre-authorization request
based on their statuses “Pending,
Approved, Rejected”

SMART CLAIMS

ALMA MEDICAL LABORATORY LTD Department: CLAIMS Logged in as Admin

SMART CLAIMS ATTENDANCE CLAIMS REPORTS

CLAIMS MONTH ONGOING ADMISSIONS PRE AUTHORIZATIONS

1 requested	Pending	Approved	Rejected
PRE AUTHS	1	0	0

Search...

Request Date	Member	Service	Cost /GHC	Status
31 JUL 2025 02:27 PM	N2547539581 MULTIPE TEST RENEW	01OPHT28E01 LVEITIS MANAGEMENT	105.00	PENDING

View details of requested pre-
authorizations

ADDITION OF AN APPROVED PRE-AUTHORIZATION TO A CLAIM

Client Details

QUANSAH EVANS

Folder No:
Gender: M
Age: 40yrs
DOB: NOV 30, 1984

Claim Status **OPEN**

CLOSE CLAIM

CONVERT TO OPD

ADD PRE-AUTH SERVICE

STEP 1

Click on "add pre-auth service" button to attach the approved service/item

Add Pre-authorized Service

Authorized Service

Service Date

PreAuth Approval Code

An authorization code is shared with the member to be used to authorize the use of this pre-authorized service. If the member did not receive the authorization code, you can click on [this link](#) to resend the code to the member.

Invoice Details

Diagnoses Services Medicines/Items Investigations

No Diagnosis Provided...

Attachments

No Attachments...

Cancel **ADD PRE-AUTH SERVICE**

Click on the search button to add the approved pre-authorized service/item

Enter "Approval Code" received from member

Select service date

Click "add pre-auth service" button to add the approved service/item to the claim

APPENDIX – INSTALLATION SETUP

- **Server Installation:** This configures the computer to serve other SmartClaims client users connected via a Local Area Network (LAN). It hosts both the server and the database services.
- **Server-Client:** This option installs only the client version of the application. It assumes the client will connect to a SmartClaims server via a network address, so no local database is installed on this computer. The client requires the server to be up and running to function.

APPENDIX – INSTALLATION SETUP

- **Standalone:** This option installs and configures SmartClaims as an independent environment with the database residing locally on the computer.
- **HMS Integration:** This configuration is designed to allow for API integration between Hospital Management Systems (HMS) and SmartClaims. All functionalities from attendance generation to utilization checks and claims validation will be managed within the Hospital's HMS.

USER ROLES

Roles within the Claims Generation System

- **Insurance Officer:** This is the highest role, with access to every feature of the application in claims submission.
- **Claims Entry Admin:** This role can perform all activities within the application except claims submission and has the same privileges as the Insurance Officer.
- **Entry Clerk:** This role is allowed to view, add, edit, export, and import claims. However, it cannot delete claims, view reports, run updates, or manage users.

USER ROLES

- **Prescriber:** This role is allowed to capture diagnoses and attachments.
- **Pharmacy Officer:** This role is allowed to add medications and attachments.
- **Lab Officer:** This role is allowed to add investigations and attachments.
- **Front Desk Officer:** This role can generate and manage attendance.

USER ROLES

- **Claims Front Desk Officer:** This role can generate attendance and add services.
- **Account Officer:** This role is allowed to check utilization and other billing activities related to service delivery.
- **Facility Supervisor:** This role allows viewing claims, viewing reports, running system updates, and managing users. This role is not allowed to add, edit, or submit claims.



Thank
you!