
Provider Portal

User Guide

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Contents

...

Chapter 1	Registration Process	1
	Completing the Registration Process	1
Chapter 2	Getting Started	7
	Signing In and Out	7
	Signing In	7
	Signing Out	8
	Forgot Your Password	9
	Documentation Conventions	10
Chapter 3	Navigation	11
Chapter 4	My Account	13
Chapter 5	Using Quick Links	15
	Adding a Quick Link	15
	Editing a Quick Link	16
	Deleting a Quick Link	16
Chapter 6	Reviewing Claims	19
	Reviewing Claims By Subscriber ID	19
	Reviewing Claims By Claim ID or Claim Status and Date Range	22
	Reviewing Claims By Check Number	24
Chapter 7	Reviewing Provider Education	27

Chapter 1

Registration Process

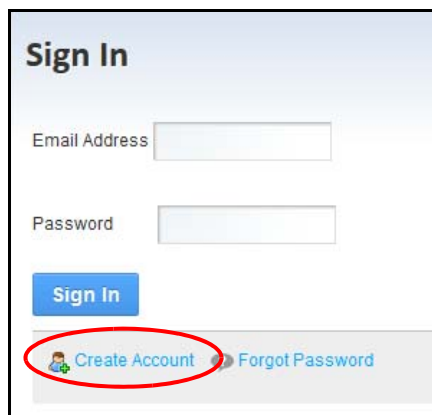
...

Completing the Registration Process

Use the steps below to create an account in the Provider Portal application.

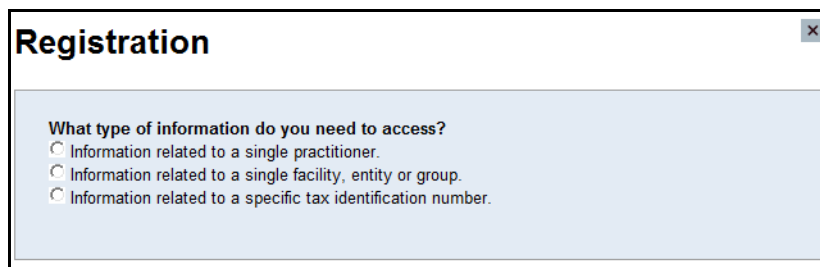
Steps

- 1 From the Provider Portal home page, click the **Create Account** link.



The screenshot shows a 'Sign In' form with two input fields: 'Email Address' and 'Password'. Below the fields is a blue 'Sign In' button. At the bottom of the form, there are two links: 'Create Account' (with a person icon) and 'Forgot Password'. The 'Create Account' link is circled in red.

- 2 Select the option corresponding to the type of information that you need to access.
 - Information related to a single practitioner.
 - Information related to a single facility, entity or group.
 - Information related to a specific tax identification number.



The screenshot shows a 'Registration' window with a close button (x) in the top right corner. The main content area asks: 'What type of information do you need to access?' and provides three radio button options:

- Information related to a single practitioner.
- Information related to a single facility, entity or group.
- Information related to a specific tax identification number.

- 3 Based on the option chosen in the previous step, select the option that best describes your organization.

Each user in the system is assigned a particular user role, which is tied to the person's logon credentials. Access to functionality in the Provider Portal is based on the user role. Refer to the table for details on each user role.

REGISTRATION PROCESS

Completing the Registration Process

Once registered, a person’s user role cannot be changed within the Provider Portal application. To change it, contact Customer Support for assistance.

- If you chose Single Practitioner, see 3a
- If you chose Single Facility, Entity or Group, see 3b
- If you chose Specific Tax Identification Number, see 3c

3a (Single Practitioner)

What type of information do you need to access?
– Information related to Single Practitioner

Which organization best describes you?

- Provider Organization:** I request and review prior authorization statuses for healthcare services for a single Provider Organization. (My organization has the ability to view Member Eligibility, view Claim Information and review Member Benefits)
- Non-Medical Service Provider:** I request and review prior authorization statuses for healthcare services for multiple Provider Organizations. (My organization has the ability to view Member Eligibility, view Claim Information and review Member Benefits)
- Billing Organization:** I am a billing company who is contracted to provide administrative services to a single Provider Organization, or a care system associated with a single Provider Organization. (My organization has the ability to view Member Eligibility, view Claim Information and review Member Benefits)
- Delegate Billing Organization:** I am a billing company who is contracted to provide administrative services to multiple Provider Organizations, or care systems associated with multiple Provider Organizations. (My organization has the ability to view Member Eligibility, view Claim Information and review Member Benefits)
- Authorization Organization:** I request and review prior authorization statuses for healthcare services for a single Provider Organization. (My organization has the ability to view Member Eligibility and review Member Benefits)
- Delegate Authorization Organization:** I request and review prior authorization statuses for healthcare services for multiple Provider Organizations. (My organization has the ability to view Member Eligibility and review Member Benefits)

3b (Single Facility, Entity or Group)

What type of information do you need to access?
-- Information related to Single facility, entity or group

Which organization best describes you?

Non-Medical Service Provider: I request and review prior authorization statuses for healthcare services for multiple Provider Organizations. [\(My organization has the ability to view Member Eligibility, view Claim Information and review Member Benefits\)](#)

Billing Organization: I am a billing company who is contracted to provide administrative services to a single Provider Organization, or a care system associated with a single Provider Organization. [\(My organization has the ability to view Member Eligibility, view Claim Information and review Member Benefits\)](#)

Delegate Billing Organization: I am a billing company who is contracted to provide administrative services to multiple Provider Organizations, or care systems associated with multiple Provider Organizations. [\(My organization has the ability to view Member Eligibility, view Claim Information and review Member Benefits\)](#)

Authorization Organization: I request and review prior authorization statuses for healthcare services for a single Provider Organization. [\(My organization has the ability to view Member Eligibility and review Member Benefits\)](#)

3c (Specific Tax Identification Number)

What type of information do you need to access?
-- Information related to specific tax identification number

Which organization best describes you?

Billing Organization: I am a billing company who is contracted to provide administrative services to a single Provider Organization, or a care system associated with a single Provider Organization. [\(My organization has the ability to view Member Eligibility, view Claim Information and review Member Benefits\)](#)

Authorization Organization: I request and review prior authorization statuses for healthcare services for a single Provider Organization. [\(My organization has the ability to view Member Eligibility and review Member Benefits\)](#)

Delegate Authorization Organization: I request and review prior authorization statuses for healthcare services for multiple Provider Organizations. [\(My organization has the ability to view Member Eligibility and review Member Benefits\)](#)

- 4** Based on the selection in the previous step, enter the requested Provider Information fields (for example, NPI, Tax ID).

- If Role chosen is any role other than Non-Medical Service Provider:

Provider Information

NPI (10 digits) Tax ID (9 digits) Remittance Zip Code (5 digits)

- If Role chosen is Non-Medical Service Provider:

Provider Information

Tax ID (9 digits)

If you need to change the type of information to access, click the **Change organization selection** down arrow and choose another option.

- 5** Click **Continue Registration**.

REGISTRATION PROCESS

Completing the Registration Process

- 6 Depending on the previous selections, enter the requested **Provider Information** and **User Information**, if applicable.

- If Role chosen is Provider Organization, Non-Medical Service Provider or Billing Organization:

Please fill out the form below:
* Denotes a required field

Provider Information

* First Name * Last Name Business Name * Email

User Information

* First Name * Last Name * Email

Continue Registration Back

- If Role chosen is Delegate Billing Organization, Authorization Organization, or Delegate Authorization Organization:

Please fill out the form below:
* Denotes a required field

User Information

* First Name * Last Name * Email

Continue Registration Back

- 7 If Electronic Funds Transfer (EFT) functionality is configured for your organization, select **Yes** or **No** to sign up for EFT. Otherwise, skip this step.
- 8 Click **Continue Registration**.
- 9 Enter a **Password** and reenter it to confirm. Password requirements are:
- Must contain 8-20 characters.
 - Must contain at least one uppercase letter, number, and special character (_ . ! @ \$ * = - ?).
- NOTE:** Passwords expire every 90 days.
- 10 Select a question from the **Security Question** list, and then enter the answer in the **Answer** text box.

NOTE: The Answer field is case sensitive. If you use the Forgot Password link in the future, the text in the Answer field must exactly match the text that you

added here.

Registration form details:

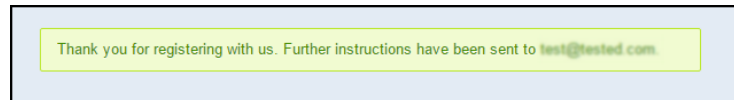
- Section: Password requirements:
 - Length between 8 and 20.
 - At least one digit, one special character and an uppercase letter.
- Fields: Password, Verify Password
- Section: Security Question
 - Dropdown: Please Select
 - Field: Answer
- Buttons: Submit, Back

11 Click **Continue Registration**.

12 If **Yes** was selected for Electronic Funds Transfer (EFT) in step 7, do the following. Otherwise, skip this step.

- a. Enter the required banking information in the corresponding fields.
- b. Select the type of account as **Checking** or **Savings**.
- c. Use the scroll bar to read the Terms of Use, and then select the **agreement** check box.
- d. Click **Submit**.

Once the registration process is complete, a link will be sent to your email address.



13 Go to your email application, open the email message, and click the link specified in the email.

14 Accept the terms of use displayed.

15 Log in to the Provider Portal using your email address and password.

Chapter 2

Getting Started

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Use the information below to sign in and out of the application, to reset your password if you forgot it or it expires, and to review documentation conventions used in this guide.

This guide documents all of the capabilities in the system. Depending on your user security privileges, you may not have access to all of the functionality.

Signing In and Out

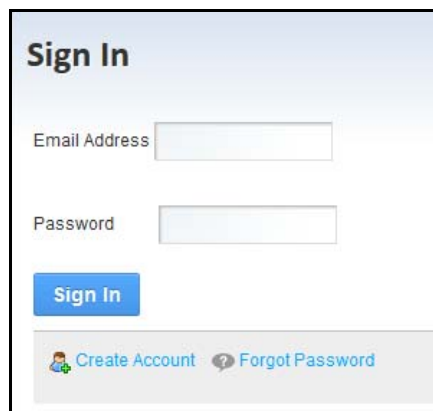
Use the steps below to sign in and out of the application.

Signing In

Use the steps below to sign in to the application.

Steps

- 1 Click the **Provider Portal** link.
- 2 Enter your **Email Address** and **Password** in the corresponding fields.



The screenshot shows a 'Sign In' form with the following elements:

- Sign In** title
- Email Address** label and text input field
- Password** label and text input field
- Sign In** button
- [Create Account](#) link with a person icon
- [Forgot Password](#) link with a speech bubble icon

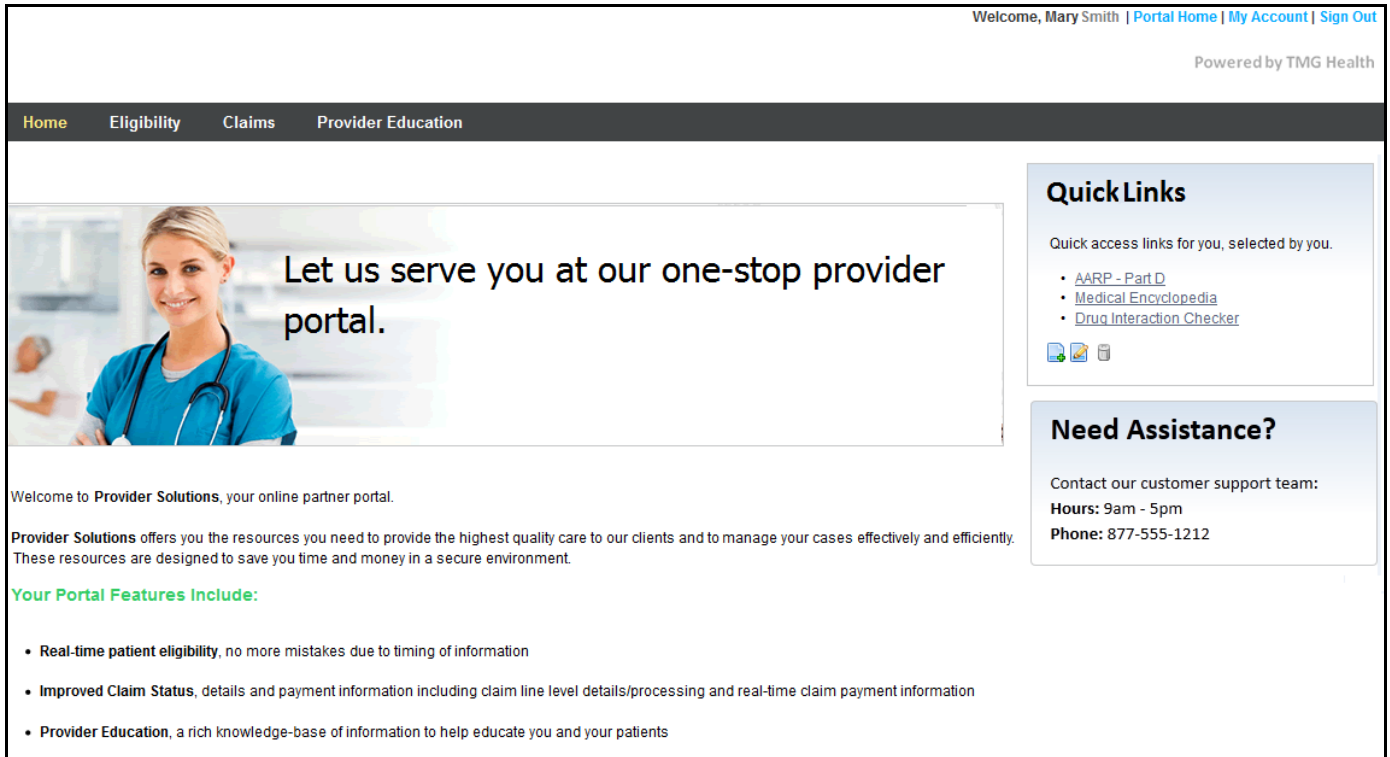
NOTE: If you forgot your password or need to change it, refer to “Forgot Your Password” on page 9.

NOTE: After five (5) failed password attempts, your account will be locked. You must wait 30 minutes before attempting to sign in again.

- 3 Click **Sign In**.

NOTE: The session time-out is set at 30 minutes of inactivity, after which the application will automatically sign out.

The Provider Portal home page displays.



Welcome, Mary Smith | [Portal Home](#) | [My Account](#) | [Sign Out](#)

Powered by TMG Health

[Home](#) [Eligibility](#) [Claims](#) [Provider Education](#)

Let us serve you at our one-stop provider portal.

Quick Links

Quick access links for you, selected by you.

- [AARP - Part D](#)
- [Medical Encyclopedia](#)
- [Drug Interaction Checker](#)

Need Assistance?

Contact our customer support team:
Hours: 9am - 5pm
Phone: 877-555-1212

Welcome to **Provider Solutions**, your online partner portal.

Provider Solutions offers you the resources you need to provide the highest quality care to our clients and to manage your cases effectively and efficiently. These resources are designed to save you time and money in a secure environment.

Your Portal Features Include:

- **Real-time patient eligibility**, no more mistakes due to timing of information
- **Improved Claim Status**, details and payment information including claim line level details/processing and real-time claim payment information
- **Provider Education**, a rich knowledge-base of information to help educate you and your patients

Signing Out

To properly sign off the application, click **Sign Out** located in the secondary navigation bar in the top right portion of the application.

Welcome, Mary Smith | [Portal Home](#) | [My Account](#) | [Sign Out](#)

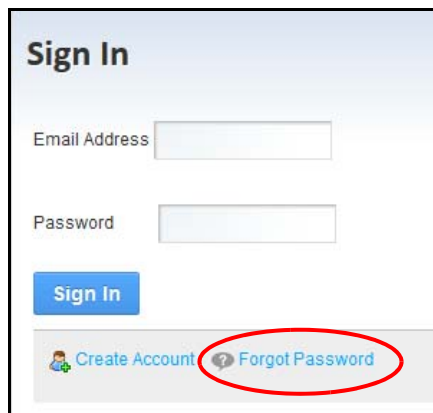
Forgot Your Password

Use the Forgot Password link to if you cannot remember your password. This option will guide you through resetting your password so that you can enter a new one.


NOTE: Passwords expire every 90 days. If you allow the password to expire, you must contact Customer Support for assistance.

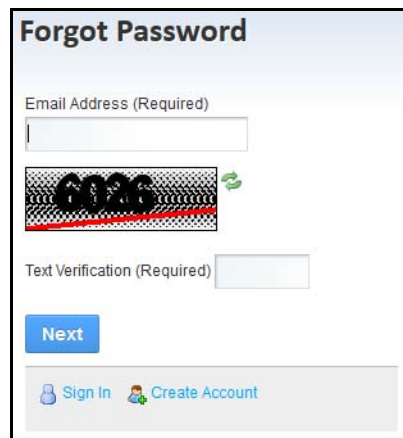
Steps

- 1 Click the **Forgot Password** link in the Sign In window.



The screenshot shows a 'Sign In' form with two input fields: 'Email Address' and 'Password'. Below the fields is a blue 'Sign In' button. At the bottom of the form, there are two links: 'Create Account' and 'Forgot Password'. The 'Forgot Password' link is circled in red.

- 2 On the Forgot Password window, do the following, and then click **Next**.
 - a. Type your **email address** in the **Email Address (Required)** field.
 - b. Type the **code** displayed in the gray box into the **Text Verification (Required)** field. If you cannot read the code, click the refresh button .



The screenshot shows a 'Forgot Password' form. It has an 'Email Address (Required)' field. Below it is a CAPTCHA image showing a grid of numbers with a red line and a refresh icon. Below the CAPTCHA is a 'Text Verification (Required)' field. At the bottom is a blue 'Next' button. At the very bottom, there are links for 'Sign In' and 'Create Account'.

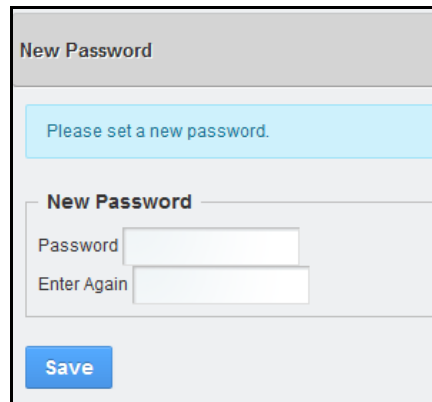
- 3 When the password Security Question displays, type the correct **Answer**.

NOTE: The Answer field is case sensitive and must exactly match the Answer you entered during registration.

- 4 Click **Send Password Reset Link**.

A password reset link is sent to the email address entered.

- 5 Go to your email application, open the email message, and click the link specified in the email.
- 6 On the New Password window, enter a new password in both the **Password** and **Enter Again** boxes, and then click **Save**. Password requirements are:
 - Must contain 8-20 characters.
 - Must contain at least one each of the following: upper case letter, number, and special character (_ . ! @ \$ * = - ?).



Documentation Conventions

- This user guide contains all of the procedures that can be performed in the Provider Portal. Access to functionality is based on your user role, therefore, you may or may not have access to all of the procedures in this guide. Refer to “About User Roles” on page 3 for more information.
- The user guide contains example screens that are to be used as general guidelines. They may not exactly reflect the information on your monitor.

Chapter 3

Navigation

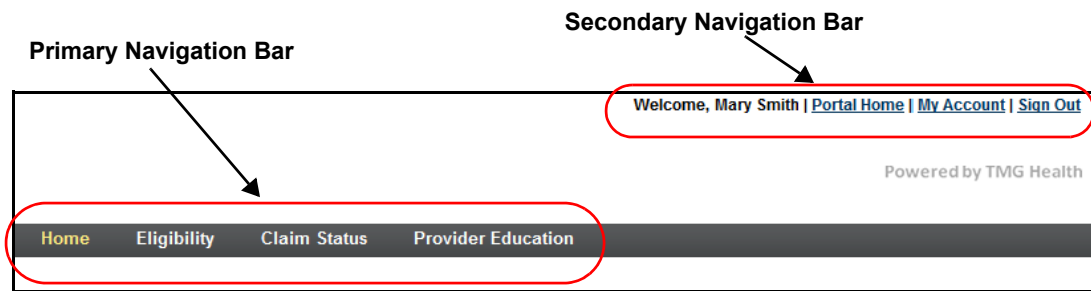
...

The main body of the application displays below the menu bar. In the right window pane, Quick Links (see “Using Quick Links”) and Need Assistance sections display.

The screenshot displays a web application interface for a provider portal. At the top right, it says "Welcome, Mary Smith | [Portal Home](#) | [My Account](#) | [Sign Out](#)". Below this, it says "Powered by TMG Health". A dark navigation bar contains the following links: [Home](#), [Eligibility](#), [Claims](#), and [Provider Education](#). The main content area features a large banner with a photo of a smiling female healthcare professional and the text "Let us serve you at our one-stop provider portal." To the right of the banner are two sidebars. The "QuickLinks" sidebar lists "Quick access links for you, selected by you." with three items: [AARP - Part D](#), [Medical Encyclopedia](#), and [Drug Interaction Checker](#). Below these are three small icons. The "Need Assistance?" sidebar provides contact information for the customer support team: "Hours: 9am - 5pm" and "Phone: 877-555-1212". Below the banner, the text reads "Welcome to **Provider Solutions**, your online partner portal." and "Provider Solutions offers you the resources you need to provide the highest quality care to our clients and to manage your cases effectively and efficiently. These resources are designed to save you time and money in a secure environment." A section titled "Your Portal Features Include:" lists three bullet points:

- **Real-time patient eligibility**, no more mistakes due to timing of information
- **Improved Claim Status**, details and payment information including claim line level details/processing and real-time claim payment information
- **Provider Education**, a rich knowledge-base of information to help educate you and your patients

The areas at the top of the application include:



Primary Navigation Bar – This menu bar is used to navigate the main functionality of the application and to return to the Home page.

- **Home** – Used to return to the Provider Portal Home page.
- **Eligibility** – Used to look up the eligibility information for a member.
- **Claim Status** – Used to review claims information for a member.
- **Provider Education** – Used to access the Provider Portal User Guide and view provider-related resources, such as education materials, attestation materials, and latest regulations.

Secondary Navigation Bar – This menu bar is in the top right portion of the application. It contains your username and links to the Provider Portal Home page, to your account information (see “My Account” on page 13) and to properly sign out of the system (see “Signing In and Out” on page 7).

Chapter 4

My Account

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Use the steps below to modify the information that you originally entered during the registration process, such as provider information, user information, password and security question.

Steps

- 1 Click **My Account** located in the secondary navigation bar in the top right portion of the application.



The My Account page displays

My Account

Provider Information

Provider First Name: Test
 Provider Last Name: Test
 Provider Email: MMEW7GZh0HAM@portalTesting.com
 Business Name: TestBusiness

Verification Information

Provider Role: Provider Organization
 Tax ID: 410974675
 NPI: 1598743833
 Zip Code: 55403

User Information

User First Name: TestName
 User Last Name: TestName
 Email Address: MMEW7GZh0HAM@portalTesting.com

Electronic Funds Transfer Information

Change Password/Security Information

- 2 To modify Provider Information, do the following:
 - a. Click **Edit Provider Information**.

- b. Update the necessary fields. The Provider Role and Tax ID fields cannot be modified. To make changes to these fields, contact Customer Support for assistance.
 - c. Click **Submit** to save the changes or **Cancel** to erase them.
 - 3 To modify User Information, do the following:
 - a. Click **Edit User Information**.
 - b. Update the necessary fields. The Email Address cannot be modified. To change this field, contact Customer Support for assistance.
 - c. Click **Submit** to save the changes or **Cancel** to erase them.
 - 4 To add or edit Electronic Funds Transfer (EFT) information, do the following:

NOTE: If EFT functionality was not configured for your organization, this information will not display, and this step can be skipped.

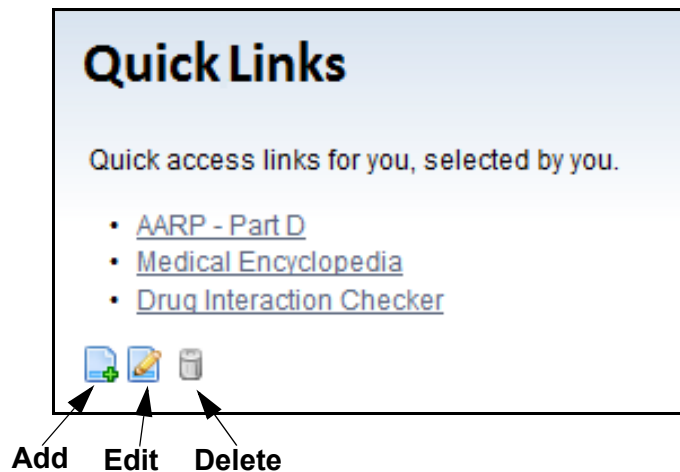
 - a. If EFT information was not added during registration, the **Add EFT Account Information** option displays. If it was, the **Edit EFT Account Information** option displays. Click the appropriate button depending on the action to be performed.
 - b. Enter or modify the required banking information in the corresponding fields.
 - c. Select the type of account as **Checking** or **Savings**.
 - d. Use the scroll bar to read the Terms of Use, and then select the **agreement** check box.
 - e. Click **Submit** to save the changes or **Cancel** to erase them.
 - 5 To modify the Security Question, do the following:
 - a. Click **Edit Security Question/Answer**.
 - b. Select a new Question from the list.
 - c. Type the **Answer**. The Answer field is case sensitive. If you use the Forgot Password link in the future, the text in the Answer field must exactly match the text that you added here.
 - d. Click **Submit** to save the changes or **Cancel** to erase them.
 - 6 To modify the Password, do the following:
 - a. Click **Change Password**.
 - b. Enter the new Password. It must contain 8-20 characters and at least one each of the following: uppercase letter, number, and special character (_ . ! @ \$ * = - ?).
 - c. Reenter the Password to confirm it.
 - d. Click **Submit** to save the changes or **Cancel** to erase them.

Chapter 5

Using Quick Links

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The Quick Links section is located in the top right corner of the application. This area is where you can keep the links that you use most often. You can customize them using the add, edit and delete options. When you click a link in the list, the corresponding website opens in a new browser window.



Adding a Quick Link

Use the steps below to add a Quick Link.

Steps

- 1 Click the **Add**  icon in the Quick Links box.
- 2 Enter the **Name** that you want to display in the Quick Links section of the window.

The screenshot shows a form titled "Quick Links" with the heading "Add Quick Link Name and URL:". It contains two input fields: "Name:" and "URL:". The "URL:" field has "http://" entered. At the bottom of the form are two buttons: "Add" and "Cancel".

USING QUICK LINKS

Editing a Quick Link

- 3 Enter a valid **URL** corresponding with the site or copy and paste the site's URL in this field.

NOTE: If an invalid URL is entered, the browser will not be able to display any web page or an alternate web page may display in error.

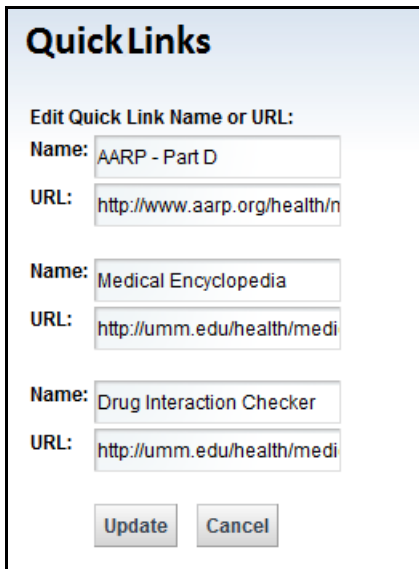
- 4 Click **Add**.

Editing a Quick Link

Use the steps below to edit any Quick Link.

Steps

- 1 Click the **Edit**  icon in the Quick Links box.
- 2 Edit the **Name** and **URL** fields as needed.



The screenshot shows a form titled "QuickLinks" with the instruction "Edit Quick Link Name or URL:". It contains three rows of input fields. The first row has "Name: AARP - Part D" and "URL: http://www.aarp.org/health/n". The second row has "Name: Medical Encyclopedia" and "URL: http://umm.edu/health/medi". The third row has "Name: Drug Interaction Checker" and "URL: http://umm.edu/health/medi". At the bottom are "Update" and "Cancel" buttons.


NOTE: If an invalid URL is entered, the browser will not be able to display any web page or an alternate web page may display in error.

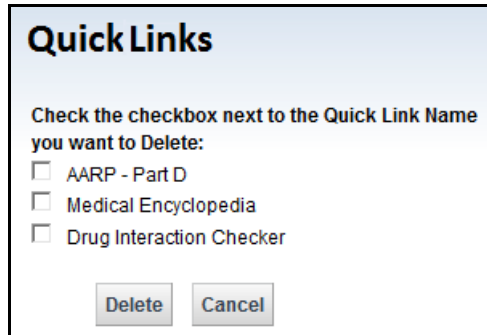
- 3 Click **Update**.

Deleting a Quick Link

Use the steps below to delete any Quick Link.

Steps

- 1 Click the **Delete**  **icon** in the Quick Links box.
- 2 Select the box next to the link to be deleted.



Quick Links

Check the checkbox next to the Quick Link Name you want to Delete:

- AARP - Part D
- Medical Encyclopedia
- Drug Interaction Checker

- 3 Click **Delete**.

Chapter 6

Reviewing Claims

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Use the Claims option to review claims information for a member. You can search for a claim by:

- Subscriber ID
- Claim ID
- Check number

Reviewing Claims By Subscriber ID

Use the steps below to view a list of claims based on Subscriber ID.

Steps:

- 1 Click **Claims** in the menu bar.
- 2 Select **By Subscriber** as the Search Method.

The screenshot shows a web form titled "Claims Inquiry by Subscriber". At the top, there is a "Search Method" section with three radio button options: "By Subscriber" (which is selected and circled in red), "By Claim", and "By Check". Below this is a form with several input fields, each with a red asterisk indicating it is required. The fields are: "Subscriber ID", "First Name", "Last Name", and "Date of Birth" (with a format hint "(MM/DD/YYYY)"). There is also a "Claim Date Range" section with two radio button options: "Past 12 Months" (selected) and "Custom Date Range". A "Submit" button is located at the bottom of the form.

- 3 Enter information in all of the required fields: Subscriber ID, First Name, Last Name, and Date of Birth (MM/DD/YYYY).

NOTE: The system will only retrieve exact matches for information entered in the Subscriber ID, First Name, and Date of Birth fields. The Last Name field searches on the first two characters entered.

REVIEWING CLAIMS

Reviewing Claims By Subscriber ID

- 4 Use one of the following options for the Claim Date Range:
 - **Past 12 Months:** Show claims from the previous 12 months.
 - **Custom Date Range:** Enter dates into the **Date Range From** and **Date Range To** fields or select them from the pop-up calendar. You can only retrieve history for the past three (3) years, if applicable.

- 5 Click **Submit**.

The matching claim or claims display in the Claims Results section. Only claim information related to your registered Tax Identification Number (TIN) and/or National Provider Identifier (NPI) displays.

- 6 To view details of a claim, click the **Claim ID link**. The information displays below the table.

Claim Inquiry Results

Member Information

Member ID: [REDACTED]	State: [REDACTED]	View Eligibility for this member
First Name: [REDACTED]	Zip Code: [REDACTED]	
Last Name: [REDACTED]	County: [REDACTED]	
Birth Date: [REDACTED]	PCP Of Record: [REDACTED]	
City: [REDACTED]		

Claims Summary

Status	Claim ID	Mem. ID	Received	From	To	Tot. Charge	Issue(Paid) Date	Tot. Payable
Accepted; Batch Complete	[REDACTED]	[REDACTED]	08/22/2014	06/24/2014	06/24/2014	\$172.25	08/31/2014	\$127.03
Accepted; Batch Complete	[REDACTED]	[REDACTED]	10/14/2014	09/23/2014	09/23/2014	\$172.25	10/19/2014	\$127.03
Accepted; Batch Complete	[REDACTED]	[REDACTED]	04/22/2014	04/17/2014	04/17/2014	\$102.00	04/27/2014	\$84.38
Accepted; Batch Complete	[REDACTED]	[REDACTED]	04/22/2014	03/11/2014	03/11/2014	\$152.25	04/27/2014	\$124.03
Accepted; Batch Complete	[REDACTED]	[REDACTED]	08/22/2014	07/03/2014	07/03/2014	\$122.00	08/31/2014	\$87.38
Accepted; Batch Complete	[REDACTED]	[REDACTED]	08/22/2014	08/12/2014	08/12/2014	\$172.25	08/31/2014	\$127.03

1/1 10 per page [Export Claims](#)

- 7 If one exists, view a snapshot image of the remittance advice by clicking the **Reference ID link** in the Claim Specific Information section. If an image does not exist, the Reference ID will not display as a link.

CLAIM SPECIFIC INFORMATION

Claim ID: [REDACTED]	Total Charges: \$726.00	Total Deductible Amount: \$0.00	Status: Accepted; Batch Complete
Payee: [REDACTED]	Total Payable: \$300.84	Total Copay Amount: \$0.00	Billing To Date: 06/05/2014
Provider ID: [REDACTED]	Check #: 800088324	Total Coinsurance Amount: \$0.00	Billing From Date: 06/05/2014
Provider Name: [REDACTED]	Check Date: 07/13/2014	Total Patient Responsibility: \$0.00	Billing Received Date: 07/03/2014
Reference ID: [REDACTED]	Check Amount: \$988.73	Total Disallowed Amount: \$0.00	

SERVICE LINE 1 INFORMATION

Date From: 06/05/2014	Procedure: 45385 - Colonoscopy, Flexible, W/Removal, Lesion, Snare	Deductible Amount: \$0.00
Date To: 06/05/2014	Diagnosis: 2809	Copay Amount: \$0.00
POS: 24 - Ambulatory Surgical Center	Charges: \$726.00	Coinsurance Amount: \$0.00
		Patient Responsibility: \$0.00
		Disallowed Amount: \$235.28

Status: Disallowed
Explanation: Not Assigned (S)


SERVICE LINE 2 INFORMATION

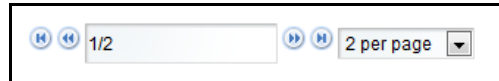
Date From: 06/05/2014	Procedure: 4539059 - Colonoscopy, Flexible, Proximal To Splenic Flexure, W/Dx, Single/Multi	Deductible Amount: \$0.00
Date To: 06/05/2014	Diagnosis: 2113	Copay Amount: \$0.00
POS: 24 - Ambulatory Surgical Center	Charges: \$726.00	Coinsurance Amount: \$0.00
		Patient Responsibility: \$0.00
		Disallowed Amount: \$189.88

Status: Disallowed
Explanation: Not Assigned (S)

[Export Claims](#)

8 Do any of the following on this page:

- Click the [Search for Member Claim](#) link to return to the Claim Inquiry page to lookup another claim.
- Click the [View Eligibility for this Member](#) link to go to the Eligibility Inquiry page to review eligibility information for this member.
- Click the **Export Claims** link to export Claims in a Microsoft Excel format.
- Use the arrows  next to a column heading to sort the column in ascending or descending order.
- Use the controls below the table to determine if there are multiple pages of information and to move between them.



The image shows a pagination control interface. It consists of a rectangular box containing several elements: on the left, a circular icon with a double left arrow; next to it, a text input field containing the value '1/2'; to the right of the input field, a circular icon with a double right arrow; and finally, a dropdown menu showing '2 per page' with a downward-pointing arrow.

Reviewing Claims By Claim ID or Claim Status and Date Range

Use the steps below to view a list of claims based on Claim ID or Claim Status and Date Range.

Steps

- 1 Click **Claims** in the menu bar.
- 2 Select **By Claim** as the Search Method.

* Search Method

By Subscriber

By Claim

By Check

Claims Inquiry by Subscriber [X]

* Denotes a required field

To view claim information, enter the following Subscriber information:

* Subscriber ID

* First Name

* Last Name

* Date of Birth (MM/DD/YYYY)

* Claim Date Range

Past 12 Months Custom Date Range

Submit

- 3 Use one of the following options to retrieve claims information:
 - **Claim ID:** Enter a valid Claim ID.
 - **Claim Status and Date Range:** Select a status from the drop-down list, and then enter a **Start Date** and **End Date** in the corresponding fields. You can only retrieve history for the past three (3) years, if applicable.

* Search Method

By Subscriber

By Claim

By Check

Claims Inquiry by Claim [X]

To view claims information, pick the type of inquiry to perform.

* Denotes a required field

* Inquiry By

Claim ID Claim Status and Date Range

* Claim ID

Submit

- 4 Click **Submit**.

REVIEWING CLAIMS

Reviewing Claims By Claim ID or Claim Status and Date Range

If a specific Claim ID was entered, the Claim Specific Information for the claim automatically displays. If the inquiry was by Claim Status and Date Range, select the desired claim from the results list that displays to view the corresponding Claims Specific Information.


- 5 If one exists, view a snapshot image of the remittance advice by clicking the **Reference ID link** in the Claim Specific Information section. If an image does not exist, the Reference ID will not display as a link.






CLAIM SPECIFIC INFORMATION			
Claim ID: [REDACTED]	Total Charges: \$726.00	Total Deductible Amount: \$0.00	Status: Accepted: Batch Complete
Payee: [REDACTED]	Total Payable: \$300.84	Total Copay Amount: \$0.00	Billing To Date: 06/05/2014
Provider ID: [REDACTED]	Check #: 800088324	Total Coinsurance Amount: \$0.00	Billing From Date: 06/05/2014
Provider Name: [REDACTED]	Check Date: 07/13/2014	Total Patient Responsibility: \$0.00	Billing Received
Reference ID: [REDACTED]	Check Amount: \$988.73	Total Disallowed Amount: \$0.00	Date: 07/03/2014

SERVICE LINE 1 INFORMATION		
Date From: 06/05/2014	Procedure: 45385 - Colonoscopy, Flexible, W/Removal, Lesion, Snare	Deductible Amount: \$0.00
Date To: 06/05/2014	Diagnosis: 2809	Copay Amount: \$0.00
POS: 24 - Ambulatory Surgical Center	Charges: \$726.00	Coinsurance Amount: \$0.00
		Patient Responsibility: \$0.00
		Disallowed Amount: \$235.28
Status: Disallowed		
Explanation: Not Assigned (\$)		

SERVICE LINE 2 INFORMATION		
Date From: 06/05/2014	Procedure: 4538059 - Colonoscopy, Flexible, Proximal To Splenic Flexure, W/Bx, Single/Multi	Deductible Amount: \$0.00
Date To: 06/05/2014	Diagnosis: 2113	Copay Amount: \$0.00
POS: 24 - Ambulatory Surgical Center	Charges: \$726.00	Coinsurance Amount: \$0.00
		Patient Responsibility: \$0.00
		Disallowed Amount: \$189.88
Status: Disallowed		
Explanation: Not Assigned (\$)		

[Export Claims](#)

- 6 Do any of the following on this page:
 - Click the [Search for Member Claim](#) link to return to the Claim Inquiry page to lookup another claim.
 - Click the [View Eligibility for this Member](#) link to go to the Eligibility Inquiry page to review eligibility information for this member.
 - Click the **Export Claims** link to export Claims in a Microsoft Excel format.
 - Use the arrows  next to a column heading to sort the column in ascending or descending order.
 - Use the controls below the table to determine if there are multiple pages of information and to move between them.

  1/2   2 per page 
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Reviewing Claims By Check Number

Use the steps below to view a list of claims based on the Check Number.

Steps

- 1 Click **Claims** in the menu bar.
- 2 Select **By Check** as the Search Method.

*Search Method
 By Subscriber
 By Claim
 By Check

Claims Inquiry by Subscriber [X]

* Denotes a required field

To view claim information, enter the following Subscriber information:

*Subscriber ID
 *First Name
 *Last Name
 *Date of Birth (MM/DD/YYYY)

*Claim Date Range
 Past 12 Months Custom Date Range

Submit

- 3 Enter a valid **check number** in the Check # field.

*Search Method
 By Subscriber
 By Claim
 By Check

Claims Inquiry by Check [X]

To view claims information, enter a valid Check #.

* Denotes a required field

*Check #

Submit

- 4 Click **Submit**.
- 5 If one exists, view a snapshot image of the remittance advice by clicking the **Reference ID link** in the Claim Specific Information section. If an image does not exist, the Reference ID will not display as a link.

NOTE: The system displays history for only the past three (3) years, if applicable.

CLAIM SPECIFIC INFORMATION			
Claim ID: ██████████	Total Charges: \$726.00	Total Deductible Amount: \$0.00	Status: Accepted; Batch Complete
Payee: ██████████	Total Payable: \$300.84	Total Copay Amount: \$0.00	Billing To Date: 06/05/2014
Provider ID: ██████████	Check #: 800088324	Total Coinsurance Amount: \$0.00	Billing From Date: 06/05/2014
Provider Name: ██████████	Check Date: 07/13/2014	Total Patient Responsibility: \$0.00	Billing Received Date: 07/03/2014
Reference ID: ██████████	Check Amount: \$988.73	Total Disallowed Amount: \$0.00	

SERVICE LINE 1 INFORMATION			
Date From: 06/05/2014	Procedure: 45385 - Colonoscopy, Flexible, W/Removal, Lesion, Snare	Deductible Amount: \$0.00	
Date To: 06/05/2014	Diagnosis: 2809	Copay Amount: \$0.00	
POS: 24 - Ambulatory Surgical Center	Charges: \$726.00	Coinsurance Amount: \$0.00	
		Patient Responsibility: \$0.00	
		Disallowed Amount: \$235.28	
Status: Disallowed			
Explanation: Not Assigned (5)			

SERVICE LINE 2 INFORMATION			
Date From: 06/05/2014	Procedure: 4538059 - Colonoscopy, Flexible, Proximal To Splenic Flexure, W/Bx, Single/Multi	Deductible Amount: \$0.00	
Date To: 06/05/2014	Diagnosis: 2113	Copay Amount: \$0.00	
POS: 24 - Ambulatory Surgical Center	Charges: \$726.00	Coinsurance Amount: \$0.00	
		Patient Responsibility: \$0.00	
		Disallowed Amount: \$189.88	
Status: Disallowed			
Explanation: Not Assigned (5)			

Export Claims

6 Do any of the following on this page:

- Click the [Search for Member Claim](#) link to return to the Claim Inquiry page to lookup another claim.
- Click the [View Eligibility for this Member](#) link to go to the Eligibility Inquiry page to review eligibility information for this member.
- Click the **Export Claims** link to export Claims in a Microsoft Excel format.
- Use the arrows next to a column heading to sort the column in ascending or descending order.
- Use the controls below the table to determine if there are multiple pages of information and to move between them.

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Chapter 7

Reviewing Provider Education

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The Provider Education page contains materials, such as video and PDF files, some of which you may be required to view. This page also contains other helpful reference links.

All files open up in a separate browser window. If the video or PDF requires attestation, you will be instructed to click the **Acknowledge** button on the page to confirm compliance and receive the proper credit.

Steps:

- 1 Click **Provider Education** in the menu bar.
- 2 Click the link corresponding to the file to open it. The information will display in a separate browser window.
- 3 If the information requires attestation, the Acknowledge button displays after the file is opened. Click **Acknowledge** after viewing the file.

