



INDEPENDENT CARE HEALTH PLAN

***i*Care Provider Portal Reference  
Guide**

# iCare Provider Portal Notes:

- **WHEN REGISTERING ON THE PORTAL:**
  - DO NOT Select Individual Name. **iCare providers should select Facility or Group Name**
  - For 'Facility or Group Name' use the name as listed on your Explanation of Payment which matches our claim system
  - Use the most recent check issued
- User Date of Birth is needed upon registering for password reset purposes.
- When Creating Claims, Click View Estimate if *Optional* claims details in not needed. View Estimate must be completed to proceed to SUBMIT CLAIM.

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# Provider Portal User Guide

In this guide, you will find information on various topics including searching for and creating claims, searching for authorizations, checking eligibility, sending messages and various other tasks. Just click any link or conduct a search.

**If you have already registered and logged in, continue to [Getting Started](#).**

For registration and login information, see the following:

- [Logging In and Registration - Providers](#)

The screenshot displays the Provider Portal Dashboard. At the top right, there are navigation links: Messages, My Profile, Preferences, Notifications, Logout, and Help. The main header area includes a greeting "Hello, M Cooper" and a "Dashboard" title with the subtitle "Supporting More Focused Care".

The dashboard is divided into several sections:

- Search Member:** A search bar with options to search by Member ID (selected), Member Name, or Subscriber ID. A "SEARCH" button is present.
- PENDING CLAIMS:** Shows 0 total claims. Includes a table with columns for STATUS (Pending) and DATE (Last Days), and a PROVIDER field (Cooper, M). A "VIEW DETAILS" button is at the bottom.
- IN PROCESS CLAIMS:** Shows 57 total claims. Includes a table with columns for STATUS (In Process) and DATE (Last 90 Days), and a PROVIDER field (Cooper, M). A "VIEW DETAILS" button is at the bottom.
- FINALIZED CLAIMS:** Shows 55 total claims. Includes a table with columns for STATUS (Finalized) and DATE (Last 90 Days), and a PROVIDER field (Cooper, M). A "VIEW DETAILS" button is at the bottom.
- Top Additional Links:** A list of links including "PNC Bank Remittance Advice", "Understanding ERA and EFT Process", and "Practice Fusion". A "VIEW ALL ADDITIONAL LINKS" button is at the bottom.

A left-hand navigation menu contains the following items: Home, Eligibility, Claims, Referrals and authorizations, Member management, Additional links, Documents, Notifications, Message center, Provider search, Provider profile, and User management.

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## Logging In and Registration - Providers

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Use the information in this section to do either of the following tasks:

- Check eligibility
- Register as a provider administrator
- Register as a provider or member of the provider staff
- Recover your username or password

## Logging In to the Provider Portal

---

If you do not have an account, click **Register Account**. For more information, see [Registering as a Provider Administrator](#) or [Registering as a Provider or Staff](#).

## First-time Users

Users logging in for the first time (including after a bulk user upload process), must do the following:

- Accept the user policies.
- Change your password.
- Update your security questions and answers.

## Logging In

**To log in:**

1. Navigate to the Provider portal by providing the URL.  
The following screen appears.

---

**Welcome. Let's get you signed in.**

USERNAME

PASSWORD

Remember Me

**LOG IN** REGISTER

[Forgot username?](#) | [Forgot password?](#)

2. Type your **Username** and **Password**.
3. Click **LOG IN**.  
The Provider home page dashboard appears.

### First Time Users

If you do not have security questions and answers on file, you are prompted with the option to update the questions and answers or continue.

If you choose to cancel the update, you will continue to the portal interface. On subsequent login, you are again prompted to update the security questions and answers. The prompt continues with each subsequent login until the updates are made.

If this is your first-time logging in, you must provide the following information:

- **Terms of Use and Privacy Policy**

If you have not previously agreed to the Terms of Use and Privacy Policy for your account, it will be displayed upon clicking Login.



## Example


### Terms of Use and Privacy Policy

Terms And Conditions   Privacy Policy

EP- This website and any related mobile application (the "Site") is available to you conditioned upon your acceptance of the terms and conditions explained in this Authorized User Terms of Use ("Terms of Service"). By using the Site, you signify your acceptance of the Terms of Service and any subsequent modifications made with the new terms taking effect on the date of

Scroll to the bottom of the Terms of Use and Privacy Policy, and click **ACCEPT**. Clicking **DECLINE** will log you out of the system.

- **Change Password**  
If this is the first time logging in, you are prompted to change your password.  
See: [My Account - Change Password](#)
- **Update Security Questions and Answers**  
If this is the first time logging in, you are prompted to set your security questions and answers.  
See: [My Account- Update Security Questions](#)
- **Successful Login**  
If your login is successful, the **Home** page appears. See [Getting Started](#).
- **Unsuccessful Login**  
If your login is not successful, the following error message appears: *Incorrect username or password*  
Retype your Username and/or Password. See also: [Forgot Username or Password](#)
- **Expired Password**  
If your password is going to expire, you will be prompted to change it. See: [My Account - Change Password](#)
- **Too Many Password Attempts**  
If you continue with a system-configured number of incorrect login attempts, the system will lock your account. Your account will be unlocked after a period of 30 minutes (system-configured time).

 If you have trouble logging in, click [Forgot username or password](#).

## Logging Out

You can log out from any page using the **Logout** link.

### To log out:

Select **Logout** at the top of the page.

# Welcome. Let's get you signed in.

USERNAME

PASSWORD

Remember Me

**LOG IN** REGISTER

[Forgot username?](#) | [Forgot password?](#)

You are logged out, and the above page appears.

## Important Notes

The following notes describe session capabilities and functionality:

- After you are logged in, you will be **logged out automatically** after a set period of inactivity.

**Your session is about to expire !**

You will be logged out in 55 seconds . Please choose terminate session or resume session.

TERMINATE SESSION AND SIGN OUT RESUME SESSION

Click TERMINATE SESSION AND SIGN OUT to end the session. The following message appears.

Clicking RESUME SESSION and you return to your session but will be prompted again with the above message again after a set period of time.

### Logged Out

You have been logged out. Please log in again.

CLICK HERE TO LOG IN

If you miss the initial timeout prompt, the prompt to log in due to an expired session appears, as in the above example.

You can also bookmark any session page and be returned to that page upon logging in, regardless of the preferred landing page settings.

- The portal does a real-time eligibility check that verifies if you are eligible to view and update any transaction data.
- Passwords expire after 90 days or a set length of time set by your administrator. You will first receive a prompt with the number of days left before expiration and this value is set by your administrator (up to 15 days). If your password is expired, you will be able to log in using the expired password followed by a mandatory prompt to change it. See [Recover Password - Step 1: Username and Verification Information](#).

#### Related Topics:

- [Registering as a Provider Administrator](#)
- [Registering as a Provider or Staff](#)
- [Forgot Username or Password](#)

## Registering as a Provider Administrator

As a provider administrator, you can self-register. You can also set up groups of providers and assign other users to those groups. Assigning a user to a group sends an email to the user to register.

#### To register as a provider administrator:

1. Navigate to the Provider Portal.  
The following screen appears.

# Welcome. Let's get you signed in.

USERNAME

PASSWORD

Remember Me

**LOG IN** **REGISTER**

[Forgot username?](#) | [Forgot password?](#)


2. Click **Register Account**.  
The **Registration** page appears as in the following example.

3. Select the check box to agree to the **Terms of Use** and **Privacy Policy**.

If you are already a provider affiliated to a Wyoming Health plan, click the Proceed with Registration button

I agree to the Terms of Use & Privacy Policy

**PROCEED WITH REGISTRATION**

 Please keep in mind that the fields on these pages can be customized, and what you see may be different from what is shown here.

4. Read and then select **I agree to the Terms of Use & Privacy Policy**.
5. Click **PROCEED WITH REGISTRATION**. This button is disabled until you select the check box to agree to the Terms of Use and Privacy Policy.

Go to [Step 1 - Affiliation Information](#).

## Step 1 - Affiliation Information


When the Affiliation Info page appears:

1. DO NOT Select Individual Name. **iCare providers should select Facility or Group Name**
2. For 'Facility or Group Name' use the name as listed on your Explanation of Payments which matches our claim system
3. Use your NPI along with the required Tax ID for more accurate search results
4. Use the **most recent** check issued

The screenshot shows the 'Affiliation Info' registration page. At the top, there are four numbered steps: 1 (selected), 2, 3, and 4. Below the title, there is a radio button selection for 'Individual Name' (selected) and 'Facility or Group Name'. The form includes fields for: FIRST NAME (Required), LAST NAME (Required), NPI (Required), PHONE NUMBER (Required, format: (XXX) XXX-XXXX), TAX ID (Required), CHECK OR TRANSACTION NUMBER (Required), and ONE TIME PIN (Required). There are 'BACK' and 'NEXT' buttons at the bottom. Two callout boxes are present: one for 'Check or Transaction Number' with the text 'Please specify the check or EFT number issued against a claim payment in the past one rolling year' and a 'CANCEL' button; another for 'One Time Pin' with the text 'Please contact customer support to generate a One Time Pin to complete your registration process.' and a 'CANCEL' button. Arrows point from the callouts to the respective form fields.

1. When registering as a group, enter your **FACILITY OR GROUP NAME**, this should match what is listed on your explanation of payment.

- 
2. Type your **NPI**.
  3. Type your **PHONE NUMBER**.
  4. Type your **TAX ID**.
  5. Type your **CHECK OR TRANSACTION NUMBER**. This number can either be the check number of a recent claim payment to you from the payer that was issued. If providing this information, the ONE TIME PIN option is disabled.
  6. Type your **ONE TIME PIN**. If providing this information, the CHECK OR TRANSACTION NUMBER option is disabled.

 This ONE TIME PIN can be used only for one registration.

- If you are successful at registering with the ONE TIME PIN , then that PIN cannot be used again for self registration.
- If you are trying to use the ONE TIME PIN , which was previously used for successful self registration, the message “OTP was already used for registration. Please contact customer support for further details” appears.

If Users attempting to self register are unable to complete the registration process, the ONE TIME PIN can be re-used in the future, but the validity of the PIN is restricted to 30 days.

7. Click **NEXT**.

Go to [Step 2 - User Details](#).

## Step 2 - User Details

When the **User Details** page appears:

User Details

✓ ● ● ● 2 ● ● ● 3 ● ● ● 4

**User Details**  
To help you register please provide your personal information

FIRST NAME *(Required)*

LAST NAME *(Required)*

EMAIL *(Required)*

PHONE NUMBER *(Required)*

PHONE CARRIER *(Required)*

DATE OF BIRTH *(Required)*

USER TYPE *(Required)*


---

STREET ADDRESS

CITY

1. Type your **FIRST/LAST NAME**.
2. Type your **EMAIL ADDRESS**.

 Your email address must not contain any errors. The system only validates the "@" and period "." in the email syntax, but it does not validate whether the email is valid. For example, if you enter "smith@email.co" or other error in the email address, instead of "smith@email.com, the procedure to recover your username or password will fail.

3. Type your **PHONE NUMBER**.
4. Select your **PHONE CARRIER** from the list. Choices are: *AT&T Network, Sprint Mobile, T-Mobile, U.S. Cellular, Verizon*
5. Type your **DATE OF BIRTH** or select it from the calendar. (This is needed for password reset purposes)
6. Select the **USER TYPE**. Choices are: *Clinical Staff or Non-Clinical Staff*.
7. Type your **STREET ADDRESS, CITY, and ZIP CODE**.
8. Select your **STATE** from the list.
9. Click **NEXT**.

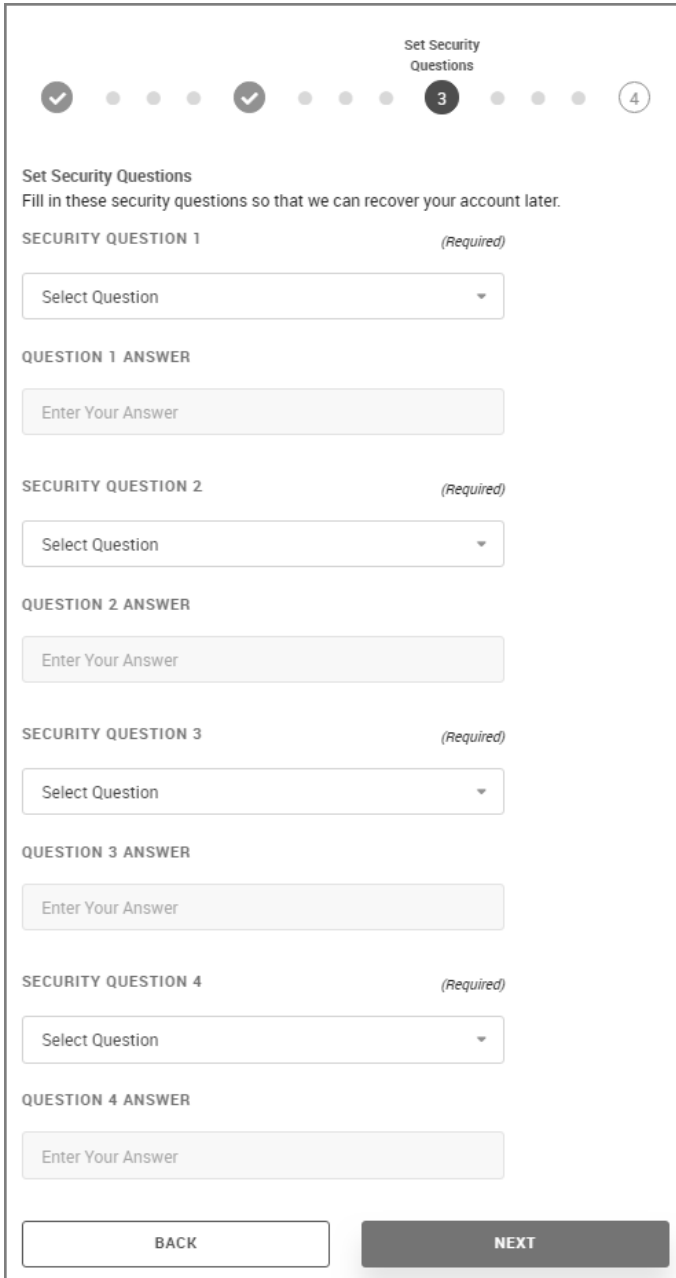
Go to [Step 3 - Set Security Questions for Provider Admin](#)



## Step 3 - Set Security Questions for Provider Admin

When the **Set Security Questions** page appears:

1. Click the **SECURITY QUESTION 1** list, and then type an answer in the **QUESTION 1 ANSWER** field:



The screenshot shows a 'Set Security Questions' page with a progress indicator at the top. The indicator consists of a series of dots, with the third dot highlighted in black and containing the number '3', and the fourth dot circled in grey and containing the number '4'. Below the progress indicator, the page title 'Set Security Questions' is followed by the instruction 'Fill in these security questions so that we can recover your account later.' The page contains four security question pairs. Each pair consists of a 'SECURITY QUESTION' label (e.g., 'SECURITY QUESTION 1') followed by '(Required)' and a dropdown menu labeled 'Select Question'. Below each dropdown is a 'QUESTION ANSWER' label (e.g., 'QUESTION 1 ANSWER') followed by a text input field labeled 'Enter Your Answer'. At the bottom of the page, there are two buttons: 'BACK' and 'NEXT'.

2. Continue providing information for the remainder of the questions and answers, and then click **NEXT**.  
If you make an error or skip a question, a message appears prompting you to select a question or provide an answer.

Go to [Step 4 - Create Username and Register](#).

## Step 4 - Create Username and Register

Users completing this last step of the registration process will have the role of Office Manager assigned to their sign-in credentials.

When the **Create Username** page appears:

1. Type a username (8 alphanumeric characters) in the **USERNAME** field.

Create Username

Create the username and password you will use to log in to EngageProvider

**USERNAME** *(Required)*

Check Username Availability

**CREATE PASSWORD** ⓘ *(Required)*


PASSWORD STRENGTH:

**CONFIRM PASSWORD** *(Required)*

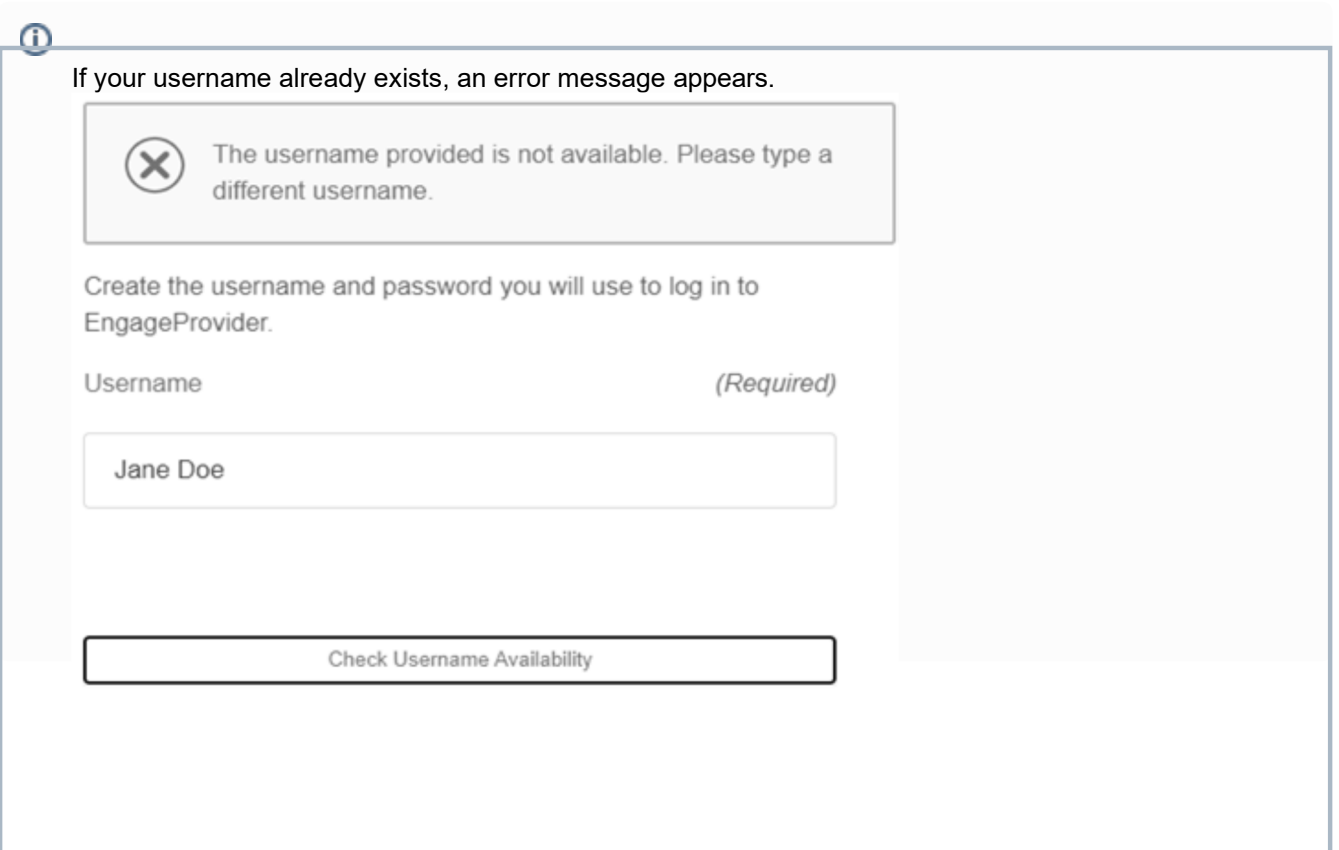
BACK REGISTER

2. Click **Check Username Availability**.

Upon a successful username check, a similar message to this one appears.



A screenshot of a web form showing a successful username check. At the top, a message box says "Username is available to use." Below this, the form is titled "Create Username" and includes the instruction "Create the username and password you will use to log in to EngageProvider". The label "USERNAME" is followed by "(Required)". The input field contains the text "jerry" and has a checkmark icon on the right. At the bottom of the form, there is a button labeled "Check Username Availability" with a mouse cursor hovering over it.



A screenshot of a web form showing an error message for an unavailable username. An information icon (i) is in the top left corner. The text reads "If your username already exists, an error message appears." Below this, a message box with a red 'X' icon contains the text: "The username provided is not available. Please type a different username." The form below is titled "Create the username and password you will use to log in to EngageProvider." The label "Username" is followed by "(Required)". The input field contains the text "Jane Doe". At the bottom of the form, there is a button labeled "Check Username Availability".

3. Type a password in the **CREATE PASSWORD** field.

**i** Passwords must be **10 to 32** characters long and have:

- At least **one** uppercase letter
- At least **one** lowercase letter
- At least **one** number
- At least **one** of the following special characters: ~ ! @ # \$ % ^ & \* ( ) < > { } \_ , -

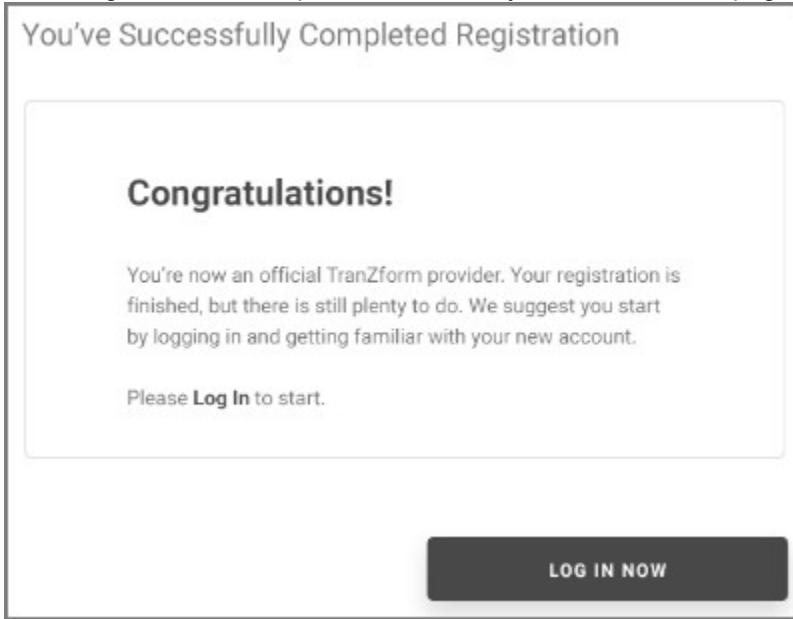
As you type the password, the **Password Strength** meter appears. You are also notified if the password does not meet requirements.

The screenshot shows two instances of a 'CREATE PASSWORD' field. The top instance shows a password field with a strength meter that is only partially filled, labeled 'PASSWORD STRENGTH: WEAK' and 'Password does not meet requirements.' The bottom instance shows a password field with a strength meter that is fully filled, labeled 'PASSWORD STRENGTH: EXCELLENT'.

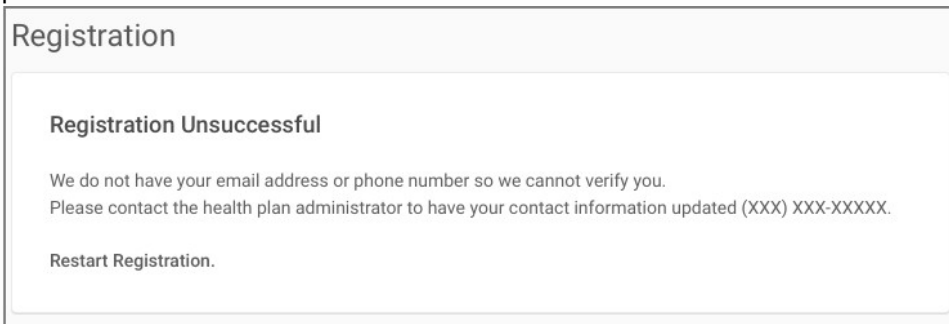
4. Type the password again in the **CONFIRM PASSWORD** field.

The screenshot shows two password fields. The top field is labeled 'CREATE PASSWORD' and has a strength meter that is fully filled, labeled 'PASSWORD STRENGTH: EXCELLENT'. The bottom field is labeled 'CONFIRM PASSWORD' and has a checkmark icon next to it, indicating the password is confirmed.

5. When registration is completed successfully, the confirmation page appears:



**i** If your registration is unsuccessful, the following message appears. You must restart the registration process.



**Related Topic:**

[Getting Started](#)

---

# Registering as a Provider or Staff

---

As a registered user, you can search and create claims and authorizations. You can message other users and include patient information and claim details.

When your Office Manager adds you as a user, you are sent an email that includes a link to the registration system. Accept the Terms of Use and Privacy Policy and follow the instructions to register and gain access.

The registration link is valid for a period of 24 hours or less, depending on how it was configured in your system. If you get a message that the link has expired, notify your provider administrator and request a new link.

## To register as a provider or staff:

1. Navigate to the Provider Portal.  
The following screen appears.

Welcome. Let's get you signed in.

USERNAME

PASSWORD

Remember Me

LOG IN REGISTER

[Forgot username?](#) | [Forgot password?](#)


2. Click **Register Account**.  
The **Registration** page appears as in the following example.

- 
3. Select the check box to agree to the **Terms of Use** and **Privacy Policy**.

If you are already a provider affiliated to a Wyoming Health plan, click the Proceed with Registration button

I agree to the Terms of Use & Privacy Policy

**PROCEED WITH REGISTRATION**

 Please keep in mind that the fields on these pages can be customized, and what you see may be different from what is shown here.

4. Read and then select **I agree to the Terms of Use & Privacy Policy**.
5. Click **PROCEED WITH REGISTRATION**. This button is disabled until you select the check box to agree to the Terms of Use and Privacy Policy.

Go to [Step 1 - User Details](#).

# Step 1 - User Details

When the **User Details** page appears:

1. Provide any additional user details, and then click **Next**.

User Details

1 ● ● ● 2 ● ● ● 3

**User Details**  
To help you register please provide your personal information

FIRST NAME *(Required)*

LAST NAME *(Required)*

EMAIL *(Required)*

PHONE NUMBER *(Required)*

PHONE CARRIER *(Required)*

DATE OF BIRTH *(Required)*

USER TYPE *(Required)*

STREET ADDRESS



---

The screenshot shows a form with the following elements:

- A text input field labeled "Street Address".
- A label "CITY" above a text input field labeled "City".
- A label "STATE" above a dropdown menu labeled "Select State".
- A label "ZIP CODE" above a text input field labeled "ZIP Code".
- Two buttons at the bottom: "BACK" and "NEXT".

2. Type your **STREET ADDRESS**, **CITY**, and **ZIP CODE**.
3. Select your **STATE** from the list.
4. Click **NEXT**.

Go to [Step 2 - Set Security Questions](#)

## Step 2 - Set Security Questions

---

When the **Set Security Questions** page appears:

1. Click the **Security Question 1 Arrow** ▼ icon. and then type an answer in the **Question 1 Answer** field:

Set Security Questions

● ● ● ● **2** ● ● ● ● (3)

**Set Security Questions**  
Fill in these security questions so that we can recover your account later.

**SECURITY QUESTION 1** *(Required)*

Select Question ▼

**QUESTION 1 ANSWER**

Enter Your Answer

**SECURITY QUESTION 2** *(Required)*

Select Question ▼

**QUESTION 2 ANSWER**

Enter Your Answer

**SECURITY QUESTION 3** *(Required)*

Select Question ▼

**QUESTION 3 ANSWER**

Enter Your Answer

**SECURITY QUESTION 4** *(Required)*

Select Question ▼

**QUESTION 4 ANSWER**

Enter Your Answer

2. Continue the rest of the questions and answers, and then click **NEXT**.  
If you make an error or skip a question, a message appears prompting you to provide the information.

Go to [Step 3 - Create Username and Register](#).

## Step 3 - Create Username and Register

When the **Create Username** page appears:

1. Type a username (8 alphanumeric characters) in the **Username** field.

Create Username

Progress: 1 ✓ 2 ✓ 3 4 5 6 7 8 9 10 3

### Create Username

Create the username and password you will use to log in to EngageProvider

**USERNAME** *(Required)*


**CREATE PASSWORD** ⓘ *(Required)*


  

PASSWORD STRENGTH:

**CONFIRM PASSWORD** *(Required)*

2. Click Check **Username Availability**.

 If your username already exists, an error message appears.

 The username provided is not available. Please type a different username.


Create the username and password you will use to log in to EngageProvider.

Username (Required)


Jane Doe


Check Username Availability


3. Type a password in the **CREATE PASSWORD** field.


 Passwords must be **10 to 32** characters long and have:


- At least **one** uppercase letter
- At least **one** lowercase letter
- At least **one** number
- At least **one** of the following special characters: ~ ! @ # \$ % ^ & \* ( ) < > { } \_ , -


 As you type the password, the **Password Strength** meter appears:


**CREATE PASSWORD**  (Required)

..... 

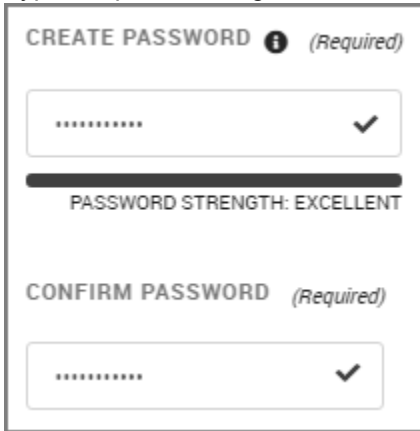
 **PASSWORD STRENGTH: WEAK**  
Password does not meet requirements.

**CREATE PASSWORD**  (Required)

.....| 

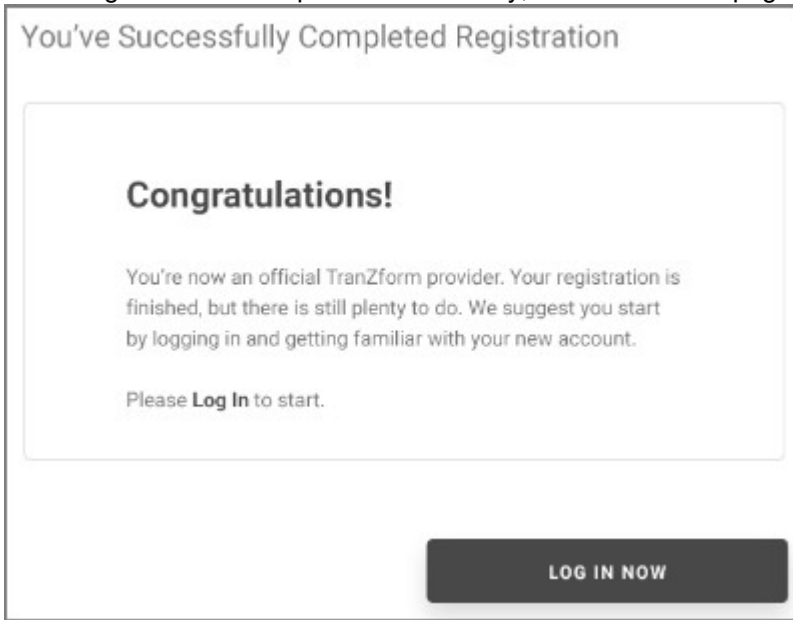
 **PASSWORD STRENGTH: EXCELLENT**

4. Type the password again in the **CONFIRM PASSWORD** field.



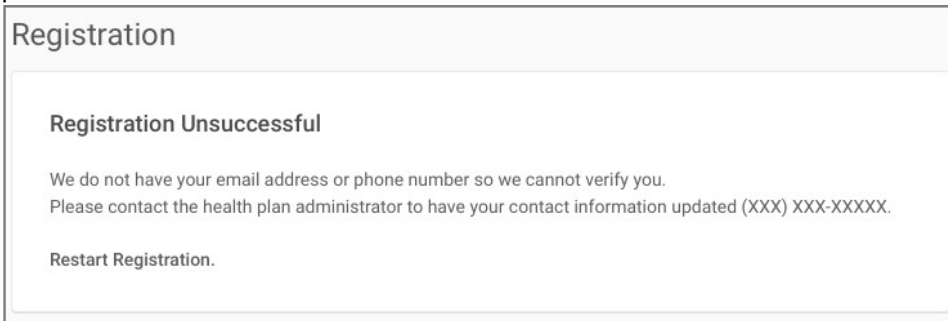
The screenshot shows a registration form with two password fields. The first field is labeled "CREATE PASSWORD" with an information icon and "(Required)". It contains a masked password "\*\*\*\*\*" and a checkmark. Below it is a progress bar labeled "PASSWORD STRENGTH: EXCELLENT". The second field is labeled "CONFIRM PASSWORD" with "(Required)". It also contains a masked password "\*\*\*\*\*" and a checkmark.

5. When registration is completed successfully, the confirmation page appears:



The screenshot shows a confirmation page titled "You've Successfully Completed Registration". It features a large "Congratulations!" heading. Below the heading, it says: "You're now an official TranZform provider. Your registration is finished, but there is still plenty to do. We suggest you start by logging in and getting familiar with your new account." It then says "Please **Log In** to start." At the bottom right, there is a dark button labeled "LOG IN NOW".

**i** If your registration is unsuccessful, the following message appears. You must restart the registration process.



The screenshot shows a message box titled "Registration". The main heading is "Registration Unsuccessful". The text reads: "We do not have your email address or phone number so we cannot verify you. Please contact the health plan administrator to have your contact information updated (XXX) XXX-XXXXX." At the bottom, it says "Restart Registration."

**Related Topic:**

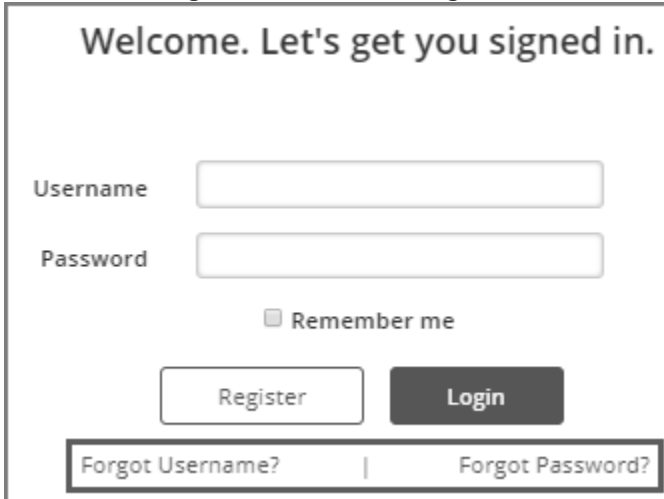
[Getting Started](#)

## Forgot Username or Password

---

**If you forgot your username or password:**

1. Navigate to the Provider Portal login screen.
2. Click either **Forgot Username** or **Forgot Password** from the logon page.



Welcome. Let's get you signed in.

Username

Password

Remember me

[Forgot Username?](#) | [Forgot Password?](#)

3. Depending upon the option you selected, go to:
  - [Recover Username](#)
  - [Recover Password - Step 1: Username and Verification Information](#)

# Recover Username

When the **Recover Username** page appears:

Get Your Username in No Time.

**FIRST NAME** *(Required)*

**LAST NAME** *(Required)*

**REGISTERED EMAIL ADDRESS** *(Required)*


**PHONE NUMBER** *(Required)*

**DATE OF BIRTH** *(Required)*

**NEXT**

1. Type your **FIRST/LAST NAME**.
2. Type your **REGISTERED EMAIL ADDRESS**. This is the email address you used when entered into the system.
3. Type your **PHONE NUMBER**.
4. Click into the **DATE OF BIRTH** field and select it from the calendar icon (.

---

5. Click **NEXT**.

If your information cannot be found in the system, an error appears.

⊗ Sorry! We cannot find a user associated with the given information. Please try again.

If your information was found in the system you are notified.

6. Check your email for instructions and click **log in**.

**Confirmation**  
Your username was sent to you.  
  
If you do not receive it shortly, please try again.  
If you continue to have trouble, please contact your health plan administrator at 999-999-9999.  
Please log in to start.



# Recover Password - Step 1: Username and Verification Information

When the **User Information & Verification** (Step 1) page appears:

User Information & Verification

1 - - - 2 - - - 3

Just Fill Out A Few Fields and we'll Reset Your Password

**USERNAME** *(Required)*

Please enter username

**DATE OF BIRTH** *(Required)*

mm / dd / yyyy

**EMAIL ADDRESS** *(Required)*

Enter your email address

BACK VERIFY AND NEXT

1. Type your user name in the **USERNAME** field.  
If you type a user name that is not recognized in the system, an error message appears below the field.

**USERNAME** *(Required)*

gwill X

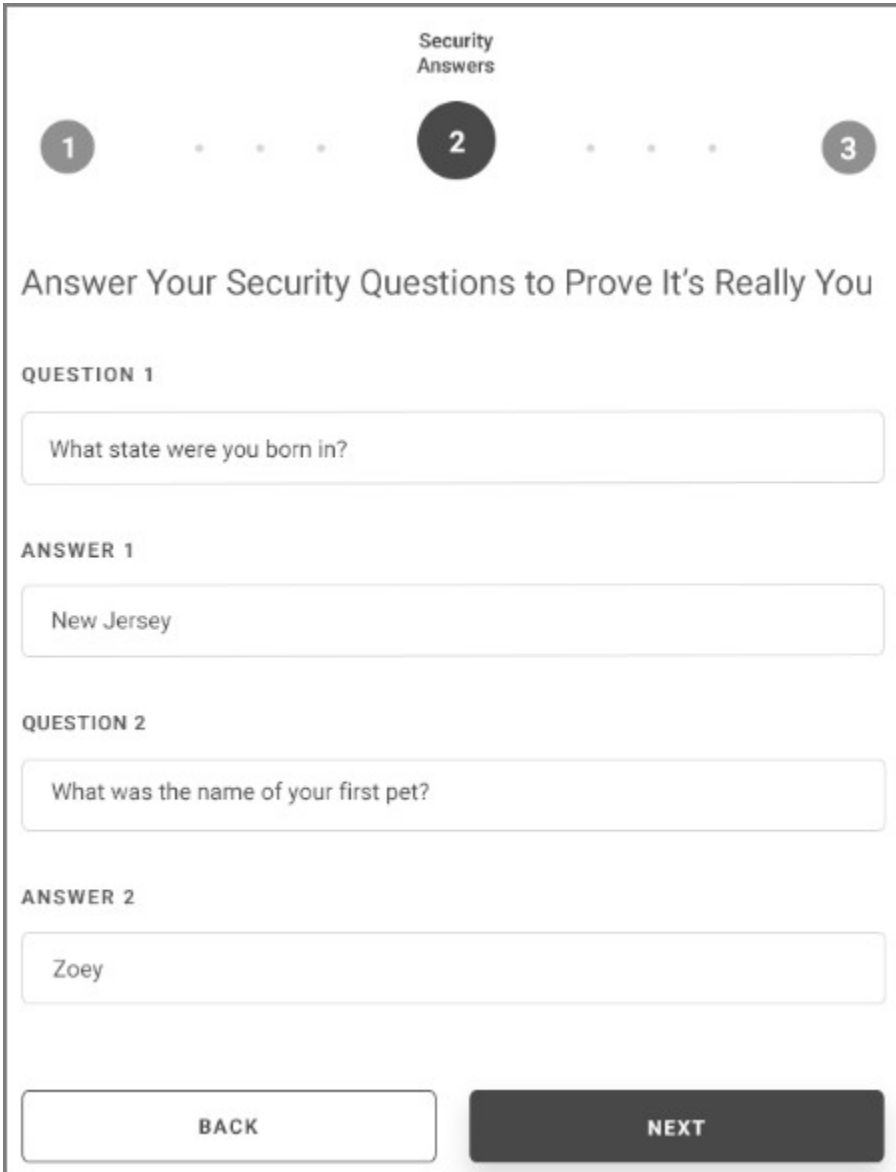
Username is invalid.

2. Type your **DATE OF BIRTH** and provide your **EMAIL ADDRESS**. The email address will be verified against the email address in the system.
3. Click **VERIFY AND NEXT**.

Go to [Recover Password - Step 2: Security Answers](#).

## Recover Password - Step 2: Security Answers

When the **Security Answers** (Step 2) page appears:



The screenshot shows a web page titled "Security Answers". At the top, there are three numbered circles: 1, 2, and 3. Circle 2 is highlighted, indicating the current step. Below the circles is the heading "Answer Your Security Questions to Prove It's Really You". The page contains two question-answer pairs. The first question is "QUESTION 1: What state were you born in?" with the answer "ANSWER 1: New Jersey". The second question is "QUESTION 2: What was the name of your first pet?" with the answer "ANSWER 2: Zoey". At the bottom, there are two buttons: "BACK" and "NEXT".

1. Select a **QUESTION 1** item from the list, and then type your answer in the **ANSWER 1** field.
2. Select a **QUESTION 2** item from the list, and then type your answer in the **ANSWER 2** field.  
If the information provided does not match what is on file in the system, you are prompted to try again or contact [provideroutreach@icarehealthplan.org](mailto:provideroutreach@icarehealthplan.org).
3. Click **NEXT**.

Go to [Recover Password - Step 3: Reset Password](#).

## Recover Password - Step 3: Reset Password

When the **Reset Password** (Step 3) page appears:

Reset Password

1 . . . 2 . . . 3

Type in Your New Password. Make It Memorable and Strong

CREATE PASSWORD

.....

PASSWORD STRENGTH: WEAK


CONFIRM PASSWORD

.....

BACK DONE

1. Type a password in the **CREATE PASSWORD** field.

- i** Passwords must be **10 to 32** characters long and have:
- At least **one** uppercase letter
  - At least **one** lowercase letter
  - At least **one** number
  - At least **one** of the following special characters: ~ ! @ # \$ % ^ & \* ( ) < > { } \_ , -

Passwords are case-sensitive. To unmask the password as you type, click the view icon .

- i** As you type the password, the **PASSWORD STRENGTH** meter appears. Avoid weak passwords and instead, create a password so that the strength meter displays **STRONG**.

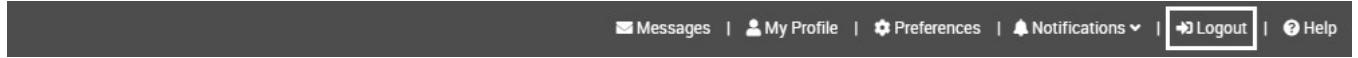
2. Type the password again in the **CONFIRM PASSWORD** field.

When the password reset is completed successfully, the confirmation page appears and you can log in.

# Log Out

You can log out from any page using the **Logout** link.

Select **Logout** at the top of the page.



You are logged out, and the following page appears.

## Welcome to iCare Provider Portal. Let's get you signed in.

Username

Password

Remember Me

Log In

Register

[Forgot username?](#) | [Forgot password?](#)

# Getting Started

Upon successfully logging in, the home page appears. Navigate to the links at the bottom of this page to familiarize yourself with the interface.

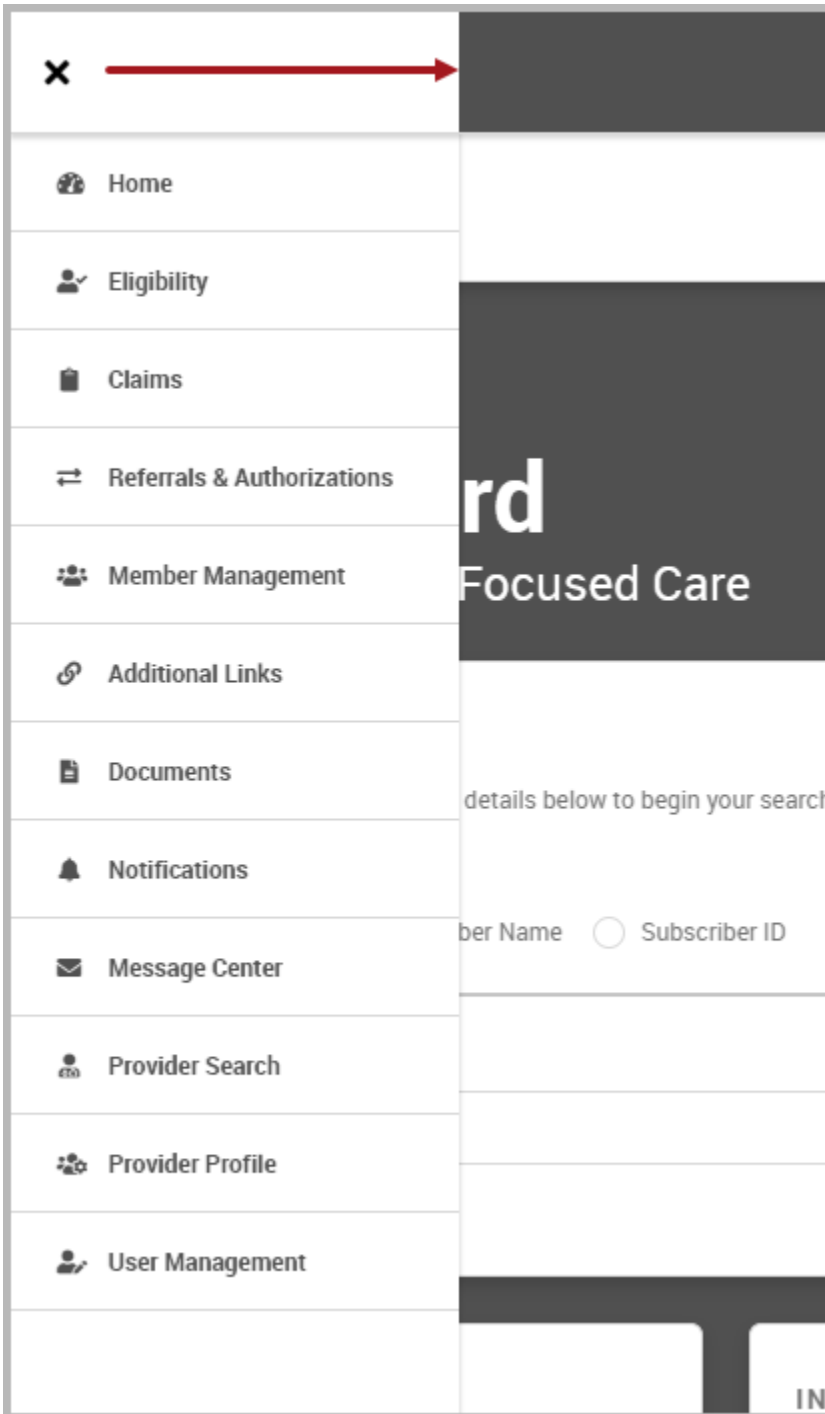
The screenshot displays the iCare dashboard interface. On the left is a navigation sidebar with the iCare logo at the top, followed by a greeting "Hello, Jane Doe" and a list of menu items: Home, Eligibility, Claims, Authorizations, Member Management, Additional Links, Documents, Notifications, Message Center, Find a Provider, and User Management. The main content area has a dark header with "Dashboard" and the tagline "Supporting More Focused Care". In the top right of the header are links for Sign Out, Messages, Notifications, My Profile, Preferences, and Help. Below the header is a "Search Member" section with a "Reset Search" button. It includes a search instruction, a "Search by" section with radio buttons for Member ID (selected), Member Name, and Subscriber ID, and a "Member ID" input field with a "(Required)" label. A "SEARCH" button is positioned to the right of the input field. At the bottom of the dashboard are three summary cards: "PENDING CLAIMS" with a large "0" and "TOTAL CLAIMS" below it; "RECEIVED CLAIMS" with a large "2" and "TOTAL CLAIMS" below it; and "FINALIZED CLAIMS" with a large "0" and "TOTAL CLAIMS" below it.

## Navigation

The Navigation bar contains links to the rest of the Provider Portal. If the browser window is narrow, the Navigation bar may be hidden. To show the Navigation bar when it's hidden, use the **Navigation** icon to slide it open from the left.



The screenshot shows the top navigation bar of the iCare Provider Portal. On the left, there is a hamburger menu icon (three horizontal lines). In the center, the iCare logo is displayed, with 'iCare' in a bold, italicized font and 'INDEPENDENT CARE HEALTH PLAN' in a smaller font below it. On the right, there is a dark grey bar containing a 'Sign Out' link with an external link icon and an envelope icon representing a message or notification. Below the navigation bar, a white bar displays a user profile icon and the text 'Hello, Jane Doe'. The main content area has a dark grey header with the word 'Dashboard' in large white font, followed by the tagline 'Supporting More Focused Care'. Below this, there is a white box with the heading 'Search Member' and a sub-heading 'Please provide the necessary details below to being your search. Choo name.'



Click a menu item, and the page for that item appears.

The sections for the **Navigation** icons are defined in the following table:

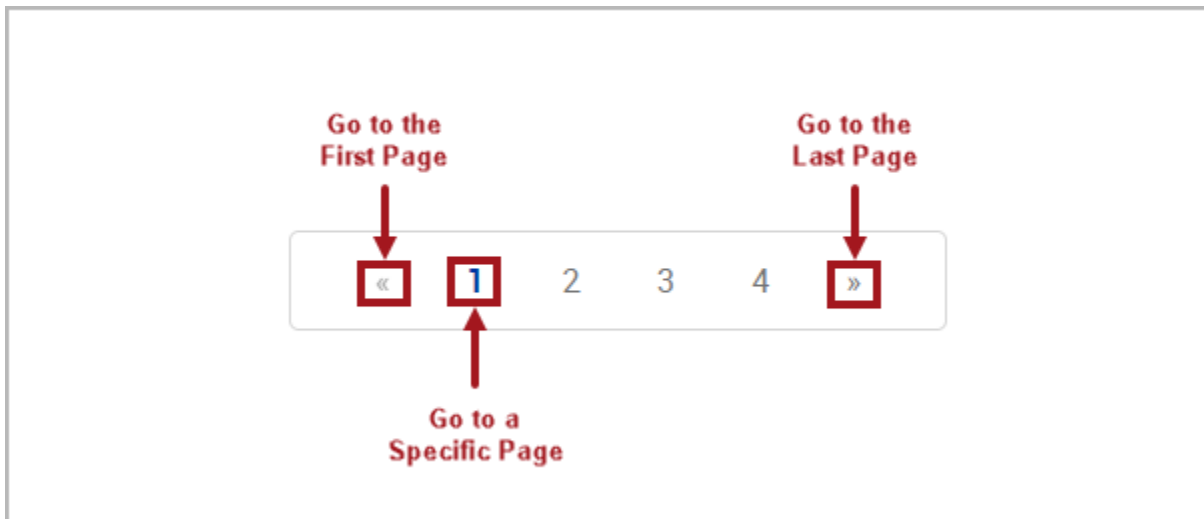
Section	Description
<a href="#">Home - Dashboard</a>	This is the landing page. It provides access to member search and a Quick View of claims information.
<a href="#">Eligibility</a>	Search for a patient to determine their eligibility. View, print, and download the eligibility details.
<a href="#">Claims</a>	Search for and create claims. View claim status and use <a href="#">Quick Views</a> to see claim information at a glance.
<a href="#">Authorizations</a>	Submit and search for an authorization. Track the status of submitted authorizations.
<a href="#">Member Management</a>	Search, view and print to PDF the specific members who have selected a certain provider as their PCP.
<a href="#">Additional Links</a>	Contains a set of links, and relevant links outside of the portal, in one place.
<a href="#">Documents</a>	Retrieve a list of documents associated with claims and other report types.
<a href="#">Notifications</a>	Users can retrieve notifications for a specific provider based on filter parameters.
<a href="#">Message Center</a>	Send, receive, and manage messages to the plan or to other providers.
<a href="#">Provider Search</a>	Find a provider on iCare's provider search tool
<a href="#">User Management</a>	Provider Office Managers can register additional users, so that they can perform their own administrative duties as assigned.

At the bottom of the page, the **Pagination** pane contains links to:

- First page of the returned data
- Last page of the returned data
- Specific page in the returned data.



This pane appears when there is more data than the page can display (for example, search results):



To jump to another page in the data display:

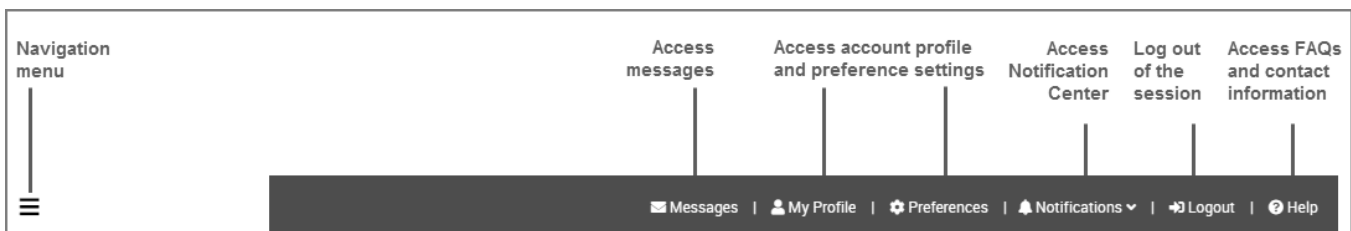
- Click a page number to go to that page  
OR
- Click the left double arrow (<<) to go to the first page
- Click the right double arrow (>>) to go to the last page.

**Related Topic:**

[Header Bar](#)

## Header Bar

Each page appears with a Header bar. It displays the number of unread messages in the Inbox as well as the following items. The information on the header bar may appear differently, depending on the preferences you set in your profile.



**Navigation Menu:** Click to navigate to other areas of the portal. See also: [Navigation](#)

**Messages:** Displays the number of new messages. Click Messages to navigate to your Messages Inbox. See also: [Message Center](#)

**Profile and Preferences:** Click to access Account settings. See also: [My Account - Profile and Preferences](#)

**Logout:** Click to log out of the portal.

**Notifications:** Click to access the notifications page. See also: [Notifications](#)

**Help:** Click to access FAQs and contact information. See also: [Help FAQs and Contact Information](#)

## **My Account - Profile and Preferences**

---

The My Account page allows you to manage personal details and preferences as well as the ability to contact an administrator.

- **Contact Admin:** Contact an administrator to change your details.
- **My Profile:** Access logged-in user profile information such as user details, password changes and security question updates.
- **Preferences:** Access logged-in user preferences.

Messages | My Profile | Preferences | Notifications | Logout | Help

# My Account

Manage Personal Details and Preferences

Profile & Preferences

## My Information

**Cooper, Mi**  
Contact Admin to change any details

My Profile | Preferences

### User Details

Edit

<b>Full Name</b> Cooper, M	<b>Phone Number</b> (612) 545-	<b>Primary Address</b> <input type="text"/>
<b>Registration ID</b> EP20180621002104199	<b>User Role (User Type)</b> OfficeManager (Clinical Staff)	<b>Carrier Name</b>

# Contacting an Admin

## To contact an administrator:

1. This feature is not enabled, contact [provideroutreach@icarehealthplan.org](mailto:provideroutreach@icarehealthplan.org) for assistance.

# My Profile

The My Profile tab provides access to the following information.

- [User Details](#)
- Affiliation: Display only.
- [Update Security](#)
- [Change Password](#)

The screenshot displays the 'My Profile' section of a user interface. At the top, there are two tabs: 'My Profile' (which is selected and highlighted with a box) and 'Preferences'. Below the tabs, the 'User Details' section is visible, containing a grid of fields: Full Name (Cooper, M), Registration ID (EP20180621002104199), Phone Number ((612) 545-...), User Role (OfficeManager (Clinical Staff)), Primary Address (1...), and Carrier Name. An 'Edit' button is located in the top right corner of this section. Below this is the 'Affiliation' section, which shows 'Cooper, M' and 'IHMPRAC00005'. A box highlights the 'Affiliation' section, with a line pointing to the text 'Display only'. To the right of the 'Affiliation' section, there is a text box that says 'Click to edit profile details, update security questions, or change your password'. Below the 'Affiliation' section are two more sections: 'Update Security Questions' and 'Change Password', each with an 'Edit' button in its top right corner. Arrows from the text box point to the 'Edit' buttons of the 'Update Security Questions' and 'Change Password' sections.

## User Details

### To access your profile details:

1. Click **My Profile** from the top of the page.
2. Click the **Edit** link in the **User Details** panel to edit User Details information.

<b>My Profile</b>		Preferences
<b>User Details</b>		
<b>Full Name</b> Cooper, M	<b>Phone Number</b> (612) 545-	<b>Primary Address</b> 
<b>Registration ID</b> EP20180621002104199	<b>User Role (User Type)</b> OfficeManager (Clinical Staff)	<b>Carrier Name</b> 
		<b>Edit</b>

The User Details page appears.

Clinical Staff	Office Manager	janemedical@tenant2.com
----------------	----------------	-------------------------

---

LAST NAME	FIRST NAME
Medical	Jane

---

EMAIL ADDRESS <i>(Required)</i>	DATE OF BIRTH
janemedical@ com	5/12/

---

PHONE NUMBER <i>(Required)</i>	CARRIER NAME
(435) 665-	Mobiles

---

STREET ADDRESS		

---

CITY	STATE	ZIP CODE
Phoenix	Arizona	85044

Editable fields

CANCEL SAVE

3. Provide the following information. Some items cannot be changed and display this icon when placing the mouse cursor over the area (🔒).
  - a. **EMAIL ADDRESS:** Type your email address.
  - b. **PHONE:** Type your 10-digit phone number in the format: (xxx) xxx-xxxx
  - c. **CARRIER NAME:** Select a carrier name from the list.
  - d. Provide your mailing address to include: **STREET ADDRESS, CITY, STATE, and ZIP CODE.**
4. Click **SAVE**.

## Update Security Questions

You can update your security questions at any time.

### To update your security questions:

1. Click **My Profile** from the top of the page.
2. Click the **Edit** link in the **Update Security** panel.



The Update Security Questions screen appears.

If security questions were previously set, the questions are displayed from the last time they were configured.

### Update Security Questions

Fill in these security questions so that we can recover your account later.

<p>SECURITY QUESTION 1</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;">Where did you go on your first vacation? ▼</div>	<p>QUESTION 1 ANSWER</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;">Enter Your Answer</div>
<p>SECURITY QUESTION 2</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;">Where did you go on your first vacation? ▼</div>	<p>QUESTION 2 ANSWER</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;">Enter Your Answer</div>
<p>SECURITY QUESTION 3</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <div style="border: 1px solid #ccc; padding: 2px;">Where did you go on your first vacation?</div> <div style="background-color: #f0f0f0; padding: 2px;">Where did you go on your first vacation?</div> <div style="padding: 2px;">What is your favorite animal?</div> <div style="padding: 2px;">What is your favorite flower?</div> <div style="padding: 2px;">What is your favorite color?</div> <div style="padding: 2px;">What is your favorite food?</div> <div style="padding: 2px;">What is your favorite drink?</div> <div style="padding: 2px;">What is the first movie you saw?</div> <div style="padding: 2px;">Who is your favorite cartoon character?</div> <div style="padding: 2px;">What is your favorite television program?</div> <div style="padding: 2px;">Who is your favorite sports team?</div> </div>	<p>QUESTION 3 ANSWER</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;">Enter Your Answer</div>
	<p>QUESTION 4 ANSWER</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;">Enter Your Answer</div>

Click a menu item to select a security question, and then type your security question answer.

CANCEL
SAVE

3. Select a security question from each list, and then type your answer.
4. Click **SAVE**.

## Change Password

You can change your password at any time, or you can change it when you receive a notification that your password has expired. Also, first-time users are prompted to change their password upon logging on.

### To change your password:

1. Click **My Profile** from the top of the page.
2. Click the **Edit** link in the **Change Password** panel.

Change Password
Edit



The Change Password screen appears.

**Change Password**

CURRENT PASSWORD *(Required)*

Enter Current Password

NEW PASSWORD

Passwords must be at least 10 characters long and must have at least one uppercase letter, one lowercase letter, a number, and a special character.

Password Strength : — — — — —

CONFIRM PASSWORD

Click to unhide password text

SUBMIT CANCEL

3. Do the following:

- Type the **CURRENT PASSWORD**. You can also click the view icon (👁️) to unhide the password characters.
- Type a **NEW PASSWORD**. The password must be a minimum of 10 characters consisting of at least one uppercase letter, one lowercase letter, a number, and a special character. Passwords are case-sensitive.
- Type the password again to confirm.

4. Click **SUBMIT**.

## Preferences

### To access Preference details:

Click **Preferences** from the top of the page, or click Preferences if you are already on the My Account page.

The **Preferences** tab provides access to the following information.

- [General Preferences](#)
- [Notification Preferences](#)

## General Preferences

### To set general preferences options:

1. Click **Preferences** from the top of the page, or click Preferences if you are already on the My Account page. The General Preferences screen appears.

General Preferences	
What is the default landing page you want to use when you launch the application?	Select option ▾
What is the default place of service you want to choose?	Select option ▾
What is the default number of records that should be returned in search results?	Select option ▾
What are the default providers you want to choose for admin workflows? (Claims Inquiry, Referrals/Authorizations)	Sesso, Donna, (IHMPRAC0... ▾
What is the default provider you want to choose for admin workflows? (Claims Create, PCP Roster, Referrals/Authorizations)	Select option ▾
What is the default claim type you want to choose for the claims create process?	Select option ▾
Where would you like to see the quick view tiles?	2 selected ▾
What is the default case type you want to use for the Referrals/Authorizations create process?	Select Option ▾

2. Select from the lists to set general preferences.

Preference	Options
------------	---------

What is the default landing page you want to use when you launch the portal?

[More information...](#)

What is the default landing page you want to use when you launch the application?

Home Page
Referral & Authorizations Search
Additional Links
Messages
Claims Create
Claims Search
User Management
Member Management
Referral & Authorizations Create
Home Page
Eligibility

What is the default place of service you want to choose?

[More information...](#)

- 01 - Pharmacy
- 02 - Telehealth
- 03 - School
- 04 - Homeless Shelter
- 05 - Indian Health Service Free-standing Facility
- 06 - Indian Health Service Provider-based Facility
- 07 - Tribal 638 Free-standing Facility
- 08 - Tribal 638 Provider-based Facility
- 09 - Prison/ Correctional Facility
- 10 - Unassigned
- 11 - Office
- 12 - Home
- 13 - Assisted Living Facility
- 14 - Group Home
- 15 - Mobile Unit
- 16 - Temporary Lodging
- 17 - Walk-in Retail Health Clinic
- 18 - Place of Employment/Worksite
- 19 - Off Campus-Outpatient Hospital
- 20 - Urgent Care Facility
- 21 - Inpatient Hospital
- 22 - On Campus-Outpatient Hospital
- 23 - Emergency Room - Hospital
- 24 - Ambulatory Surgical Center
- 25 - Birthing Center
- 26 - Military Treatment Facility
- 27-30 - Unassigned
- 31 - Skilled Nursing Facility
- 32 - Nursing Facility
- 33 - Custodial Care Facility
- 34 - Hospice
- 35-40 - Unassigned
- 41 - Ambulance - Land
- 42 - Ambulance - Air or Water
- 43-49 - Unassigned

	<p>43-48 - Unassigned</p> <p>49 - Independent Clinic</p> <p>50 - Federally Qualified Health Center</p> <p>51 - Inpatient Psychiatric Facility</p> <p>52 - Psychiatric Facility-Partial Hospitalization</p> <p>53 - Community Mental Health Center</p> <p>54 - Intermediate Care Facility/Mentally Retarded</p> <p>55 - Residential Substance Abuse Treatment Facility</p> <p>56 - Psychiatric Residential Treatment Center</p> <p>57 - Non-residential Substance Abuse Treatment Facility</p> <p>58-59 - Unassigned</p> <p>60 - Mass Immunization Center</p> <p>61 - Comprehensive Inpatient Rehabilitation Facility</p> <p>62 - Comprehensive Outpatient Rehabilitation Facility</p> <p>63-64 - Unassigned</p> <p>65 - End-Stage Renal Disease Treatment Facility</p> <p>66-70 - Unassigned</p> <p>71 - Public Health Clinic</p> <p>72 - Rural Health Clinic</p> <p>73-80 - Unassigned</p> <p>81 - Independent Laboratory</p> <p>82-98 - Unassigned</p> <p>99 - Other Place of Service</p>
<p>What is the default number of records that should be returned in search results?</p>	<p>10, 25, 50, 75, 100</p>
<p>What are the default providers you want to choose for admin workflows? (Claims Inquiry, Authorizations)</p> <p>If the default provider access list is above a system configured value, then this preference is removed.</p>	<p>Select All or select the check box(s) for the providers you want to use.</p>

# Dashboard - Home

The Dashboard allows you to quickly access important information including:

- Health plan news
- Member search
- Pending, received, and finalized claims
  - Quick access to view frequently used links, messaging, and notifications
  - View a content carousel containing news, media, audio, video
  - Quick access to the Additional Links section with the most popular, relevant or frequently used links

## Working with the Dashboard Carousel

When enabled, the Dashboard page displays a carousel of items relevant to users. These items can range from text, URLs, audio, video, images, and links to external websites. You can also download videos for later viewing.

The screenshot displays the 'Dashboard' interface. At the top, the title 'Dashboard' is prominently displayed. Below it, the section 'Supporting More Focused Care' is visible. The main content area features a carousel with a slide titled 'Welcome to your new Provider Portal'. This slide includes a logo for 'HEALTHCARE CLAIMS MANAGEMENT' and a paragraph of text discussing reimbursement changes in healthcare. A 'Show More' link is present at the bottom of the slide. Below the carousel, there is a 'Search Member' section. This section prompts the user to 'Enter the Member ID or Member Name to begin your search' and provides radio button options for 'Member ID', 'Member Name', and 'Subscriber ID'. A search input field is labeled 'MEMBER ID' and '(Required)', with a placeholder text 'Enter Member ID'. A 'SEARCH' button is located to the right of the input field.

### Pending Claims

# 2

TOTAL CLAIMS

STATUS	DATE
Pending	Last 2000 days

PROVIDER  
Cooper, M

[VIEW DETAILS](#)

### Finalized Claims

# 110

TOTAL CLAIMS

STATUS	DATE
Finalized	Last 2000 days

PROVIDER  
Cooper, M

[VIEW DETAILS](#)

### Received Claims

# 6

TOTAL CLAIMS

STATUS	DATE
Received	Last 2000 days

PROVIDER  
Cooper, M

[VIEW DETAILS](#)

### Top Additional Links

- [Practice Fusion](#)
- [WebMD](#)
- [Understanding ERA and EFT Process](#)

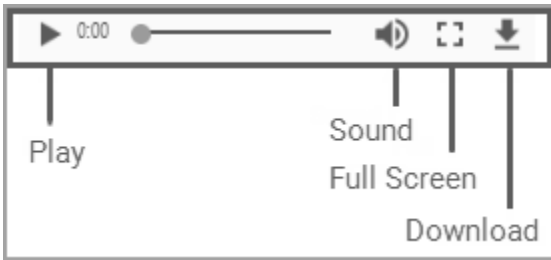
[VIEW ALL ADDITIONAL LINKS](#)

**To navigate between items in the carousel:**

- Click the back (◀) and forward (▶) buttons.
- Click the radio buttons (○ ○ ● ○ ○ ○) for the carousel you want to see.

**To view and download video:**

Click the control items under the video. These include play, sound, full screen, and download.



**To view additional information about the carousel topic:**

Click the **Show More** link.

## Searching for Members

One aspect of the member management function is searching for members and member information.

**To search for members:**

1. Click **Member Management** from the [navigation menu](#).
2. Click the **Search Members** tab.

A screenshot of a web form titled 'Search Members' under the 'Primary Care Provider Roster' section. The form includes a 'Search Member' heading and a prompt: 'Please provide the necessary details below to begin your search.' Below this is a 'Search by' section with three radio buttons: 'Member ID' (selected), 'Member Name', and 'Subscriber ID'. A 'MEMBER ID' label is followed by a text input field containing the placeholder 'Enter Member ID' and a 'Required' note. To the right of the input field is a dark grey 'SEARCH' button.



3. Search for a member using either of the following methods:

- **Subscriber ID:**
  - a. Type the **SUBSCRIBER ID**.
  - b. Click **SEARCH**.
- **Member ID:**
  - a. Type the **MEMBER ID**.
  - b. Click **SEARCH**.
- **Member Name:**
  - a. Click **Member Name**.

Search by

Member ID
  Member Name
  Subscriber ID

LAST NAME <small>Required</small>	FIRST NAME <small>Required</small>	DATE OF BIRTH <small>Required</small>
<input type="text" value="Last Name"/>	<input type="text" value="First Name"/>	<input type="text" value="MM/DD/YYYY"/>
GENDER		
<input type="text" value="Select Gender"/>		<input type="button" value="SEARCH"/>

- b. Provide the following information:
  - **LAST NAME** (required): Type a last name.
  - **FIRST NAME** (required): Type the first name.
  - **DATE OF BIRTH** (required): Type or select the date of birth from the list.
  - **GENDER**: Select the gender from the list. Choices are: Male or Female.
- c. Click **SEARCH**.

Search results appear below the Search panel.

4 Members Found						
MEMBER ID	LAST NAME	FIRST & MIDDLE NAME	DATE OF BIRTH	GENDER	GROUP NAME	DETAILS
		A	09/16/1	Male	Corporation	<a href="#">View</a>
		M	05/05/1	Female	Corporation	<a href="#">View</a>
		M:	03/17/1	Female	Corporation	<a href="#">View</a>
		C	01/01/2	Female	Corporation	<a href="#">View</a>

EXPORT TO PDF

EXPORT TO EXCEL

4. Do any of the following:
- *Sort the results*: You can use the up/down arrows in the columns to sort search results.
  - *Navigate between results*: Use the pagination tools at the bottom of the screen to navigate between search result pages.

- *View member details:* Click **View** in the DETAILS column.
- *Save the results to a PDF or Excel file:* Click the **EXPORT TO PDF** or **EXPORT TO EXCEL** icons to save to that output type.

**Related Topic:**

[Viewing Member Details](#)

[Viewing Care Plan Details](#)

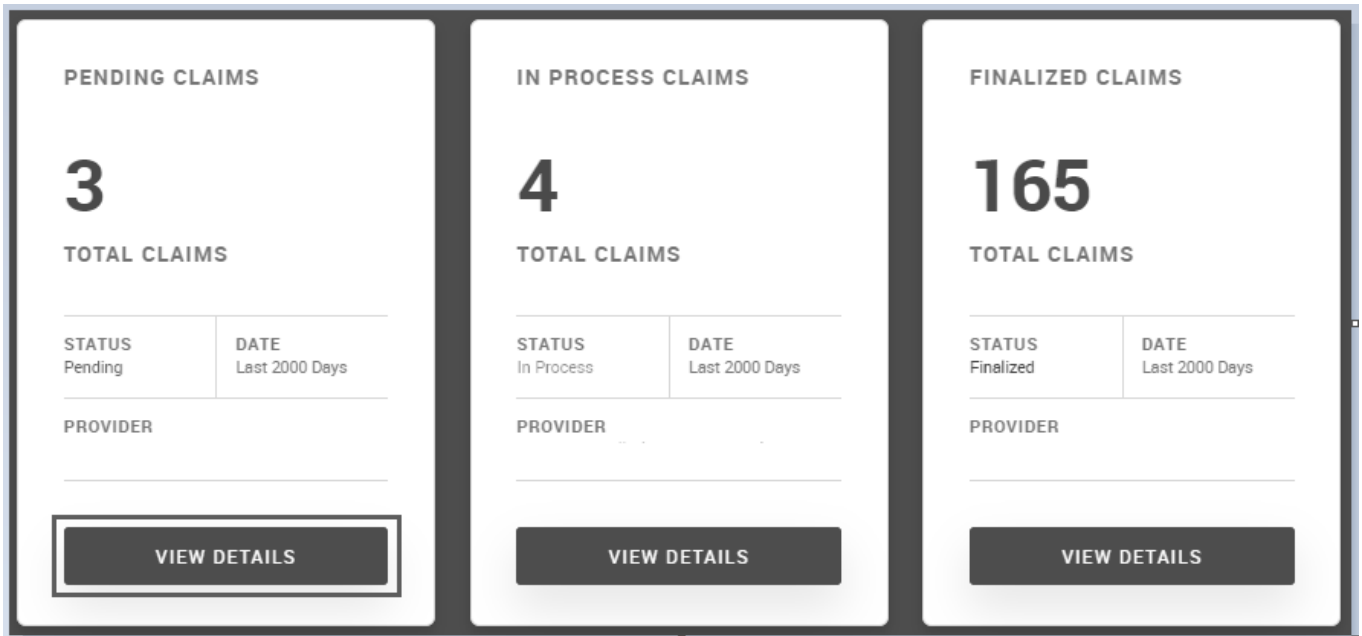
[Viewing Care History Details](#)

## Selecting Quick Views for Claims

Quick Views allow you to view all claims (without searching), for which you have access, that are in the pending, finalized, and received state for a configured number of days. Pending, finalized and received claims are selected by default.

**To access Quick Views:**

1. Click **Claims** from the [navigation menu](#).
2. Scroll to the bottom of the page, and click the **View Details** button in the appropriate quick view. You can also access Quick View claims from the [Dashboard - Home](#).



The list of claims associated with the quick view appears.

Clicking a claim ID allows you to view claim details.

Search Claims
Create Claim

SELECT QUICK VIEW

Finalized

**Search**

Search for a claim to view details and status (at least one field must be selected) ↺ Reset Search

SEARCH BY

Provider, Date or Status

PROVIDER

Cooper, M

SERVICE DATE FROM *(Required)*

04/16/2019

SERVICE DATE TO *(Required)*

07/15/2019

STATUS

Finalized

**SEARCH**

View all claim details

	CLAIM ID	MEMBER NAME	PROVIDER NAME	SERVICE DATES	LAST UPDATED	STATUS
⊖	HSD000085200	Hart, A	Cooper, M	04/30/2019-04/30/2019	05/01/2019	Finalized
⊕	HSD000085300	Hart,	Cooper, M	04/30/2019-04/30/2019	05/01/2019	Finalized
⊕	HSD000085400	Hart,	Cooper, M	05/01/2019-05/01/2019	05/01/2019	Finalized
⊕	HSD000085500	Adler,	Cooper, Mi	05/02/2019-05/02/2019	05/02/2019	Finalized
⊕	HSD000085900	Adler,	Cooper, M	05/07/2019-05/07/2019	05/07/2019	Finalized

View more details

Network: InNetwork	Member ID:	Patient Account #:
Claim Type: Medical	Paid Amount: \$0.00	Charge Amount: \$1.00
Received Date: 05/01/2019	Finalized Date: 05/30/2019	Send Message: <input checked="" type="checkbox"/>
Additional Information:		

**EXPORT TO PDF**   **EXPORT TO EXCEL**   **BULK EXPORT**

*Hint:*

Export to PDF: Clicking on Export to PDF downloads the current view of claim inquiry to PDF format

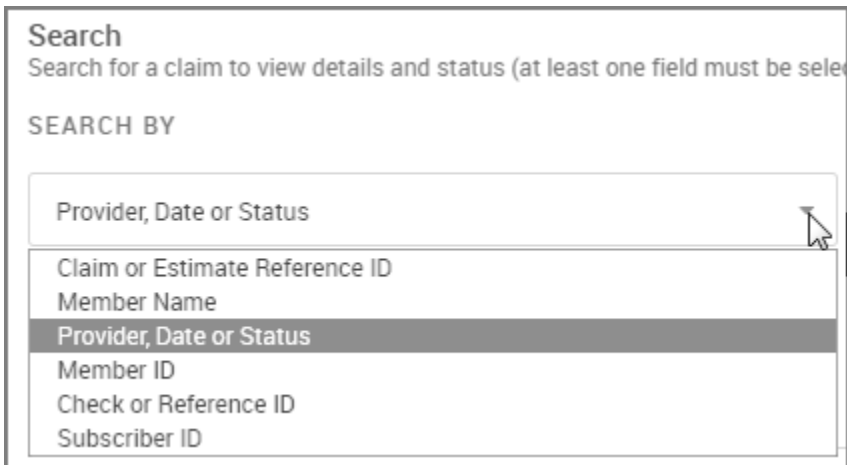
Export to Excel: Clicking on Export to Excel downloads the current view of claim inquiry to Excel format

Bulk Export: Clicking on Bulk Export generates the document and will be available on Document screen for the current view on click with in 10 to 30 minutes

If necessary, maximize the browser window to view all of the columns displayed above.

3. To see a different quick view of claims, select it from the **SELECT QUICK VIEW** at the top of the search page.

Example



The screenshot shows a search interface with the following elements:

- Search**: Search for a claim to view details and status (at least one field must be selected)
- SEARCH BY**: A dropdown menu with the following options:
  - Provider, Date or Status
  - Claim or Estimate Reference ID
  - Member Name
  - Provider, Date or Status (highlighted)
  - Member ID
  - Check or Reference ID
  - Subscriber ID

### Related Topics

- [Viewing Claim Details](#)
- [Exporting the Claim Summary to Excel](#)
- [Viewing or Printing a PDF of the Claim Summary List](#)

## Accessing Additional Resources

You can view and access the most recent links information (up to 6) you clicked from the [Additional Links](#) page.

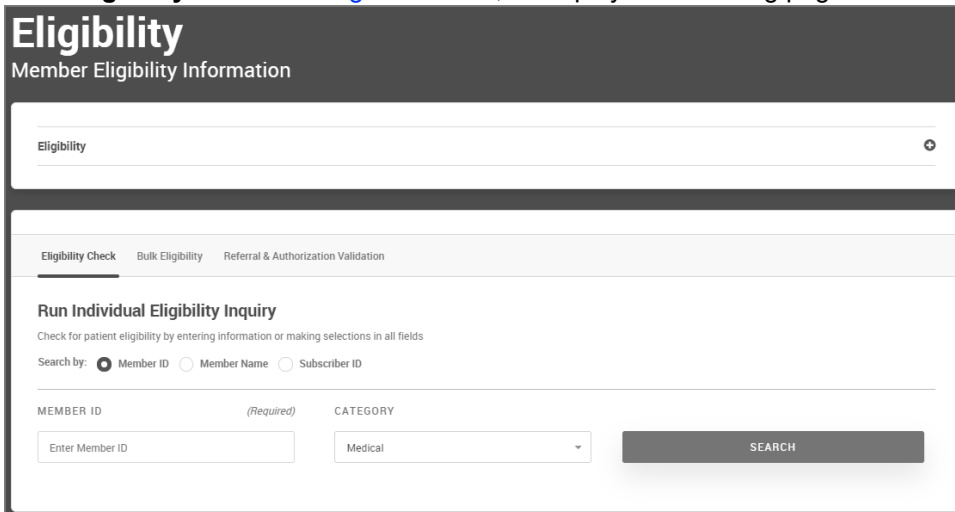
# Eligibility

The **Eligibility** page enables you to search for and view eligibility information for members.

## Accessing the Eligibility Page

To access the **Eligibility** page:

1. Click **Eligibility** from the [navigation menu](#), to display the following page.



The screenshot shows the 'Eligibility' page with the following elements:

- Header:** 'Eligibility' and 'Member Eligibility Information'.
- Search Bar:** A text input field labeled 'Eligibility' with a search icon.
- Navigation Tabs:** 'Eligibility Check' (selected), 'Bulk Eligibility', and 'Referral & Authorization Validation'.
- Section:** 'Run Individual Eligibility Inquiry' with the instruction 'Check for patient eligibility by entering information or making selections in all fields'.
- Search by:** Radio buttons for 'Member ID' (selected), 'Member Name', and 'Subscriber ID'.
- Form Fields:** A 'MEMBER ID' field with '(Required)' and 'Enter Member ID' text, and a 'CATEGORY' dropdown menu with 'Medical' selected.
- Action:** A 'SEARCH' button.


2. Continue to [Checking for Eligibility](#).

## Checking for Eligibility

You can submit an eligibility inquiry to determine if an individual is enrolled in a health care plan and is entitled to receive services.

To check for eligibility:

1. Click **Eligibility**, from the [navigation menu](#).
2. Click the **Eligibility Check** tab.
3. Search by either of the following methods:

 For either of these search methods, you can also search for multiple members by separating each search entry with a comma. For example: ihm120007,ihm12990,ihm127777

- **Member ID**

a. Select **Member ID** in the **Search by** field.

Eligibility Check Bulk Eligibility Referral & Authorization Validation

### Run Individual Eligibility Inquiry

Check for patient eligibility by entering information or making selections in all fields

Search by:  Member ID  Member Name  Subscriber ID

MEMBER ID (Required) CATEGORY

Enter Member ID Medical SEARCH

b. Enter the **Member ID**. This is the ID that is shown on insurance cards.

You can also enter multiple member IDs to search for more than one member.

**Example**

Eligibility Check Bulk Eligibility Referral & Authorization Validation

### Run Individual Eligibility Inquiry

Check for patient eligibility by entering information or making selections in all fields

Search by:  Member ID  Member Name  Subscriber ID

MEMBER ID (Required) CATEGORY

SEARCH

**4 Members Found**

MEMBER ID	FIRST NAME	COVERAGE START DATE	COVERAGE END DATE	DETAILS
	Amanda	01/01/2011	N/A	<a href="#">View</a>
	Fred	01/01/2011	08/08/2015	<a href="#">View</a>
	Joe	01/20/2015	N/A	<a href="#">View</a>
	Sylvia	01/01/2007	N/A	<a href="#">View</a>

c. Select a **Category**. Choices are *Medical*

- **Member Name**

a. Select **Member Name** in the **Search by** field.

Eligibility Check Bulk Eligibility

### Run Individual Eligibility Inquiry

Check for patient eligibility by entering information or making selections in all fields

Search by:  Member ID  Subscriber ID  Member Name

LAST NAME (Required) FIRST NAME (Required) DATE OF BIRTH (Required)

Enter Last Name Enter First Name MM/DD/YYYY

GENDER CATEGORY

Choose Gender Medical

SEARCH

b. Type the member's **LAST NAME**.

c. Type the member's **FIRST NAME**.

d. Enter the **DATE OF BIRTH** using one of the following methods:

- Use the calendar to select the month, year, and day of birth.
- Type the date of birth in **MM/DD/YYYY** format.

e. Select the **GENDER**.

f. Select the **CATEGORY**. Choices are: *Medical*.

4. Click **Search**.

Search results appear.

Search Claims Create Claim

### Search

Search for a claim to view details and status (at least one field must be selected) Reset Search

SEARCH BY

Member Name

LAST NAME (Required) FIRST NAME (Required) DATE OF BIRTH (Required)

Enter Last Name Enter First Name MM/DD/YYYY

STATUS GENDER

3 selected Select Gender

SERVICE DATE FROM (Required) SERVICE DATE TO (Required)

06/15/2019 07/15/2019

PROVIDER (Required)

Cooper,

SEARCH

- Click **View** from the DETAILS column to see details.  
The member that matches the search criteria appears.

### Medical Example

[View SOB document](#) | [View and Print Summary](#) : PDF

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**Member Overview** □

<p><input checked="" type="checkbox"/> Eligibility Status <b>Active</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Member Name : Hart,</td> <td style="width: 50%;">Plan Name : HEALTH PLAN -</td> </tr> <tr> <td>Date of Birth : 09/16/</td> <td>HRA GOLD</td> </tr> <tr> <td>Member ID :</td> <td>Network Name : PPO GOLD</td> </tr> <tr> <td>gender : Male</td> <td>productType : Commercial PPO</td> </tr> <tr> <td></td> <td>Remaining Deductible : \$5,000.00</td> </tr> <tr> <td></td> <td>Coverage Dates : From 01/01/2011 To 09/15/2030</td> </tr> </table>	Member Name : Hart,	Plan Name : HEALTH PLAN -	Date of Birth : 09/16/	HRA GOLD	Member ID :	Network Name : PPO GOLD	gender : Male	productType : Commercial PPO		Remaining Deductible : \$5,000.00		Coverage Dates : From 01/01/2011 To 09/15/2030	<p> New Inquiry</p>
Member Name : Hart,	Plan Name : HEALTH PLAN -													
Date of Birth : 09/16/	HRA GOLD													
Member ID :	Network Name : PPO GOLD													
gender : Male	productType : Commercial PPO													
	Remaining Deductible : \$5,000.00													
	Coverage Dates : From 01/01/2011 To 09/15/2030													

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**Member Information**    Benefit Information    ID Card

---

**Member Information** ⊖

<table style="width: 100%; border-collapse: collapse;"> <tr><td>Name :</td><td>Hart,</td></tr> <tr><td>Member ID :</td><td></td></tr> <tr><td>Gender :</td><td>Male</td></tr> <tr><td>Date of Birth :</td><td>09/16/</td></tr> <tr><td>Medicaid Recerification Date :</td><td></td></tr> <tr><td>Medicaid/HARP Restricted Recipient :</td><td>No</td></tr> </table>	Name :	Hart,	Member ID :		Gender :	Male	Date of Birth :	09/16/	Medicaid Recerification Date :		Medicaid/HARP Restricted Recipient :	No	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Relationship to Insured :</td><td>Self</td></tr> <tr><td>Handicapped :</td><td>No</td></tr> <tr><td>Home Phone :</td><td></td></tr> <tr><td>Mobile Phone :</td><td></td></tr> <tr><td>Address :</td><td>Cheyenne, WY 82009</td></tr> </table>	Relationship to Insured :	Self	Handicapped :	No	Home Phone :		Mobile Phone :		Address :	Cheyenne, WY 82009
Name :	Hart,																						
Member ID :																							
Gender :	Male																						
Date of Birth :	09/16/																						
Medicaid Recerification Date :																							
Medicaid/HARP Restricted Recipient :	No																						
Relationship to Insured :	Self																						
Handicapped :	No																						
Home Phone :																							
Mobile Phone :																							
Address :	Cheyenne, WY 82009																						

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**Subscriber Information** ⊖

<table style="width: 100%; border-collapse: collapse;"> <tr><td>Name :</td><td>Hart,</td></tr> <tr><td>Member ID :</td><td></td></tr> <tr><td>Gender :</td><td>Male</td></tr> <tr><td>Date of Birth :</td><td>09/16/</td></tr> </table>	Name :	Hart,	Member ID :		Gender :	Male	Date of Birth :	09/16/	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Group ID/Name :</td><td>Trucking Corporation</td></tr> <tr><td>Phone :</td><td>214454</td></tr> <tr><td>Address :</td><td>Cheyenne, WY 82009</td></tr> </table>	Group ID/Name :	Trucking Corporation	Phone :	214454	Address :	Cheyenne, WY 82009
Name :	Hart,														
Member ID :															
Gender :	Male														
Date of Birth :	09/16/														
Group ID/Name :	Trucking Corporation														
Phone :	214454														
Address :	Cheyenne, WY 82009														

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**Additional Insurance Information** ⊖

<table style="width: 100%; border-collapse: collapse;"> <tr><td>Carrier Name :</td><td>IHM Other Insurance Carrier</td></tr> <tr><td>Effective Coverage Period :</td><td>From 01/01/2014 To 12/31/9999</td></tr> <tr><td>Coverage Type :</td><td></td></tr> </table>	Carrier Name :	IHM Other Insurance Carrier	Effective Coverage Period :	From 01/01/2014 To 12/31/9999	Coverage Type :		<table style="width: 100%; border-collapse: collapse;"> <tr><td>Policy Number :</td><td></td></tr> <tr><td>Pay Order :</td><td>Secondary</td></tr> </table>	Policy Number :		Pay Order :	Secondary
Carrier Name :	IHM Other Insurance Carrier										
Effective Coverage Period :	From 01/01/2014 To 12/31/9999										
Coverage Type :											
Policy Number :											
Pay Order :	Secondary										

---


- Continue to [Viewing Eligibility Details](#).



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## Viewing Eligibility Details

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The results of an eligibility check include a [Member Overview](#) section that allows you quickly to view the eligibility status. It also includes two tabs that include further details about [Member Information](#) and [Benefit Information](#). A third tab, [ID Card](#), allows you to view, print, and download a PDF of the insurance ID cards for the member. You can also click the View and Print Summary PDF icon ( PDF) at the top, right of the page to print a summary of the patient eligibility details. Also, the latest Eligibility Results are also available above the member overview and can display text or video information. You can also view the [Summary of Benefits document](#).

### Overview

Working from the eligibility search results (see [Checking for Eligibility](#)), you can access the following information.

# Eligibility Details

## View Member Eligibility Demographics

Eligibility +

Eligibility Check   Bulk Eligibility   Referral & Authorization Validation

View, print and download  
summary information

Run another  
inquiry

### Member Overview

View the summary of benefits document

[VIEW SOB DOCUMENT](#)

[EXPORT TO PDF](#)

[NEW INQUIRY](#)

Eligibility Status  
**Active**

Member Name : Hart,  
Date of Birth : 03/17/1  
Member ID :  
Gender : Female

Plan Name : HEALTH PLAN - HRA  
GOLD  
Network Name :  
Product Type : Commercial PPO  
Remaining Deductible : \$2,445.01  
Coverage Dates : From 01/01/2011 To 03/16/2021

Additional eligibility information

**Member Information**

Benefit Information

ID Card

Additional eligibility information

### Member Information

Name : Hart,  
Member ID :  
Gender : Female  
Date of Birth : 03/17/  
Address :  
Cheyenne, WY 82009

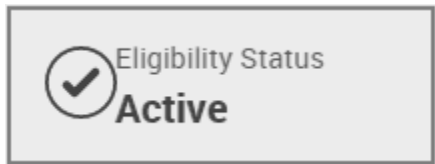
Home Phone :  
Mobile Phone :  
Relationship to Insured : Child  
Handicapped : No

### Subscriber Information

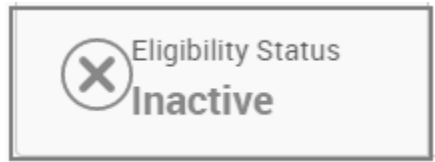
Name :  
Member ID :  
Gender :  
Date of Birth :  
Address :

The **Member Overview** includes the following icons to quickly display the results of the inquiry:

Icon	Description
------	-------------



The patient has coverage and is eligible for the service.



The patient no longer has insurance coverage.

**i** Depending on your system configuration, you may also see the following information:

- Managing Entity - The label in the UI is only displayed if there is information available.
- PCP Phone - Arranged along with the rest of the PCP information in the top banner. The label is displayed only if the PCP info is available for a member. The Phone number is displayed in the standard format: (xxx) xxx - xxxx
- Medical Center ID Description - The label in the UI is only displayed if there is information available.
- PCP Details - Display the Address of the PCP.

## Member Information Details

The **Member Information** tab includes the relationship of the patient to the insured, information about the subscriber and the payer, and additional insurance information to include tooth history.

Medical

# Eligibility Details

## View Member Eligibility Demographics

Eligibility

Eligibility Check   Bulk Eligibility   Referral & Authorization Validation

View, print and download summary information   Run another inquiry

### Member Overview

View the summary of benefits document

[VIEW SOB DOCUMENT](#)

[EXPORT TO PDF](#)

[NEW INQUIRY](#)

Eligibility Status  
**Active**

Member Name : Hart,  
Date of Birth : 03/17/1  
Member ID :  
Gender : Female

Plan Name : HEALTH PLAN - HRA  
Network Name : GOLD  
Product Type : Commercial PPO  
Remaining Deductible : \$2,445.01  
Coverage Dates : From 01/01/2011 To 03/16/2021

Additional eligibility information

**Member Information**

Benefit Information

ID Card

Additional eligibility information

### Member Information

Name : Hart,  
Member ID :  
Gender : Female  
Date of Birth : 03/17/  
Address :  
Cheyenne, WY 82009

Home Phone :  
Mobile Phone :  
Relationship to Insured : Child  
Handicapped : No

### Subscriber Information

Name :  
Member ID :  
Gender :  
Date of Birth :  
Address :

The Coverage End Date displays if less than two years. If more than two years, the column displays N/A.

Example

### Member Overview

[VIEW SOB DOCUMENT](#)

[EXPORT TO PDF](#)

[NEW INQUIRY](#)

Eligibility Status  
**Active**

Member Name : Wooten,  
Date of Birth : 01/31/  
Member ID :  
Gender : Unknown

Plan Name : POS Dual Option with HRA  
Network Name :  
Product Type : POS  
Remaining Deductible : \$498.00  
Coverage Dates : From 01/20/2015 To N/A

---

## Benefit Information Details

The **Benefits Information** tab contains several sections

To view the details of each section, click the panel name or expand the + icon.

These images show the benefit details for a sample Medical eligibility check. Notes in each panel provide additional information, if needed.

[Medical](#)

Plan Name: HEALTH PLAN - HRA GOLD

**Deductible**

COVERAGE LEVEL	DESCRIPTION/NETWORK INDICATOR	TOTAL AMOUNT	AMOUNT MET	AMOUNT REMAINING	PERIOD INDICATOR
⊕ Family	Annual Deductible	\$2,500.00	\$598.38	\$1,901.62	
⊕ Individual	Annual Deductible	\$1,000.00	\$443.00	\$557.00	

**Out of Pocket**

COVERAGE LEVEL	DESCRIPTION/NETWORK INDICATOR	TOTAL AMOUNT	AMOUNT MET	AMOUNT REMAINING	PERIOD INDICATOR
⊕ Individual	Out of Pocket Maximum	\$5,000.00	\$12.00	\$4,988.00	
⊕ Family	Out of Pocket Maximum	\$10,000.00	\$12.00	\$9,988.00	

**Benefit Details**

SERVICE TYPE DESCRIPTION	COPAY	COINSURANCE	COVERAGE INDICATOR	NETWORK INDICATOR
⊕ Emergency Room (ER)	\$100.00	80%	Covered	In Network
⊕ Emergency Room (ER)	\$100.00	70%	Covered	Out of Network
⊕ Office Visit (OVI)	\$20.00	80%	Covered	In Network
⊕ Office Visit (OVO)	\$20.00	70%	Covered	Out of Network
⊕ Hospital Inpatient Room and Board (RBI)	\$0.00	80%	Covered	In Network
⊕ Hospital Inpatient Room and Board (RBO)	\$0.00	70%	Covered	Out of Network
⊕ RX Brand (RXB)	\$30.00	100%	Covered	All Network Statuses
⊕ RX Generic (RXG)	\$10.00	100%	Covered	All Network Statuses
⊕ Office Visit - Specialist (VO1)	\$50.00	80%	Covered	All Network Statuses
⊕ Wellness Visits (WELL)	\$0.00	100%	Covered	All Network Statuses

**Benefit Summary**

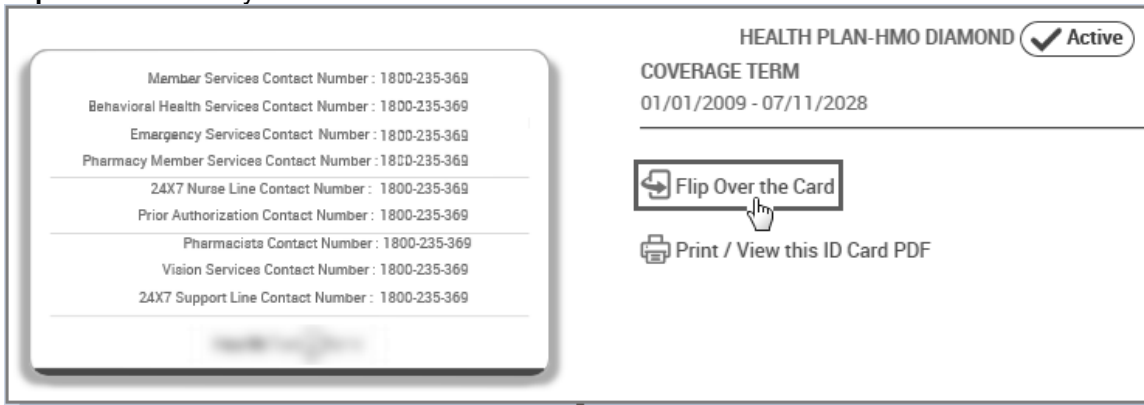
SERVICE TYPE DESCRIPTION	BENEFIT DESCRIPTION
⊕ Allergy Services : Allergy Test and Treatment	In Network \$10 Co-pay Out of Network 80% Coinsurance and Deductible
⊕ Ambulance Services : Ambulance Services	\$150 copay after Deductible
⊕ Chiropractic Services : Chiropractic Care	In Network \$10 Co-pay Out of Network 50% Coinsurance and Deductible 15 Vists per Calendar Year In and Out of Network
⊕ Durable Medical Equipment & Supplies : Durable Medical Equipment	Updated Wording In Network 80% Coverage Out of Network 50% Coinsurance and Deductible Pre-Authorization Required
⊕ Physician Services : Physician Care	In Network 80% Coverage Out of Network 70% Coinsurance and Deductible
⊕ Physician Services : Physician Office Visits	Office Visits and Injections In Network \$10 Copay 80% Coinsurance Out of Network 70% Coinsurance and Deductible
⊕ Physician Services : Specialist Visits	In Network \$10 Copay 80% Coinsurance Out of Network 70% Coinsurance and Deductible Referral Required
⊕ Emergency Care Services : Ambulance Services	\$150 copay after Deductible
⊕ Emergency Care Services : Emergency Care	Non Admitted \$150 Copay after Deductible Admitted Waived if Admitted Must Notify within 48 Hours if Plan is not notified

⊖	Emergency Care Services : Emergency Care	within 48 hours, 70% coverage subject to a deductible and \$500 penalty
⊕	Emergency Care Services : Urgent Care Center	\$60 Copay after Deductible
⊕	General Information : Deductible Rules	\$1000/\$2500 INN \$2000/\$5000 OON
⊕	General Information : Benefit Limits	Hospice = 210 Days Mental Health = 20 Visits Skilled Nursing Facility = 120 Days Chiropractic = 15 Visits Home Health Care = 60 Days PT, ST, OT = 60 Visits
⊕	General Information : Out of Pocket Maximum	In Network \$5000/\$10000 Out of Network \$7500/\$15000
⊕	Gynecological Services : Gynecological Visits	Annual Pap Smears Mammograms In Network 100% Out of Network 50% Coinsurance and Deductible
⊕	Home Care Services : Home Health Care	In Network 80% Coverage Out of Network 70% Coinsurance and Deductible 60 Days maximum combined for in and out of network services
⊕	Hospital Services : Hospital Services	In Network 80% Coverage Out of Network 70% Coinsurance and Deductible Semi-Private, Maternity, Anesthesiologist Charge Pre-Authorization required
⊕	Hospital Services : Hospice	In Network 80% Coverage Out of Network 70% Coinsurance and Deductible 210 Days Maximum combined for in and out of network services
⊕	Hospital Services : Skilled Nursing Facility	In Network 80% Coverage Out of Network 70% Coinsurance and Deductible
⊕	Immunizations : Immunizations	In Network \$10 Co-Pay Out of Network 70% Coinsurance and Deductible
⊕	Laboratory Services : Lab	In Network 80% Coverage Out of Network 70% Coinsurance and Deductible Includes both the technical and professional componets
⊕	Mental Health Services : Mental Health	In Network 80% Coverage Out of Network 70% Coinsurance and Deductible Office Visits \$10 Co-pay visits 1-3 \$25 Co-pay visits 4-20
⊕	Preventative Care Services : Gynecological Visits	Annual Pap Smears Mammograms In Network 100% Out of Network 50% Coinsurance and Deductible
⊕	Preventative Care Services : Immunizations	In Network \$10 Co-Pay Out of Network 70% Coinsurance and Deductible
⊕	Preventative Care Services : Preventive Health	In Network No Coinsurance, Copay or Deductible Out of Network No Coinsurance, Copay or Deductible
⊕	Preventative Care Services : Well Baby Visits	100% Covered (Covered in full)
⊕	Preventative Care Services : Wellness (Annual) Adult Visit	100% Covered for Yearly Visits (Covered in Full)
⊕	Preventative Care Services : Baseline Colonoscopy	100% Covered for age 45 years and older
⊕	Preventative Care Services : Baseline Mammography	100% Covered for Yearly Visits for Women 35 Years or Older
⊕	Other Services : Services Requiring Pre-Authorization	Hospice Hospital Admission Mental Health Skilled Nursing Facility DME Home Health Care PT, ST, OT Surgery
⊕	Other Services : Services Requiring a Referral	Chiropractic Specialist Care Lab Tests
⊕	Surgical Services : Surgery	Physicians Charge In Network 80% Coverage Out of Network 70% Coinsurance and Deductible
⊕	Therapy Services : Chiropractic Care	In Network \$10 Co-pay Out of Network 50% Coinsurance and Deductible 15 Vists per Calendar Year In and Out of Network
⊕	Therapy Services : Physical, Speech, and Occupational	In Network 80% Coverage Out of Network 70% Coinsurance and Deductible
⊕	Wellness Care Services : Gynecological Visits	Annual Pap Smears Mammograms In Network 100% Out of Network 50% Coinsurance and Deductible
⊕	Wellness Care Services : Immunizations	In Network \$10 Co-Pay Out of Network 70% Coinsurance and Deductible
⊕	Wellness Care Services : Well Baby Visits	100% Covered (Covered in full)
⊕	Wellness Care Services : Wellness (Annual) Adult Visit	100% Covered for Yearly Visits (Covered in Full)
⊕	Wellness Care Services : Baseline Colonoscopy	100% Covered for age 45 years and older





- **Flip ID Card** allows you to view both the front and back of the ID Card. You can also click the card to rotate it.



## Generating a Bulk Eligibility Report

To generate a bulk eligibility report:

1. Click **Eligibility**, from the [navigation menu](#).
2. Click the **Bulk Eligibility** tab.

The following screen appears. In this example, prior reports have been run.

REPORT NAME	REPORT STATUS	REPORT RUN DATE TIME	RE-RUN REPORT
Rooster for 09/30/2018	Success	09/14/2018 04:10 PM EDT	Re-Run
Rooster for 09/30/2018	Success	09/10/2018 04:53 PM EDT	Re-Run
Rooster for 10/01/2018	Success	09/12/2018 10:07 PM EDT	Re-Run
Rooster for 10/02/2018	Success	09/12/2018 10:12 PM EDT	Re-Run
Rooster for 10/03/2018	Success	09/12/2018 10:14 PM EDT	Re-Run

3. Click **Create a new report**, and then complete the following information:
  - **ROSTER FOR:** Type the date, or select if from the calendar. The default is the current date.
  - **PRODUCT CATEGORY:** Click *Medical*. The default is Medical.
4. Provide member information for up to 25 members. Search by **Member ID** or **Member Details**.
  - **Member ID:** Type the member ID for as many members as you want to create a report.  
To add rows, click **Add New Row** (Add New Row (MAX-25) +)  
To delete a row, click **Delete Row** (Delete Row 11 -).

## Example

- **Member Details:**

**Create a new report**

ROSTER FOR: 4/30/2019

PRODUCT CATEGORY:  Medical  Dental

Search by:  Member ID  Member Details

MEMBER ID 1: Enter Member ID

MEMBER ID 2: Enter Member ID

MEMBER ID 3: Enter Member ID

MEMBER ID 4: Enter Member ID

MEMBER ID 5: Enter Member ID

MEMBER ID 6: Enter Member ID

MEMBER ID 7: Enter Member ID

MEMBER ID 8: Enter Member ID

MEMBER ID 9: Enter Member ID

MEMBER ID 10: Enter Member ID

MEMBER ID 11: Enter Member ID

Add New Row (MAX:25)

Delete Row 11

CANCEL CONTINUE

- FIRST/LAST NAME:** Type the first and last name.
- DATE OF BIRTH:** Type the date of birth or select it from the calendar.
- GENDER:** Select *Male* or *Female*.

5. Click **CREATE A NEW REPORT**.

The following prompt appears. Click **CONTINUE**.

**Bulk Export**

We anticipate 20 - 30 minutes for the bulk eligibility report generation to be complete. Please click on continue to proceed and revisit the Bulk Eligibility view after some time to access the report generated

CANCEL CONTINUE


6. Locate the report in the **Bulk Eligibility** tab list.
7. Click the report name in the **REPORT NAME** column.



5. Depending on how your browser works with PDF files, save the file and then navigate to the saved file to open it.

[Expand](#)

A typical ID card PDF is shown in the following example.

<b>HEALTH PLAN - HRA GOLD</b>		
		Medical In Network
Member Name : Ivy	Coverage Dates : 05/01/2011 - 09/16/2030	
Member ID :		
Group ID :		
<hr/>		
COPAY: \$50	SPEC: \$550	Inpatient: \$550
PCP : \$150	Urgent: \$110	NF : \$110
ER: \$120	Rx: \$15-\$50	
Deductible: \$15-\$50		
Coinsurance: \$15-\$50		
<hr/>		
	Underwriter's sign:	24X7 Emergency contact: 1800-235-369
<hr/>		
Member Services Contact Number :	1800-235-369	
Behavioral Health Services Contact Number :	1800-235-369	
Emergency Services Contact Number :	1800-235-369	
Pharmacy Member Services Contact Number :	1800-235-369	
24X7 Nurse Line Contact Number :	1800-235-369	
Prior Authorization Contact Number :	1800-235-369	
Pharmacists Contact Number :	1800-235-369	
Vision Services Contact Number :	1800-235-369	
24X7 Support Line Contact Number :	1800-235-369	
<hr/>		

**Related Topic:**


- [Viewing Eligibility Details](#)


# Claims

---

The **Claims** page enables you to:

- Create a claim and submit it for estimation or payment.
- Search for claims by ID or provider, and view claim details.
- View claims using **Quick View**. Quick views allow you to view all claims, for which you have access, that are in the pending, finalized, and received state for a set period of time without needing to search for them.

 Clinical and Clerks cannot submit claims or estimate claims.

 The claim status description is displayed instead of the claim status in the UI for the following modules:

- Claims summary
- Claims details
- Claims submit (last step)
- Message center - attachment - claims grid
- Message center - Message details - sent items
- Message center - message details - inbox
- Message center - Message details - Drafts
- Claims bulk export (excel)
- Claims PDF (summary and details)
- Claims Excel export (summary)
- Member management - member details (claims accordion)

## Related Topics:

- [Searching for Claims](#)
- [Creating a Claim](#)
- [Viewing Claim Details](#)
- [Quick Views for Claims](#)
- [Viewing Estimated Claims](#)
- [Search for, Update, or Re-estimate a Claim](#)

# Accessing the Claims Page

To access the claims information page:

1. Click **Claims** from the navigation menu.  
The following page appears.

The screenshot displays the 'Claims' page interface. At the top, there is a dark header with the word 'Claims' in large white font, followed by the subtitle 'Search Claim Details And Create Claims'. Below this is a search bar containing the text 'Claims Inquiry' and a plus icon. A navigation bar below the search bar has two tabs: 'Search Claims' (which is active) and 'Create Claim'. The main content area is titled 'Search' and includes the instruction 'Search for a claim to view details and status (at least one field must be selected)'. To the right of this instruction is a 'Reset Search' button. Underneath, there is a 'SEARCH BY' section with a dropdown menu currently set to 'Claim or Estimate Reference ID'. Below the dropdown is a text input field with the placeholder 'Claim or Estimation Reference ID' and a '(Required)' label. To the right of the input field is a dark 'SEARCH' button. The 'Quick View' section follows, with the instruction 'Select a quick view below to view details in a customized view set up with your specifications.' There are three cards: 1. 'PENDING CLAIMS' showing '3 TOTAL CLAIMS', with a table for 'STATUS' (Pending) and 'DATE' (Last 2000 Days), and 'PROVIDER' (Cooper, M.). 2. 'FINALIZED CLAIMS' showing '165 TOTAL CLAIMS', with a table for 'STATUS' (Finalized) and 'DATE' (Last 2000 Days), and 'PROVIDER' (Cooper, M.). 3. 'IN PROCESS CLAIMS' showing '1 TOTAL CLAIMS', with a table for 'STATUS' (In Process) and 'DATE' (Last 2000 Days), and 'PROVIDER' (Cooper, M.). Each card has a 'VIEW DETAILS' button at the bottom. At the bottom of the page is an 'Additional Links' section.

2. Continue to either of the following topics:

- [Searching for Claims](#)
- [Viewing Claim Details](#)
- [Quick Views for Claims](#)
- [Additional Links](#)

## Quick Views for Claims

Quick Views allow you to view all claims (without searching), for which you have access, that are in the pending, finalized, and received state for a configured number of days. Pending, finalized and received claims are selected by default.

To access Quick Views:

1. Click **Claims** from the [navigation menu](#).
2. Scroll to the bottom of the page, and click the **View Details** button in the appropriate quick view. You can also access Quick View claims from the [Dashboard - Home](#).

The image shows three side-by-side quick view cards. Each card has a title, a large number representing the total claims, and a table with columns for STATUS, DATE, and PROVIDER. Below each table is a 'VIEW DETAILS' button.


PENDING CLAIMS	
3	
TOTAL CLAIMS	
STATUS	DATE
Pending	Last 2000 Days
PROVIDER	
Cooper, Mi	
VIEW DETAILS	

IN PROCESS CLAIMS	
4	
TOTAL CLAIMS	
STATUS	DATE
In Process	Last 2000 Days
PROVIDER	
Cooper, Mi	
VIEW DETAILS	

FINALIZED CLAIMS	
165	
TOTAL CLAIMS	
STATUS	DATE
Finalized	Last 2000 Days
PROVIDER	
Cooper, Mi	
VIEW DETAILS	

The list of claims associated with the quick view appears.

Clicking a claim ID allows you to view claim details.

 If necessary, maximize the browser window to view all of the columns displayed above.

3. To see a different quick view of claims, select it from the **SELECT QUICK VIEW** at the top of the search page.

CLAIM ID	MEMBER NAME	PROVIDER NAME	SERVICE DATES	LAST UPDATED	STATUS	NETWORK
HSD000083100	Hart,	Cooper, M	02/07/2019-02/07/2019	02/07/2019	Received	OutOfNetwork
<b>Member ID:</b> <b>Paid Amount:</b> \$105.60 <b>Finalized Date:</b> 03/29/2019		<b>Patient Account #:</b> <b>Charge Amount:</b> \$1.00		<b>Claim Type:</b> Dental <b>Received Date:</b> 02/07/2019		
⊕ P00000001310	Hart,	Cooper, M.	12/02/2017-12/02/2017	03/19/2019	Estimated	
⊕ P00000001362	Hart,	Cooper, M	12/02/2017-12/02/2017	03/25/2019	Estimated	
⊕ P00000001296	Hart,	Cooper, M	12/02/2017-12/02/2017	03/13/2019	Estimated	
⊕ P00000001416	Fry,	Cooper, M.	03/28/2019-03/28/2019	03/28/2019	Estimated	
⊕ P00000001191	Hart,	Cooper, M	02/20/2010-02/20/2018	02/20/2019	Estimated	
⊕ P00000001280	Hart,	Cooper, M	12/02/2017-12/02/2017	03/07/2019	Estimated	

Example

**Search**  
 Search for a claim to view details and status (at least one field must be selected)

SEARCH BY

Provider, Date or Status

Claim or Estimate Reference ID  
 Member Name

Provider, Date or Status

Member ID

Check or Reference ID

Subscriber ID

**Related Topics**

- [Viewing Claim Details](#)
- [Exporting the Claim Summary to Excel](#)
- [Viewing or Printing a PDF of the Claim Summary List](#)



# Searching for Claims

## NOTES

### Time Span

The default span of time for searches (SERVICE DATE FROM/SERVICE DATE TO) is six months within a one-year date selected from the SERVICE DATE FROM field.

### Example


SERVICE DATE FROM	(Required)	SERVICE DATE TO	(Required)
<input type="text" value="06 / 02 / 2013"/>		<input type="text" value="08 / 02 / 2016"/>	
The specified date falls beyond the allowed 1095 day period			
The specified date falls beyond the allowed 180 days			

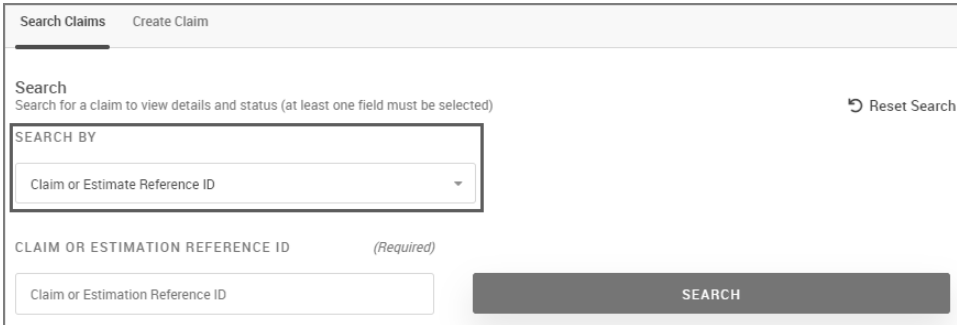
You can search for claims by either of the following methods:

- [Claim or Estimate Reference ID](#)  
**Claim or Estimate Reference ID**








**To search for a claim by claim or estimation reference ID:**

1. Click **Claims** from the [navigation menu](#).


 Click *Reset Search*, if you have already searched for a claim and you are on the **Search Results** page. The **Search** button is disabled until you enter a claim ID in the Claim ID field.



2. Enter the ID of the claim in the **CLAIM or ESTIMATION REFERENCE ID** field.
3. Click **SEARCH** to see search results.

CLAIM ID	MEMBER NAME	PROVIDER NAME	SERVICE DATES	LAST UPDATED	STATUS	NETWORK
<div style="border: 1px solid black; padding: 2px; display: inline-block;">  </div> Click to see additional column information or expand the window to full screen						
HSD000083100	Hart,	Cooper, M	02/07/2019-02/07/2019	02/07/2019	Received	OutOfNetwork
Member ID: _____ Paid Amount: \$105.60 Finalized Date: 03/29/2019			Patient Account #: _____ Charge Amount: \$1.00		Claim Type: Dental Received Date: 02/07/2019	
 P0000001310	Hart,	Cooper, M.	12/02/2017-12/02/2017	03/19/2019	Estimated	
 P0000001362	Hart,	Cooper, M	12/02/2017-12/02/2017	03/25/2019	Estimated	
 P0000001296	Hart,	Cooper, M	12/02/2017-12/02/2017	03/13/2019	Estimated	
 P0000001416	Fry,	Cooper, M.	03/28/2019-03/28/2019	03/28/2019	Estimated	
 P0000001191	Hart,	Cooper, M	02/20/2018-02/20/2018	02/20/2019	Estimated	
 P0000001280	Hart,	Cooper, M	12/02/2017-12/02/2017	03/07/2019	Estimated	

If no claims are found or the incorrect claim ID is entered, the following message appears.

 **No Claims Found**  
 No claims are found based upon the claim ID you entered. Please enter the correct claim ID.

## Related Topics:

[Viewing Claim Details](#)

[Quick Views for Claims](#)

- [Member Information](#)

## Member Information

You can search for claims by member name or member ID

### Member Name

To search for claims by member name:

1. Click **Claims** from the [navigation menu](#).
2. Select **Member Name** from the Search by list.

The screenshot shows a web interface for searching claims. At the top, there are two tabs: "Search Claims" (selected) and "Create Claim". Below the tabs is a "Search" section with the instruction "Search for a claim to view details and status (at least one field must be selected)" and a "Reset Search" button. The search criteria are as follows:

- SEARCH BY:** A dropdown menu with "Member Name" selected.
- LAST NAME (Required):** A text input field with the placeholder "Enter Last Name".
- FIRST NAME (Required):** A text input field with the placeholder "Enter First Name".
- DATE OF BIRTH (Required):** A text input field with the placeholder "MM/DD/YYYY".
- STATUS:** A dropdown menu with "3 selected" shown.
- GENDER:** A dropdown menu with "Select Gender" shown.
- SERVICE DATE FROM (Required):** A text input field with the value "06/15/2019".
- SERVICE DATE TO (Required):** A text input field with the value "07/15/2019".
- PROVIDER (Required):** A dropdown menu with "Cooper," shown.

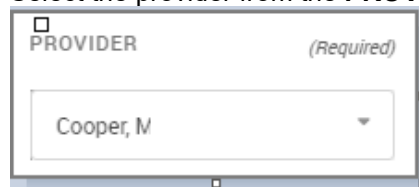
A large "SEARCH" button is located at the bottom right of the form.

3. Provide the following information:


- **LAST NAME/FIRST NAME (required):** Type a last and first name.
- **DATE OF BIRTH (required):** Type or select the date of birth from the list.
- **STATUS:** Make a selection for status, as needed. Choices are: *All*, (default: *Pending, Received, Finalized*), *Estimated*. Select *Estimated* and the search returns previously estimated claims. See

also [Search for, Update, or Re-estimate a Claim](#)).



- **GENDER:** Select the gender from the list. Choices are: *Male* or *Female*.
- **SERVICE DATE FROM/TO** (required). To change the service dates, type the date into the field or select it using the calendar icon (📅).
- **PROVIDER** or **PROVIDER NAME/NPI:**
  - *If the number of providers in the system is over 15, the following search function appears:*
    - Type either the **PROVIDER NAME** or **NPI**.
    - Click **PROVIDER SEARCH**.
    - Select the provider from the search results, and then click **SELECT PROVIDER**.
  - *If the number of providers in the system is 15 or less, the following section list appears:*
    - Select the provider from the **PROVIDER (Required)** list.



A screenshot of a dropdown menu titled "PROVIDER (Required)". The dropdown is open, showing a list of providers. The first visible option is "Cooper, M".

 The list contains all providers for which you have been assigned access. Group and hospital names are also displayed, as applicable.

4. Click **SEARCH** to see the results.

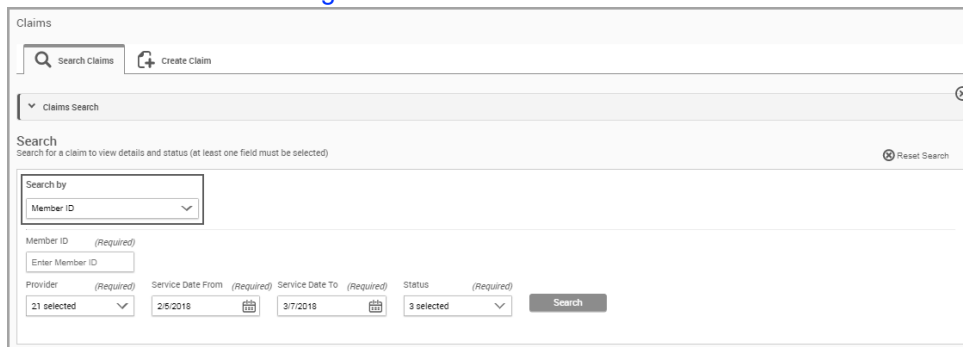
CLAIM ID	MEMBER NAME	PROVIDER NAME	SERVICE DATES	LAST UPDATED	CHARGE AMOUNT	PAID AMOUNT	STATUS	ALERT	MEMBER ID	NETWORK
 181130000100	Hart, A	Cooper,	04/15/2018-04/15/2018	04/23/2018	\$160.00	\$0.00	Finalized		00	InNetwork
Patient Account #:		Received Date: 04/23/2018		Claim Type: Medical		Finalized Date: 04/23/2018				

5. Click the link in the Claim ID column to see the [complete claim details](#).

## Member ID

To search for claims by member ID:

1. Click **Claims** from the [navigation menu](#).





A screenshot of the "Claims" search interface. It features a search bar at the top with a magnifying glass icon and a "Create Claim" button. Below the search bar is a "Claims Search" dropdown menu. The main search area is titled "Search" and includes a sub-header "Search for a claim to view details and status (at least one field must be selected)". There are several search criteria fields: "Search by" (set to "Member ID"), "Member ID (Required)" (with a text input field "Enter Member ID"), "Provider (Required)" (set to "21 selected"), "Service Date From (Required)" (set to "2/5/2018"), "Service Date To (Required)" (set to "3/7/2018"), and "Status (Required)" (set to "3 selected"). A "Search" button is located at the bottom right of the search area.



2. Select **Member ID** from the Search by list.


















3. Type the required **MEMBER ID**. If multiple members are found, select one and click **USER SELECTED MEMBER**.

- a. **PROVIDER NAME:** Type a provider name or NPI, and then click SEARCH. Select a provider from the search results. To search for a different provider, click CHANGE PROVIDER.

 The list contains all providers for which you have been assigned access. Group and hospital names are also displayed, as applicable.

- b. Select the **SERVICE DATE FROM/TO** (required). The default for service date from is the last 30 days. To change the service dates, type the date into the field or select it using the calendar icon ().
- c. Make a selection for **STATUS**, as needed. Choices are: *All*, (default: *Pending, Received, Finalized*), *Estimated*. Select Estimated and the search returns previously estimated claims. See also [Search for, Update, or Re-estimate a Claim](#).
- d. Click **SEARCH**, and the results appear. Results are sorted by descending order of service dates, with the first claim being the one with the most recent service date. Provide the following information:

25 Claims Found View and Print Summary :  PDF | 

Claim ID	Member Name	Provider Name	Service Dates	Last Updated/Received	Status	Alert	Member ID
 HSD000014300	Apple,	Novik, L	09/02/2008-09/02/2008	Sep 2, 2008	Finalized		151
Network: InNetwork Paid Amount: \$405.00		Charge Amount: \$550.00	Claim Type: Medical	Patient Account #:	Received Date: 09/02/2008 Finalized Date: 02/10/2009		
 HSD000014200	Apple,	Novik, L	08/19/2008-08/19/2008	Aug 19, 2008	Finalized		151
 HSD000013900	Apple,	Novik, L	08/05/2008-08/05/2008	Aug 5, 2008	Finalized		151
 HSDPT0002500	Apple,	Myers, D	08/01/2008-08/01/2008	Aug 6, 2008	Finalized		151
 ONL000000100	Apple,	Myers, D	07/01/2008-07/01/2008	Jul 15, 2008	Finalized		151
 TESTPALIAB00	Apple,	Myers, D	06/01/2008-06/01/2008	Jul 2, 2008	Finalized		151
 SMS1000000	Apple,	King, J	04/01/2008-04/01/2008	Apr 8, 2008	Finalized		151
 HSD000006100	Apple,	King, J	03/07/2008-03/07/2008	Mar 7, 2008	Finalized		151
 HSD000005900	Apple,	King, Ji	03/06/2008-03/06/2008	Mar 6, 2008	Finalized		151
 HSD000004000	Apple,	Myers, D	01/28/2008-01/28/2008	Jan 28, 2008	Finalized		151
 sms300000000	Apple,	King, J	12/15/2007-12/15/2007	Apr 8, 2008	Finalized		151
 HSD000003800	Apple,	King, J	10/03/2007-10/03/2007	Oct 4, 2007	Finalized		151

- e. Click the link in the Claim ID column to see the [complete claim details](#).

- [Provider, Date or Status](#)

### Provider, Date or Status

To search for a claim by provider, date or status:

1. Click **Claims** from the [navigation menu](#).

Search Claims    Create Claim

**Search**  
Search for a claim to view details and status (at least one field must be selected)    [Reset Search](#)

SEARCH BY  
Provider, Date or Status

PROVIDER (Required)    SERVICE DATE FROM (Required)    SERVICE DATE TO (Required)

Cooper, Michelle (IHMPRAC0000...    06/15/2019    07/15/2019

STATUS  
3 selected

SEARCH

**i** Click **Reset Search**, if you have already searched for a claim and you are on the **Search Results** page. The **SEARCH** button is disabled until you enter the required fields for searching by provider. The **SEARCH** button remains enabled after the search if all mandatory search options are in place.

2. From the Search by list, select **Provider, Date or Status**.

3. Provide the following information:

**i** If a system configuration is less than the total number of providers in the user access list, the provider selection list gets converted to an NPI/Name-based look-up function.

- a. *If the number of providers in the system is over 15:*

#### Steps

- i. Type either the **PROVIDER NAME** or **NPI**.

PROVIDER NAME    NPI

Enter Provider Name    OR    Enter NPI    PROVIDER SEARCH

- ii. Click **PROVIDER SEARCH**.
- iii. Select the provider from the search results, and then click **SELECT PROVIDER**. If you want to select a different provider, click **CHANGE PROVIDER**.


*If the number of providers in the system is 15 or less:*

#### Steps

- i.

ii.


Select the provider from the **PROVIDER (Required)** list.

 The list contains all providers for which you have been assigned access. Group and hospital names are also displayed, as applicable.

PROVIDER (Required)

Cooper, M

Continue to substep c, next.

- b. Select the **SERVICE DATE FROM/TO** (required). The default for service date from is the last 30 days. To change the service dates, type the date into the field or select it using the calendar icon ().
- c. Make a selection for **STATUS**, as needed. Choices are: *All*, (default: *Pending*, *Received*, *Finalized*), *Estimated*. Select *Estimated* and the search returns previously estimated claims. See also [Search for, Update, or Re-estimate a Claim](#)).

- Click **SEARCH**, and the results appear. Results are sorted by descending order of service dates, with the first claim being the one with the most recent service date.  
Clicking the link in the Claim ID column to see the [complete claim details](#).

CLAIM ID	MEMBER NAME	PROVIDER NAME	SERVICE DATES	LAST UPDATED	STATUS
<a href="#">HSD000085900</a>	Adler,	Cooper, M	05/07/2019-05/07/2019	05/07/2019	Finalized

Network: InNetwork  
 Claim Type: Medical  
 Received Date: 05/07/2019

Member ID:  
 Paid Amount: \$0.00  
 Finalized Date: 05/30/2019

Patient Account #:  
 Charge Amount: \$10.00  
[Send Message](#)

EXPORT TO PDF EXPORT TO EXCEL BULK EXPORT

*Hint:*  
 Export to PDF: Clicking on Export to PDF downloads the current view of claim inquiry to PDF format  
 Export to Excel: Clicking on Export to Excel downloads the current view of claim inquiry to Excel format  
 Bulk Export: Clicking on Bulk Export generates the document and will be available on Document screen for the current view on click with in 10 to 30 minutes

**Related Topics:**

- [Viewing Claim Details](#)
- [Quick Views for Claims](#)

- [Check or Reference ID](#)

**Check or Reference ID**

To search for claims by check or reference ID:

- Click **Claims** from the [navigation menu](#).

Search Claims Create Claim

---

**Search**  
 Search for a claim to view details and status (at least one field must be selected) Reset Search

SEARCH BY

Check or Reference ID

CHECK OR REFERENCE ID (Required)

Check or Reference ID


OR

PAID DATE FROM (Required) PAID DATE TO (Required)

07/15/2019 07/15/2019 SEARCH

Click **Reset Search**, if you have already searched for a claim and you are on the **Search Results** page. The **SEARCH** button is disabled until you enter a claim ID in the Claim ID field.





2. Select **Check or Reference ID** from the Search by list.
3. Do either of the following:
  - Type the **CHECK OR REFERENCE ID**.
  - Type or select the **PAID DATE FROM/TO** dates. You can also use the calendar icon (.
4. Click **SEARCH**. Search results appear.

1 Claim Found							View and Print Summary :  PDF    Excel
Claim ID	Member Name	Provider Name	Service Dates	Last Updated/Received	Status	Alert	
 171170000100	Peters, A	Smith, T	04/25/2017-04/25/2017	Apr 27, 2017	Finalized		
Member ID: <a href="#">171170000100</a>		Network: InNetwork		Charge Amount: \$380.00			
Patient Account #: <a href="#">171170000100</a>		Received Date: 04/27/2017		Paid Amount: \$316.00			
Claim Type: Dental				Finalized Date: 05/02/2017			

Clicking the link in the Claim ID column to see the [complete claim details](#).

If no claims are found or the incorrect claim ID is entered, the following messages appear.

 **No Claims Found**  
 No claims are found based upon the claim ID you entered. Please enter the correct claim ID.

 **No Record(s) Found. Please Refine Your Search.**

# Creating a Claim

You can create a claim, view the claim estimate and then submit the claim for payment.

## To create a claim:

1. Click **Claims** from the [navigation menu](#).
2. Select the **Create Claim** tab.



There are six tabs in the claim submit process for which you must provide information: Member Information, Provider Information, Service Details, View Estimate, and Submit Claim.

The first step is to select a member in the **Member Information** tab. The other tabs will remain disabled until you select a member.

After you select a member, you can select the tabs and provide information in any order.

The **Submit Claim** button will remain disabled until all required claim information is entered and it is estimated.

## Create Claim Tab Note



3. Complete the following tabbed information:

- [Member Information](#)

### Member Information

- a. In the **Member Information** tab, search for the member for which you want to create a claim. Search by member ID or by their name, date of birth, and gender. Required fields are indicated with an asterisk (\*). To reset all search criteria, click Reset Search.
  - *To search by Member ID*, type the ID shown on the insurance card in the **Member ID** field and click **SEARCH**.

Member Information    Provider Information    Service Details    View Estimate    Submit Claim

### Member Information

Please provide the necessary details below to begin your search.

Search by:  Member ID     Member Name     Subscriber ID    [Reset Search](#)

---

MEMBER ID

Enter Member ID    **SEARCH**

**NEXT**

- To search by name, date of birth and gender, select **Member Name**.

Member Information    Provider Information    Service Details    View Estimate    Submit Claim

### Member Information

Please provide the necessary details below to begin your search.

Search by:  Member ID     Member Name     Subscriber ID    [Reset Search](#)

---

LAST NAME *(Required)*    FIRST NAME *(Required)*    DATE OF BIRTH *(Required)*

Last Name    First Name    MM/DD/YYYY

GENDER

Select    **SEARCH**

**NEXT**

- Type the **LAST NAME/FIRST NAME**.
- Type the **DATE OF BIRTH** or select it from the calendar (📅).
- Select the **GENDER**.
- Click **SEARCH**.

The information for the member matching the search criteria is returned.

Member Information     Provider Information     Service Details     View Estimate     Submit Claim

---

### Member Information

Please provide the necessary details below to begin your search.

Search by :     Member ID     Member Name     Subscriber ID    [Reset Search](#)

---

LAST NAME	<i>(Required)</i>	FIRST NAME	<i>(Required)</i>	DATE OF BIRTH	<i>(Required)</i>
<input type="text" value="woot"/>		<input type="text"/>		<input type="text" value="3/17/"/>	

GENDER


---

Member & Subscriber:

<b>Wooten,</b> <input type="text"/>	Group ID	Age	Status	Eligible as of
<input type="text"/>	1085		Eligible	01/01/2007
AZ 85044				

---

If a member is not yet active in the system, an error similar to the following appears.

 Claims cannot be processed for selected member until 2019 when the full member database has been migrated into our system.

If the search returns more than one member, select the appropriate member from the list and click **USE SELECTED MEMBER**.

### Multiple Members Found

#### Search Results

Multiple members were found. Please select the member for whom you want to create a claim.

<input type="radio"/>	Member ID : ██████████ Group : Mack Effective Date : 01/01/2009	Name : Ammann, ██████ Date of Birth : 03/01/████ Gender : Female
<input type="radio"/>	Member ID : ██████████ Group : Mack Effective Date : 01/01/2009	Name : Ammann, ██████ Date of Birth : 06/22/███ Gender : Male
<input type="radio"/>	Member ID : ██████████ Group : Mack Effective Date : 01/01/2009	Name : Ammann, ██████ Date of Birth : 10/15/███ Gender : Male

**USE SELECTED MEMBER**

- [Provider Information](#)

### Provider Information

Search Claims   **Create Claim**

Member Information   **Provider Information**   Service Details   View Estimate   Submit Claim

**Provider Information**  
Select the claim type, provider name, and the service address.

CLAIM TYPE

Professional Claim ▼

---

PROVIDER NAME

Cooper, M   NPI:   Address: 555 E Broadway Avenue,   WY 83001- ▼

**NEXT**

- a. Select the **CLAIM TYPE**. Choices are: *Professional, Institutional Inpatient, Institutional Outpatient*. The professional claim is selected by default. Subsequent fields displayed on this tab depend on the claim type selected here.

CLAIM TYPE

Professional Claim ▼

Professional Claim

Institutional Inpatient Claim


Institutional Outpatient Claim

Dental Claim

Dental Predetermination

**i** Hospital claims (inpatient and outpatient) do not require a CPT/HCPCS code. Only the Revenue code is required.

b. Indicate provider search specifics:

 The list contains all providers for which you have been assigned access. Group and hospital names are also displayed, as applicable.

If a provider does not have an address in the system, the Next button is disabled and you are prompted to select another provider.


- *If the number of providers in the system is over 15, the following search function appears:*
  - i. Type either the **PROVIDER NAME** or **NPI**.
  - ii. Click **PROVIDER SEARCH**.
  - iii. Select the provider from the search results, and then click **SELECT PROVIDER**.
- If the number of providers in the system is 15 or less, a selection list appears. Select the provider from the **PROVIDER (Required)** list.

c. Select the **SERVICE ADDRESS**.

d. Click **NEXT** to navigate to the Service Details tab.

- [Service Details](#)

### Service Details

 Fields displayed on this tab depend on your selection for the Provider Information tab Claim Type field above.

Provide the following service/claim details information:

[Professional Service/Claim Details](#)

**Professional Service/Claim Details**

**Service Details**

Select the ICD type and add the service line information.

Accept Assignment

SELECT THE ICD TYPE NEEDED FOR THIS CLAIM

ICD-10 ▼

**Service Line 1**

DATE OF SERVICE FROM *(Required)*

10/29/2019

DATE OF SERVICE TO *(Required)*

10/29/2019

PLACE OF SERVICE *(Required)*

11 - Office ▼

DIAGNOSIS *(Required)*

Diagnosis Code (1-8 Codes)

CHARGE *(Required)*

0.00

CPT / HCPCS *(Required)*

CPT Code

MODIFIERS

Enter modifiers

UNITS *(Required)*

1

UNIT TYPE

Units ▼

AMBULANCE PICKUP ZIP

Zip

NDC CODE

Enter NDC code

Add Service Line

Total Charge Amount \$0.00

**Claim Details (Optional)**

Collapse All

**Additional Providers (Optional)**

REFERRING PROVIDER (EXACT NPI NUMBER)

Exact NPI number

SEARCH

OR

LAST NAME

Last Name

FIRST NAME

Enter First Name

SEARCH

**Additional Account or Authorization Numbers (Optional)**

MEMBER ACCOUNT NUMBER

PRIOR AUTHORIZATION OR REFERRAL NUMBER



---

**Patient's Condition Impact on Estimate (Optional)** -

Use the checkboxes to indicate if patient's condition is related to anything that could impact the estimate.

Condition Related to

Emergency

Employment (Current or Previous)

Result of an Accident

ACCIDENT TYPE (Required)

Select accident type ▼

Other Accident

Auto Accident

ACCIDENT DATE (Required)


---

ATTACHMENT NUMBER (OPTIONAL)





---

- a. In the **Service Details** tab:
- b. Select the **Accept Assignment** check box to indicate whether you agree (or is required by law) to accept the Medicare-approved amount as full payment for covered services.
- c. Indicate the ICD type from the **SELECT THE ICD TYPE NEEDED FOR THIS CLAIM** menu. Choices are *ICD-9* or *ICD-10*.
- d. Enter and select the service line information:

 You can add additional service lines by clicking **+ Add Service Line** and delete a service line by clicking **- Delete Service Line**.

A maximum of 50 service lines can be added for a professional claim.

- e. **DATE OF SERVICE FROM/TO:** Type or use the calendar icon () to indicate the date of service. The default is today's date.

f. **PLACE OF SERVICE:** Select the place of service from the list. Click the information icon (  ) to see a description for each place of service. The default selection may vary according to how it was set up in your system.

<ul style="list-style-type: none"> <li>• 01 Pharmacy</li> <li>• 02 Telehealth</li> <li>• 03 School</li> <li>• 04 Homeless Shelter</li> <li>• 05 Indian Health Service Free-standing Facility</li> <li>• 06 Indian Health Service Provider-based Facility</li> <li>• 07 Tribal 638 Free-standing Facility</li> <li>• 08 Tribal 638 Provider-based Facility</li> <li>• 09 Prison/ Correctional Facility</li> <li>• 10 Unassigned</li> <li>• 11 Office</li> <li>• 12 Home</li> <li>• 13 Assisted Living Facility</li> <li>• 14 Group Home</li> <li>• 15 Mobile Unit</li> <li>• 16 Temporary Lodging</li> <li>• 17 Walk-in Retail Health Clinic</li> <li>• 18 Place of Employment/Worksite</li> <li>• 19 Off Campus-Outpatient Hospital</li> <li>• 20 Urgent Care Facility</li> </ul>	<ul style="list-style-type: none"> <li>• 21 Inpatient Hospital</li> <li>• 22 On Campus-Outpatient Hospital</li> <li>• 23 Emergency Room - Hospital</li> <li>• 24 Ambulatory Surgical Center</li> <li>• 25 Birthing Center</li> <li>• 26 Military Treatment Facility</li> <li>• 27-30 Unassigned</li> <li>• 31 Skilled Nursing Facility</li> <li>• 32 Nursing Facility</li> <li>• 33 Custodial Care Facility</li> <li>• 34 Hospice</li> <li>• 35-40 Unassigned</li> <li>• 41 Ambulance - Land</li> <li>• 42 Ambulance - Air or Water</li> <li>• 43-48 Unassigned</li> <li>• 49 Independent Clinic</li> <li>• 50 Federally Qualified Health Center</li> <li>• 51 Inpatient Psychiatric Facility</li> <li>• 52 Psychiatric Facility-Partial Hospitalization</li> <li>• 53 Community Mental Health Center</li> </ul>	<ul style="list-style-type: none"> <li>• 54 Intermediate Care Facility/Mentally Retarded</li> <li>• 55 Residential Substance Abuse Treatment Facility</li> <li>• 56 Psychiatric Residential Treatment Center</li> <li>• 57 Non-residential Substance Abuse Treatment Facility</li> <li>• 58-59 Unassigned</li> <li>• 60 Mass Immunization Center</li> <li>• 61 Comprehensive Inpatient Rehabilitation Facility</li> <li>• 62 Comprehensive Outpatient Rehabilitation Facility</li> <li>• 63-64 Unassigned</li> <li>• 65 End-Stage Renal Disease Treatment Facility</li> <li>• 66-70 Unassigned</li> <li>• 71 Public Health Clinic</li> <li>• 72 Rural Health Clinic</li> <li>• 73-80 Unassigned</li> <li>• 81 Independent Laboratory</li> <li>• 82-98 Unassigned</li> <li>• 99 Other Place of Service</li> </ul>
---	--	--

- g. **DIAGNOSIS:** Click the search icon (🔍) to open the Diagnosis Code dialog box. You can add up to 8 codes using the look-up function or by typing in the codes.

### Diagnosis Code

Select Diagnosis Code

Search Diagnosis Codes by number or description, then Select to add it to the claim.  
Each claim can have upto 8 Diagnosis Codes in total

CODE	DESCRIPTION
<input type="text" value="Enter Diagnosis Code"/>	<input type="text" value="Enter Diagnosis Description"/>

PRIMARY DIAGNOSIS CODE	DIAGNOSIS CODE 2	DIAGNOSIS CODE 3	DIAGNOSIS CODE 4
<input type="text" value="Enter Code"/>	<input type="text" value="Enter Code"/>	<input type="text" value="Enter Code"/>	<input type="text" value="Enter Code"/>
DIAGNOSIS CODE 5	DIAGNOSIS CODE 6	DIAGNOSIS CODE 7	DIAGNOSIS CODE 8
<input type="text" value="Enter Code"/>	<input type="text" value="Enter Code"/>	<input type="text" value="Enter Code"/>	<input type="text" value="Enter Code"/>

- i. Type a **CODE** and **DESCRIPTION** and click the search icon (🔍).
- ii. From the list of codes in the search results, click **ADD CODE**.  
The first code selected becomes the **PRIMARY DIAGNOSIS CODE**. Subsequent codes are indicated in the order they are added.

### Diagnosis Code

Select Diagnosis Code

Search Diagnosis Codes by number or description, then Select to add it to the claim.  
Each claim can have upto 8 Diagnosis Codes in total

CODE DESCRIPTION

The first diagnosis code selected becomes the primary diagnosis code.

Code	Description
D10	Benign neoplasm of mouth and pharynx
D10.0	Benign neoplasm of lip
D10.1	Benign neoplasm of tongue

ADD CODE ADD CODE ADD CODE


PRIMARY DIAGNOSIS CODE	DIAGNOSIS CODE 2	DIAGNOSIS CODE 3	DIAGNOSIS CODE 4
<input type="text" value="D10"/>	<input type="text" value="Enter Code"/>	<input type="text" value="Enter Code"/>	<input type="text" value="Enter Code"/>
DIAGNOSIS CODE 5	DIAGNOSIS CODE 6	DIAGNOSIS CODE 7	DIAGNOSIS CODE 8
<input type="text" value="Enter Code"/>	<input type="text" value="Enter Code"/>	<input type="text" value="Enter Code"/>	<input type="text" value="Enter Code"/>

If an invalid code was typed, an error message appears.

PRIMARY DIAGNOSIS CODE	DIAGNOSIS CODE 2	DIAGNOSIS CODE 3	DIAGNOSIS CODE 4
<input type="text" value="Enter Code"/>	<input type="text" value="er\$#"/> Invalid ICD code	<input type="text" value="Enter Code"/>	<input type="text" value="Enter Code"/>

iii. Click **USE SELECTED CODE**.

h. **CPT/HCPCS**: Provide the CPT/HCPCS code.


i. Click the search icon (  ) to open the CPT Lookup dialog box, or type the code into the field.

**CPT Lookup**

Search and Select CPT Code



Search for the CPT Code required then click on the **Use Selected Code** button when you are done.

CODE (Required) DESCRIPTION (Required)

Enter CPT Code  pregnant  

Code	Description
<input type="radio"/> 7681526	Echography Pregnant Uterus; Limited
<input type="radio"/> 7681527	Echography Pregnant Uterus; Limited
<input type="radio"/> 84138	Pregnanetriol
<input checked="" type="radio"/> 84139	Pregnanetriol; Other Method (Specify)

**USE SELECTED CODE**

- ii. Either type a **CODE** or **DESCRIPTION** and then click search (.
  - iii. Select the code from the search results, and then click **USE SELECTED CODE**.  
CPT codes are 5-digit codes. If you select a 7-digit code, the first 5 digits populate the CPT field, and the last 2 digits populate the Modifier field (below).
- i. **MODIFIERS:** Type any modifiers, if needed.
  - j. **NDC CODE:** Begin typing an NDC code and the NDC Code dialog box appears. You can also click the search icon (.
- If deciding to enter an NDC code, all fields below are required.

**NDC Code**

Enter NDC Code

Enter the NDC Code, Units and Type then Save to proceed.

CODE (Required) UNITS (Required) CODE TYPE (Required)

Enter NDC Code  Units  Select Code Type

**USE SELECTED CODE**

- i. Type a **CODE** and **UNITS**.
  - ii. Select the **CODE TYPE** from the list. Choices are: *Unknown, International Units, Grams, Milligrams, Milliliters, or Units*.
  - iii. Click **USE SELECTED CODE**.
- k. **AMBULANCE PICKUP ZIP:** Type the ambulance pickup location by ZIP Code.

- l. **UNITS:** Type the number of units. The NDC Code, Units and Unit Type are populated; however, you can also specify Units as: *Units, Minutes, or Days*
- m. **UNIT TYPE:** Select the Unit Type. Choices are: *Units (default), Minutes, Days*
- n. **CHARGE:** Type the charge amount, if known.
- o. Add additional service lines if needed or provide additional claim details.

The screenshot shows a form interface. At the top, there is a button labeled '+ Add Service Line' with a hand cursor icon. Below this is a field for 'Total Charge Amount' which contains the value '\$0.00'. At the bottom of the form, there is a section titled 'Claim Details (Optional)' with a plus sign icon in the top right corner.

Click View Estimate if *Optional* claims details in not needed. View Estimate must be completed to proceed to SUBMIT CLAIM

- p. **Optional.** In the **Additional Providers (Optional)** section, type the **REFERRING PROVIDER (EXACT NPI NUMBER)** or type the **LAST NAME/FIRST NAME** and click **SEARCH**. If more than 50 providers were found, you can select those to which you want to make an additional provider. If too many providers are found, you will be prompted to search by NPI instead. Select additional providers, if desired, and then click **USE SELECTED PROVIDER**.

- q. **Optional.** Click the **Additional Account or Authorization Numbers (Optional)** section and provide the following information:

The screenshot shows a form section titled 'Additional Account or Authorization Numbers (Optional)'. It contains two input fields: 'MEMBER ACCOUNT NUMBER' with a placeholder 'Member Account Number' and 'PRIOR AUTHORIZATION OR REFERRAL NUMBER' with a placeholder 'Prior Authorization or Referral Number'.

- i. Type the **MEMBER ACCOUNT NUMBER**.
- ii. Type the **PRIOR AUTHORIZATION NUMBER**.

- r. **Optional:** In the **Patient's Condition Impact on Estimate (Optional)** section, indicate either of the following conditions:

The screenshot shows a form section titled 'Patient's Condition Impact on Estimate (Optional)'. It includes a sub-header 'Condition Related to' with three checkboxes: 'Emergency', 'Employment (Current or Previous)', and 'Result of an Accident'. The 'Result of an Accident' checkbox is checked. Below this are two required fields: 'ACCIDENT TYPE' (a dropdown menu with 'Accident Type' selected) and 'ACCIDENT DATE' (a date picker showing 'MM/DD/YYYY').

- Select **Emergency**, if the condition of the patient is related to an emergency.
- Select **Employment (Current or Previous)** if the condition of the patient is related to employment.

- 
- Select **Result of an Accident** if the condition of the patient is related to an accident.
    - i. Select the **ACCIDENT TYPE**. Choices are: *Other Accident* or *Auto Accident*. If you selected *Auto Accident* as the accident type, select the **STATE**.
    - ii. In the **ACCIDENT DATE** field, type the date of the accident or select the date from the calendar.
  - s. **Optional:** Provide the **ATTACHMENT NUMBER**.

A provider may want to include certain attachments as part of the claim, so that it can be reviewed as part of claim submission process. An attachment number, generated by a third-party system (for example <https://nea-fast.com/>), can be specified as part of this claim submission. This attachment number is then passed through the system and will be associated by reference to the attachment in the third-party system.
  - t. Click **NEXT** or select another tab.

## Institutional Inpatient/Outpatient Service/Claim Details

[Institutional Inpatient](#)

Search Claims **Create Claim**

---

Member Information    Provider Information    **Service Details**    View Estimate    Submit Claim

---

**Statement Summary (Required)** -

Type of Bill

FACILITY TYPE *(Required)*    FREQUENCY *(Required)*    STATEMENT DATES

STATEMENT FROM DATE *(Required)*

Facility Type    Frequency    06/27/2019

STATEMENT TO DATE *(Required)*

06/27/2019

---

**Admission Details**

ADMISSION DATE *(Required)*    HOURS *(Required)*    TYPE OF ADMISSION *(Required)*

06/27/2019    12    Type of Admission

ADMISSION SOURCES *(Required)*

Admission Sources

**Discharge Details**

DISCHARGE DATE *(Required)*    HOURS *(Required)*

06/27/2019    12

DISCHARGE STATUS

Discharge Status

---

**Service Details (Required)** -

Select the ICD type & primary Diagnosis Code to enter service details.  Accept Assignment

ICD TYPE *(Required)*    PRIMARY DIAGNOSIS CODE *(Required)*    POA INDICATOR

ICD-10    Primary Diagnosis Code    POA Indicator

---

**Service Line 1** + Add Service Line

DATE OF SERVICE FROM *(Required)*    DATE OF SERVICE TO *(Required)*

06/27/2019    06/27/2019

REVENUE CODE *(Required)*    CPT / HCPCS    MODIFIERS

Revenue Code    CPT / HCPCS    Modifiers

NDC CODE    UNITS *(Required)*    UNIT TYPE *(Required)*    CHARGE *(Required)*    AMBULANCE PICKUP ZIP

NDC Code    1    Units    \$0.00    Zip

Total Charge Amount \$0.00

---

**Codes (Optional)** -

Condition Codes

CODE 1    CODE 2    CODE 3    CODE 4

CODE 5    CODE 6



[Add New Row](#)

---

**Occurrence Codes**

CODE 1	FROM DATE	TO DATE
<input type="text"/>	<input type="text" value="06/27/2019"/>	<input type="text" value="06/27/2019"/>
CODE 2	FROM DATE	TO DATE
<input type="text"/>	<input type="text" value="06/27/2019"/>	<input type="text" value="06/27/2019"/>

[Add New Row](#)

---

**Value Codes**

CODE 1	AMOUNT 1
<input type="text"/>	<input type="text"/>
CODE 2	AMOUNT 2
<input type="text"/>	<input type="text"/>
CODE 3	AMOUNT 3
<input type="text"/>	<input type="text"/>

[Add New Row](#)

---

**Other Diagnosis Codes**

CODE 1	POA INDICATOR 1
<input type="text" value=""/>	<input type="text" value="Yes"/>
CODE 2	POA INDICATOR 2
<input type="text" value=""/>	<input type="text" value="Yes"/>
CODE 3	POA INDICATOR 3
<input type="text" value=""/>	<input type="text" value="Yes"/>

[Add New Row](#)

---

**Diagnosis Code**

ADMITTING	DRG/PPS CODE
<input type="text" value=""/>	<input type="text" value=""/>

---

**Patient Reason Diagnosis Codes**

CODE 1	POA INDICATOR 1
<input type="text" value=""/>	<input type="text" value="Yes"/>
CODE 2	POA INDICATOR 2
<input type="text" value=""/>	<input type="text" value="Yes"/>
CODE 3	POA INDICATOR 3
<input type="text" value=""/>	<input type="text" value="Yes"/>

---

**External Cause of Injury Codes**

E-CODE 1	POA INDICATOR 1
<input type="text" value=""/>	<input type="text" value="Yes"/>
E-CODE 2	POA INDICATOR 2
<input type="text" value=""/>	<input type="text" value="Yes"/>

E-CODE 3	POA INDICATOR 3
<input type="text"/>	Yes
<a href="#">Add New Row</a>	
<b>Additional Procedure Codes</b>	
CODING METHOD	
<input type="text" value="CPT / HCPCS"/>	
CODE 1	DATE
<input type="text"/>	06/27/2019
CODE 2	DATE
<input type="text"/>	06/27/2019
CODE 3	DATE
<input type="text"/>	06/27/2019
<a href="#">Add New Row</a>	
<b>Claim Details (Optional)</b> <span style="float: right;">Expand All</span>	
<b>Additional Providers (Optional)</b>	
<a href="#">Add Attending Provider</a>	
<a href="#">Add Operating Provider</a>	
<a href="#">Add Other Provider</a>	
<b>Patient Control Information (Optional)</b>	
MEMBER ACCOUNT NUMBER	MEDICAL RECORD NUMBER
<input type="text" value="Member Account Number"/>	<input type="text" value="Medical Record Number"/>
<b>Patient's Condition Impact on Estimate (Optional)</b>	
<i>Use the checkboxes to indicate if patient's condition is related to anything that could impact the estimate.</i>	
Condition Related to	
<input type="checkbox"/> Emergency	
<input type="checkbox"/> Employment (Current or Previous)	
<input type="checkbox"/> Result of an Accident	
ATTACHMENT NUMBER (OPTIONAL)	
<input type="text" value="Attachment Number (Optional)"/>	
<input type="button" value="VIEW ESTIMATE"/> <input type="button" value="SUBMIT CLAIM"/>	

## Institutional Outpatient

Search Claims **Create Claim**

---

Member Information    Provider Information    **Service Details**    View Estimate    Submit Claim

---

**Statement Summary (Required)** -

Type of Bill

FACILITY TYPE *(Required)*    FREQUENCY *(Required)*    STATEMENT DATES

STATEMENT FROM DATE *(Required)*

Facility Type    Frequency    06/27/2019

STATEMENT TO DATE *(Required)*

06/27/2019

---

**Admission Details**

ADMISSION DATE    HOURS *(Required)*    TYPE OF ADMISSION

06/27/2019    12    Type of Admission

ADMISSION SOURCES

Admission Sources

**Discharge Details**

DISCHARGE DATE *(Required)*    HOURS *(Required)*

06/27/2019    12

DISCHARGE STATUS

Discharge Status

---

**Service Details (Required)** -

Select the ICD type & primary Diagnosis Code to enter service details.  Accept Assignment

ICD TYPE *(Required)*    PRIMARY DIAGNOSIS CODE *(Required)*    POA INDICATOR

ICD-10    Primary Diagnosis Code    POA Indicator

---

**Service Line 1** + Add Service Line

DATE OF SERVICE FROM *(Required)*    DATE OF SERVICE TO *(Required)*

06/27/2019    06/27/2019

REVENUE CODE *(Required)*    CPT / HCPCS    MODIFIERS

Revenue Code    CPT / HCPCS    Modifiers

NDC CODE    UNITS *(Required)*    UNIT TYPE *(Required)*    CHARGE *(Required)*    AMBULANCE PICKUP ZIP

NDC Code    1    Units    \$0.00    Zip

Total Charge Amount \$0.00

---

**Codes (Optional)** -

Condition Codes

CODE 1    CODE 2    CODE 3    CODE 4

CODE 5    CODE 6

➤ Add New Row

Occurrence Codes

CODE 1	FROM DATE	TO DATE
<input type="text"/>	<input type="text" value="06/27/2019"/>	<input type="text" value="06/27/2019"/>

CODE 2	FROM DATE	TO DATE
<input type="text"/>	<input type="text" value="06/27/2019"/>	<input type="text" value="06/27/2019"/>

➤ Add New Row

Value Codes

CODE 1	AMOUNT 1
<input type="text"/>	<input type="text"/>

CODE 2	AMOUNT 2
<input type="text"/>	<input type="text"/>

CODE 3	AMOUNT 3
<input type="text"/>	<input type="text"/>

➤ Add New Row

Other Diagnosis Codes

CODE 1	POA INDICATOR 1
<input type="text" value=""/>	<input type="text" value="Yes"/>

CODE 2	POA INDICATOR 2
<input type="text" value=""/>	<input type="text" value="Yes"/>

CODE 3	POA INDICATOR 3
<input type="text" value=""/>	<input type="text" value="Yes"/>

➤ Add New Row

Diagnosis Code

ADMITTING	DRG/PPS CODE
<input type="text" value=""/>	<input type="text"/>

Patient Reason Diagnosis Codes

CODE 1	POA INDICATOR 1
<input type="text" value=""/>	<input type="text" value="Yes"/>

CODE 2	POA INDICATOR 2
<input type="text" value=""/>	<input type="text" value="Yes"/>

CODE 3	POA INDICATOR 3
<input type="text" value=""/>	<input type="text" value="Yes"/>

External Cause of Injury Codes

E-CODE 1	POA INDICATOR 1
<input type="text" value=""/>	<input type="text" value="Yes"/>

E-CODE 2	POA INDICATOR 2
<input type="text" value=""/>	<input type="text" value="Yes"/>

E-CODE 3	<input type="text"/>	POA INDICATOR 3	<input type="text" value="06/27/2019"/>
CODE 2	<input type="text"/>	DATE	<input type="text" value="06/27/2019"/>
CODE 3	<input type="text"/>	DATE	<input type="text" value="06/27/2019"/>
<a href="#">Add New Row</a>			
<b>Claim Details (Optional)</b> <span style="float: right;">Expand All</span>			
<b>Additional Providers (Optional)</b> <span style="float: right;">Add Attending Provider</span>			
<a href="#">Add Operating Provider</a>			
<a href="#">Add Other Provider</a>			
<b>Patient Control Information (Optional)</b>			
MEMBER ACCOUNT NUMBER	<input type="text" value="Member Account Number"/>	MEDICAL RECORD NUMBER	<input type="text" value="Medical Record Number"/>
<b>Patient's Condition Impact on Estimate (Optional)</b>			
<small>Use the checkboxes to indicate if patient's condition is related to anything that could impact the estimate.</small>			
Condition Related to			
<input type="checkbox"/> Emergency			
<input type="checkbox"/> Employment (Current or Previous)			
<input type="checkbox"/> Result of an Accident			
<b>ATTACHMENT NUMBER (OPTIONAL)</b>			
<input type="text" value="Attachment Number (Optional)"/>			
<input type="button" value="VIEW ESTIMATE"/> <input type="button" value="SUBMIT CLAIM"/>			

a. Provide the **Statement Summary (Required)** information.

i. **Type of Bill**

1. **FACILITY TYPE (Required)**. Select the facility type from the list. Choices available depend on the type of claim you selected:

<b>Institutional Inpatient</b>	<b>Institutional Outpatient</b>
--------------------------------	---------------------------------

11 - Inpatient hospital  
12 - Inpatient hospital (Med B only)  
11 - Inpatient hospital  
21 - Inpatient skilled nursing  
22 - Inpatient skilled nursing (MedB only)

13 - OutPatient hospital  
14 - Other Hospital  
23 - outpatient skilled nursing  
24 - other skilled nursing  
32 - Home Health services under a plan of  
33 - Outpatient home health  
34 - Home Health services not under a pla  
71 - Rural Health Clinic  
72 - Renal Dialysis Center  
73 - Outpatient Clinic  
74 - Other Clinic  
77 - Clinic-Federally Qualified Health Cent  
78 - Licensed Freestanding Emergency M  
83 - Outpatient Special Facility  
84 - Other Special Facility

2. FREQUENCY (Required). Choices are:

- 00 - Non-Payment/Zero Claim
- 01 - Admit Through Discharge Date
- 02 - First Interim Claim
- 03 - Continuing Interim Claim
- 04 - Last Interim Claim
- 05 - Late Charge(s) Only Claim
- 06 - Adjustment of Prior Claim
- 07 - Replacement of Prior Claim
- 08 - Void/Cancel of Prior Claim

ii. **Statement Dates**

1. STATEMENT FROM/STATEMENT TO DATE (Required). Click in the field to type the statement from and to dates or select them from the calendar.

iii. **Admission Details**


1. ADMISSION DATE (Required).
2. HOURS (Required).
3. TYPE OF ADMISSION (Required).
4. ADMISSION SOURCES (Required).

iv. **Discharge Details**

1. DISCHARGE DATE (Required).
2. HOURS (Required).
3. DISCHARGE STATUS. Select a discharge status from the list. Choices are:
  - 0 - Unknown Value
  - 01 - Discharged to home
  - 02 - Discharged/transferred to other short term

- 03 - Discharged/transferred to skilled nursing facility
- 04 - Discharged/transferred to intermediate
- 05 - Discharged/transferred to another type
- 06 - Discharged/transferred to home care
- 07 - Left against medical advice
- 08 - Discharged/transferred to home
- 09 - Admitted as an inpatient to this hospital
- 10 - Expired
- 11 - Discharged/transferred to Court
- 30 - Still patient


b. Provide the **Service Details (Required)** information.


- i. Select the **Accept Assignment** check box to indicate whether you agree (or is required by law) to accept the Medicare-approved amount as full payment for covered services.
- ii. **ICD TYPE (Required)**. Select the ICD type from the menu. Choices are *ICD-9* or *ICD-10*.
- iii. **PRIMARY DIAGNOSIS CODE (Required)**. Click the search icon (  ) to open the Diagnosis Code dialog box.

**Primary Diagnosis Code Lookup**

**Search and Select Primary Diagnosis Code**

Search for the Primary Diagnosis Code. Click **Use Selected Code** once you have made your selection.


CODE	DESCRIPTION
Enter Primary Diagnosis Code	Enter Primary Diagnosis Code Description <span style="float: right;"></span>
<b>USE SELECTED CODE</b>	

1. Type a **CODE** and **DESCRIPTION** and click the search icon (  ).
2. From the list of codes in the search results, click **USE SELECTED CODE**.


iv. **POA INDICATOR**. Select the POA indicator from the list. Choices are:

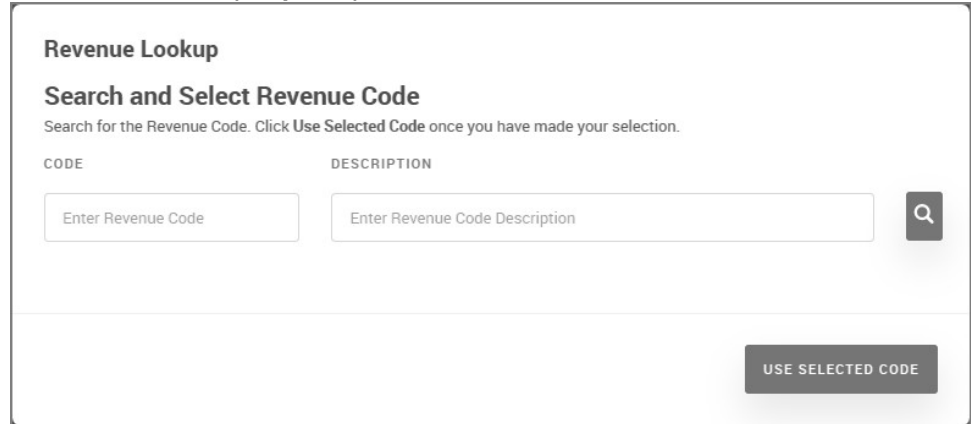
- Yes
- No
- Unknown
- Clinically Undetermined
- Exempt

v. **Service Line**. Enter and select the service line information:

 You can add additional service lines by clicking **+ Add Service Line** and delete a service line by clicking **- Delete Service Line**.


A maximum of 50 service lines can be added for a professional claim.

1. **DATE OF SERVICE FROM/TO:** Type or use the calendar icon () to indicate the date of service. The default is today's date.
2. **REVENUE CODE (Required).**



**Revenue Lookup**  
**Search and Select Revenue Code**  
Search for the Revenue Code. Click Use Selected Code once you have made your selection.

CODE	DESCRIPTION
<input type="text" value="Enter Revenue Code"/>	<input type="text" value="Enter Revenue Code Description"/>




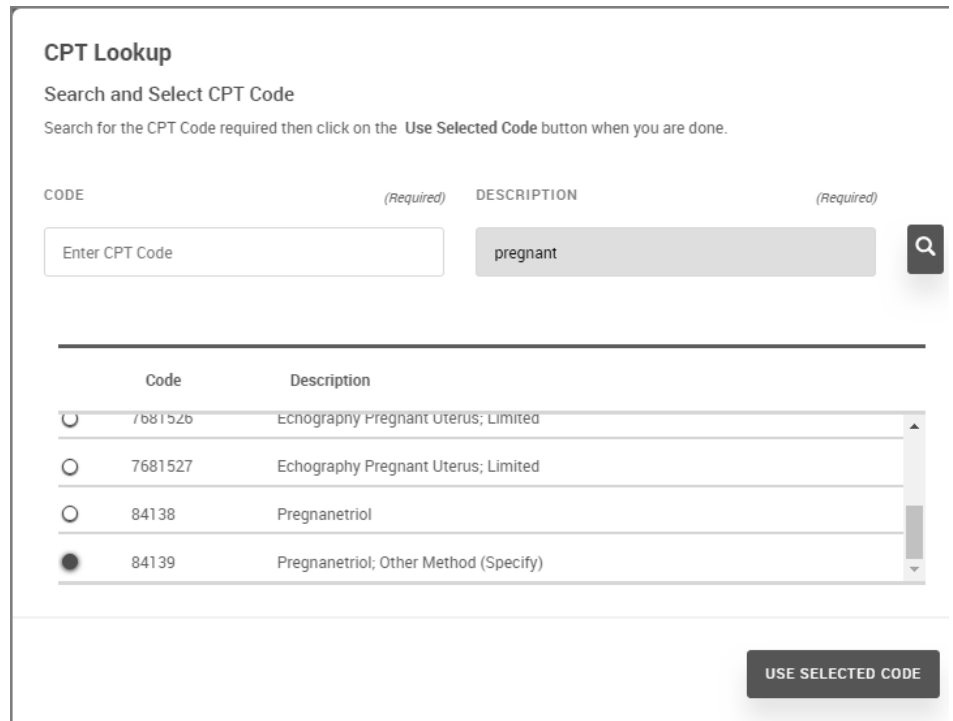
**USE SELECTED CODE**

01 Type the revenue **CODE** and/or **DESCRIPTION**, and then click the search icon ()

02 Select a revenue code from the search results and click **USE SELECTED CODE**.


3. **CPT/HCPCS:** Provide the CPT/HCPCS code.

01 Click the search icon () to open the CPT Lookup dialog box, or type the code into the field.



**CPT Lookup**  
**Search and Select CPT Code**  
Search for the CPT Code required then click on the Use Selected Code button when you are done.

CODE	(Required)	DESCRIPTION	(Required)
<input type="text" value="Enter CPT Code"/>		<input type="text" value="pregnant"/>	



Code	Description
<input type="radio"/> 7681526	Echography Pregnant Uterus; Limited
<input type="radio"/> 7681527	Echography Pregnant Uterus; Limited
<input type="radio"/> 84138	Pregnanetriol
<input checked="" type="radio"/> 84139	Pregnanetriol; Other Method (Specify)

**USE SELECTED CODE**




02 Either type a **CODE** or **DESCRIPTION** and then click search (  ).

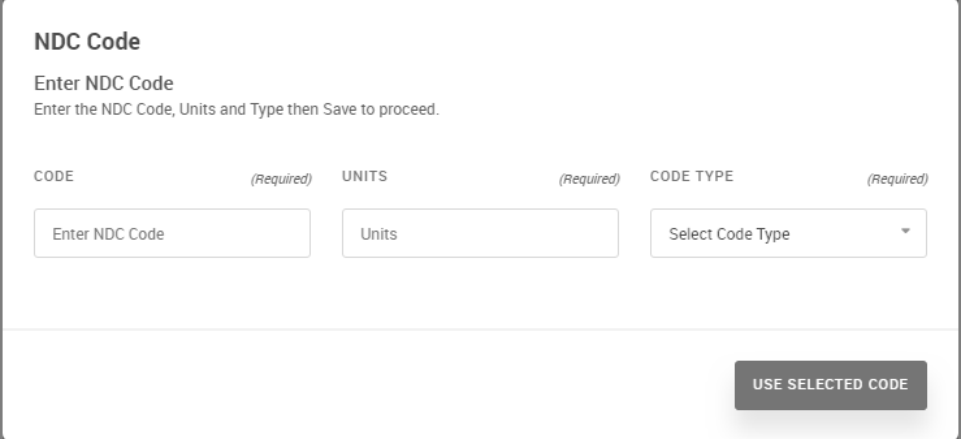
03 Select the code from the search results, and then click **USE SELECTED CODE**.

CPT codes are 5-digit codes. If you select a 7-digit code, the first 5 digits populate the CPT field, and the last 2 digits populate the Modifier field (below).

4. **MODIFIERS**: Type any modifiers, if needed.

5. **NDC CODE**: Begin typing an NDC code and the NDC Code dialog box appears. You can also click the search icon (  ).

If deciding to enter an NDC code, all fields below are required.



01 Type a **CODE** and **UNITS**.

02 Select the **CODE TYPE** from the list. Choices are: *Unknown, International Units, Grams, Milligrams, Milliliters, or Units*.

03 Click **USE SELECTED CODE**.

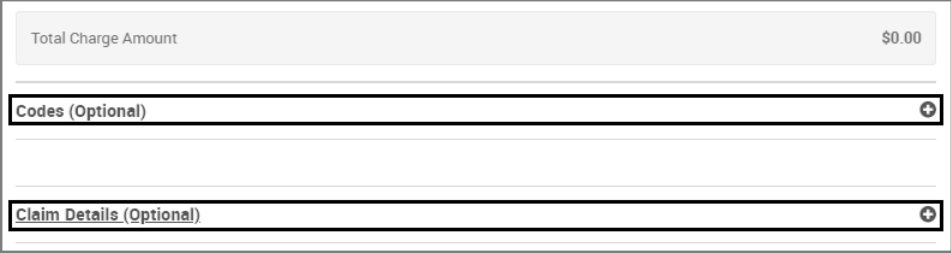
6. **UNITS**: Type the number of units. The NDC Code, Units and Unit Type are populated; however, you can also specify Units as: *Units, Minutes, or Days*

7. **UNIT TYPE**: Select the Unit Type. Choices are: *Units (default), Minutes, Days*

8. **CHARGE**: Type the charge amount, if known.


9. **AMBULANCE PICKUP ZIP**: Type the ambulance pickup location by ZIP Code.

c. Include any optional information.



d. **Codes (Optional)**. Provide the following optional codes, if needed.

1. *Condition Codes*. Type up to six condition codes. If you need to add additional codes, click **Add New Row**.
2. *Occurrence Codes*. Type up to two occurrence codes and select the FROM/TO DATES. If you need to add additional codes, click **Add New Row**.
3. *Value Codes*. Type up to three value codes and amount in dollars/cents for each code. If you need to add additional codes, click **Add New Row**.
4. *Other Diagnosis Codes*. Type up to three codes and POA indicators. If you need to add additional codes, click **Add New Row**.  
POA indicator choices are:
  - Yes
  - No
  - Unknown
  - Clinically Undetermined
  - Exempt
5. *Diagnosis Code*. Enter an additional diagnosis codes.

- **ADMITTING**. Type the admitting code or click the search icon (  ) and search for the code.


### Diagnosis Code Lookup

#### Search and Select Diagnosis Code

Search for the Diagnosis Code. Click Use Selected Code once you have made your selection.

CODE	DESCRIPTION
<input type="text" value="Enter Diagnosis Code"/>	<input type="text" value="Enter Diagnosis Code Description"/>

**USE SELECTED CODE**

- a. Type a **CODE** or **DESCRIPTION** and click the search icon (  ).
- b. From the search results, select a code, and click **USE SELECTED CODE**.

- **DRG/PPS CODE**. Type the diagnosis related group or prospective payment system code.


6. *Patient Reason Diagnosis Codes*. Type up to three patient reason diagnosis codes; click the search icon to search for the codes.

### Patient Reason Diagnosis Code Lookup

#### Search and Select Patient Reason Diagnosis Code


Search for the Patient Reason Diagnosis Code. Click Use Selected Code once you have made your selection.



CODE	DESCRIPTION
<input type="text" value="Enter Patient Reason Diagnosis"/>	<input type="text" value="Enter Patient Reason Diagnosis Code Description"/>

- Type a **CODE** and **DESCRIPTION** and then click the search icon ().
- From the search results, select a code, and click **USE SELECTED CODE**.
- Type a **POA INDICATOR** for each patient reason diagnosis code. POA indicator choices are:
  - Yes
  - No
  - Unknown
  - Clinically Undetermined
  - Exempt

7. *External Cause of Injury Codes*. Type up to three external cause of injury codes; click the search icon to search for the codes. If you need to add additional codes, click **Add New Row**.

CODE	DESCRIPTION
<input type="text" value="Enter External Cause of Injury C"/>	<input type="text" value="Enter External Cause of Injury Code Description"/>

- Type a **CODE** and **DESCRIPTION** and then click the search icon ().
- From the search results, select a code, and click **USE SELECTED CODE**.
- Type a **POA INDICATOR** for each patient reason diagnosis code. POA indicator choices are:
  - Yes
  - No
  - Unknown
  - Clinically Undetermined
  - Exempt

8. *Additional Procedure Codes*. Type additional procedure codes; click the search icon to search for the codes. If you need to add additional codes, click **Add New Row**.
- CODING METHOD**. Select the coding method from the list. Choices are:
    - CPT/HCPCS
    - ICD Surgical Procedure Code
  - Click the search icon (  ), and type a **CODE** and **DESCRIPTION** and then click the search icon (  ).
  - From the search results, select a code, and click **USE SELECTED CODE**.

### CPT Lookup

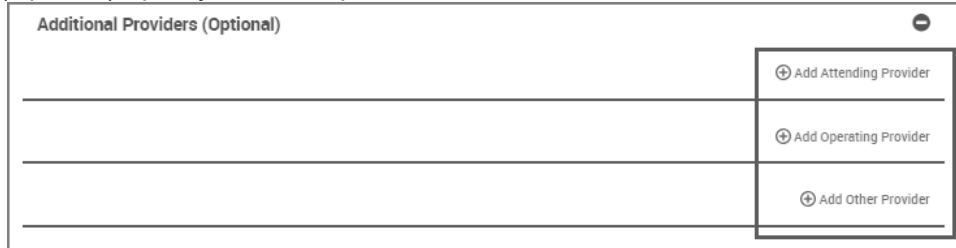
#### Search and Select CPT Code

Search for the CPT code then click on the Use Selected Code when you are done

CODE	DESCRIPTION
<input type="text" value="Enter CPT Code"/>	<input type="text" value="Enter CPT Description"/>

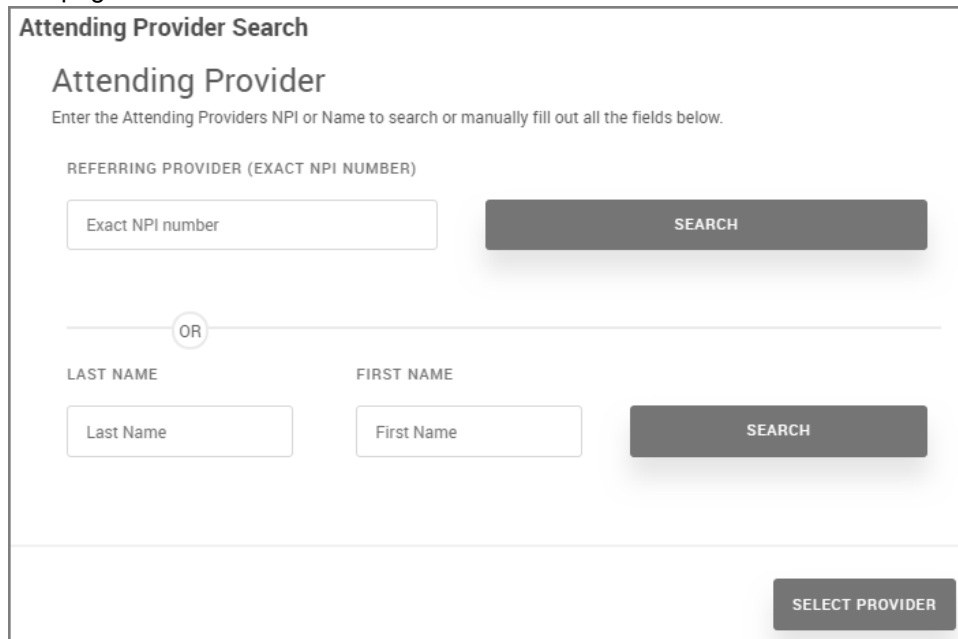
**USE SELECTED CODE**

d. (Optional) Specify additional providers, if needed.



By clicking Add Other Provider, you can add up to 2 additional providers.

e. **Attending Provider:** Click **Add Attending Provider**. To close the screen, click any location on the page.



1. Do one of the following, and then click **SEARCH**:

- Type the **REFERRING PROVIDER (EXACT NPI NUMBER)**.
- Type the **LAST NAME/FIRST NAME** (minimum 2 letters).

2. Select the provider from the search results, and then click **SELECT PROVIDER**. The provider information appears. At any time, you can remove any displayed providers by clicking Remove Attending Provider.

- ii. **Operating Provider:** Click **Add Operating Provider**. To close the screen, click any location on the page.

The screenshot shows a web form titled "Operating Provider Search". Below the title is the heading "Operating Provider" and a sub-heading "Enter the Operating Providers NPI or Name to search or manually fill out all the fields below." There are two search options separated by an "OR" indicator. The first option is "REFERRING PROVIDER (EXACT NPI NUMBER)" with a text input field containing "Exact NPI number" and a "SEARCH" button. The second option is "LAST NAME" and "REFERRALS.COMMON.SERVICEPROVIDER.FIRSTNAME" with text input fields containing "Last Name" and "REFERRALS.COMMON.SERVICEPROVIDER.FIRSTN", and a "SEARCH" button. At the bottom right of the form is a "SELECT PROVIDER" button.

1. Do one of the following, and then click **SEARCH**:
  - Type the **REFERRING PROVIDER (EXACT NPI NUMBER)**.
  - Type the **LAST NAME/FIRST NAME** (minimum 2 letters).
2. Select the provider from the search results, and then click **SELECT PROVIDER**. Selected provider information appears. At any time, you can remove any displayed providers by clicking Remove Other Provider.

- iii. **Other Provider:** Click **Add Other Provider**. To close the screen, click any location on the page.

The screenshot shows a web form titled "Other Provider Search". Below the title is the heading "Other Provider" and a sub-heading "Enter the Other Providers NPI or Name to search or manually fill out all the fields below." There are two search options separated by an "OR" indicator. The first option is "REFERRING PROVIDER (EXACT NPI NUMBER)" with a text input field containing "Exact NPI number" and a "SEARCH" button. The second option is "LAST NAME" and "REFERRALS.COMMON.SERVICEPROVIDER.FIRSTNAME" with text input fields containing "Last Name" and "REFERRALS.COMMON.SERVICEPROVIDER.FIRSTN", and a "SEARCH" button. At the bottom right of the form is a "SELECT PROVIDER" button.

1. Do one of the following, and then click **SEARCH**:
  - Type the **REFERRING PROVIDER (EXACT NPI NUMBER)** .
  - Type the **LAST NAME/FIRST NAME** (minimum 2 letters).
2. Select the provider from the search results, and then click **SELECT PROVIDER**. Selected provider information appears. At any time, you can remove any displayed providers by clicking Remove Attending Provider. You can add up to two other providers in this panel.

Optional. Click the **Patient Control Information (Optional)** section and provide the following information:

**Patient Control Information (Optional)** -

MEMBER ACCOUNT NUMBER	MEDICAL RECORD NUMBER
<input style="width: 95%;" type="text" value="Member Account Number"/>	<input style="width: 95%;" type="text" value="Medical Record Number"/>

- iv. **MEMBER ACCOUNT NUMBER**. Type the member account number.
- v. **MEDICAL RECORD NUMBER**. Type the medical record number.

Optional: In the **Patient's Condition Impact on Estimate** section:

**Patient's Condition Impact on Estimate (Optional)** -

*Use the checkboxes to indicate if patient's condition is related to anything that could impact the estimate.*

Condition Related to

Emergency

Employment (Current or Previous)

Result of an Accident

ACCIDENT TYPE <small>(Required)</small>	ACCIDENT DATE <small>(Required)</small>
<input style="border: none; background-color: #f0f0f0; border-bottom: 1px solid #ccc;" type="text" value="Accident Type"/> ▼	<input style="border: none; background-color: #f0f0f0; border-bottom: 1px solid #ccc;" type="text" value="MM/DD/YYYY"/>

- Select **Emergency**, if the condition of the patient is related to an emergency.
- Select **Employment (Current or Previous)** if the condition of the patient is related to employment.
- Select **Result of an Accident** if the condition of the patient is related to an accident.

vi. Select the **ACCIDENT TYPE**. Choices are: *Other Accident* or *Auto Accident*. If you selected *Auto Accident* as the accident type, select the **STATE**.

vii. In the **ACCIDENT DATE** field, type the date of the accident or select the date from the calendar.

e. Optional: Provide the **ATTACHMENT NUMBER**.

A provider may want to include certain attachments as part of the claim, so that it can be reviewed as part of claim submission process. An attachment number, generated by a third-party system (for example <https://nea-fast.com/>), can be specified as part of this claim submission. This attachment number is then passed through the system and will be associated by reference to the attachment in the third-party system.

f. Click **NEXT** or select another tab.

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# Viewing Claim Details

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## Claim Details Notes

### To view claim details:

1. Click **Claims** from the [navigation menu](#).
2. [Search for a claim](#), or select a [Quick View](#) claim.
3. Select a claim ID in the results list. The claim details page appears as in this example.



**Claim ID 192040000300 Detail**

Send a message and optionally include attachments

Export the claim details to a PDF file

Update and submit an edited claim

Void a claim

<b>Claim Status</b> Finalized	Claim ID : 192040000300	Provider : Cooper, M	Service Date : 07/23/2019 -07/23/2019
	Member Name : Peters	Submission Source : Paper	Member Responsibility : \$0.00
	Member ID		

Collapse All

**Member & Subscriber Information**

Member ID	:		Provider Patient ID	:	
Member Name	:	Peters	Group ID #	:	RD01
Member Date of Birth	:	01/03/	Plan Name	:	Marketing Dental   D101
Relationship to Insured	:	Self			
Subscriber ID #	:				
Subscriber Name	:	Peters,			

**Claim Header**

Claim ID	:	192040000300
Claim Type	:	Medical
HRA Payment on Claim	:	Y

**Claim Cost Breakdown**

Charged Amount	\$260.00
Allowed Amount	\$260.00
Plan Discount	\$0.00
Copay Amount	\$0.00
Coinsurance Amount	\$0.00
Deductible Amount	\$260.00
Not Covered Amount	\$0.00
HRA Payment Amount	\$30.00
Member Responsibility	\$0.00
<b>Plan Paid Amount</b>	<b>\$0.00</b>

**Remittance Information**

Paid Date	:	07/24/2019
Check Cleared Date	:	N/A
Check/Transaction ID	:	N/A
Payment Reference ID	:	2019072410100003

VIEW EXPLANATION OF PAYMENT (EOP)

**Remittance Information**

Paid Date	:	07/24/2019
Check Cleared Date	:	N/A
Check/Transaction ID	:	15
Payment Reference ID	:	2019072410100007

VIEW EXPLANATION OF PAYMENT (EOP)

Click to navigate to the claim search by check ID or reference page

VIEW CHECK IMAGE

Click to view a copy of the canceled check

Click to view a copy of the canceled check

**Claims Service Line**

SERVICE DATE(S)	PROCEDURE	CHARGED	ALLOWED	PLAN DISCOUNT	COPAY	COINSURANCE	DEDUCTIBLE	NOT COVERED	HRA PAYMENT	MEMBER RESPONSIBILITY	PAID BY PLAN
07/23/2019-07/23/2019	99215	\$260.00	\$260.00	\$0.00	\$0.00	\$0.00	\$260.00	\$0.00	\$30.00	\$0.00	\$0.00

**CPT Description**

99215-Est Output L3 Conghnev H&E Hi Complx

**Diagnosis Description**

R10-Abdominal and pelvic pain

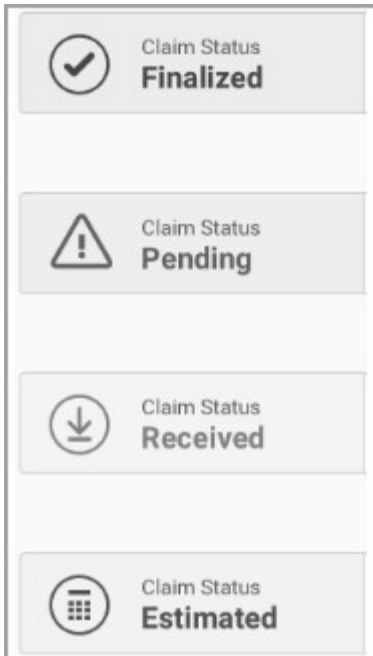
**Provider**

Service Provider ID	:		Phone/Extension	:	(307) 123-
Service Provider Name	:	Cooper, M	Pay To Affiliation Name	:	Medical Associates
Tax Id	:		Address	:	555 E Broadway Avenue NY 83001-0001 USA

---

4. To view the details of each section, click the associated expand icon (+).

Claim details also display a quick summary at the top of the claim based on status of the claim at the time it was accessed. These include the following:



**Related Topics:**

- [Printing or Downloading a PDF of Claim Details](#)
- [Creating a Message](#)
- [Viewing the Claim Reference ID or Check Image](#)
- [Viewing Estimated Claims](#)
- [Searching for Claims](#)
- [Sending a Claims Detail or Claims Summary Message](#)
- [Search for, Update, or Re-estimate a Claim](#)

# Sending a Claims Detail or Claims Summary Message

To send a claims detail or claims summary message:

1. Click **Claims** from the [navigation menu](#).
2. [Search for a claim](#).  
Claim results appear.
3. Send a claims message using either of the following methods:
  - **From search results:** Expand the search results overview information.

## Example

CLAIM ID	MEMBER NAME	PROVIDER NAME	SERVICE DATES	LAST UPDATED	STATUS
HSD000085900	Adler,	Cooper, M	05/07/2019-05/07/2019	05/07/2019	Finalized

Network: InNetwork      Member ID:      Patient Account #:  
Claim Type: Medical      Paid Amount: \$0.00      Charge Amount: \$10.00  
Received Date: 05/07/2019      Finalized Date: 05/30/2019      Send Message:

EXPORT TO PDF    EXPORT TO EXCEL    BULK EXPORT

*Hint:*  
 Export to PDF: Clicking on Export to PDF downloads the current view of claim inquiry to PDF format  
 Export to Excel: Clicking on Export to Excel downloads the current view of claim inquiry to Excel format  
 Bulk Export: Clicking on Bulk Export generates the document and will be available on Document screen for the current view on click with in 10 to 30 minutes

- **From claim details:** Select a claim number to view the details.

## Example

### Claim ID HSD000085200 Detail

SEND MESSAGE    EXPORT TO PDF

<div style="border: 1px solid #ccc; padding: 5px; background-color: #f0f0f0;"> <span></span> Claim Status  <b>Finalized</b> </div>	Claim ID : HSD000085200 Member Name : Hart,	Provider : Cooper, M Service Date : 04/30/2019 - 04/30/2019	Member Responsibility : \$1.00 Submission Source : Web Portal
--	--	--	--

Alert, Status is finalized and paid amount is 0

4. Click the **Send Message** link.

The New Message page appears with the claim details and patient information attached (if applicable).

[Example](#)

Message Tab

### New Message

Message Attachments

MESSAGE FOR *(Required)*

Payer

CATEGORY *(Required)* SUBJECT *(Required)*

Select Inquiry on Claim #HSD000085200

MESSAGE *(Required)*

Member Name: Hart, .  
Member ID:  
Address: 2300 Thomas Ave, WY, 82009  
Provider Name: Cooper, M.  
Date of Services: 04/30/2019 - 04/30/2019

CANCEL SAVE DRAFT SEND

## Attachments Tab

### New Message

Message Attachments

Attach a Document or Image

You can add up to 5 files with a max size of 9 MB each

**Add Attachment**

None file attached

Attach a Patient or Claim

You can only add 1 member and 3 claims to a message

A Hart-Patient Information ✕ A Hart-HSD000085200 ✕

Select the patient information and upto 3 claims and click attach

Antonio Hart Patient Information

Claim ID	Provider Name	Service Date	Status	Patient Responsibility	
<input checked="" type="checkbox"/>	HSD000085200	Cooper, M	04/30/2019	Finalized	\$ 1


**ATTACH**

**CANCEL** **SAVE DRAFT** **SEND**

5. On the **Message** tab, click the **MESSAGE FOR** arrow icon (▼), and then select whether you are sending the message to a payer (default) or portal user.
6. Click **SEND**.

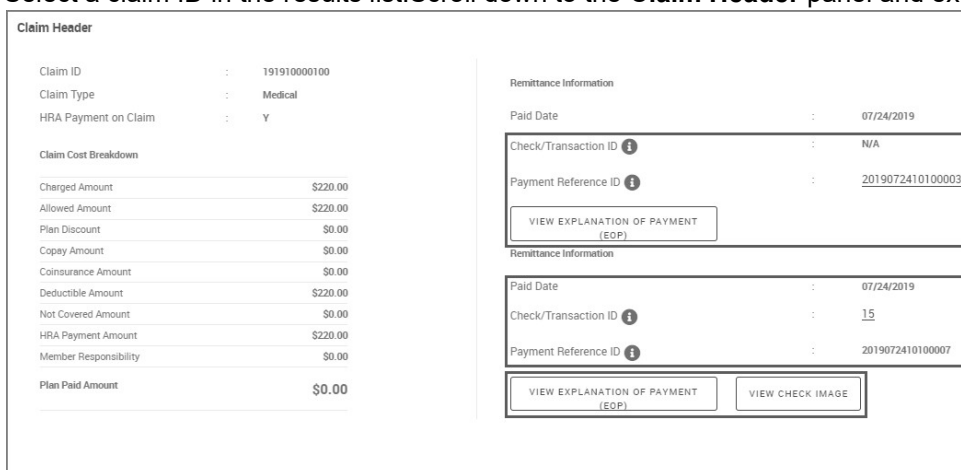
# Viewing the Claim Reference ID or Check Image

Through the claims detail page, you can view the claim reference ID or an image of the check used to pay for services.

 The View Check Image option is not visible, if the configuration is turned off in the system.

To view the claim reference ID or check image:

1. Click **Claims** from the [navigation menu](#).
2. [Search for a claim](#), or select a [Quick View](#) claim.
3. Select a claim ID in the results list. Scroll down to the **Claim Header** panel and expand it.



The screenshot displays the 'Claim Header' section of a claims detail page. It is divided into two main columns. The left column contains claim metadata and a cost breakdown table. The right column contains remittance information for two different payments.

Claim Header	
Claim ID	: 191910000100
Claim Type	: Medical
HRA Payment on Claim	: Y
Claim Cost Breakdown	
Charged Amount	\$220.00
Allowed Amount	\$220.00
Plan Discount	\$0.00
Copay Amount	\$0.00
Coinsurance Amount	\$0.00
Deductible Amount	\$220.00
Not Covered Amount	\$0.00
HRA Payment Amount	\$220.00
Member Responsibility	\$0.00
Plan Paid Amount	\$0.00

Remittance Information	
Paid Date	: 07/24/2019
Check/Transaction ID	: N/A
Payment Reference ID	: 2019072410100003
VIEW EXPLANATION OF PAYMENT (EOP)	

Remittance Information	
Paid Date	: 07/24/2019
Check/Transaction ID	: <a href="#">15</a>
Payment Reference ID	: 2019072410100007
VIEW EXPLANATION OF PAYMENT (EOP)	VIEW CHECK IMAGE

If the check or transaction number passed from the system is undefined, the check or transaction number label is still visible, but it will display with an N/A next to it.

If the check or transaction number field is empty, the *Payment Reference ID* field displays a hyperlink. Clicking the link directs you to a check or paid date based search as described below.

This is the area with links where you can do either of the following:

- To view the Check/Transaction ID, click the linked ID number to navigate to the search by Check or Reference ID page.

### Example

Claims Search
+

---

**Search**

Search for a claim to view details and status (at least one field must be selected)

Reset Search

Search by

Check or Reference ID

CHECK OR REFERENCE ID

4641

(Required)

OR

PAID DATE FROM

PAID DATE TO

SEARCH

CLAIM ID	MEMBER NAME	PROVIDER NAME	SERVICE DATES	LAST UPDATED	CHARGE AMOUNT	PAID AMOUNT	STATUS	ALERT	MEMBER ID
⊕ HSD000081900	Fry,	Cooper, M	07/16/2018-07/16/2018	07/16/2018	\$120.00	0	Finalized	0	00
⊕ HSD000082000	Fry,	Cooper, M	06/11/2018-06/11/2018	07/16/2018	\$1.00	0	Finalized	0	00
⊕ HSD000082600	Fry,	Cooper, M	06/11/2018-06/11/2018	07/18/2018	\$1.00	0	Finalized	0	00
⊕ HSD000084100	Fry,	Cooper, M	07/31/2018-07/31/2018	07/31/2018	\$12.00	0	Finalized	0	00
⊕ HSD000084800	Fry,	Cooper, M	07/31/2018-07/31/2018	07/31/2018	\$12.00	0	Finalized	0	00
⊕ HSD000084900	Fry,	Cooper, M	07/31/2018-07/31/2018	07/31/2018	\$12.00	0	Finalized	0	00

- To view the check image, click **VIEW CHECK IMAGE** to display a copy of the canceled check.
- To view the EOP, click the **VIEW EXPLANATION OF PAYMENT (EOP)** button.

# Viewing or Printing a PDF of the Claim Summary List

To view or print your claim summary:

## Search Results

Search Claim Details And Create Claims

### Search Claims

[Search Claims](#)   [Create Claim](#)

---

**Claims Search** +

---

**Search** ⊗ Reset Search

Search for a claim to view details and status (at least one field must be selected)

Search by

Provider, Date or Status

---

PROVIDER                      SERVICE DATE FROM                      (Required)                      SERVICE DATE TO                      (Required)

Cooper, M

06 / 30 / 2018

07 / 30 / 2018

STATUS

3 selected

SEARCH

CLAIM ID	MEMBER NAME	PROVIDER NAME	SERVICE DATES	LAST UPDATED	CHARGE AMOUNT	PAID AMOUNT	STATUS	ALERT
⊕ HSD000081100	Hart,	Cooper, M	07/11/2018-07/11/2018	07/11/2018	\$10.00	\$0.00	Received	
⊕ HSD000081600	Hart,	Cooper, M	07/14/2018-07/14/2018	07/14/2018	\$5.00	\$0.00	Received	
⊕ HSD000081900	Fry,	Cooper, M	07/16/2018-07/16/2018	07/16/2018	\$120.00	\$0.00	Received	
⊕ HSD000082200	Hart,	Cooper, M	07/16/2018-07/16/2018	07/16/2018	\$1.00	\$0.00	Received	

Click to view and print

EXPORT TO PDF

EXPORT TO EXCEL

BULK EXPORT



4. Depending on how your browser works with PDF files, navigate to the saved PDF file to open it.

Example

An example of a claim summary is shown in this example.

Claim Summary List						Jul 30, 2018
Claim ID	Member Name	Provider Name	Service Dates	Last Updated/Received	Status	
HSD000081100	Hart, [REDACTED]	Cooper, M [REDACTED]	07/11/2018 - 07/11/2018	07/11/2018	Received	
Alert :		Member ID :		Network :		InNetwork
Charge Amount : \$10.0		Patient Account # :		Received Date :		07/11/2018
Paid Amount : \$0.0		Claim Type : Medical		Finalized Date :		
Claim ID	Member Name	Provider Name	Service Dates	Last Updated/Received	Status	
HSD000081600	Hart, [REDACTED]	C [REDACTED]	07/14/2018 - 07/14/2018	07/14/2018	Received	
Alert :		Member ID :		Network :		InNetwork
Charge Amount : \$5.0		Patient Account # :		Received Date :		07/14/2018
Paid Amount : \$0.0		Claim Type : Medical		Finalized Date :		
Claim ID	Member Name	Provider Name	Service Dates	Last Updated/Received	Status	
HSD000081900	Fry, [REDACTED]	Cooper, M [REDACTED]	07/16/2018 - 07/16/2018	07/16/2018	Received	
Alert :		Member ID :		Network :		InNetwork
Charge Amount : \$120.0		Patient Account # :		Received Date :		07/16/2018
Paid Amount : \$0.0		Claim Type : Medical		Finalized Date :		
Claim ID	Member Name	Provider Name	Service Dates	Last Updated/Received	Status	
HSD000082200	Hart, [REDACTED]	Cooper, M [REDACTED]	07/16/2018 - 07/16/2018	07/16/2018	Received	
Alert :		Member ID :		Network :		InNetwork
Charge Amount : \$1.0		Patient Account # : [REDACTED]		Received Date :		07/16/2018
Paid Amount : \$0.0		Claim Type : Medical		Finalized Date :		

**Related Topic:**

[Exporting the Claim Summary to Excel](#)

## Exporting the Claim Summary to Excel

---

You may want to keep your claims summary in an Excel spreadsheet on your own laptop or iPad.

**To export your claim summary to Excel:**

1. Click **Claims** from the [navigation menu](#).
2. [Perform a search by claim ID or provider](#). Locate **View and Print Summary**, and then click **Excel**.

## Search Claims

Search Claims [Create Claim](#)

### Claims Search

#### Search

Search for a claim to view details and status (at least one field must be selected)

[Reset Search](#)

Search by

Provider, Date or Status

---

PROVIDER

Cooper, M

SERVICE DATE FROM (Required)

02 / 15 / 2018

SERVICE DATE TO (Required)

07 / 30 / 2018

STATUS

4 selected

SEARCH

CLAIM ID	MEMBER NAME	PROVIDER NAME	SERVICE DATES	LAST UPDATED	CHARGE AMOUNT	PAID AMOUNT	STATUS	ALERT
⊕ 181060000300	Shilling,	Cooper,	03/23/2018-03/23/2018	04/16/2018	\$150.00	\$0.00	Finalized	⚠
⊕ 181130000100	Hart,	Cooper,	04/15/2018-04/15/2018	04/23/2018	\$160.00	\$0.00	Finalized	⚠
⊕ HSD000077900	Fry,	Cooper,	05/23/2018-05/23/2018	05/23/2018	\$1.00	\$0.00	Finalized	⚠
⊕ HSD000078400	Hart,	Cooper,	06/02/2018-06/02/2018	06/02/2018	\$250.00	\$0.00	Finalized	⚠
⊕ HSD000078500	Hart,	Cooper,	06/02/2018-06/02/2018	06/02/2018	\$150.00	\$0.00	Finalized	⚠
⊕ HSD000078700	Fry,	Cooper,	06/11/2018-06/11/2018	06/11/2018	\$1.00	\$0.00	Finalized	⚠
⊕ HSD000078800	Fry,	Cooper,	06/11/2018-06/11/2018	06/11/2018	\$1.00	\$0.00	Finalized	⚠
⊕ HSD000078900	Fry,	Cooper,	06/13/2018-06/13/2018	06/13/2018	\$100.00	\$0.00	Finalized	⚠
⊕ HSD000079900	Fry,	Cooper,	06/11/2018-06/11/2018	07/04/2018	\$1.00	\$0.00	Finalized	⚠
⊕ HSD000080000	Fry,	Cooper,	06/11/2018-06/11/2018	07/04/2018	\$1.00	\$0.00	Finalized	⚠

Click to view and save to an Excel spreadsheet

EXPORT TO PDF

EXPORT TO EXCEL

BULK EXPORT

First Previous **1** 2 3 4 5 ... 45 Next Last

3. When the spreadsheet appears, save it to your system.

Claims

com | July 30, 2018

Claim ID	Member Name	Provider Name	Service Dates	Last Update/Received	Status	Alert	Member ID	Patient Account #	Claim Type	Network	Received Date	Finalized Date	Charge Amount	Paid Amount
181060000300	Darwin	Cooper, M	03/23/2018-03/23/2018	04/16/2018	Finalized	⬆			Medical	inNetwork	04/16/2018	04/16/2018	\$150.00	\$0.00
181130000100	Antonio	Cooper, M	04/15/2018-04/15/2018	04/23/2018	Finalized	⬆			Medical	inNetwork	04/23/2018	04/23/2018	\$160.00	\$0.00
HSD000077900	Dons	Cooper, M	05/23/2018-05/23/2018	05/23/2018	Finalized	⬆			Medical	inNetwork	05/23/2018	05/23/2018	\$1.00	\$0.00
HSD000078400	Antonio	Cooper, M	06/02/2018-06/02/2018	06/02/2018	Finalized	⬆			Medical	inNetwork	06/02/2018	06/02/2018	\$250.00	\$0.00
HSD000078500	Maria	Cooper, M	06/02/2018-06/02/2018	06/02/2018	Finalized	⬆			Medical	inNetwork	06/02/2018	06/02/2018	\$150.00	\$0.00
HSD000078700	Dons	Cooper, M	06/11/2018-06/11/2018	06/11/2018	Finalized	⬆			Medical	inNetwork	06/11/2018	06/11/2018	\$1.00	\$0.00
HSD000078800	Dons	Cooper, M	06/11/2018-06/11/2018	06/11/2018	Finalized	⬆			Medical	inNetwork	06/11/2018	06/11/2018	\$1.00	\$0.00
HSD000078900	Dons	Cooper, M	06/13/2018-06/13/2018	06/13/2018	Finalized	⬆			Medical	inNetwork	06/13/2018	06/13/2018	\$100.00	\$0.00
HSD000079900	Dons	Cooper, M	06/11/2018-06/11/2018	07/04/2018	Finalized	⬆			Medical	inNetwork	07/04/2018	07/04/2018	\$1.00	\$0.00
HSD000080000	Dons	Cooper, M	06/11/2018-06/11/2018	07/04/2018	Finalized	⬆			Medical	inNetwork	07/04/2018	07/04/2018	\$1.00	\$0.00

**Related Topic:**

[Viewing Claim Details](#)

## Printing or Downloading a PDF of Claim Details

To view or print claim details to a PDF file:

1. Click **Claims** from the [navigation menu](#).
2. [Perform a search by claim ID or provider](#).
3. Select a claim to view the details.
4. On the claim details page, click **EXPORT TO PDF**.

Claim ID 192040000100 Detail

[SEND MESSAGE](#)
[EXPORT TO PDF](#)

---

**Claim Status**  
Finalized

Claim ID : 192040000100  
Member Name : Bocklet ,  
Member ID :

Provider : Cooper, M  
Submission Source : Paper

Service Date : 07/23/2019 -07/23/2019  
Member Responsibility : \$0.00

---

**Member & Subscriber Information**

Member ID :	Provider Patient ID :
Member Name : Bocklet ,	Group ID # :
Member Date of Birth : 05/01/1	Plan Name : HEALTH PLAN-HMO
Relationship to insured : Self	DIAMOND
Subscriber ID # :	
Subscriber Name : Bocklet ,	

---

**Claim Header**

<p>Claim ID : 192040000100 Claim Type : Medical</p>	<p><b>Remittance Information</b></p> <p>Paid Date : 07/24/2019 Check Cleared Date : N/A Check/Transaction ID : 4687 Payment Reference ID : 2019072410100002</p>
---	---

Claim Cost Breakdown	
Charged Amount	\$200.00
Allowed Amount	\$185.00
Plan Discount	\$15.00
Copay Amount	\$10.00
Coinsurance Amount	\$0.00
Deductible Amount	\$0.00
Not Covered Amount	\$0.00
Member Responsibility	\$0.00
<b>Plan Paid Amount</b>	<b>\$175.00</b>

VIEW EXPLANATION  
OF PAYMENT (EOP)

VIEW CHECK  
IMAGE

---

**Claims Service Line**

SERVICE DATE(S)	PROCEDURE	CHARGED	ALLOWED	PLAN DISCOUNT	COPAY	COINSURANCE	DEDUCTIBLE	NOT COVERED	MEMBER RESPONSIBILITY	PAID BY PLAN	REASON CODE(S)	CHARGED UNITS	CPT DESCRIPTION	DIAGNOSIS DESCRIPTION
07/23/2019-07/23/2019	99213	\$200.00	\$185.00	\$15.00	\$10.00	\$0.00	\$0.00	\$0.00	\$0.00	\$175.00	PSS	1	Est Outpt L3 Exp Prob H&E Low Complex Med	R1010-Upper abdominal pain, unspecified

---

**Reason Code Description**

PSS-Charge exceeds Allowed Amount

---

**Provider**

Service Provider ID :	Phone/Extension : (307) 123--
Service Provider Name : Cooper, M	Pay To Affiliation Name : Medical Associates
Network : InNetwork	Address : 555 E Broadway Avenue WY 83001-0001 Teton USA

5. Depending on how your browser works with PDF files, save the file and then navigate to the saved file to open it.

**Example**

An example of a Claim Detail PDF is shown below. Depending on how your system is configured, some of these items may not be present in the PDF output.



**Reason Code(s)**

Code	Description
PSS	Charge exceeds Allowed Amount

**Procedure Code(s)**

Code	Description
99213	Est Outpt L3 Exp Prob H&E Low Complx Med

**Diagnosis Code(s)**

Code	Description
R1010	Upper abdominal pain, unspecified

# Performing a Bulk Export of the Claim Summary

From the Quick View claims summary list, you can perform a bulk export. You can also perform this task from the Dashboard.

## To perform a bulk export of the claim summary:

1. From the [Dashboard - Home](#) or the [Claims](#) page, click **VIEW DETAILS** from one of the Quick View tiles. You can also perform a [claim search](#).

The summary details for the selected Quick View tile or claim search appears.

CLAIM ID	MEMBER NAME	PROVIDER NAME	SERVICE DATES	LAST UPDATED	CHARGE AMOUNT	PAID AMOUNT	STATUS	ALERT	MEMBER ID	NETWORK	PATIENT ACCOUNT #	RECEIVED DATE	CLAIM TYPE	FINALIZED DATE
181060000300	Shilling	Cooper	03/23/2018-03/23/2018	04/16/2018	\$150.00	\$0.00	Finalized	▲	00	InNetwork		04/16/2018	Medical	04/16/2018
181130000100	Hart	Cooper	04/15/2018-04/15/2018	04/23/2018	\$160.00	\$0.00	Finalized	▲	00	InNetwork		04/23/2018	Medical	04/23/2018
HSD000077900	Fry	Cooper	05/23/2018-05/23/2018	05/23/2018	\$1.00	\$0.00	Finalized	▲	00	InNetwork		05/23/2018	Medical	05/03/2018
HSD000078400	Hart	Cooper	06/02/2018-06/02/2018	06/02/2018	\$250.00	\$0.00	Finalized	▲	00	InNetwork		06/02/2018	Medical	06/03/2018
HSD000078500	Hart	Cooper	06/02/2018-06/02/2018	06/02/2018	\$150.00	\$0.00	Finalized	▲	01	InNetwork		06/02/2018	Medical	06/03/2018
HSD000078700	Fry	Cooper	06/11/2018-06/11/2018	06/11/2018	\$1.00	\$0.00	Finalized	▲	00	InNetwork		06/11/2018	Medical	07/11/2018
HSD000078800	Fry	Cooper	06/11/2018-06/11/2018	06/11/2018	\$1.00	\$0.00	Finalized	▲	00	InNetwork		06/11/2018	Medical	07/11/2018
HSD000078900	Fry	Cooper	06/13/2018-06/13/2018	06/13/2018	\$100.00	\$0.00	Finalized	▲	00	InNetwork		06/13/2018	Medical	07/11/2018
HSD000079900	Fry	Cooper	06/11/2018-06/11/2018	07/04/2018	\$1.00	\$0.00	Finalized	▲	00	InNetwork		07/04/2018	Medical	07/11/2018
HSD000080000	Fry	Cooper	06/11/2018-06/11/2018	07/04/2018	\$1.00	\$0.00	Finalized	▲	00	InNetwork		07/04/2018	Medical	07/11/2018

EXPORT TO PDF EXPORT TO EXCEL **BULK EXPORT**

First | Previous | **1** | 2 | Next | Last

2. Click **BULK EXPORT**.

The following prompt appears.

**Bulk export in progress**

We anticipate the claim extraction process to be completed in approximately 10 - 30 minutes depending on the number of claim details to be exported. Please click on continue to proceed with the and revisit the documents module in a while to gain access to this file

CANCEL **CONTINUE**

3. Click **OK**.

Bulk exports are stored on the [Documents](#) page.



# Exporting a PDF

---

## To export a PDF:

1. Click **Claims** from the [navigation menu](#).
2. Search for a finalized or estimated claim. For more information, see [Searching for Claims](#)
3. When the page claims is displayed, click the claim record you need to export.
4. When the claim record is displayed click **Export to PDF**:

# Claim ID Detail

[Search Claims](#) [Create Claim](#)

## Claim ID 210270000100 Detail

Click the Button.

[SEND MESSAGE](#) [EXPORT TO PDF](#) [UPDATE CLAIM](#) [VOID CLAIM](#)

✔ Claim Status <b>Finalized</b>	Claim ID : 210270000100	Provider : Cooper, M	Service Date : 01/01/2021 -01/01/2021
	Member Name : Winston,	Submission Source : Paper	Member Responsibility : \$0.00
	Member ID :		

⊖ Collapse All

### Member & Subscriber Information

Member ID	:		Provider Patient ID	:	
Member Name	:	Winston,	Group ID #	:	
Member Date of Birth	:	02/14/	Plan Name	:	POS Dual Option with HRA
Relationship to Insured	:	Self			
Subscriber ID #	:				
Subscriber Name	:	Winston,			

### Claim Header

Claim ID	:	210270000100	Remittance Information		
Claim Type	:	Medical	Paid Date	:	01/28/2021
Claim Cost Breakdown			Check Cleared Date	:	N/A
Charged Amount	:	\$0.00	Check/Transaction ID ⓘ	:	<a href="#">4753</a>
Allowed Amount	:	\$0.00	Payment Reference ID ⓘ	:	2021012810100018
Plan Discount	:	\$0.00	<a href="#">VIEW EXPLANATION OF PAYMENT (EOP)</a>		<a href="#">VIEW CHECK IMAGE</a>
Copay Amount	:	\$0.00			
Coinsurance Amount	:	\$0.00			
Deductible Amount	:	\$0.00			
Not Covered Amount	:	\$0.00			
Member Responsibility	:	\$0.00			
Plan Paid Amount	:	\$0.00			

5. When the PDF is displayed, save it to your system. An example is shown in the following image:

**Cognizant**  
TriZetto® EngageProvider®

**Claim ID HSD000399601 Detail** Generated on Mar 01, 2021

---

	<b>Claim Status</b> <b>Finalized</b>	<b>Member Name</b> Winston, <b>Member ID :</b>	<b>Provider</b> Armstrong, T. <b>Submission Source</b> Web Portal	<b>Service Date</b> 01/20/2021 - 01/20/2021 <b>Member Responsibility</b> \$0.00
--	---	--	--	--

**Member & Subscriber Information**

---

Member ID	Relationship to Insured <b>Self</b>	Group ID
Member Name <b>Winston,</b>	Subscriber ID	Plan Name <b>POS Dual Option with HRA</b>
Member Date of Birth <b>02/14/1</b>		

**Claim Header**

---

Claim ID <b>HSD000399601</b>	Claim Type <b>Medical</b>
---------------------------------	------------------------------

<b>Claim Cost Breakdown</b>	<b>Remittance information</b>
Charged Amount <b>\$100.00</b>	Paid Date <b>2021-02-22</b>
Allowed Amount <b>\$0.00</b>	Check Cleared Date <b>N/A</b>
Plan Discount <b>\$100.00</b>	Check/Transaction ID <b>NA</b>
Copay Amount <b>\$0.00</b>	Payment Reference ID <b>2021022210100009</b>
Coinsurance Amount <b>\$0.00</b>	
Deductible Amount <b>\$0.00</b>	
Not Covered Amount <b>\$0.00</b>	
Member Responsibility <b>\$0.00</b>	
Plan Paid Amount <b>\$0.00</b>	

**Claims Service Line**

---

Service date(s)	Procedure	Charged	Allowed	Plan Discount	Copay	Coinsurance	Deductible	Not Covered	Member Responsibility
01/20/2021	99213	\$100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Paid by plan** \$0.00  
**Charged Units** 1  
**Diagnosis code(s)** R1010

---

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# Prior Authorizations

The **Prior Authorizations** page enables you to search prior authorizations.

## Accessing the Prior Authorizations Page

To access the **Prior Authorizations** page:

1. Click **Authorizations** from the navigation menu. The following page appears.

The screenshot shows the 'Search Case' interface for Utilization Management transactions. At the top, there is a search bar containing 'Care Management'. Below this is a navigation bar with options: 'Search Case', 'Create Case', 'Submit Benefits Extension', and 'Search Benefits Extension'. The main section is titled 'Search Referrals and Authorizations History' and includes a 'Reset Search' button. The search filters are as follows:

- SEARCH BY (Required):** A dropdown menu set to 'Search By Provider Name'.
- PROVIDER NAME:** Two input fields for 'Provider Name' and 'NPI', separated by an 'OR' operator, with a 'PROVIDER SEARCH' button.
- SERVICE START DATE (Required):** Input field with '05/27/2019'.
- SERVICE END DATE (Required):** Input field with '07/27/2019'.
- REFERRAL OR AUTHORIZATION TYPE (Required):** Dropdown menu with '3 selected'.
- STATUS (Required):** Dropdown menu with '6 selected'.

At the bottom of the filter section, there are buttons for 'DISPLAY CASES WHERE THE PROVIDER IS': 'REQUESTING', 'RENDERING', and 'EITHER' (which is selected). A 'SEARCH' button is located at the bottom right of the filter section.

Below the search filters is an 'Additional Links' section with three links: 'Lab Orders and Results', 'WebMD', and 'Practice Fusion'.

2. Continue to either of the following topics:
  - [Searching for Authorizations](#)

# Searching for Prior Authorizations

To search for authorizations:

1. Click **Authorizations** from the left [navigation panel](#). Click
2. the **Search By** tab.
3. Search by either of the following types:

- [Member ID](#)

### Search Referrals and Authorizations History

Select the filters below to refine your search results Reset Search

SEARCH BY *(Required)*

Search By Member ID ✓ ▾

CHOOSE PROVIDERS *(Required)* MEMBER ID

Cooper, M' ▾ Member ID

SERVICE START DATE *(Required)* SERVICE END DATE *(Required)*

04/14/2019  06/14/2019

REFERRAL OR AUTHORIZATION TYPE *(Required)* STATUS ⓘ *(Required)*

3 selected ▾ 6 selected ▾

DISPLAY CASES WHERE THE PROVIDER IS

REQUESTING RENDERING **EITHER**

SEARCH

- 
- a. Select **Search by Member ID** from the list.
  - b. **MEMBER ID**: Type the member ID. This is the ID that is shown on insurance cards.
  - c. **PROVIDER NAME**:
    - Type the provider name or NPI, and then click **PROVIDER SEARCH**.
    - Select the provider from the search results, and then click **SELECT PROVIDER**.
  - d. **SERVICE START/END DATE**: Type or select the date using the calendar icon (📅). Date restrictions are based on months and not days.
  - e. Select the **AUTHORIZATION TYPE**: Select the types of services for which you want to search. Choices are: *Select All*, *Inpatient Stay*, or *Authorization*.
  - f. **STATUS**: Select the status from the list. Choices are: *Select All*, *Incomplete*, *Pending Decision*, *Fully Approved*, *Partially Approved*, *Denied*, and *Voided*.

#### Status Definitions

### What these terms mean?

**Fully Approved**  
The case has been approved, with no lined pending medical review.

**Partially Approved**  
Few lines are in pended status with review yet to be complete.

**Pending decision**  
The UM transaction is in pending status due to missing information/additional information requested for.

**Voided**  
The case has been deleted.

**Denied**  
The transaction was denied based on the medical review.

**Incomplete**  
The transaction information is incomplete and requires additional information for further processing.

- Member Name

### Search Referrals and Authorizations History

Select the filters below to refine your search results ↻ Reset Search

SEARCH BY (Required)

Search By Member ID ✓ ▾

CHOOSE PROVIDERS (Required) MEMBER ID

Cooper, M ▾

Member ID

SERVICE START DATE (Required) SERVICE END DATE (Required)

04/14/2019

06/14/2019

REFERRAL OR AUTHORIZATION TYPE (Required) STATUS i (Required)

3 selected ▾

6 selected ▾

DISPLAY CASES WHERE THE PROVIDER IS

REQUESTING

RENDERING

EITHER

SEARCH

- a. Select **Search by Member Name** from the list.
- b. **FIRST NAME/LAST NAME:** Type the member's first and last name.
- c. **SERVICE START/END DATE:** Type or select the date using the calendar icon (📅). Date restrictions are based on months and not days.
- d. Select the **AUTHORIZATION TYPE:** Select the types of services for which you want to search. Choices are: *Select All, Inpatient Stay, or Authorization.*
- e. **PROVIDER NAME:**
  - i. Type the provider name or NPI, and then click **PROVIDER SEARCH.**
  - ii. Select the provider from the search results, and then click **SELECT PROVIDER.**
- f. **SERVICE START/END DATE:** Type or select the date using the calendar icon (📅).
- g. **STATUS:** Select the status from the list. Choices are: *Select All, Incomplete, Pending Decision, Fully Approved, Partially Approved, Denied, and Voided.*
- h. **GENDER:** Select a gender from the list. Choices are: *Male or Female.*

---

Status Definitions

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The case has been deleted.

**Denied**

The transaction was denied based on the medical review.

**Incomplete**

The transaction information is incomplete and requires additional information for further processing.

CANCEL



- **Provider Name**

### Search Referrals and Authorizations History

Select the filters below to refine your search results ↻ Reset Search

SEARCH BY (Required)

Search By Provider Name ▾

CHOOSE PROVIDERS

Cooper, M ▾

SERVICE START DATE (Required)      SERVICE END DATE (Required)

04/14/2019

06/14/2019

REFERRAL OR AUTHORIZATION TYPE (Required)      STATUS (Required)

3 selected ▾

6 selected ▾

DISPLAY CASES WHERE THE PROVIDER IS

REQUESTING

RENDERING

EITHER

SEARCH

- a. Select **Search by Provider Name** from the list.
- b. **PROVIDER NAME:**
  - Type the provider name or NPI, and then click **PROVIDER SEARCH**.
  - Select the provider from the search results, and then click **SELECT PROVIDER**.
- c. **SERVICE START/END DATE:** Type or select the date using the calendar icon (). Date restrictions are based on months and not days.
- d. Select the **AUTHORIZATION TYPE:** Select the types of services for which you want to search. Choices are: *Select All, Inpatient Stay, or Authorization*.
- e. **STATUS:** Select the status from the list. Choices are: *Select All, Incomplete, Pending Decision, Fully Approved, Partially Approved, Denied, and Voided*.
- f. **GENDER:** Select a gender from the list. Choices are: *Male or Female*.

---

Status Definitions

**What these terms mean?**

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The case has been approved, with no lined pending medical review.

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**Voided**

The case has been deleted.

**Denied**

The transaction was denied based on the medical review.

**Incomplete**

The transaction information is incomplete and requires additional information for further processing.

CANCEL

- **Prior Authorization ID**

**Search Referrals and Authorizations History**

Select the filters below to refine your search results ↻ Reset Search

SEARCH BY (Required)

Search By Case ID ✓ ▾

CASE ID (Required)

Case ID

SEARCH

- a. Select **Search by Case ID** from the SEARCH BY list. (listed as Case ID in example)
- b. Type the **Prior Authorization ID** number.

4. Click **SEARCH**.

The search results appear. If multiple members are found, select a member from the search results, and then click **USE SELECTED MEMBER**.

*Example*

**Search Result**

71 Results Found Click for details Sort by column type

REFERRAL OR AUTHORIZATION NUMBER ↕	REFERRAL OR AUTHORIZATION TYPE ↕	MEMBER NAME ↕	REQUESTING PROVIDER ↕	RENDERING PROVIDER ↕	SERVICE START DATE ↕	STATUS ↕
<u>00000637</u>	InPatient Stay	Hart, .	Cooper, M	Cooper, M	04/30/2019-05/01/2019	Pending Decision
<u>00000647</u>	InPatient Stay	Hart, .	Cook, D	Cooper, M	05/01/2019-05/02/2019	Pending Decision
<u>00000638</u>	InPatient Stay	Hart, .	Cooper, M	Cooper, M	05/01/2019-05/02/2019	Pending Decision
<u>00000649</u>	InPatient Stay	Adler, .	Cooper, Mi	Cooper, M	05/02/2019-05/03/2019	Pending Decision
<u>00000650</u>	Authorization	Fry, .	Cook, D	Cooper, M	05/03/2019-05/03/2019	Fully Approved
<u>00000653</u>	InPatient Stay	Hart, .	Cook, D	Cooper, M	05/03/2019-05/04/2019	Pending Decision
<u>00000656</u>	Referral	Duffy, .	Cooper, M	Miller, Gi	05/06/2019-05/06/2019	Pending Decision
<u>00000658</u>	Authorization	Fry, .	Cooper, M	Cooper, M	05/06/2019-05/06/2019	Pending Decision
<u>00000655</u>	Authorization	Hart, .	Cooper, M	Cooper, M	05/06/2019-05/06/2019	Pending Decision
<u>00000657</u>	Authorization	Hart, .	Cooper, M	Cooper, M	05/06/2019-05/06/2019	Pending Decision

Export to PDF file or Excel spreadsheet

EXPORT TO PDF

EXPORT TO EXCEL

Search results navigation

← Back
1
2
3
4
5
...
8
Next →

5. Do any of the following:

- Click the link in the **PRIOR AUTHORIZATION NUMBER** column to view authorization details. See [Viewing Authorization Details](#).
- Sort columns by clicking the up/down arrows.
- Navigate to additional search results by using the [navigation function](#) at the bottom of the page.
- Export to a [PDF](#) file or [Excel](#) spreadsheet.

## Exporting the Prior Authorizations Summary List to Excel

To export the Authorizations summary list to Excel:

1. Click **Authorizations** from the left [navigation menu](#).
2. Perform a search. For more information, see [Searching for and Authorizations](#).
3. At the bottom of the page, click **EXPORT TO EXCEL**.

REFERRAL OR AUTHORIZATION NUMBER ↕	REFERRAL OR AUTHORIZATION TYPE ↕	MEMBER NAME ↕	REQUESTING PROVIDER ↕	RENDERING PROVIDER ↕	SERVICE START DATE ↕	SERVICE END DATE ↕	STATUS ↕
000000003	OutPatient Authorization	Don	Mullally, P	General Hospital	04/03/2018	04/13/2018	Incomplete
000000160	OutPatient Authorization	Don	Cooper, M	Smith, M	05/04/2018		Pending Decision
000000248	InPatient Authorization	Don	Cooper, M	Jones, T	05/15/2018	07/06/2018	Pending Decision
000000251	Referral	Don	Cooper, M	Harding, J	05/16/2018	05/22/2018	Fully Approved
000000311	Referral	Don	Cooper, M	Jones, T	05/19/2018	05/19/2018	Pending Decision
000000541	Referral	Don	Cooper, M	Medical Group	07/31/2018		Pending Decision
000000544	Referral	Don	Cooper, M	Smith, S	07/31/2018	07/31/2018	Pending Decision
000000543	Referral	M	Cooper, M	Smith, S	07/31/2018	07/31/2018	Pending Decision

**EXPORT TO PDF**   **EXPORT TO EXCEL**

First | Previous | **1** | 2 | Next | Last

## Example

Authorization History						
gwilliams@.com   July 06, 2018						
Reterral or Authorization Number	Referral or Authorization Type	Member Name	Requesting Provider	Rendering Provider	Received Date	Status
000000312	InPatient Authorization	Fry	"Cooper, M "	"Cooper, M "	"05/19/2018"	Pending Decision
000000357	InPatient Authorization	Fry	"Cooper, M "	"Cooper, M "	"06/01/2018"	Pending Decision
000000365	InPatient Authorization	Fry	"Cooper, M "	"Cooper, M "	"06/04/2018"	Pending Decision
000000387	InPatient Authorization	Fry	"Cooper, M "	"Cooper, M "	"06/19/2018"	Pending Decision

### Related Topic:

- [Viewing or Printing a PDF of the Summary List](#)

## Additional Links

Click **Additional Links** from the navigation menu. You can also access the additional links function from the bottom of the following pages:

- Home (Dashboard)
- Claims
- Authorizations

## Example

The Additional Links page contains healthcare-related links, and relevant links outside of the portal, in one place as in this example.

---

# Additional Links

Explore Helpful Healthcare Related Links


## WORKING WITH US

---

 [iCare website](#)


## REFERRALS


---

 [Information and forms related to prior authorizations can be found here](#)

## PROVIDER RESOURCES


---

 [This is a central location for Provider related Documents](#)

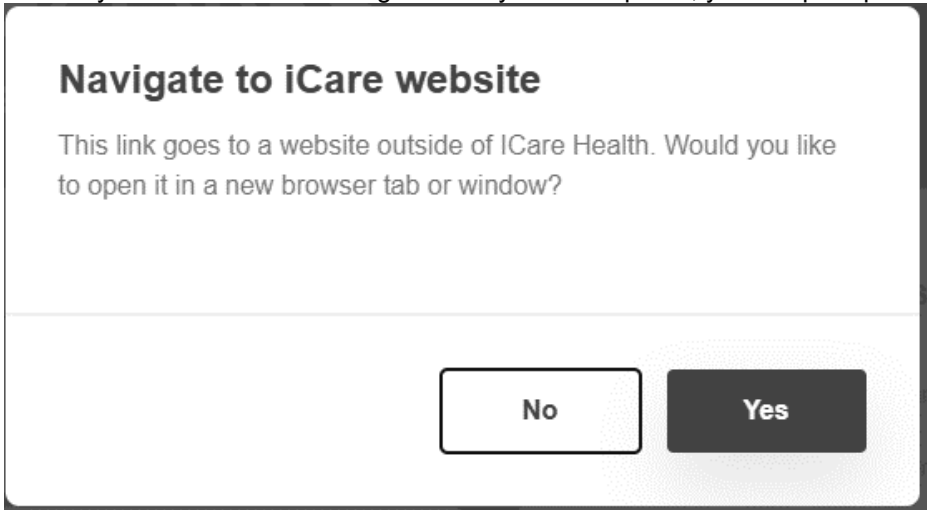
 [Information for Providers](#)

## CLAIMS

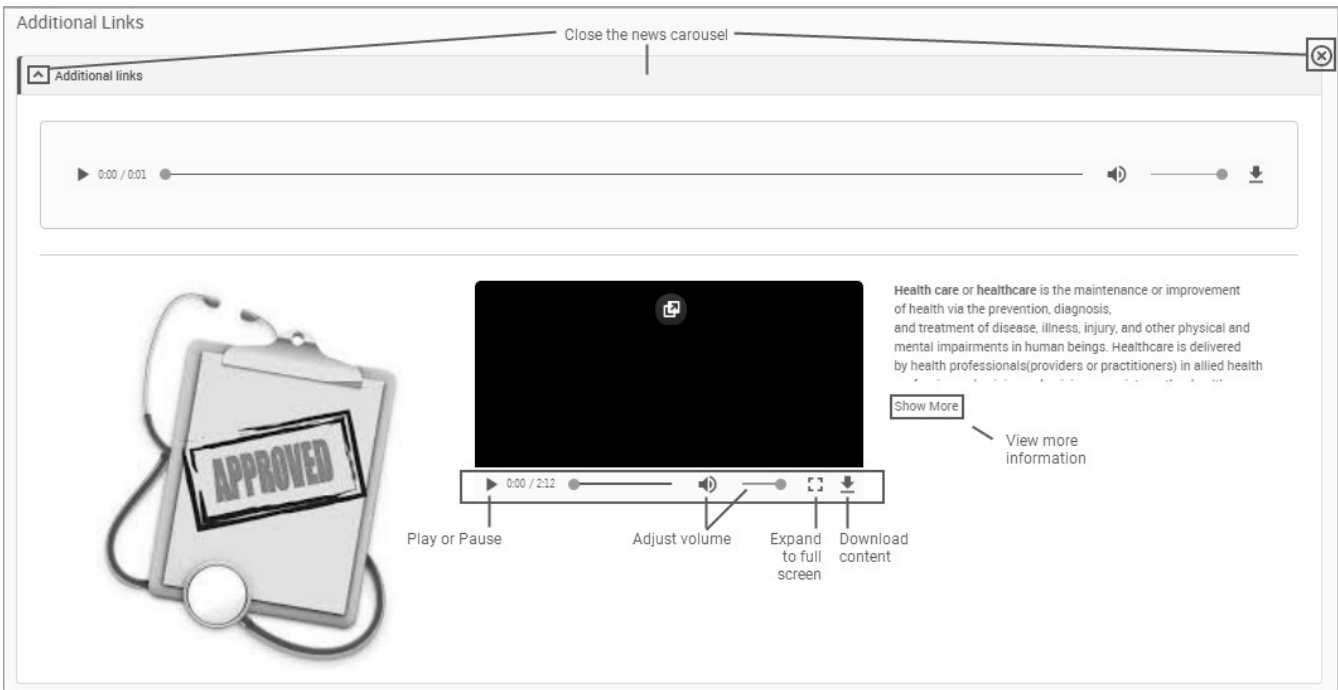
---

 [Questions about Claims Processing?](#)

When you click a link that navigates away from the portal, you are prompted to confirm you are leaving.



You can also view a news carousel of relevant information based on what is configured in your system.



# Documents

On the documents page, you can download and view various healthcare documents including claims inquiries, PCP panel reports, market share reports, and end of day concurrent review reports in Excel spreadsheet or PDF formats.

## Accessing and Viewing Documents

To access the important healthcare documents list:

1. Click **Documents** from the [navigation](#) menu.  
The Essential Documents page appears.

**Essential Documents**  
Download Important Healthcare Documents

**View Essential Documents**

Provider Name (Required)

Select Provider

Select All

Claims Inquiry

04/20/2022

05/05/2022

**View Documents**

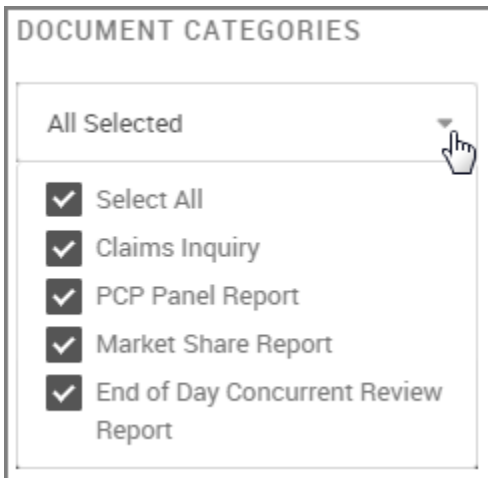
**Additional Links**

- [iCare website](#)
- [Information for Providers](#)
- [This is a central location for Provider related Documents](#)

2. Select a **PROVIDER NAME** from the list. The default name is the logged-in provider.
3. Select from the **DOCUMENT CATEGORIES** list.



## Choices



4. Select a **FROM/TO DATE**.



5. Click **VIEW DOCUMENTS**.































The document list appears.

DOCUMENT NAME ↕	DATE AND TIME ↕	CATEGORY ↕	ACTION
ClaimsInquiry_1001151100.xls	Oct 1, 2019 at 8:11 AM	Claims Inquiry	
PCPPanelReport_1001150328.xls	Oct 1, 2019 at 8:03 AM	PCP Panel Report	
ClaimsInquiry_0930151056.xls	Sep 30, 2019 at 8:10 AM	Claims Inquiry	
PCPPanelReport_0930150327.xls	Sep 30, 2019 at 8:03 AM	PCP Panel Report	
ClaimsInquiry_0927151110.xls	Sep 27, 2019 at 8:11 AM	Claims Inquiry	
PCPPanelReport_0927150329.xls	Sep 27, 2019 at 8:03 AM	PCP Panel Report	
ClaimsInquiry_0925151117.xls	Sep 25, 2019 at 8:11 AM	Claims Inquiry	
PCPPanelReport_0925150326.xls	Sep 25, 2019 at 8:03 AM	PCP Panel Report	
ClaimsInquiry_0924151116.xls	Sep 24, 2019 at 8:11 AM	Claims Inquiry	
PCPPanelReport_0924150320.xls	Sep 24, 2019 at 8:03 AM	PCP Panel Report	
ClaimsInquiry_0923151241.xls	Sep 23, 2019 at 8:12 AM	Claims Inquiry	
PCPPanelReport_0923150441.xls	Sep 23, 2019 at 8:04 AM	PCP Panel Report	
ClaimsInquiry_0917151138.xls	Sep 17, 2019 at 8:11 AM	Claims Inquiry	
PCPPanelReport_0917150353.xls	Sep 17, 2019 at 8:03 AM	PCP Panel Report	

# Downloading or Printing Documents

To download and print a document:

1. Click **Documents** from the [navigation](#) menu.
2. Do either of the following to view, download, or print a document.
  - **Download.** Click the download icon () , and then specify where to place the download. Navigate to the file to open it.
  - **Print.** Click the print icon () , and then specify the printer on your system to print the document.
  - **View.** Click a document link in the **DOCUMENT NAME** column to view the file.

DOCUMENT NAME 	DATE AND TIME 	CATEGORY 	ACTION
<a href="#">ClaimsInquiry_1001151100.xls</a>	Oct 1, 2019 at 8:11 AM	Claims Inquiry	 
<a href="#">PCPPanelReport_1001150328.xls</a>	Oct 1, 2019 at 8:03 AM	PCP Panel Report	
<a href="#">ClaimsInquiry_0930151056.xls</a>	Sep 30, 2019 at 8:10 AM	Claims Inquiry	 
<a href="#">PCPPanelReport_0930150327.xls</a>	Sep 30, 2019 at 8:03 AM	PCP Panel Report	 
<a href="#">ClaimsInquiry_0927151110.xls</a>	Sep 27, 2019 at 8:11 AM	Claims Inquiry	 
<a href="#">PCPPanelReport_0927150329.xls</a>	Sep 27, 2019 at 8:03 AM	PCP Panel Report	 
<a href="#">ClaimsInquiry_0925151117.xls</a>	Sep 25, 2019 at 8:11 AM	Claims Inquiry	 
<a href="#">PCPPanelReport_0925150326.xls</a>	Sep 25, 2019 at 8:03 AM	PCP Panel Report	 
<a href="#">ClaimsInquiry_0924151116.xls</a>	Sep 24, 2019 at 8:11 AM	Claims Inquiry	 
<a href="#">PCPPanelReport_0924150320.xls</a>	Sep 24, 2019 at 8:03 AM	PCP Panel Report	 
<a href="#">ClaimsInquiry_0923151241.xls</a>	Sep 23, 2019 at 8:12 AM	Claims Inquiry	 
<a href="#">PCPPanelReport_0923150441.xls</a>	Sep 23, 2019 at 8:04 AM	PCP Panel Report	 
<a href="#">ClaimsInquiry_0917151138.xls</a>	Sep 17, 2019 at 8:11 AM	Claims Inquiry	 
<a href="#">PCPPanelReport_0917150353.xls</a>	Sep 17, 2019 at 8:03 AM	PCP Panel Report	 

# Retrieving Bulk Export Claims Summary Documents

To retrieve bulk export documents from a claims search:

1. [Perform a bulk export of the claims summary.](#)
2. Click **Documents** from the [navigation](#) menu.

3. From the **Filter Documents** panel, select **Claims Inquiry**, and then click **VIEW DOCUMENTS**.

DOCUMENT CATEGORIES: Claims Inquiry

FROM DATE (Required): 9/16/2019

TO DATE (Required): 10/1/2019

Select All

Claims Inquiry *Select to access bulk export claims summary documents*

PCP Panel Report

Market Share Report

End of Day Concurrent Review Report

**VIEW DOCUMENTS**

DOCUMENT NAME	DATE AND TIME	CATEGORY	ACTION
PCPPanelReport_1001150328.xls	Oct 1, 2019 at 8:03 AM	PCP Panel Report	Download Print

The search results appear.

DOCUMENT NAME	DATE AND TIME	CATEGORY	ACTION
ClaimsInquiry_1001151100.xls	Oct 1, 2019 at 8:11 AM	Claims Inquiry	Download Print
ClaimsInquiry_0930151056.xls	Sep 30, 2019 at 8:10 AM	Claims Inquiry	Download Print
ClaimsInquiry_0927151110.xls	Sep 27, 2019 at 8:11 AM	Claims Inquiry	Download Print
ClaimsInquiry_0925151117.xls	Sep 25, 2019 at 8:11 AM	Claims Inquiry	Download Print
ClaimsInquiry_0924151116.xls	Sep 24, 2019 at 8:11 AM	Claims Inquiry	Download Print

4. [Download, print or view the document.](#)

[Example Document](#)

[bulk.claim.summary.document.xlsx](#)

With regard to claim bulk extracts:

- Only summary-level information is displayed for Received and Pended claims.
- Service Provider ID and Service Provider Name are located to the left (after member information).
- Filter claim status of “estimated” is now displayed in the extract.
- The reference ID is included in the claim details bulk export.

# Notifications

Retrieve basic notifications including claim status change alerts. You are also notified of any activity changes pertaining to Authorizations you are authorized to view, based on the access list of the logged-in user.

[More information...](#)

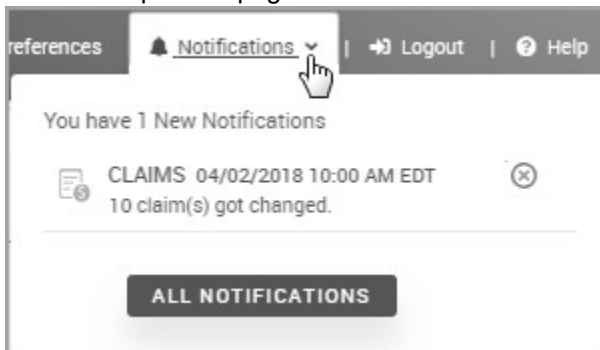
You are also notified of any of the following Authorization occurrences: New

- New Authorizations (Outpatient and Inpatient)
- Authorization
- Whether the UM transaction includes the provider in context as either Requesting, Servicing, Admitting Provider or Servicing Facility.
- Any activity changes pertaining to varied lines across UM transactions.
- Authorization activity updates -- Date Time  
xx Authorizations underwent some changes
- New Authorizations -- Date Time  
xx Authorizations were newly created

## To use the notification center:

1. Click the **Notifications** menu at the top of the page to access the Notifications page. You can also click **Notifications** from the navigation menu.

- From the top of the page:



- From the navigation menu:

# Notification Center

Showing 1 Notifications HIDE ALL

**Filter Messages** ⊖

NOTIFICATION CATEGORY:  NOTIFICATION STATUS:

RESET APPLY

CLAIMSTATUS 07/10/2018 10:00 PM EDT UNREAD ⋮  
7 claim(s) were updated.

First | Previous | **1** | Next | Last

2. Click a specific notifications (if present), or click **ALL NOTIFICATIONS**.  
The Notifications page appears.

Showing 4 Notifications HIDE ALL

**Filter Messages** ⊕

CLAIMSTATUS 04/02/2018 10:00 AM EDT READ ⋮  
3 claim(s) got changed.

CLAIMS 04/02/2018 10:00 AM EDT READ ⋮  
2 claim(s) got changed.

CLAIMS 04/02/2018 10:00 AM EDT READ ⋮  
2 claim(s) got changed.

PROFILECHANGES 04/02/2018 10:00 AM EDT READ ⋮  
2 claim(s) got changed.

First | Previous | **1** | Next | Last

3. Do either of the following:

- [To read a notification...](#)

Click the following icon  next to the notification.

### Claims Example

All claim statuses associated with the logged-in user account appear.

The below claims changed its status			
CLAIM ID	CURRENT STATUS	SERVICING PROVIDER	SUBMITTED BY YOU?
HSD000077900	Finalized	Cooper, M	No
HSD000077400	Finalized	Cooper, M	No
HSD000078400	Finalized	Cooper, M	No
HSD000078500	Finalized	Cooper, M	No

**HIDE**

Claim IDs in Pending status are not hyperlinked.



### Authorization Example

Click the Prior Authorization ID link to see the Details page. (listed as Case ID in example)

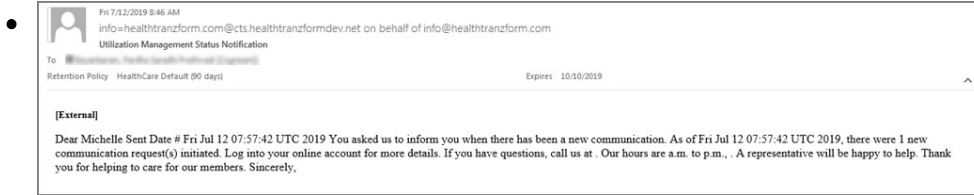
The below case changed its status			
CASE ID	REQUESTING PROVIDER	SERVICING PROVIDER	CASE STATUS
000000769	Cooper, M	Cooper, M	Pending Decision

**HIDE**

Click the notification to read the notification message.

Showing 7 Notifications			<b>HIDE ALL</b>
<b>Filter Messages</b> <span>+</span>			
	New UM Communication(s) recieved 1 communication(s) created	07/12/2019 05:59 AM EDT READ	⋮
	New UM Communication(s) recieved 3 communication(s) created	07/12/2019 05:57 AM EDT READ	⋮

If enabled, you may also receive an email message informing you of any new or updated cases.



To mark a read/unread notification as read or unread...

- Click the vertical ellipses for the notification you want to mark as read/unread. Click the ellipses again to hide the icons.
- Select **Mark as Read** or **Mark as Unread**, depending on the status of the notification you are clicking.



- To hide a notification...

- Click the vertical ellipses for the notification you want to hide.
- Select **Hide**.

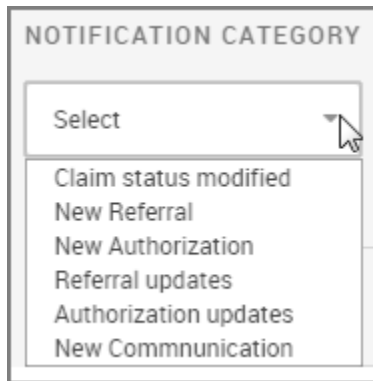
- To filter notification messages...

- Click the **Filter Messages** panel.



- Select the notification category from the **Notification category** list.

Choices are:



- c. Select a **Notification status** from the list. Choices are: *Active* (default), *Hidden*, *Read*, or *Unread*.
- d. Click **Apply**. Click Reset to display the entire notifications list. The display changes to reflect your selection.

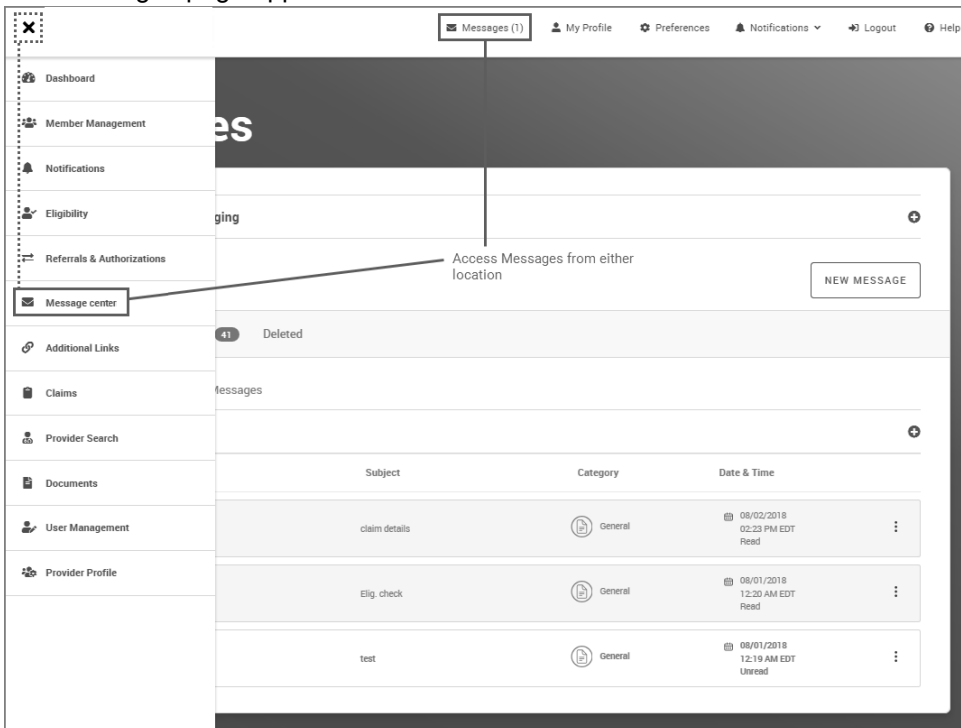
## Message Center

The **Message Center** landing page contains received messages, and enables you to create messages. You can also sort and search for messages. Messages are different from notifications as the messages are not generated by the system; they can best be described as conversations.

## Accessing Messages

To access Messages:

1. Click **Message Center** from the navigation menu, or click the Messages link at the top of the page. The Messages page appears.





2. Continue to either of the following topics:

- [Filtering Messages](#)
- [Creating a Message](#)
- [Marking Messages](#)

Individual messages are displayed in each of the folders noted in the [Messages Tab Bar](#).

## Messages Tab Bar

You can quickly filter your messages using the **Tab Bar**:



The tabs break your messages into four categories:

Tab Label	Description
Inbox	Contains new messages.
Sent	Contains messages you sent.
Drafts	Contains messages you are writing, but have not sent.
Deleted	Contains messages you deleted.

Click any of the tabs to view messages for that category.

### Related Topics:

- [Creating a Message](#)
- [Marking Messages](#)
- [Deleting a Message](#)

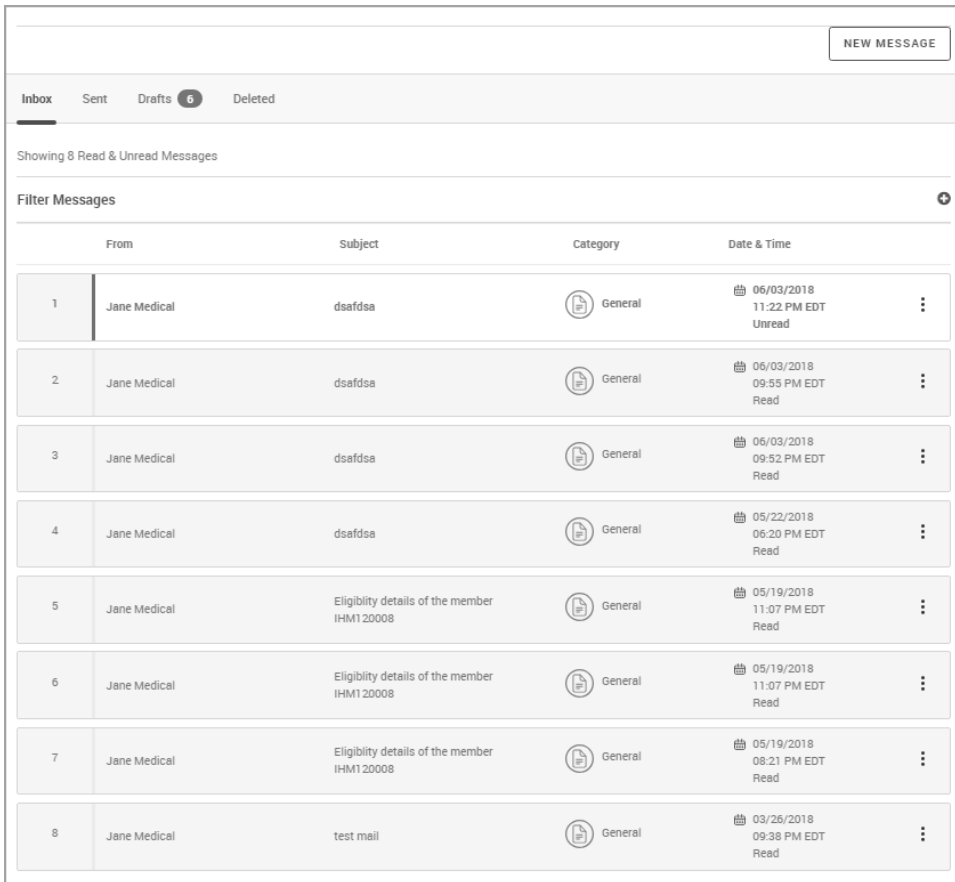
## Inbox Messages

Any messages you receive will be in your **Inbox**.

### To access the Messages Inbox:

1. Click **Message Center** from the navigation menu, or click the Messages link at the top of the page.

2. When the page opens, the **Inbox** page appears in the foreground by default.



3. From here, you can go to sent messages, drafts, and deleted messages or create a new message. You can also filter messages and mark messages as read or unread.

### Related Topics:

- [Messages Tab Bar](#)
- [Creating a Message](#)
- [Deleting a Message](#)
- [Filtering Messages](#)
- [Marking Messages](#)

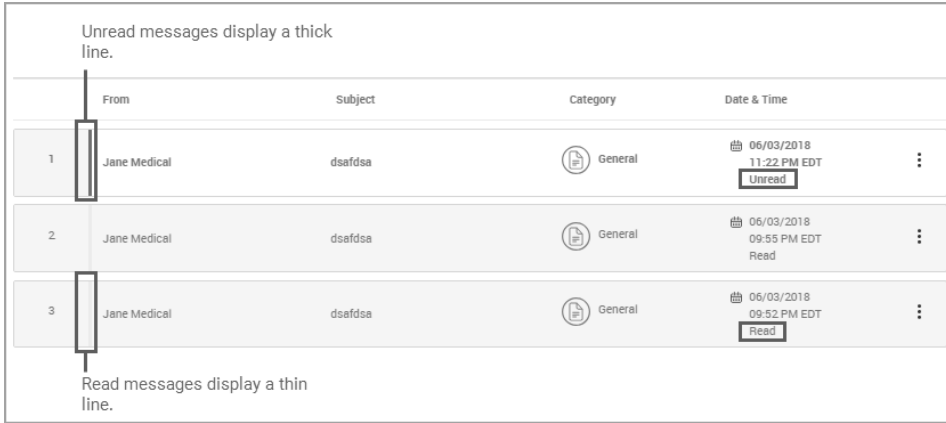
---

# Identifying Read and Unread Messages

---

To identify if messages have been read or not read:

1. Click **Messages** from the [navigation panel](#).
2. On the **Messages** page, look at each of the message tiles:



Unread messages have a thick left border.

On the right side of the tile, there is a date and time. Messages are also indicated as Read or Unread.

## Related Topics:

- [Messages Tab Bar](#)
- [Creating a Message](#)
- [Deleting a Message](#)

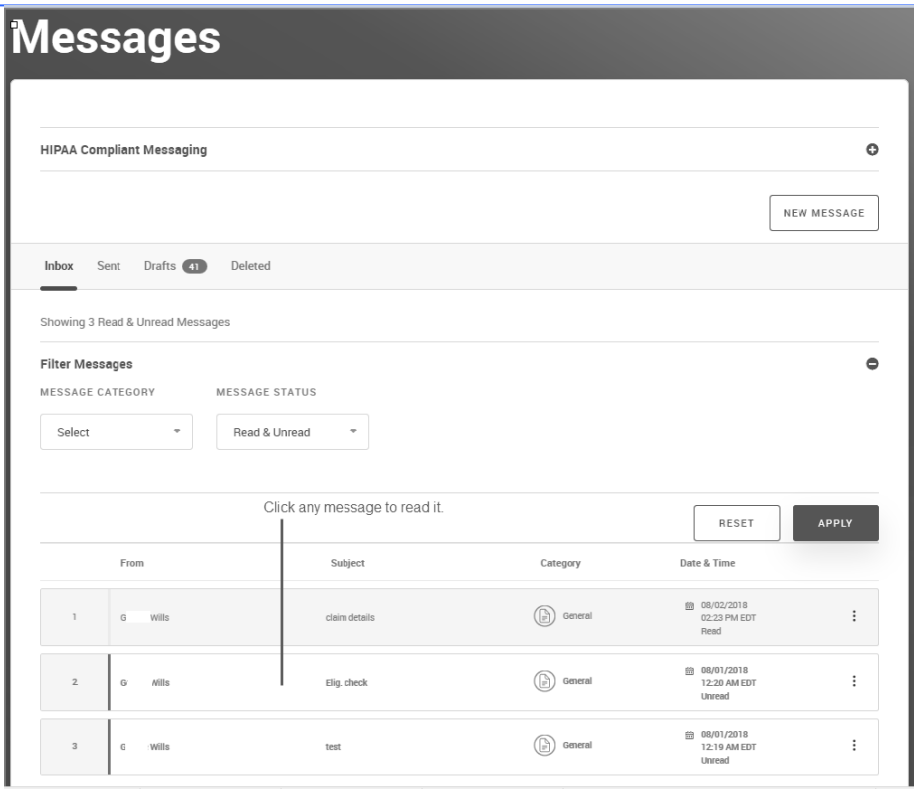
---

# Opening a Message

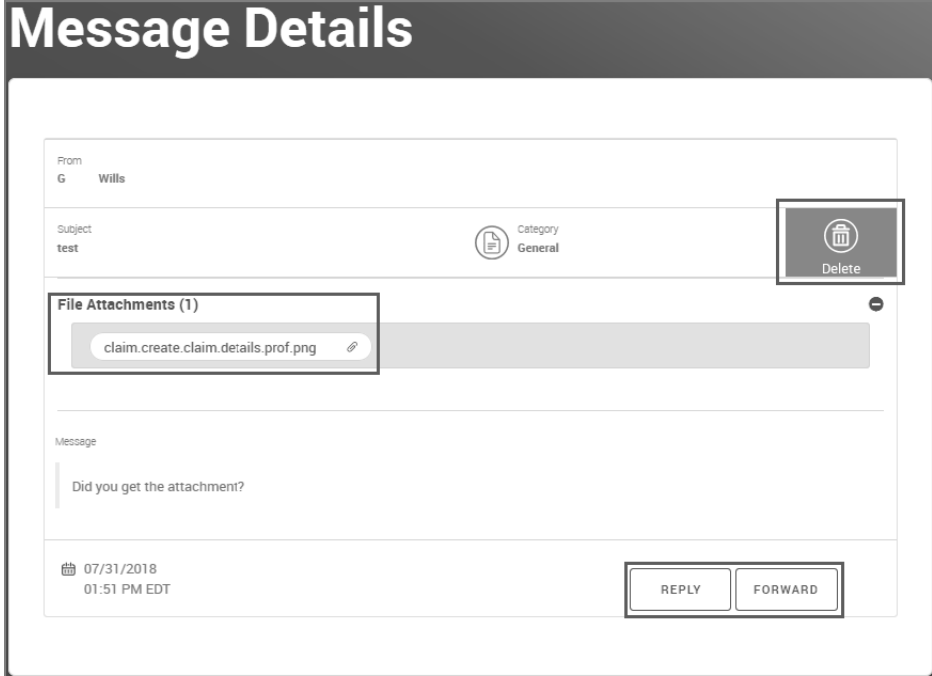
---

To open a message:

1. Click **Messages** from the [navigation menu](#).  
The Messages page appears.



2. After you locate the message, click to select it, and the **Message Detail** page appears.



3. Click **REPLY**, **FORWARD** or **Delete**, depending upon what you need to do. You can also download any attachments in the message by clicking the attachment.

## Related Topics:

[Replying to a Message](#)

[Forwarding a Message](#)

[Marking Messages](#)

[Deleting a Message](#)

[Filtering Messages](#)

# Message Detail and History

When you [open a message](#), the details for that message display, along with related sent and received messages.

The screenshot displays an email client interface with three message details sections and a message history section. The top section shows a message from Christina, J, with the subject "Cannot Make a Payment", category "General", and date/time "04/8/2017 2:03 PM". The message body starts with "Dear Claire," followed by a placeholder text and "Thanks, Generic Sender Name". A "Delete" button is visible in the top right. Below this is a "Message History (2)" section. The first history entry is from Christina, J, dated "04/17/2017 4:30 PM", with the subject "Cannot Make a Payment" and body "Dear Billing Department," followed by placeholder text and "Thanks, Claire D". The second history entry is from Christina, J, dated "04/16/2017 10:55 AM", with the subject "Cannot Make a Payment" and body "Dear Claire," followed by placeholder text and "Thanks, Davidson M". "REPLY" and "FORWARD" buttons are located between the first and second history entries.

From  
**Christina, J**

Subject  
**Cannot Make a Payment**

Category  
**General**

04/8/2017  
2:03 PM

Message

**Dear Claire,**

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

Thanks,  
**Generic Sender Name**

REPLY FORWARD

Message History (2)

From  
**Christina, J**

Subject  
**Cannot Make a Payment**

04/17/2017  
4:30 PM

Message

**Dear Billing Department,**

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.

Thanks,  
**Claire D**

From  
**Christina, J**

Subject  
**Cannot Make a Payment**

04/16/2017  
10:55 AM

Message

**Dear Claire,**

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat.

Thanks,  
**Davidson M**

You can see the **Message History**, and you can delete, forward or reply to the message.

If message details include attachments, they also appear as in the example above.


**Related Topics:**

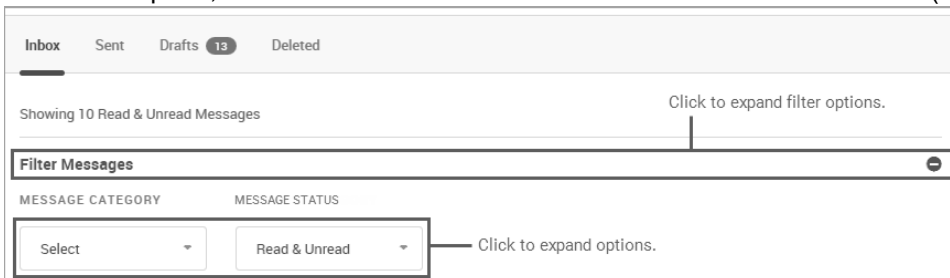
- [Deleting a Message](#)
- [Opening a Message](#)
- [Forwarding a Message](#)
- [Replying to a Message](#)

## Filtering Messages

---

**To filter messages:**

1. Click **Messages** from the [navigation menu](#).
2. Click anywhere on the **Filter Messages** bar to expand filter options.
3. In the **Filter** pane, select a **MESSAGE CATEGORY** and **MESSAGE STATUS** (click the arrow  icon):



Choices are:

- **MESSAGE CATEGORY:** General
  - **MESSAGE STATUS:** Read & Unread (all messages), Read, or Unread
4. Click **APPLY**, and the results are displayed:

Unread messages display a thick line.

	From	Subject	Category	Date & Time
1	Jane Medical	dsafdsa	General	06/03/2018 11:22 PM EDT Unread
2	Jane Medical	dsafdsa	General	06/03/2018 09:55 PM EDT Read
3	Jane Medical	dsafdsa	General	06/03/2018 09:52 PM EDT Read

Read messages display a thin line.

In the example above, the user filtered for messages about **General**. Additionally, the **unread message** has a thicker border on the left, and it is **not shaded**.

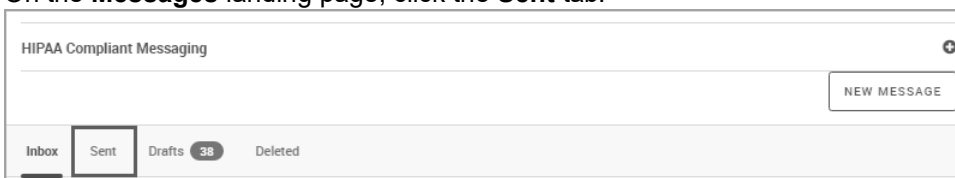
### Related Topics:

- [Messages Tab Bar](#)
- [Creating a Message](#)
- [Deleting a Message](#)

## Accessing Sent Messages

To access your sent messages:

1. Click **Messages** from the [navigation menu](#).
2. On the **Messages** landing page, click the **Sent** tab:



3. On the **Sent** page, you can read any of the messages you sent.

The screenshot shows the 'Sent' page. At the top right is a 'NEW MESSAGE' button. Below it is the same navigation bar as in the previous screenshot. The main content area shows 'Showing 56 Sent Messages' and a 'Filter Messages' button. Below is a table of sent messages:

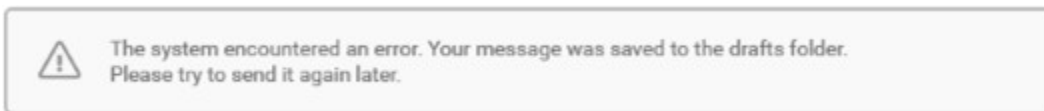
	To	Subject	Category	Date & Time
1	ClintonIII Heff	test message to portal user	General	07/03/2018 05:37 PM EDT
2	PAYER	Sent messages appear in this area. test attachment	General	07/03/2018 04:48 PM EDT
3	PAYER	test attachment	General	07/03/2018 04:47 PM EDT
4	PAYER	test	General	06/25/2018 11:10 PM EDT

---

4. From this page, you can:

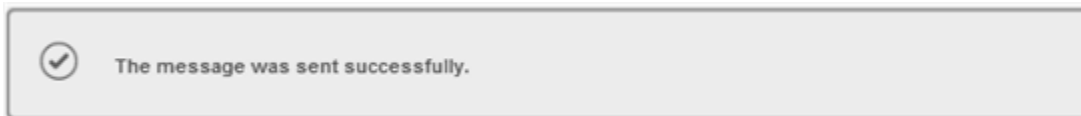
- Click another tab (Drafts, Deleted, Inbox).
- Click a sent message to open it.
- Filter messages based on category.
- Filter the **Sent** messages.
- Click **New Message** to create a new one.
- Delete a sent message.

When you try to send a message, but it is unsuccessful, the following warning appears:



You can receive this warning for any number of reasons—when it appears, try sending the message again later.

When a message is sent successfully, the following confirmation appears:



**Related Topics:**

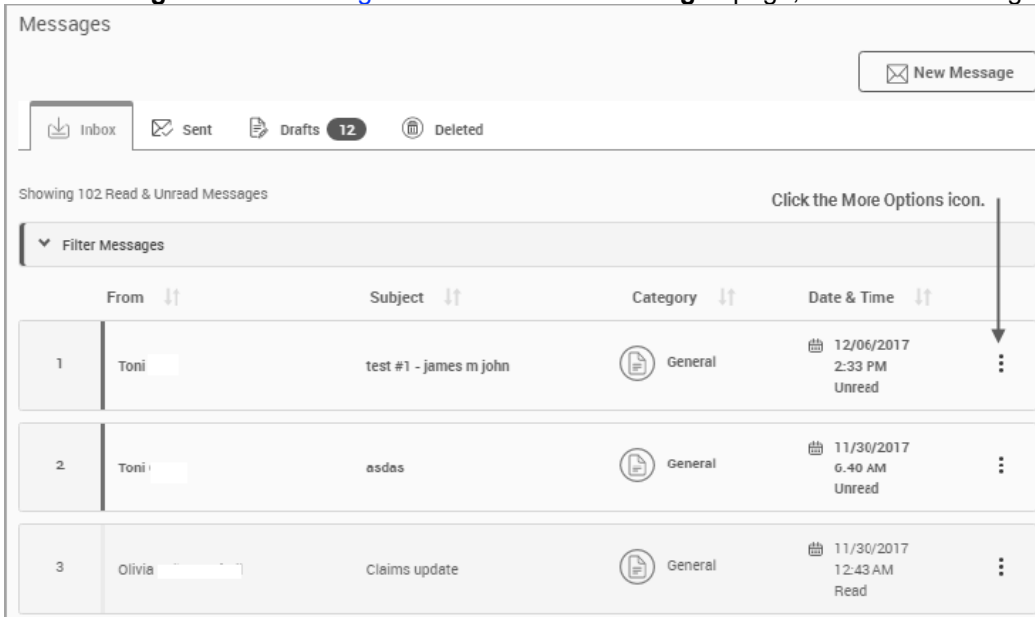
- [Creating a Message](#)
- [Deleting a Message](#)
- [Filtering Messages](#)




# Marking Messages

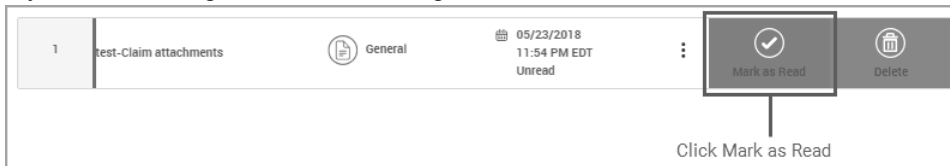
To mark messages to indicate you have already read them:

1. Click **Messages** from the [navigation menu](#). On the **Messages** page, locate the message:

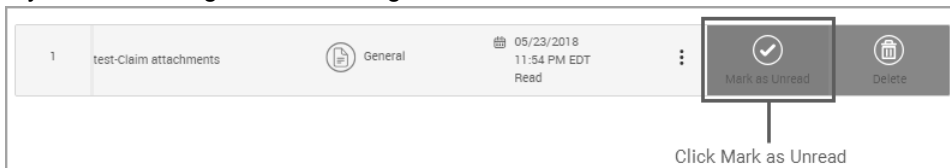


2. Click the **More Options**  icon on the right side of the message.

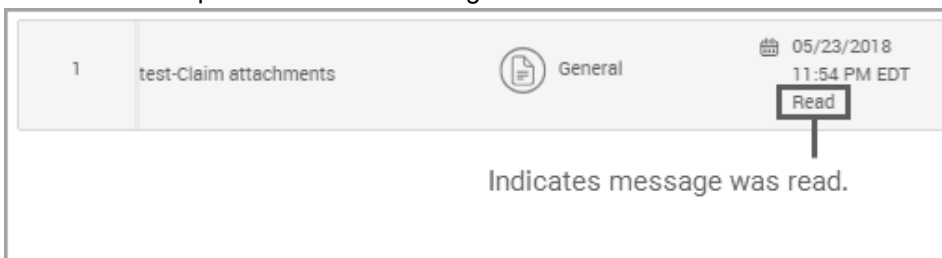
- If you are marking an unread message, click **Mark as Read**:



- If you are marking a read message, click **Mark as Unread**.



Here is an example of a marked message:



**i** You can find messages that are marked **Read** or **Unread** simply by using the filters. For more information, see [Filtering Messages](#).

#### Related Topics:

- [Messages Tab Bar](#)
- [Creating a Message](#)
- [Deleting a Message](#)
- [Filtering Messages](#)

## Creating a Message

When you compose a message you can select whether the message is being sent to the payer, a provider or to a staff member. You select a category, type a subject, and then add the message content. Additionally, you can:

- Send a message (will be saved to the **Sent** folder).
- Cancel a message.
- Save a message to the **Drafts** folder.
- Send a message from the claim details page.

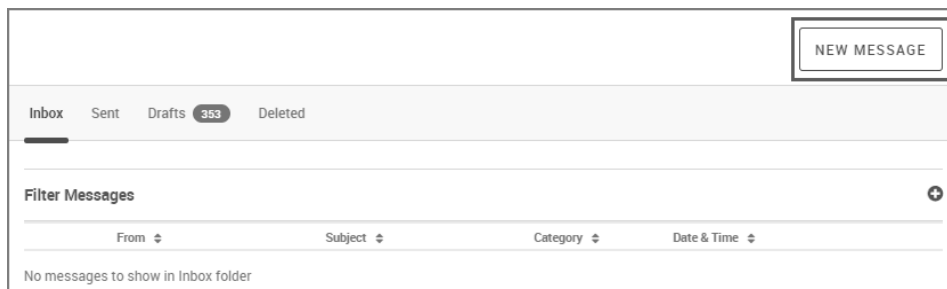
**i** If a character limit is configured in your system, the limit can be up to 50,000 characters.

#### To create a message:

1. Click **Messages center** from the navigation menu, click the **Messages** link at the top of the page, or click the **Send Message** button from a claim detail page.

The following screen appears, depending on where the functionality was accessed.

- [Example: Navigation menu or Messages link](#)



If you selected Messages from the navigation menu or Messages link at the top of the page, the following screen appears.

### New Message

Message Attachments

MESSAGE FOR *(Required)*

Select

CATEGORY *(Required)* SUBJECT *(Required)*

Select

MESSAGE *(Required)*

Type your message here

0/100 characters entered

CANCEL SAVE DRAFT SEND

If you selected Send Message from a claims details page, the following screen appears prepopulated with user and claim information.

### New Message

Message Attachments

MESSAGE FOR *(Required)*

Payer

CATEGORY *(Required)* SUBJECT *(Required)*

Select

Inquiry on Claim #HSD000263500

MESSAGE *(Required)*

Member Name: Binder, J  
 Member ID: 90106149900  
 Address: 12 Grove, NY, 11710  
 Provider Name: Cooper, M  
 Date of Services: 12/26/2019 - 12/26/2019

208/100 characters entered

CANCEL SAVE DRAFT SEND

- Example: Send Message button from claim detail page

### Claim ID HSD000085200 Detail

✉ SEND MESSAGE
EXPORT TO PDF

<input checked="" type="checkbox"/> Claim Status <b>Finalized</b>	Claim ID : HSD000085200 Member Name : Hart, A	Provider : Cooper, M Service Date : 04/30/2019 - 04/30/2019	Member Responsibility : \$1.00 Submission Source : Web Portal
--	--	--	--

⚠ Alert, Status is finalized and paid amount is 0

If you selected Send Message from the claim detail page, the message is prepopulated with the member and claim detail attached.

### New Message

Message
Attachments

**Attach a Document or Image**  
 You can add up to 3 files with a max size of 7 MB each

Browse

None file attached

**Attach a Patient or Claim**  
 You can only add 1 member and 3 claims to a message

W Moss-Patient Information ✕
W Moss-133190000100 ✕

Select the patient information and upto 3 claims and click attach

Walt Moss Patient Information

Claim ID	Provider Name	Service Date	Status	Patient Responsibility
<input checked="" type="checkbox"/> 133190000100	Cooper, M	11/14/2013	Finalized	\$ 0

ATTACH

CANCEL

SAVE DRAFT

SEND

2. On the **Message** tab, click the **MESSAGE FOR** list, and then select whether you are sending the message to a Payer or Portal User.

The screenshot shows the 'New Message' form with the 'MESSAGE FOR' dropdown menu open. The menu lists 'Payer' and 'Portal Users'. The 'CATEGORY' dropdown is also visible, and the 'SUBJECT' field is empty. The 'MESSAGE' text area is empty, and the character count is 0/100. The 'SEND' button is highlighted.

If you selected *Portal Users*, select to whom the message is being sent in the **SEND TO** Select menu.

The screenshot shows the 'New Message' form with the 'MESSAGE FOR' dropdown set to 'Portal Users'. The 'SEND TO' dropdown menu is open, showing a search bar with the text 'Registered users within practice.' and a list of users: 'John Crimi' and 'Harission William'. The 'SEND' button is highlighted.

**i** The **SEND TO** field is not applicable when sending a message to a Payer (as selected from the Message For list).

- From the **Message** tab, select the message category from the **CATEGORY** menu (required). The categories that are available are customized by the administrator, so what you see may be different from what is in your system.
- Type a subject in the **SUBJECT** field (required).
- Type your message in the **MESSAGE** field. The "<", ">", and "\*" characters are not allowed in the message. If you do include them in the message, the following error appears:

MESSAGE (Required)

This is a test < of \*

The special characters <>, and \* are not allowed. ✓

ant

If a character limit is configured in your system, the limit can be up to 50,000 characters.

3. Optional. Add attachment(s). Click the **Attachments** tab.

**New Message**

Message **Attachments**

**Attach a Document or Image**  
You can add up to 3 files with a max size of 7 MB each Browse

None file attached

**Attach a Patient or Claim**  
You can only add 1 member and 3 claims to a message

None attached

**Select Member to display available attachments**

Search by :  Member Id  Member Name

MEMBER ID (Required)

Enter Member ID

4. If you accessed the Message functionality from a claim detail page, this screen is prepopulated with the member information and claim detail attached. See the example in step 1.

- **Attach a Document or Image:**

- a. Click **Browse** to navigate to the document or image you want to attach to the message.  
You can attach up to three files with a maximum size of 7 MB each.
- b. Attach the document or image.
- c. Continue to step 5.


- **Attach a Patient or Claim:**

Select a member by member ID or name to see a list of attachments you want to add as an attachment to the message.

You can add one member and up to three claims to a message. Only the last 30 days are searched when attaching claims. If no claims are available, you can still send the patient information.


- [Member ID](#)

The screenshot shows a form titled "Select Member to display available attachments". Under "Search by:", the "Member Id" radio button is selected. Below this, the label "MEMBER ID" is followed by "(Required)". There is a text input field containing the placeholder text "Enter Member ID" and a search icon button to its right.

- a. Provide the **MEMBER ID** and click the search icon ().
- b. Continue to step 5.

- [Member Name](#)

The screenshot shows the same form titled "Select Member to display available attachments". Under "Search by:", the "Member Name" radio button is selected. Below this, there are four input fields: "LAST NAME (Required)", "FIRST NAME (Required)", "DATE OF BIRTH (Required)", and "GENDER". The "LAST NAME" field contains the placeholder "Enter Last Name", the "FIRST NAME" field contains "Enter First Name", the "DATE OF BIRTH" field contains "mm / dd / yyyy", and the "GENDER" field is a dropdown menu with "Choose Gender" and a downward arrow. A search icon button is located to the right of the "GENDER" field.

- a. Provide the following information:
  - **LAST NAME:** (required)
  - **FIRST NAME:** (required)
  - **DATE OF BIRTH:** Type the date of birth in the format xx/xx/xxxx. Clicking in the mm /dd/yyyy field automatically opens the calendar. Select the date of birth.
  - **GENDER:** Select **Female** or **Male** from the list.
- b. Click the search icon .

- c. From the search results, select the name from the list or perform a new patient search.

Example

### New Message

Message Attachments

**Attach a Document or Image**  
You can add up to 3 files with a max size of 7 MB each Browse

claim.create.claim.details.prof.png (60.5 KB) ✕

**Attach a Patient or Claim**  
You can only add 1 member and 3 claims to a message

M Dean-Patient Information ✕

Select the patient information and upto 3 claims and click attach New Patient Search

Michael Dean Patient Information

	Claim ID	Provider Name	Service Date	Status	Patient Responsibility
<input type="checkbox"/>	P00000068204	Cooper, M	07/12/2018	Estimated	\$
<input checked="" type="checkbox"/>	P00000068281	Cooper, M	07/20/2018	Estimated	\$
<input type="checkbox"/>	P00000068283	Cooper, M	07/20/2018	Estimated	\$
<input type="checkbox"/>	P00000068284	Cooper, M	07/20/2018	Estimated	\$
<input type="checkbox"/>	P00000068205	Cooper, M	07/12/2018	Estimated	\$
<input type="checkbox"/>	P00000068208	Cooper, M	07/12/2018	Estimated	\$
<input type="checkbox"/>	P00000068329	Cooper, M	07/30/2018	Estimated	\$
<input type="checkbox"/>	P00000068286	Cooper, Mi	07/20/2018	Estimated	\$
<input type="checkbox"/>	P00000068279	Cooper, M	07/20/2018	Estimated	\$
<input type="checkbox"/>	P00000068207	Cooper, M	07/12/2018	Estimated	\$
<input type="checkbox"/>	P00000068280	Cooper, M	07/20/2018	Estimated	\$
<input type="checkbox"/>	P00000068326	Cooper, M	07/30/2018	Estimated	\$

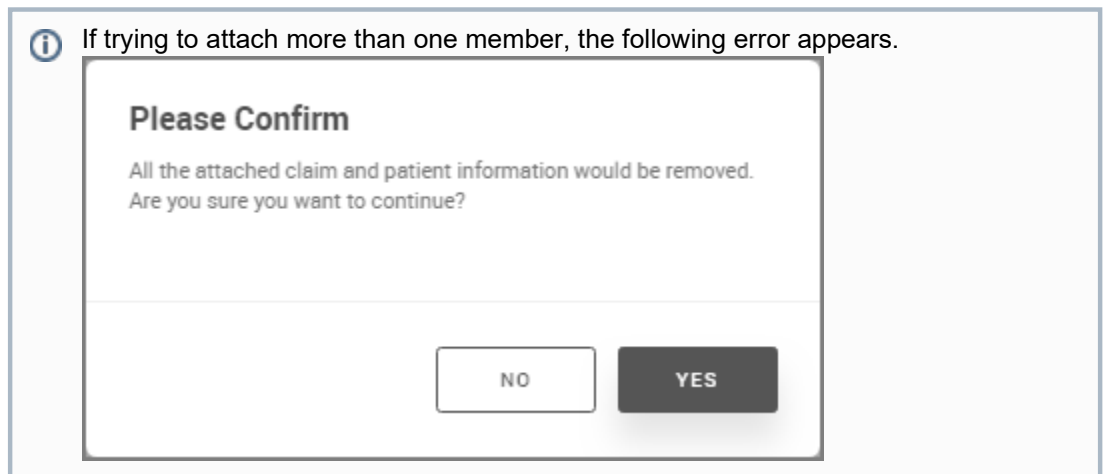
**ATTACH**

CANCEL SAVE DRAFT SEND

- d. Select the claims attachment from the choices displayed.  
If you do not want to attach a claim, deselect the check box . To remove the patient information from the attachment, click the remove icon ✕



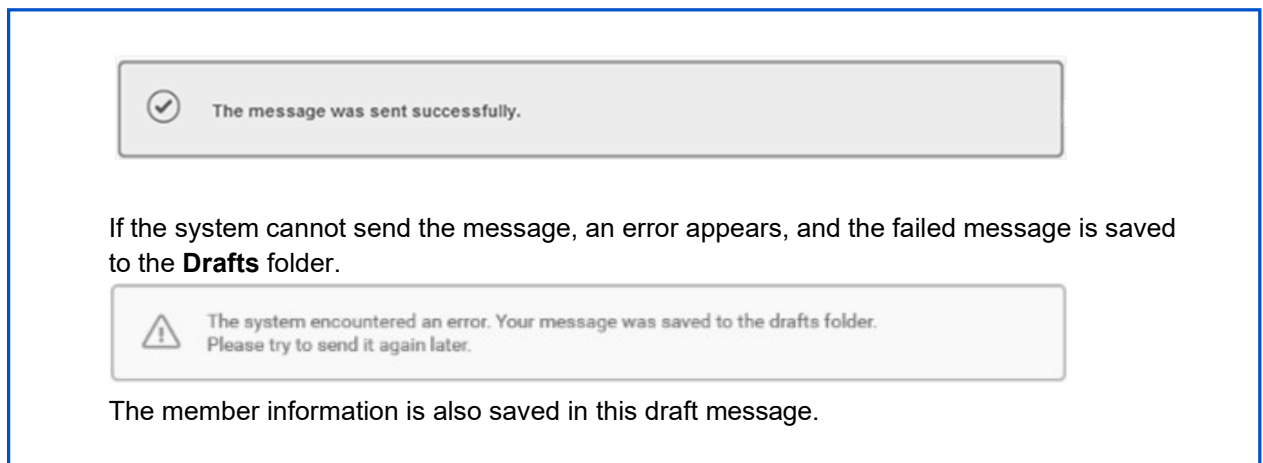
- e. Click **ATTACH**. You can attach up to three claims and one member.



5. Do any of the following:

- Click **SEND** to send the message.
- Click **SAVE DRAFT** to save the message and go back to it later.

If the message is sent successfully, a confirmation appears.



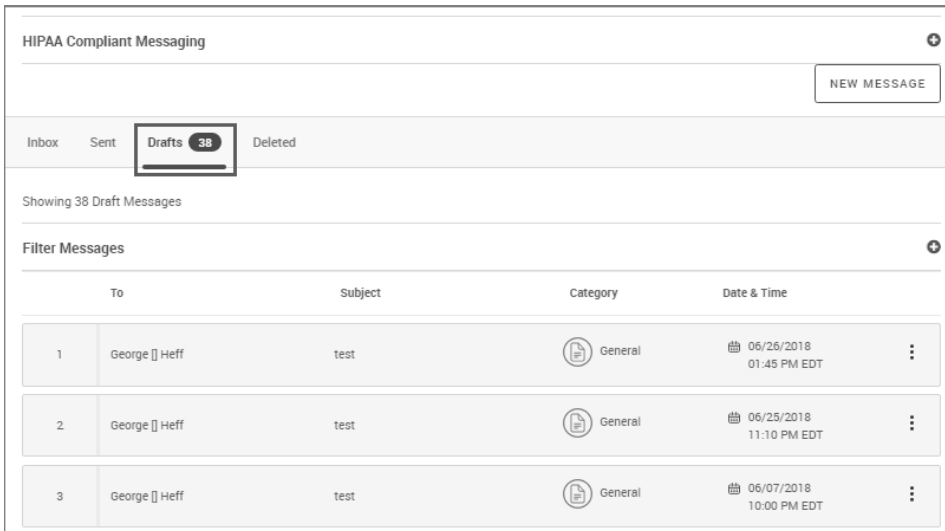
**Related Topic:**

- [Messages Tab Bar](#)

# Accessing Draft View

To access your draft messages:

1. Click **Messages** from the navigation menu, or click the Messages link at the top of the page.
2. Click the **Drafts** tab.



3. From the **Drafts** page, click any message to open it.
  - If the message was new, the **New Message** page appears where you can complete your message. See [Creating a Message](#)
  - If the message was a reply, the **Message Reply** page appears where you can complete your reply. See [Replying to a Message](#)

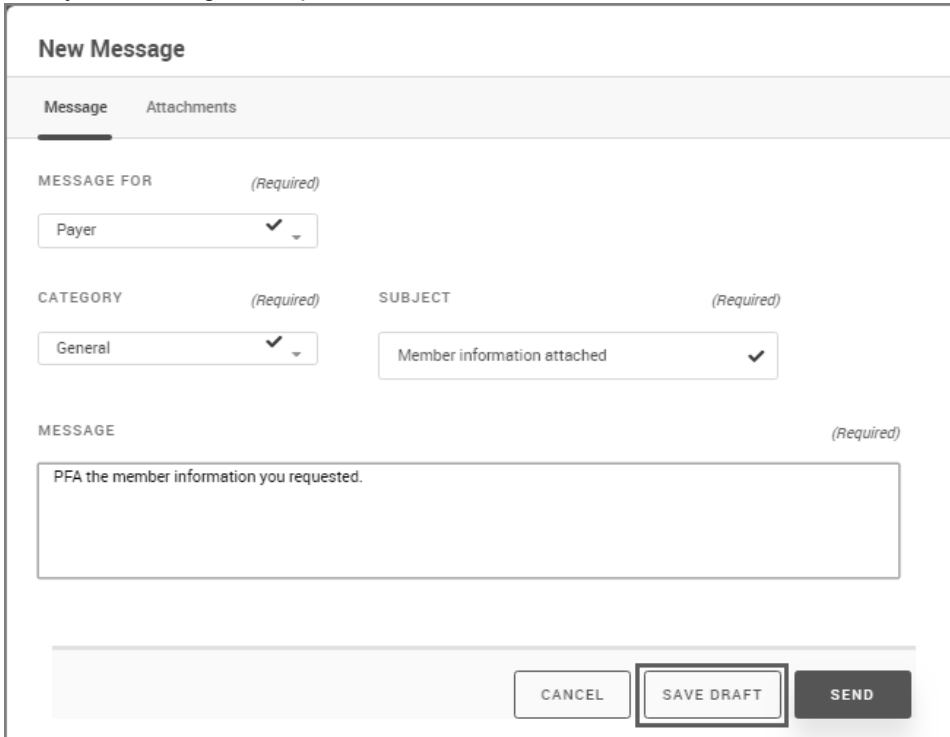
## Related Topics:

- [Inbox Messages](#)
- [Deleting a Message](#)

# Saving a Message to the Drafts Folder

To save a message to the Drafts folder:

1. Click **Messages** from the navigation menu, or click the Messages link at the top of the page.
2. Create a message using Steps 1-6 **only** in [Creating a Message](#).
3. With your message still open, click **SAVE DRAFT**.

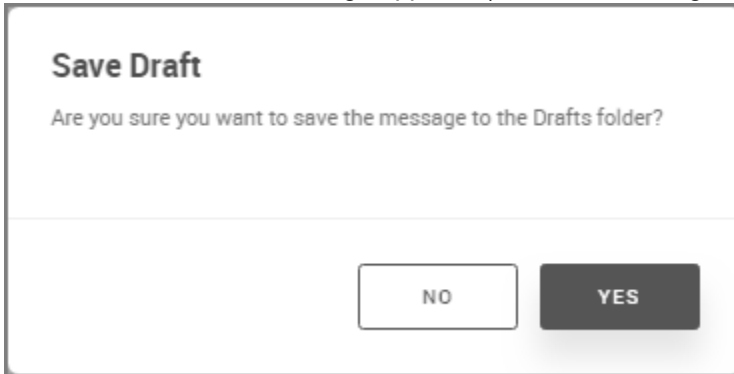


The screenshot shows a 'New Message' form with the following fields and controls:

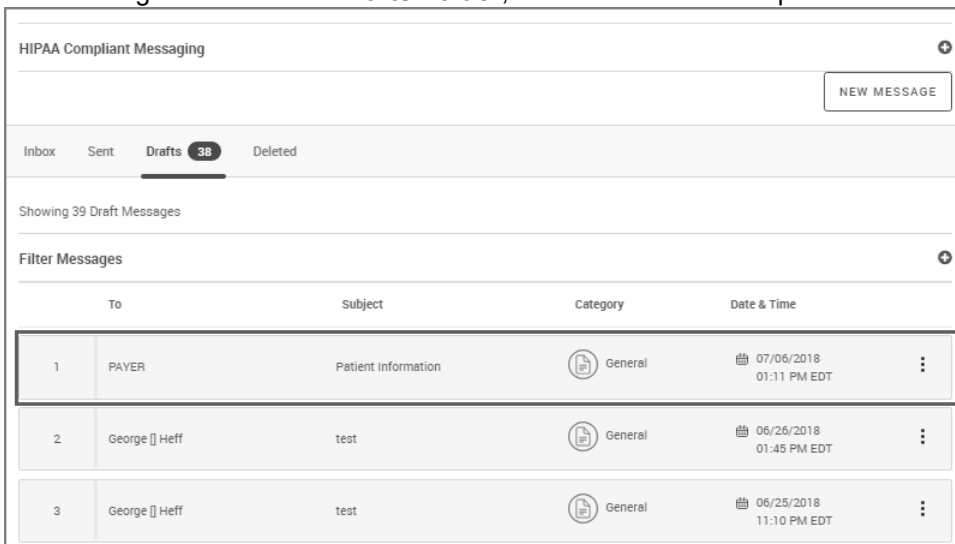
- Message** and **Attachments** tabs at the top.
- MESSAGE FOR** (Required): A dropdown menu with 'Payer' selected.
- CATEGORY** (Required): A dropdown menu with 'General' selected.
- SUBJECT** (Required): A text input field with 'Member information attached' and a checkmark.
- MESSAGE** (Required): A large text area containing the text 'PFA the member information you requested.'
- At the bottom right, there are three buttons: **CANCEL**, **SAVE DRAFT** (highlighted with a red box), and **SEND**.

**i** The **SAVE DRAFT** button is also available on **Reply** and **Forward** messages.

4. When the **Save Draft** message appears (for a new message or a reply), click **YES**.




The message is now in the **Drafts Folder**, as shown in this example.



If an error occurs while you are saving a message to the **Drafts** folder, you will be prompted to try again later. Click **OK**, and then try again later.

5. From the **Drafts** folder, you can:

- Delete a message
- View the saved details
- Continue working on the message
- Send the message

 You can continue working on incomplete messages. In the case of a saved reply, the **Reply Message** page opens; in the case of a new message, the **New Messages** page opens.


#### Related Topic:

- [Deleting a Message](#)

# Replying to a Message

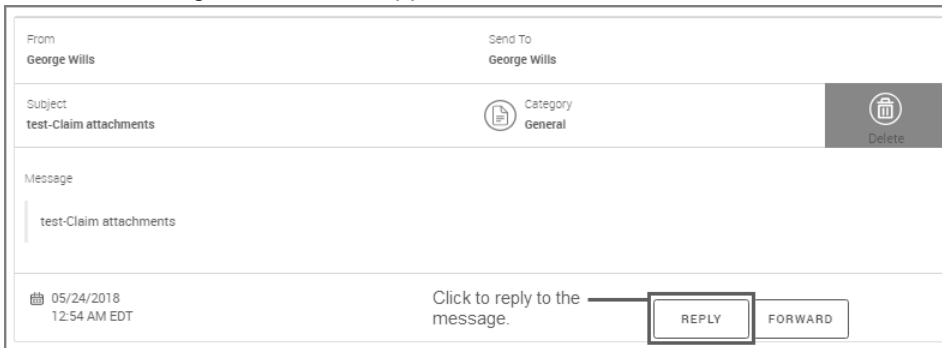
When you reply to a message, the **Category** and **Subject** are populated from the message history automatically. You can:

- Send a message (will be saved in the **Sent** folder).
- Cancel a message.
- Save a message to the **Drafts** folder.

 If a character limit is configured in your system, the limit can be up to 50,000 characters.

## To reply to a message:

1. Click **Messages** from the navigation menu, or click the Messages link at the top of the page. The Messages page appears.
2. Locate the message by filtering. For more information, see [Filtering Messages](#).
3. Click the message, and when it appears, click **REPLY**.



4. When the **Message Reply** page appears, type your message in the **Message** field.

**Message Reply**

Message Attachments

Message For Send To  
George Wills

Subject Category  
test-Claim attachments General

Message  
Type your message here

CANCEL SAVE DRAFT SEND

Message History (1)

From  
George Wills


Subject  
test-Claim attachments 05/24/2018 12:54 AM EDT


Message  
test-Claim attachments

If a character limit is configured in your system, the limit can be up to 50,000 characters.

5. Optional: Click the **Attachments** tab and add any claims or member information you want to include with the message.

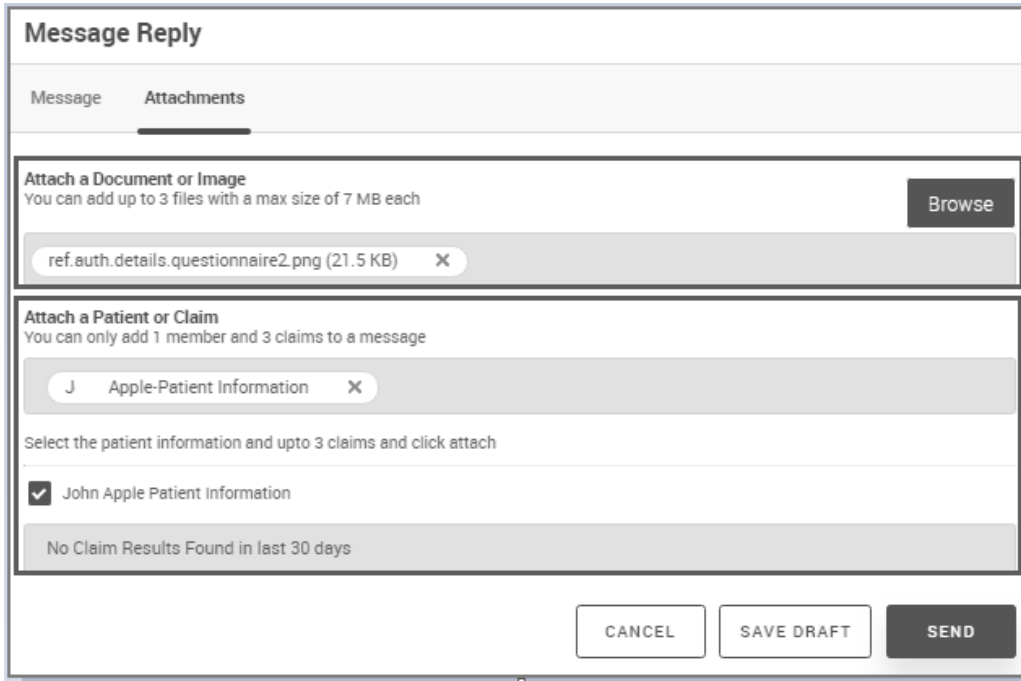
- **Attach a Document or Image.** You can add up to three files with a maximum files size of 7MB each.
  - i. Click **Browse**.
  - ii. Navigate to the location for the document or image you want to attach.
- **Attach a Patient or Claim.** You can add one member and up to three claims to a message.
  - i. Select either Member Id or Member Name:
    - **Member ID:** Type the *MEMBER ID*.
    - **Member Name:** Type the *LAST* and *FIRST NAME*, provide the *DATE OF BIRTH* and select the *GENDER*.

- ii. Click the search icon . If multiple members were found, select a member from the results and click USE SELECTED MEMBER.

 Claims older than 30 days will not appear in search results.

Patients appear in the search results with any claims associated to them.

- iii. Select the claim, and then click **Attach**.




The screenshot shows the 'Message Reply' interface. At the top, there are tabs for 'Message' and 'Attachments'. Below the tabs, there are two main sections for attachments:

- Attach a Document or Image:** This section allows adding up to 3 files with a max size of 7 MB each. A 'Browse' button is present. A file named 'ref.auth.details.questionnaire2.png (21.5 KB)' is currently attached.
- Attach a Patient or Claim:** This section allows adding 1 member and 3 claims to a message. A patient named 'J Apple-Patient Information' is attached. Below this, there is a list of claims with a checkbox next to 'John Apple Patient Information' which is checked. A message at the bottom of this section states 'No Claim Results Found in last 30 days'.

At the bottom of the interface, there are three buttons: 'CANCEL', 'SAVE DRAFT', and 'SEND'.

6. Do either of the following:

- a. Click **SEND**.
- b. Click **SAVE DRAFT** if you want to return to this reply later.

 If you decide not to save or send the message, click **CANCEL**. For more information, see [Saving and Cancelling Messages](#).

If the message is sent successfully, a confirmation appears:



If the system cannot send the message, an error appears, and the failed message is saved to the **Drafts** folder:



The member information is also saved in this draft message.

**Related Topics:**

- [Marking Messages](#)
- [Filtering Messages](#)
- [Deleting a Message](#)

## Forwarding a Message

When you forward a message, the **Category** and **Subject** are populated from the message history automatically. You can:

- Send a message (will be saved in the **Sent** folder)
- Cancel a message
- Save a message to the **Drafts** folder

**To forward a message:**

1. Click **Messages** from the navigation menu, or click the Messages link at the top of the page.
2. Locate the message by filtering. For more information, see [Filtering Messages](#).
3. Click the message that you want to forward, and when the message details appear, click **FORWARD**.

The screenshot displays a message interface with the following elements:

- From:** George Wills
- Subject:** patient attachment
- Category:** General
- Attachments:** A section containing a patient information table.
- Message:** PFA the patient information.
- Date/Time:** 07/06/2018 01:54 PM EDT
- Actions:** REPLY and FORWARD buttons.

Member ID	: IHM101022-0	Address	: 205 Mccollum
Name	: D Anderson		: WY
Gender	: Female		: - 82070
Date of Birth	: 07/28/19	Email	:




4. When the **Forward Message** page appears:


- Select to whom you are forwarding the message using the **Message For** field. If sending to a *Portal User*, select the recipient from the Send To list.
- The Category and Subject fields are automatically filled in from the message being forwarded. However, you can change these.
- Type your message.

Example

The screenshot displays the 'Forward Message' interface. At the top, there are tabs for 'Message' and 'Attachments'. Below these, the 'Message For' dropdown menu is set to 'Payer'. The 'Category' dropdown is set to 'General', and the 'Subject' text field contains 'patient attachment'. A large text area for the message content is present, with a character count of '0 out of 1000 characters used'. Below the text area are three buttons: 'CANCEL', 'SAVE DRAFT', and 'SEND'. At the bottom, a 'Message History (1)' section shows a preview of the message being forwarded, including the sender 'George Wills', the subject 'patient attachment', and the date and time '07/06/2018 01:54 PM EDT'. The message content is 'PFA the patient information.'

5. Optional: Click the **Attachments** tab and add any claims or member information you want to include with the message.

- **Attach a Document or Image.** You can add up to three files with a maximum files size of 7MB each.
  - i. Click **Browse**.
  - ii. Navigate to the location for the document or image you want to attach.
- **Attach a Patient or Claim.** You can add one member and up to three claims to a message.
  - i. Select either Member Id or Member Name:
    - **Member ID:** Type the *MEMBER ID*.
    - **Member Name:** Type the *LAST* and *FIRST NAME*, provide the *DATE OF BIRTH* and select the *GENDER*.
  - ii. Click the search icon (). If multiple members were found, select a member from the results and click USE SELECTED MEMBER.

 Claims older than 30 days will not appear in search results.

Patients appear in the search results with any claims associated to them.

- iii. Select the claim, and then click **ATTACH**.

### Forward Message

Message   **Attachments**

---

**Attach a Document or Image**  
You can add up to 3 files with a max size of 7 MB each

**Browse**

None file attached

---

**Attach a Patient or Claim**  
You can only add 1 member and 3 claims to a message

W Moss-Patient Information   Walt Moss-133190000100 **x**


Select the patient information and upto 3 claims and click attach

Walt Moss Patient Information

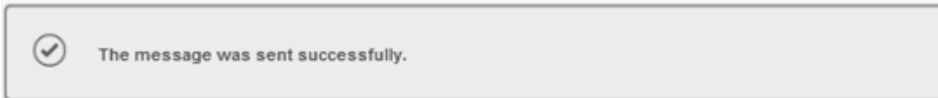
No Claim Results Found in last 30 days

**CANCEL**   **SAVE DRAFT**   **SEND**

6. Do either of the following:
  - a. Click **SEND**.
  - b. Click **SAVE DRAFT** if you want to return to this reply later.

 If you decide not to save or send the message, click **CANCEL**. For more information, see [Saving and Cancelling Messages](#).

If the message is sent successfully, a confirmation appears:



If the system cannot send the message, an error appears, and the failed message is saved to the **Drafts** folder:



The member information is also saved in this draft message.


#### Related Topics:

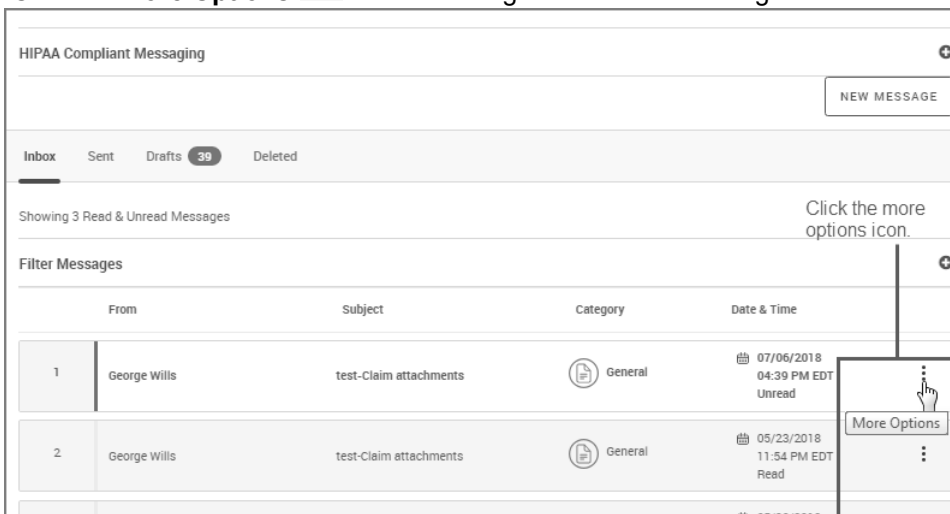
- [Marking Messages](#)
- [Filtering Messages](#)
- [Deleting a Message](#)

## Deleting a Message

You can delete messages quickly and easily from the **Inbox**, from **Sent**, and from **Drafts**. Additionally, you can delete them from the [Message Details](#) page.

#### To delete a message:

1. Click **Messages** from the navigation menu, or click the Messages link at the top of the page.
2. From the **Messages** page, locate the message:
3. Click the **More Options**  icon on the right side of the message.



4. When the option appears, click **Delete**:

	From	Subject	Category	Date & Time	
1	George Willis	test-Claim attachments	General	07/06/2018 04:39 PM EDT Unread	⋮
2	test-Claim attachments	General	05/23/2018 11:54 PM EDT Read	⋮	Mark as Unread Delete
3	George Willis	test	General	05/20/2018 09:24 PM EDT Read	⋮

**i** This action deletes the **message**, not the conversation.

**i** After you move messages to the **Deleted** folder, you can view the details, or restore them back to the folder from which you deleted them.

For example, if a message has been deleted from the Drafts folder, and the restore option is clicked in the Deleted folder, the message is restored to the Drafts folder.

The message creation time stamp is retained so that when restored it would go into the correct order with the messages in the inbox/sent items/drafts folders.

	From	Subject	Category	Date & Time	
1		Member information attached	General	07/06/2018 01:08 PM EDT	⋮ Restore
2	George Willis	test-Claim attachments	General	05/23/2018 11:54 PM EDT	⋮

**To view deleted messages:**

1. Click **Messages** from the navigation menu, or click the Messages link at the top of the page.
2. Click the **Deleted** tab.
3. When the **Deleted Messages** page appears, click a message to read it.

HIPAA Compliant Messaging					+
					NEW MESSAGE
Inbox	Sent	Drafts 39	Deleted		
Showing 2 Deleted Messages					
Filter Messages					
	From	Subject	Category	Date & Time	
1	George Willis	Member information attached	General	07/06/2018 01:08 PM EDT	⋮
2	George Willis	test-Claim attachments	General	05/23/2018 11:54 PM EDT	⋮

---

**Related Topics:**

- [Messages Tab Bar](#)
- [Creating a Message](#)

## User Management

---

As the Office Manager for a Provider office, you can register additional users, so that they can perform their own administrative duties as assigned. User account management access is restricted to Provider admins with userids associated with provider admin access.

Completing the [4-step registration](#) process enables the User Management functionality for that logged-in user. The admin can now create other users with specific roles as detailed in this section.

## Accessing User Management

---

**To access User Management:**

1. Click **User Management** from the [navigation menu](#).  
The User Management page appears.

# User Management

View/Edit User & Access Role Permissions

User Management



User Management User Role Access Audit

## View or Edit User

Expand a user to view affiliations associated with users. Click on a user to edit.

Create New User Account

Filter Users



18 User(s) Found

	LAST NAME	USER ROLE	EMAIL ID	USER ID	STATUS
	Cooper		carl. @ com		Pending   Resend

First Name Carl

### Access List

Cooper, M

	Cooper		John.Doe@ .com	cooper@ .com	Active
	Cooper		mcooper@ .com	mcooper@ com	Active
	DHANAPAL	Office Manager		officemanager@ .com	Active
	Dean		Jack.Dean@ .com	Jack.Dean@ l.com	Active
	Hussain	Office Manager		milton@ .com	Active
	Petersaqqq	Clerk Level 2			Pending   Resend
	Sandy	Office Manager			Pending   Resend
	Smith		gene.smith@ com	gene.smith@ .com	Active
	Vineeth				Inactive  Delete User

← Back

1 2

Next →

EXPORT TO PDF

EXPORT TO EXCEL

2. You can do either of the following in this page view:

- [Create new user accounts.](#)
- [View existing user details.](#)
- [Resend a link for pending accounts or delete inactive accounts.](#)
- [Edit existing user details.](#)
- [Perform an audit](#)
- View and print a summary to [PDF](#) or [Excel](#) files.

**Related Topic:**

[View or Edit User Role Access](#)

## Creating User Accounts

As the Office Manger for the Provider office, you can register additional users one at a time or through bulk provisioning.

**To create user accounts:**

1. Click **User Management** from the [navigation menu](#).

**Create New User Account**

Create New User   Bulk Provisioning

Enter the fields below and click Create User Account when finished.

USER TYPE (Required)   USER ROLE (Required)

Select User Type   Select User Role

LAST NAME (Required)   FIRST NAME (Required)

Enter Last Name   Enter First Name

EMAIL ADDRESS (Required)   PHONE NUMBER (Required)   DATE OF BIRTH

Enter Email Address   (XXX) XXX-XXXX   mm / dd / yyyy

Select All

Access List Selection

Cooper, Michelle (IHMPRAC00005)

CANCEL   CREATE USER ACCOUNT

The User Management page appears. Click **Create New User Account** to open the following screen.

---

2. Select either of the following account creation methods:

- [Create New User](#)

a. Provide the following information:

- **USER TYPE:** Select the user type from the list. Choices are: **Clinical Staff** or **Non Clinical Staff**
- **USER ROLE:** Select the user role from the list. Choices are:
  - *Office Manager*
  - *Billing*
  - *Clinical*
  - *Clerk*


You can modify the Custom user roles. See [View or Edit User Role Access](#).

When an office manager changes the custom role capability permissions, the permissions are applied to the user upon subsequent login.

- **LAST NAME** and **FIRST NAME:** Type the last and first name.
- **EMAIL ADDRESS:** Type the email address for the practice.
- **PHONE NUMBER:** Type the phone number.
- **DATE OF BIRTH:** Enter the date of birth or select it using the calendar icon (📅).
- **Access List Selection:** Select the providers in the practice for which this user will have access to their data, or click **Select All**. Selecting a check box will only allow those providers to be available to this created user.

b. Click **Create User Account**.

The account is created and the new user will receive an email notification to log in with newly created credentials and complete their profile.

 The CREATE USER ACCOUNT button is only enabled if all required fields are populated.

- [Bulk Provisioning](#)



Provide the following information:

- a. Click the **Bulk Provisioning** tab.

The following screen appears.

**Create New User Account**

Create New User **Bulk Provisioning**

*Click to use an example file in the correct format*

Please upload a spreadsheet in this format to provision multiple new users: [BulkProvisioning.xlsx](#)

Please ensure that the mandatory fields mentioned in the template are filled out appropriately to avoid failure during user creation. Once the user details are filled out, please use the below option to upload the document and execute bulk provisioning process

ATTACH FILE

No file attached

CANCEL CREATE USER ACCOUNT

- b. Click **Browse** to navigate to the spreadsheet you want to use to upload users. Click the link to view an example spreadsheet with required fields ([BulkProvisioning.xlsx](#)).

### Example

	A	B	C	D	E	F	G	H
1	Bulk User Upload							
	First Name *	Last Name *	User Type *	User Role *	Email *	Phone *		Note: * The fields marked as * are mandatory * Do not leave empty rows, it considered as last record * MAXIMUM of 100 users are allowed to upload
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								

The spreadsheet is attached.

**Create New User Account**

Create New User **Bulk Provisioning**

Please upload a spreadsheet in this format to provision multiple new users: [BulkProvisioning.xlsx](#)

Please ensure that the mandatory fields mentioned in the template are filled out appropriately to avoid failure during user creation. Once the user details are filled out, please use the below option to upload the document and execute bulk provisioning process


ATTACH FILE

4c3ae9c5-15ab-4170-88b0-f1 a7498a38b7.xls

CANCEL CREATE USER ACCOUNT

- 
- c. Click **CREATE USER ACCOUNT**.

The accounts are created and all users will receive an email notification to log in with newly created credentials and complete their profile.

 The CREATE USER ACCOUNT button is only enabled if all required fields are populated.

**Related Topics:**

- [Updating User Accounts](#)
- [Viewing User Account Details](#)
- [Working With Account Status](#)
- [Printing or Downloading a PDF of User Details](#)
- [Exporting User Details to Excel](#)
- [View or Edit User Role Access](#)

## Updating User Accounts

---

**To update user accounts:**

1. Click **User Management** from the [navigation menu](#).  
The User Management page appears.
2. Click a user name in the **LAST NAME** column to edit account details for this user.

User Management   User Role Access   Audit

### View or Edit User

Expand a user to view affiliations associated with users. Click on a user to edit. Create New User Account.

Filter Users +

16 User(s) Found

	LAST NAME	FIRST NAME	USER ROLE	EMAIL ID	USER ID	STATUS
<input type="radio"/>	Alam	S	Office Manager		alam@ .com	Active
<input type="radio"/>	Hernandez	M	Clerk Level 2	clerklevel2@t 2.com	clerklevel2@ .com	Active
<input type="radio"/>	Hossain	M	Office Manager	miltonhssn@ .com	rr @cma.com	Active
<input type="radio"/>	Hossain	M	Clerk Level 3			Active
<input type="radio"/>	Hossain	M	Office Manager			Pending   Resend
<input type="radio"/>	Hossain	M	Office Manager		H @cma.com	Active
<input type="radio"/>	Hssn	M	Office Manager	m @ .l.com	m ssn@t .com	Active
<input type="radio"/>	Johnson	J	User Manager	usermanager@ .com	usermanager@ .com	Active
<input type="radio"/>	Lawrence	B	Custom2			Pending   Resend
<input type="radio"/>	Martinez	D	Clerk Level 3	clerklevel3@ .com	clerklevel3@ .com	Active

3. Edit the following user information. Required fields are noted.

#### Edit User Account

Enter the fields below and click Create User Account when finished.

USER TYPE (Required)    USER ROLE (Required)  
   


LAST NAME (Required)    FIRST NAME (Required)  
   


EMAIL ADDRESS (Required)    DATE OF BIRTH  
   

PHONE NUMBER (Required)


Make User Inactive  
 Select All  
 Access List Selection  
 Cooper, M

- 
- **USER TYPE:** Select the user type from the list. Choices are: *Clinical Staff* or *Non-Clinical Staff*
  - **USER ROLE:** Select the user role from the list. Choices are:
    - *Office Manager*
    - *Billing*
    - *Clinical*
    - *Clerk*

 Depending on your logged-in role for your account, the User Role menu may be disabled.

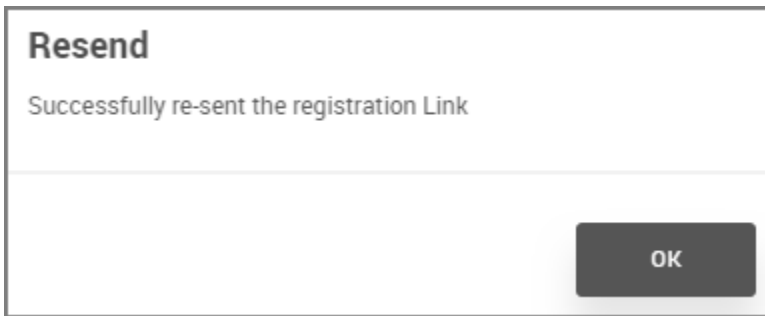
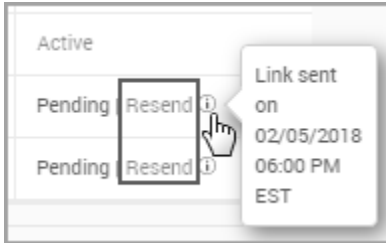
- *User Name: Cannot be edited*
- **LAST NAME:** Edit the last name for this user.
- **FIRST NAME:** Edit the first name for this user.
- **EMAIL ADDRESS:** Edit this user's email address.
- **PHONE NUMBER:** Edit this user's phone number.
- **DATE OF BIRTH:** Edit the date of birth or use the calendar icon () to select it.
- **CARRIER NAME:** Select the carrier from the list to display carrier details.
- **Please click here to reset the account password:** Click the link to reset this account's password. I notification email will be sent to that user prompting them to reset their password.
- **Make User Inactive:** Select this option to inactivate this user in the system.

4. Click **UPDATE USER ACCOUNT**.

 The UPDATE USER ACCOUNT button is only enabled if all required fields are populated.

## To edit status information and notify a user:

1. Click the **Resend** link on the User Management tab to resend a notification to a user so that they can log in and complete their profile. A User's Pending state lasts 24 hours from the time their notification was sent to complete their profile. You can also hover over the information icon to see when this notification was last sent.



2. Click **OK** at the prompt that the registration link was resent.

## Related Topics:

- [Viewing User Account Details](#)
- [Creating User Accounts](#)
- [Printing or Downloading a PDF of User Details](#)
- [Exporting User Details to Excel](#)
- [Working with Role Definitions](#)
- [Working With Account Status](#)

# Viewing User Account Details

From the User Management view, you can view user details associated with your access level.

1. Click **User Management** from the [navigation menu](#).  
The User Management page appears.
2. Click the ( ) icon to expand the user details access list.



You can view the following profile details from this view:

- Last name and first name
- User Role and User Type
- User ID
- Status of the user account

3. Click the column sort arrows to sort columns by that type.

4. Click the user name in the **LAST NAME** column to display additional details and edit information.

### Edit User Account

Enter the fields below and click Create User Account when finished.

USER TYPE <i>(Required)</i>	USER ROLE <i>(Required)</i>
<input type="text" value="Clinical Staff"/>	<input type="text" value="Custom 1"/>

LAST NAME <i>(Required)</i>	FIRST NAME <i>(Required)</i>
<input type="text" value="Cooper"/>	<input type="text" value="Carl"/>

EMAIL ADDRESS <i>(Required)</i>	DATE OF BIRTH <i>(Required)</i>
<input type="text" value="carl.cooper@ . com"/>	<input type="text" value="1/1/19"/>

PHONE NUMBER <i>(Required)</i>
<input type="text" value="(480) 789-1234"/>

Make User Inactive

Select All

Access List Selection

Cooper, MI

5. Continue to [Updating User Accounts](#).

### Related Topics:

- [Editing User Accounts](#)
- [Creating User Accounts](#)
- [Working With Account Status](#).
- [Printing or Downloading a PDF of User Details](#)
- [Exporting User Details to Excel](#)

# Working With Account Status

From the User Management tab, you can resend a link for pending accounts or delete inactive accounts.

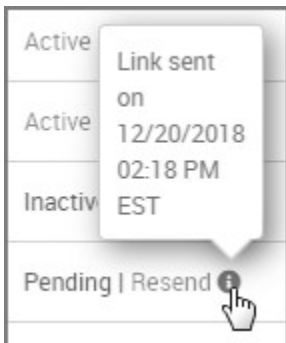
To resend a link to an account:

1. Click **User Management** from the [navigation menu](#).  
The User Management page appears.

The screenshot shows the 'User Management' page with a 'View or Edit User' header. Below the header is a filter section and a table of 16 users. The table has columns for Last Name, First Name, User Role, Email ID, User ID, and Status. One user, Hossain M, is in a 'Pending | Resend' status. At the bottom right, there are buttons for 'EXPORT TO PDF' and 'EXPORT TO EXCEL'.

LAST NAME	FIRST NAME	USER ROLE	EMAIL ID	USER ID	STATUS
Alam	S	Office Manager		alam@.com	Active
Hernandez	M	Clerk Level 2	clerklevel2@.com	clerklevel2@.com	Active
Hossain	M	Office Manager	m_issn@.com	@cma.com	Active
Hossain	M	Clerk Level 3			Active
Hossain	M	Office Manager			Pending   Resend
Hossain	M	Office Manager			Active
Hssn	M	Office Manager			Active
Johnson	J	User Manager	usermanager@.com	usermanager@.com	Active
Lawrence	B	Custom2			Pending   Resend
Martinez	D.	Clerk Level 3	clerklevel3@.com	clerklevel3@.com	Active

2. From the **STATUS** column, locate a pending account.
3. Click the **Resend** link to send a notification to the account user.  
To see the last time the link was sent, mouse over the information icon.



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**To delete an inactive account:**

1. Click **User Management** from the [navigation menu](#).  
The User Management page appears.
2. From the **STATUS** column, locate an inactive account.
3. Click the **Delete User** link, and then click **OK** to the prompt.

## Working with Role Definitions

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Office Manager and Clerk Level 1 roles within the practice provide the following functionality:

- Users assigned the Office Manager role are allowed to view and update the sections within provider maintenance.
- Users assigned the Clerk Level 1 role are only allowed to view the various tabs in the Provider maintenance module. They can access the edit view, but they cannot edit any information. The add option is disabled in the user interface.
- Remaining user roles cannot view the Provider maintenance navigation in the portal; furthermore, they are not allowed to use the navigation URL and access the module.
- For custom roles, the Office manager can choose the view and edit capabilities.

The following role definitions are available in the Provider portal:

- Office Manager
- Billing
- Clinical
- Clerk



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## View or Edit User Role Access

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Office managers can add up to two custom role definitions, as well as view or edit access for a particular role. The items selected for each role (examples below) determine what that user account can view in the user interface, as well as what is available from the navigation menu. The custom role definitions will vary according to the roles selected.

Default role types are as follows:

### [Office Manager Default Roles](#)

Items for this role cannot be edited.

## User Role Access

Select a Role Type below to view or edit access for a particular role in your office.

ROLE TYPE

Office Manager

## Home page

- View and access home page

## User management

- View user management
- Create a new user
- Edit an existing user
- View audit results
- Edit custom role definition

## My account

- View my account details
- Edit user profile
- Change password
- Change security questions
- Access and update preferences

## Claims inquiry

- Search and view claims

## Claims create

- Submit a claim estimate
- Submit a claim

## Member management

- Search and view members

- Run a PCP roster
- Export a PCP roster

## Eligibility

- View member benefit information
- Validate referrals and authorizations

## Message center

- View only access to messages and message details
- Write access to messages (create, reply and forward)

## Additional links

- View and access additional Links

## Referrals and authorizations

- Search and view referrals and authorizations
- Create and edit referrals and authorizations
- Search benefit extension requests
- Submit benefit extension requests
- Manage authorization and referral notifications

## Help

- View and access FAQs
- Access Contact Us

## Content management

- View and access content in containers

## Notifications

- View and access system generated notifications

## Provider search

- Perform a provider search

---

## Documents

Access plan documents

## Provider Profile

View Provider Profile

Update Provider Profile

Clerk

Items for this role cannot be edited.

## User Role Access

Select a Role Type below to view or edit access for a particular role in your office.

### ROLE TYPE

## Home page

- View and access home page

## User management

- View user management
- Create a new user
- Edit an existing user
- View audit results
- Edit custom role definition

## My account

- View my account details
- Edit user profile
- Change password
- Change security questions
- Access and update preferences

## Claims inquiry

- Search and view claims

## Claims create

- Submit a claim estimate
- Submit a claim

## Member management

- Search and view members

- Run a PCP roster
- Export a PCP roster

## Eligibility

- View member benefit information
- Validate referrals and authorizations

## Message center

- View only access to messages and message details
- Write access to messages (create, reply and forward)

## Additional links

- View and access additional Links

## Referrals and authorizations

- Search and view referrals and authorizations
- Create and edit referrals and authorizations
- Search benefit extension requests
- Submit benefit extension requests
- Manage authorization and referral notifications

## Help

- View and access FAQs
- Access Contact Us

## Content management

- View and access content in containers

## Notifications

- View and access system generated notifications

## Provider search

- Perform a provider search

## Documents

Access plan documents

## Provider Profile

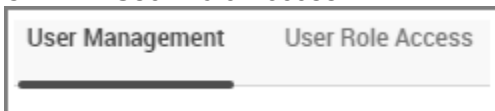
View Provider Profile

Update Provider Profile


### To view or edit a role definition:

1. Click **User Management** from the [navigation menu](#).  
The User Management page appears.


2. Click the **User Role Access** tab.



3. Select one of the **Role Type** options from the list. Choices are:  
Office Manager, Billing, Clinical, Clerk

 Depending on your logged-in role for your account, the User Role menu may be disabled.

The screen changes to reflect the role option selected. See the [role examples above](#) for the default roles types available.

4. Do either of the following:
  - *To view a role type*, select it from the list. See the [role examples above](#) for the default roles types available.
  - *To define custom roles*, select Custom 1 or Custom 2.
    - a. From either Custom role you selected, click the check box to enable role options. Clicking it again enables that option. Certain role types cannot be selected or deselected, and they display with the following icon ().
    - b. After editing either custom role, click **Save Changes**.
  - *To edit the custom role name*,
    - a. Select the custom role name from the list, if not selected.
    - b. Click **Edit Role Name**.
    - c. Type the new role name.
    - d. Click **Submit**.
5. Click **Save Changes**.

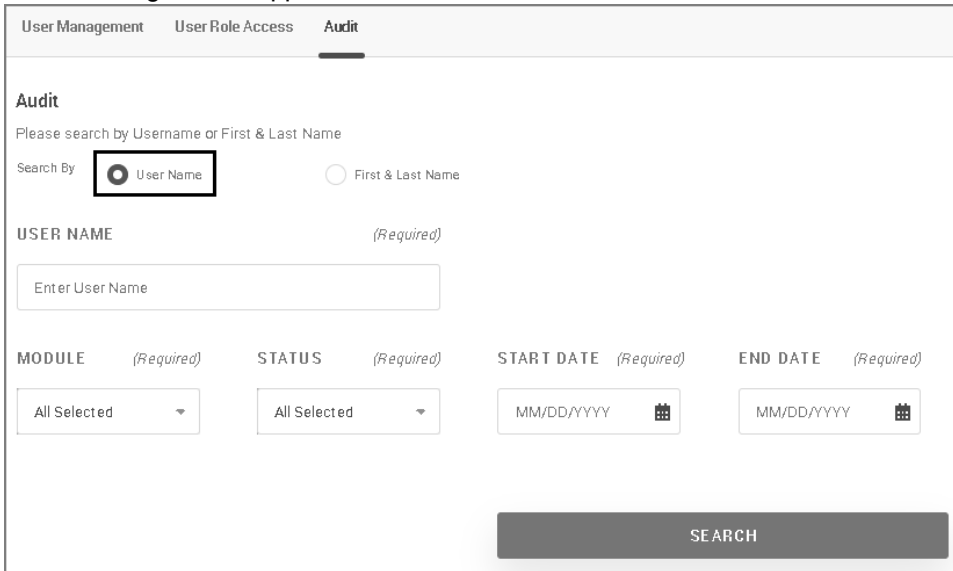
# Performing an Audit

Users with Office Manager or User Manager roles can perform an audit. They can also hide the Audit tab for other users.

## To perform an audit:

1. Click **User Management** from the [navigation menu](#).  
The User Management page appears.

2. Click the **Audit** tab.  
The following screen appears.



The screenshot shows the 'Audit' tab selected in the 'User Management' interface. The page title is 'Audit'. Below the title, there is a search instruction: 'Please search by Username or First & Last Name'. The 'Search By' section has two radio buttons: 'User Name' (which is selected and highlighted with a black box) and 'First & Last Name'. Below this, there is a text input field labeled 'USER NAME (Required)' with the placeholder text 'Enter User Name'. To the right of the text input, there are four dropdown menus: 'MODULE (Required)', 'STATUS (Required)', 'START DATE (Required)', and 'END DATE (Required)'. The 'MODULE' and 'STATUS' dropdowns are currently set to 'All Selected'. The 'START DATE' and 'END DATE' dropdowns are set to 'MM/DD/YYYY' and include a calendar icon. At the bottom right of the form, there is a large grey button labeled 'SEARCH'.

3. Search by either method:

### User Name

- a. **Search By:** Select **User Name**.
- b. **USER NAME:** Type the user name you want to audit.
- c. **MODULE:** Select the module from the list.

[Choices are:](#)



**MODULE** *(Required)*

All Selected ▾

- Select All
- Claims
- Registration
- User Management
- Eligibility
- Member Management
- Auth N Referral
- Documents
- InAppNotification
- Message Center
- Quicklinks
- Login/Logout
- Provider Search

- d. **STATUS:** Select a status from the list. Choices are: *Select All* (default), *Success*, *Failure*
- e. **START DATE/END DATE:** Type a start and end date or select it from the calendar.

First & Last Name

User Management    User Role Access    **Audit**

---

**Audit**

Please search by Username or First & Last Name

Search By     User Name     First & Last Name

LAST NAME    FIRST NAME

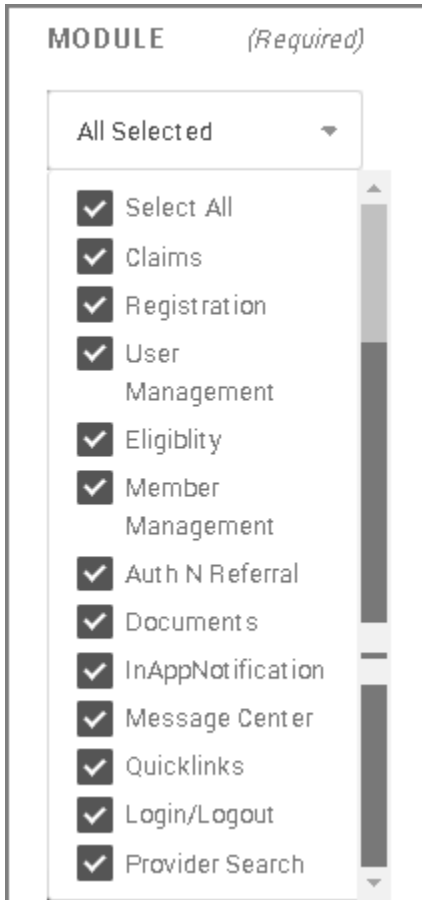
MODULE *(Required)*    STATUS *(Required)*    START DATE *(Required)*    END DATE *(Required)*

All Selected ▾    All Selected ▾    MM/DD/YYYY    MM/DD/YYYY

**SEARCH**

- a. **Search By:** Select **First & Last Name**.
- b. **MODULE:** Select the module from the list.

Choices are:



The image shows a screenshot of a web application's search filter interface. At the top, the label 'MODULE' is followed by '(Required)'. Below this is a dropdown menu currently showing 'All Selected'. A scrollable list of modules is displayed below the dropdown, each with a checked checkbox. The modules listed are: Select All, Claims, Registration, User Management, Eligibility, Member Management, Auth N Referral, Documents, InAppNotification, Message Center, Quicklinks, Login/Logout, and Provider Search.

- c. **STATUS:** Select a status from the list. Choices are: *Select All* (default), *Success*, *Failure*
- d. **START DATE/END DATE:** Type a start and end date or select it from the calendar.  
You can only search in three-day time spans.

4. Click **SEARCH**.  
Search results appear.

MODULE	STATUS	ACTIVITY	DATE TIME	USER NAME	FIRST NAME	LAST NAME	USER ROLE
msgcenter-web	Success	v2/messages	09/30/2019 08:11 PM EDT	mcooper@	com	M	Cooper OfficeManager
msgcenter-web	Success	v2/messages	09/30/2019 08:11 PM EDT	mcooper@	com	M	Cooper OfficeManager
provider-profile	Success	users	09/30/2019 08:11 PM EDT	mcooper@	com	M	Cooper OfficeManager
provider-profile	Success	provider/detail	09/30/2019 08:11 PM EDT	mcooper@	com	M	Cooper OfficeManager
provider-profile	Success	capabilitymaster	09/30/2019 08:11 PM EDT	mcooper@	com	M	Cooper OfficeManager

# Printing or Downloading a PDF of User Details

To print or download a PDF file of user details:

1. Click **User Management** from the [navigation menu](#).  
The User Management page appears.
2. Scroll to the bottom of the page and click **EXPORT TO PDF**.



Depending on how your browser works with PDF files, either save the PDF file to a location or navigate to where your browser saved it.

3. Navigate to where the file was saved and open it.

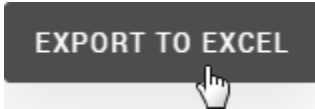
## Example

User Management					October 02, 2019
18 Users(s) Found					
Last Name	First Name	User Role	User Type	User ID	Status
Cooper	Carl		Clinical Staff		Pending
Access List Cooper, M <input type="text"/>					
Cooper	M		Clinical Staff	cooper@2.com	Active
Access List Cooper, M <input type="text"/>					
Cooper	M		Clinical Staff	mcooper@.com	Active
Access List Cooper, M <input type="text"/>					
<input type="text"/>		Office Manager	Clinical Staff	officemanager@	Active

# Exporting User Details to Excel

To print or download an Excel file of user details:

1. Click **User Management** from the [navigation menu](#).  
The User Management page appears.
2. Scroll to the bottom of the page and click **EXPORT TO EXCEL**.



3. Navigate to where you saved the file to access it and display the summary.

## Example

User Management						
<i>mcooper@, com   October 03, 2019</i>						
Last Name	First Name	User Role	User Type	User Id	Status	Access List
Cooper	C		Clinical Staff		Pending	Cooper, M
Cooper	N		Clinical Staff	cooper@ .com	Active	Cooper, M
Cooper	M		Clinical Staff	mcooper@ .c	Active	Cooper, M
		Office Manager	Clinical Staff	officemanager@ .com	Active	Cooper, M
Dean	J		Clinical Staff	Jack.Dean@ .co	Active	Cooper, Mi
Hossain	M	Office Manager	Clinical Staff	milton@ .co	Active	Cooper, M