*i*Care Provider Portal Reference Guide

iCare Provider Portal Notes:

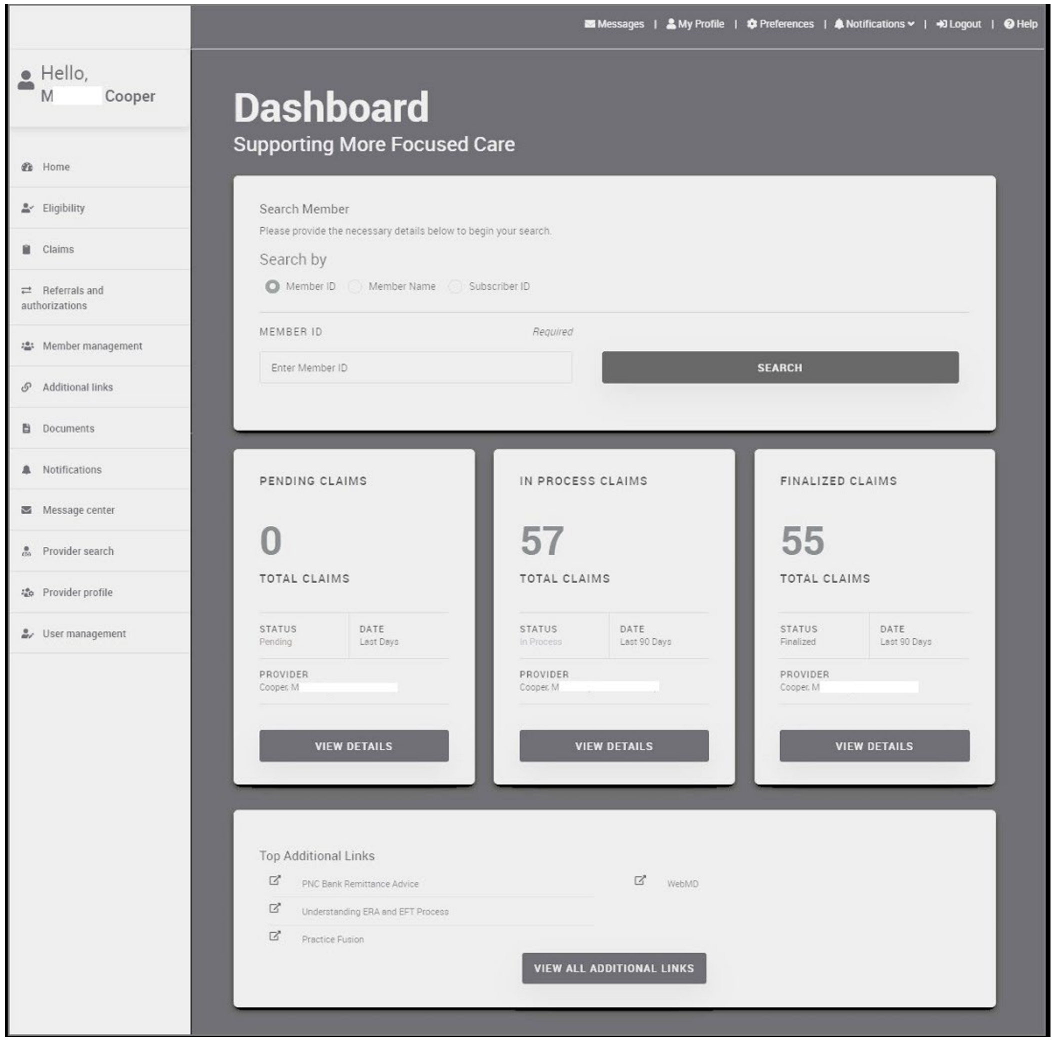
- **WHEN REGISTERING ON THE PORTAL:**
  - DO NOT Select Individual Name. **iCare providers should select Facility or Group Name**
  - For ‘Facility or Group Name’ use the name as listed on your Explanation of Payment which matches our claim system
  - Use the most recent check issued

- 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.

Contents

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

Logging In and Registration - Providers

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

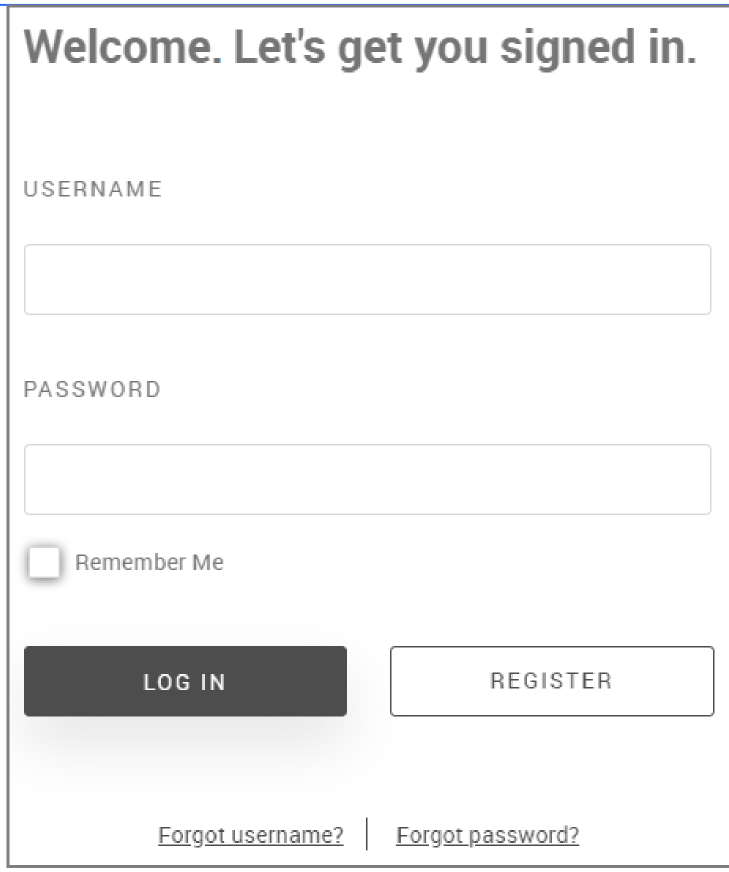
Users logging in for the first time (including after a bulk user upload process), must do the following:

- 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.



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

First Time Users

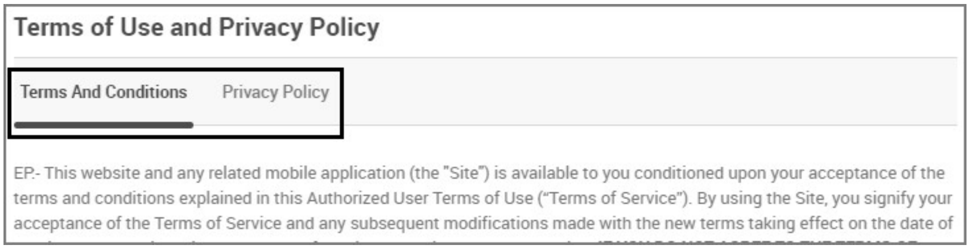
If you do not have security questions and answers on file, you are prompted with the option to update the questions and answers or continue.

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.

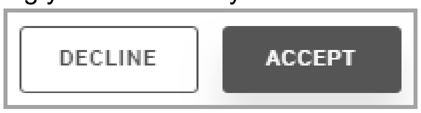
If this is your first-time logging in, you must provide the following information:

- **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



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).

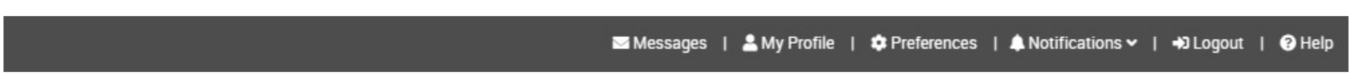
> ⓘ If you have trouble logging in, click Forgot username or password.

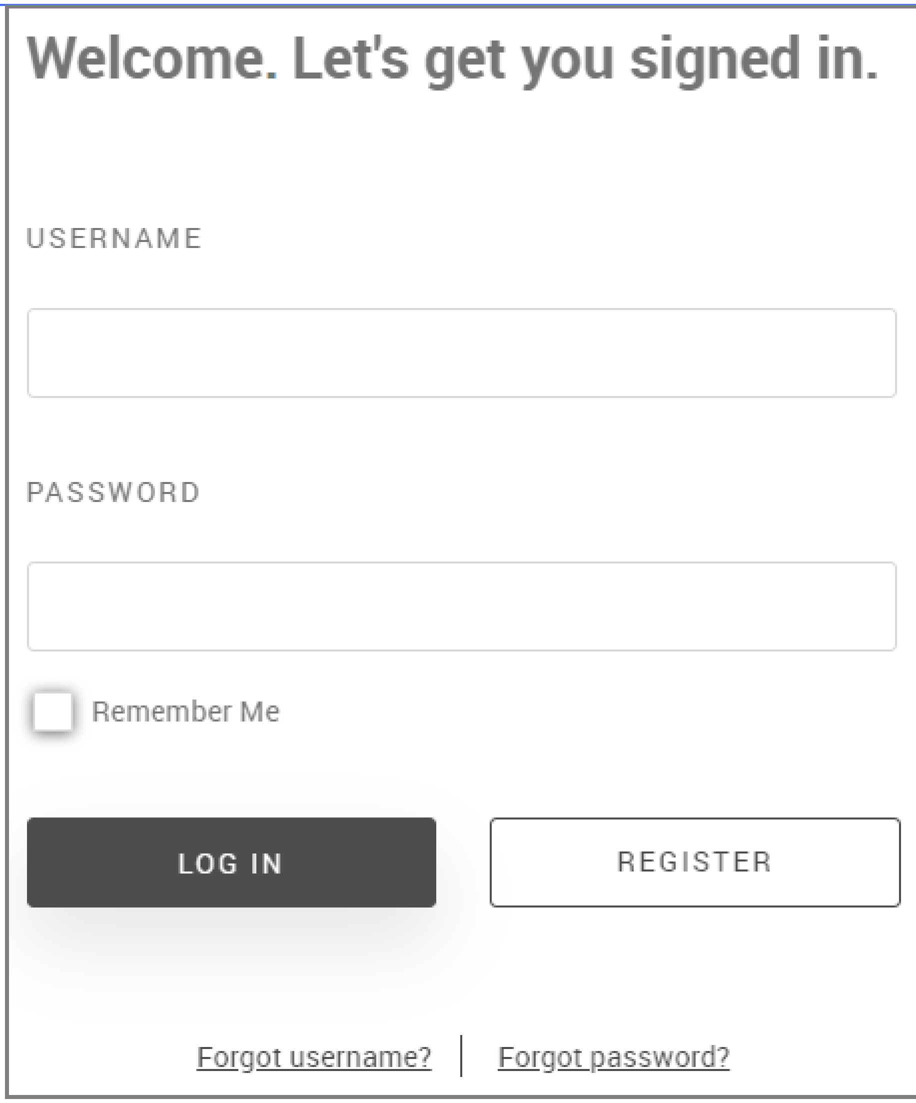
Logging Out

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

To log out:

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



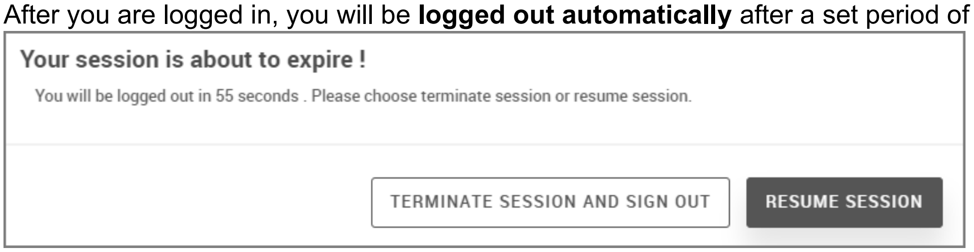


You are logged out, and the above page appears.

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.



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.

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:

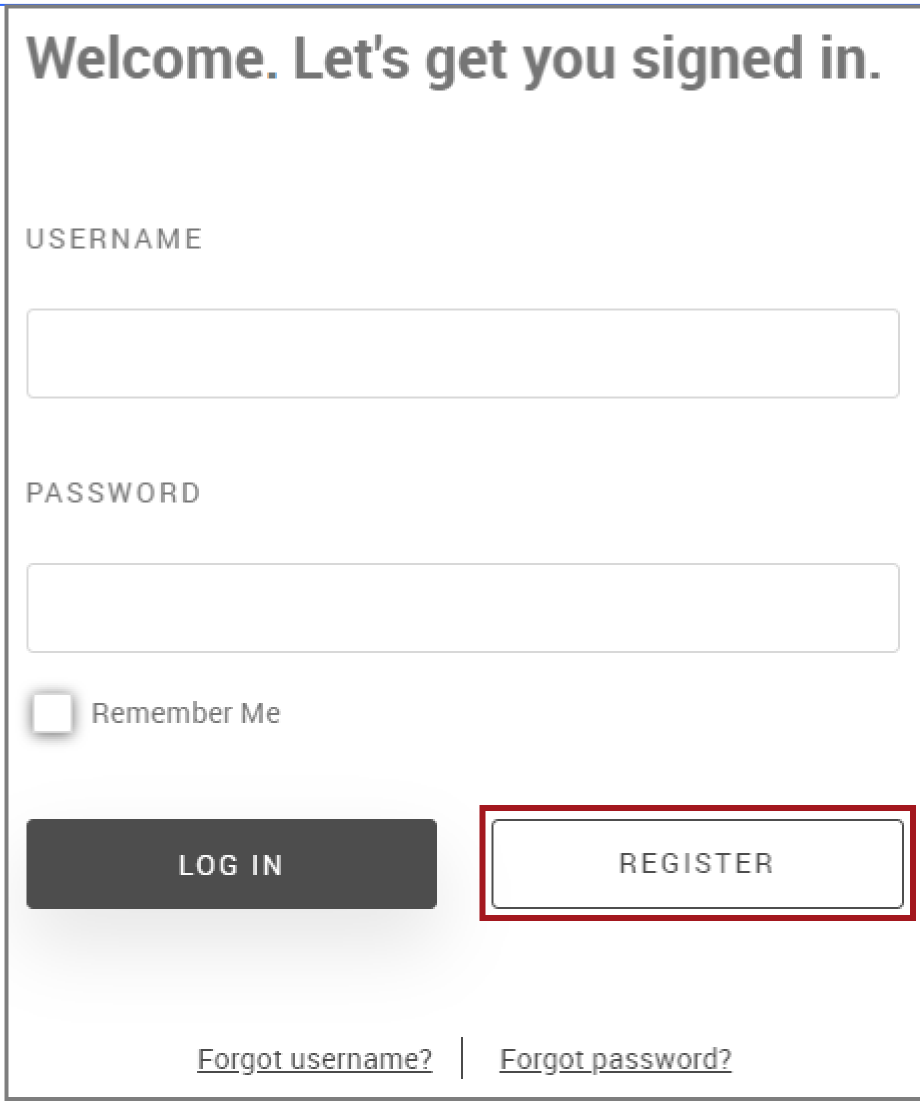
- Registering as a Provider Administrator
- Registering as a Provider or Staff
- Forgot Username or Password

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.

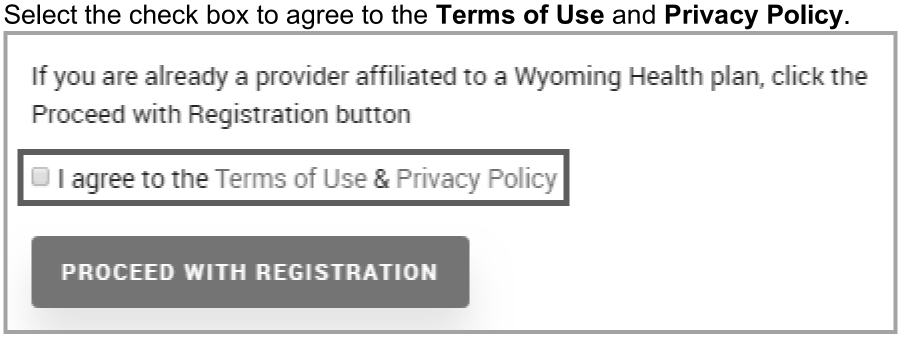
To register as a provider administrator:

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



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**.



> ⓘ 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.

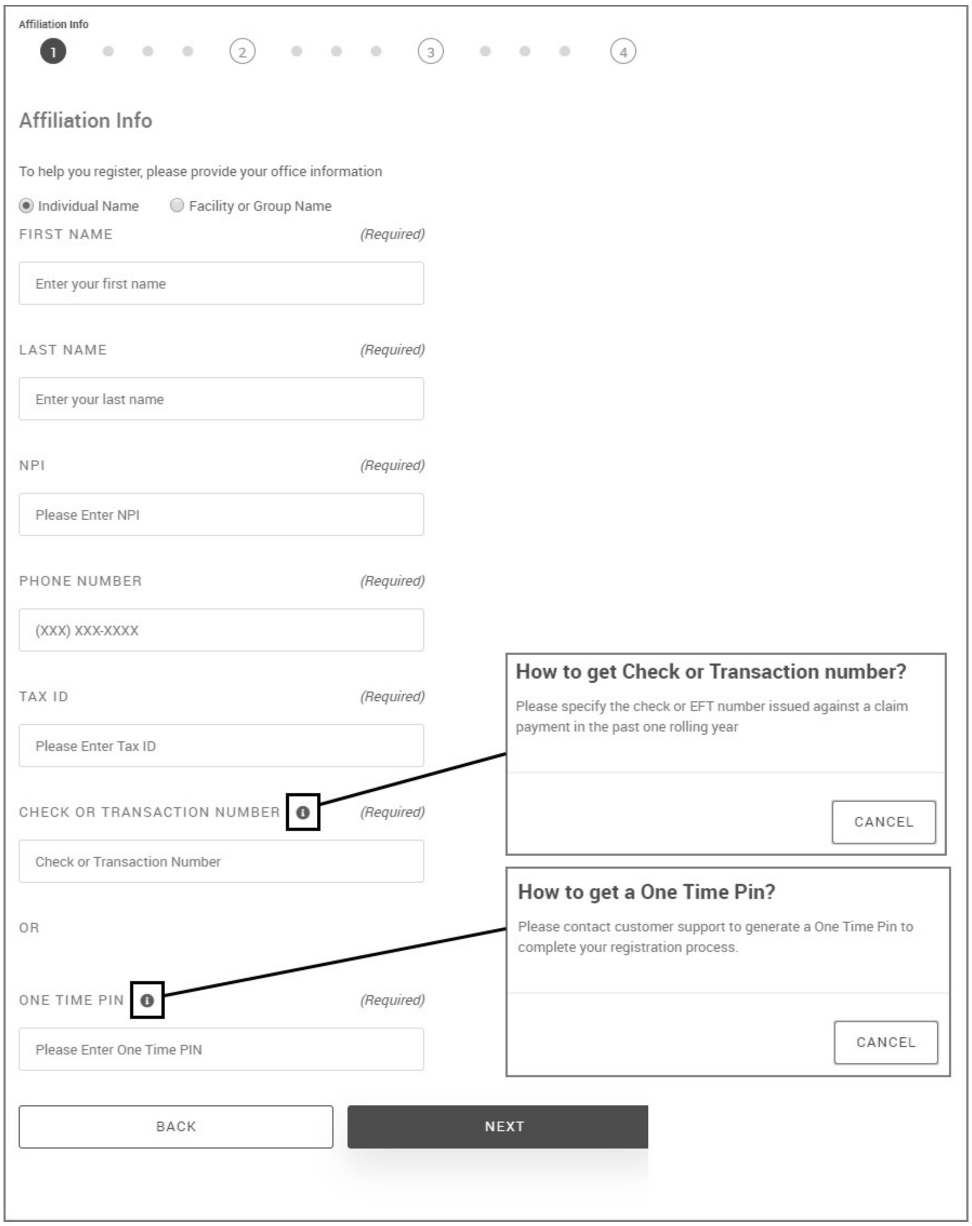
4. Read and then select **I agree to the Terms of Use & Privacy Policy**.
5. Click **PROCEED WITH REGISTRATION**. This button is disabled until you select the check box to agree to the Terms of Use and Privacy Policy.

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



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.

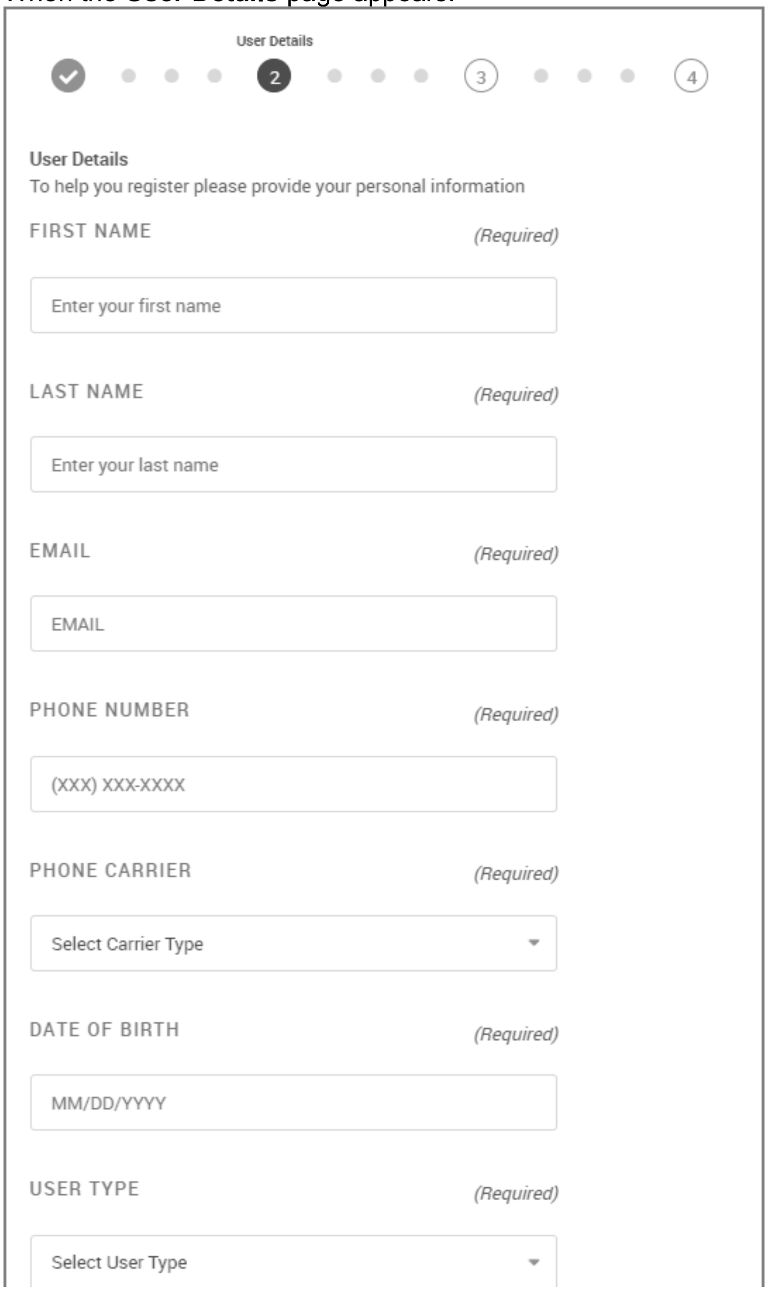
> This ONE TIME PIN can be used only for one registration.
>
> - If you are successful at registering with the ONE TIME PIN , then that PIN cannot be used again for self registration.
> - If you are trying to use the ONE TIME PIN , which was previously used for successful self registration, the message "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)*

Enter your first name

LAST NAME *(Required)*

Enter your last name

EMAIL *(Required)*

EMAIL

PHONE NUMBER *(Required)*

(XXX) XXX-XXXX

PHONE CARRIER *(Required)*

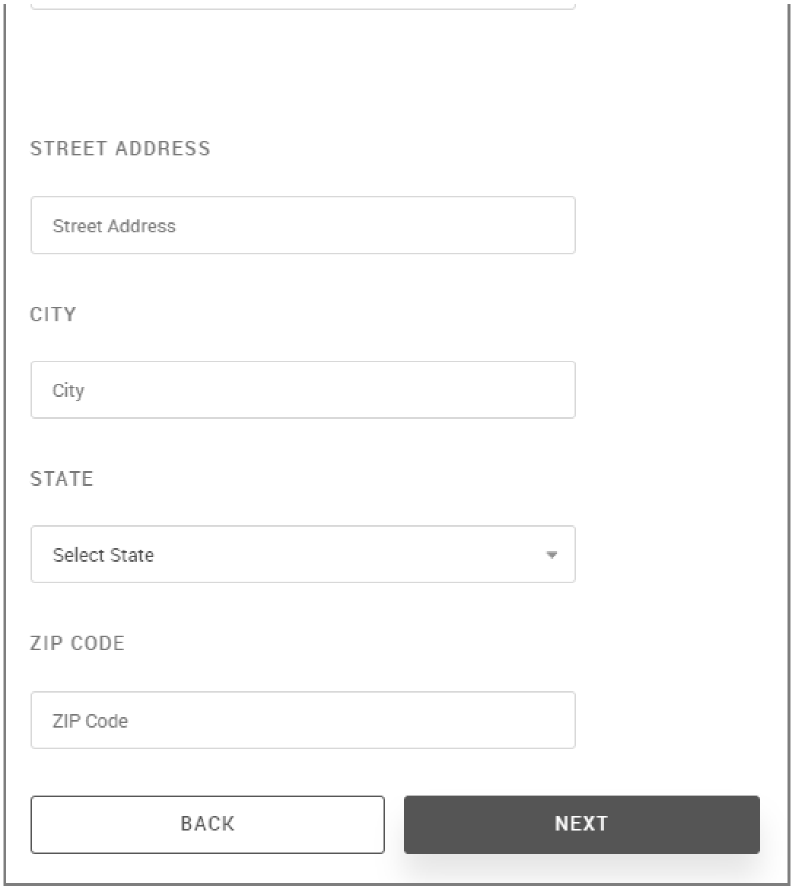
Select Carrier Type

DATE OF BIRTH *(Required)*

MM/DD/YYYY

USER TYPE *(Required)*

Select User Type



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.

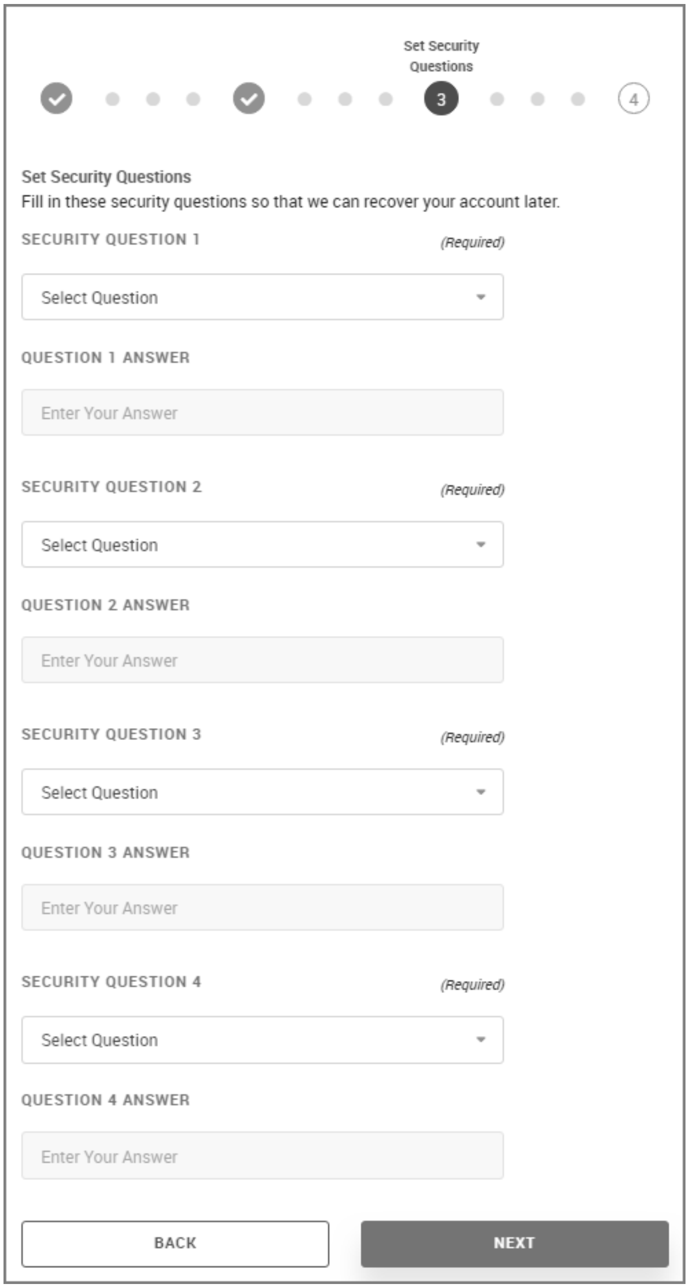
3. Type your **PHONE NUMBER**.
4. Select your **PHONE CARRIER** from the list. Choices are: *AT&T Network*, *Sprint Mobile*, *T-Mobile*, *U.S. Cellular*, *Verizon*
5. Type your **DATE OF BIRTH** or select it from the calendar. (This is needed for password reset purposes)
6. Select the **USER TYPE**. 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:



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.

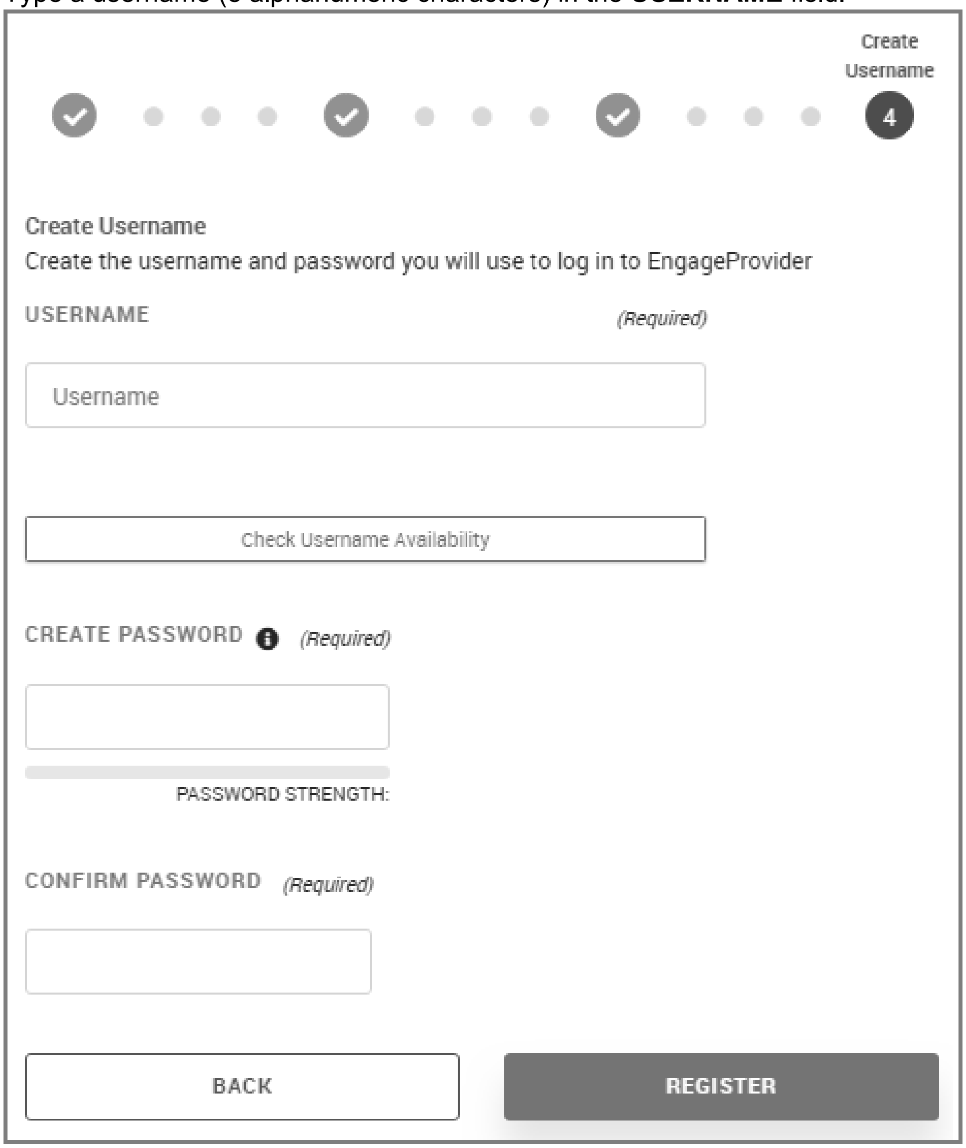
   Go to **Step 4 - Create Username and Register**.

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.

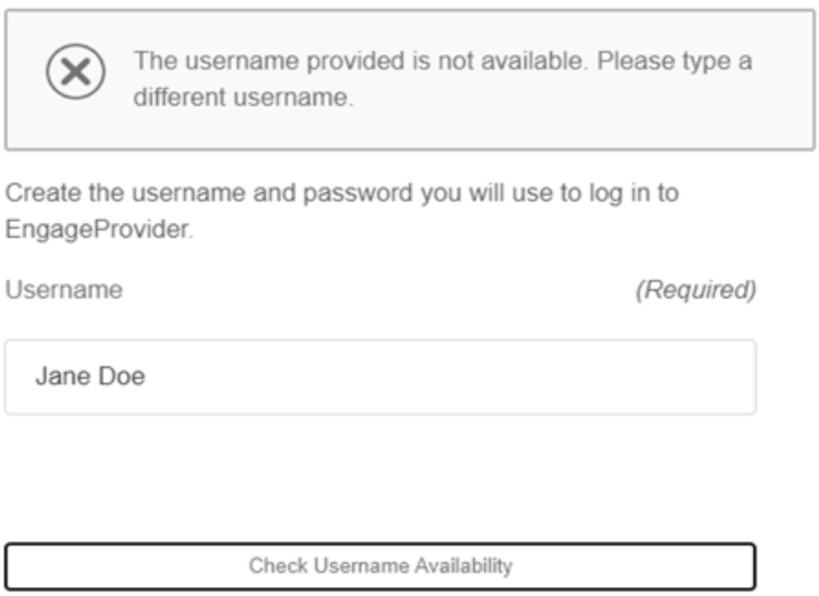
When the **Create Username** page appears:

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



2. Click **Check Username Availability**.
   Upon a successful username check, a similar message to this one appears.

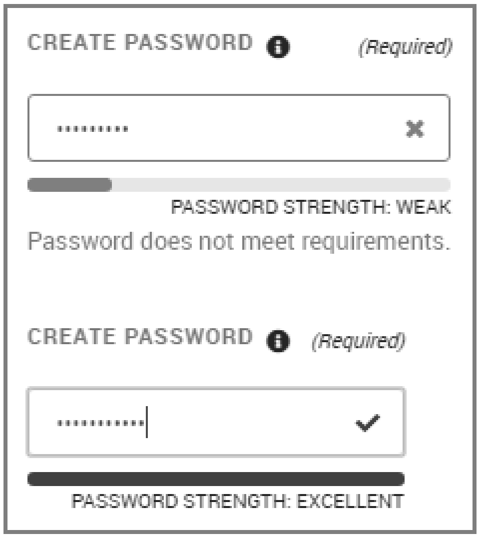
If your username already exists, an error message appears.



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

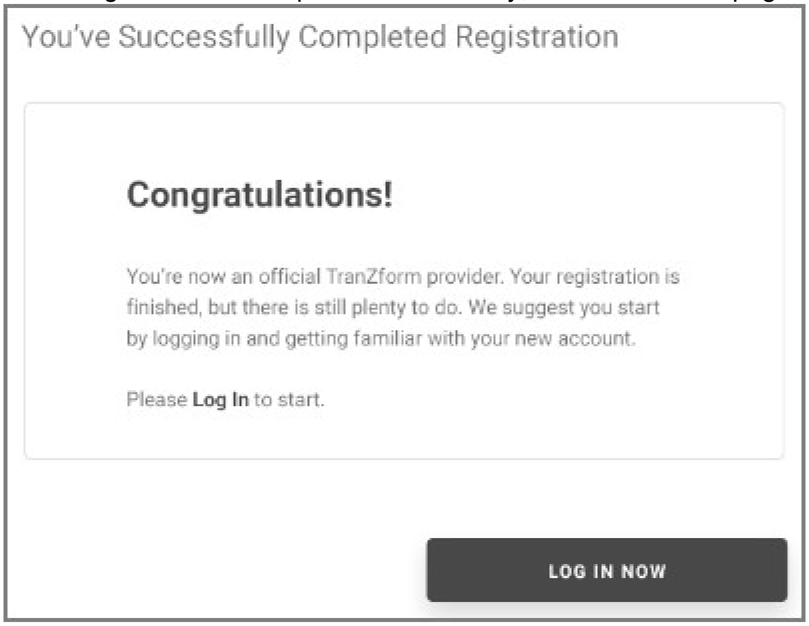
> Passwords must be **10 to 32** characters long and have:
>
> - At least **one** uppercase letter
> - At least **one** lowercase letter
> - At least **one** number
> - At least **one** of the following special characters: **~ ! @ # $ % ^ & * ( ) < > { } _ , -**

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

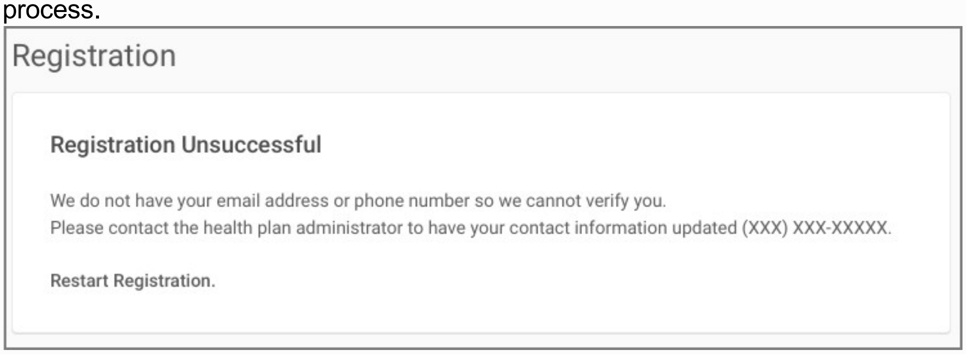


4. Type the password again in the **CONFIRM PASSWORD** field.

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



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

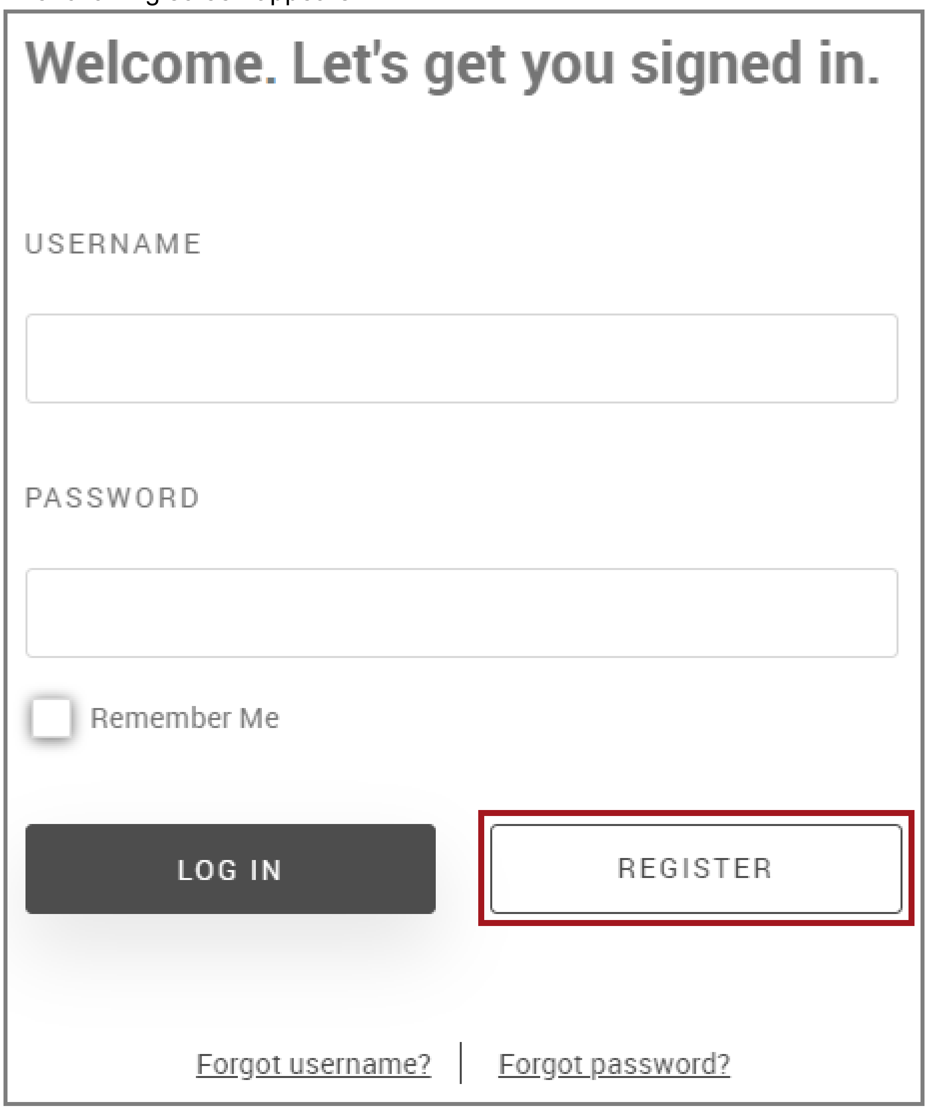
As a registered user, you can search and create claims and authorizations. You can message other users and include patient information and claim details.

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.

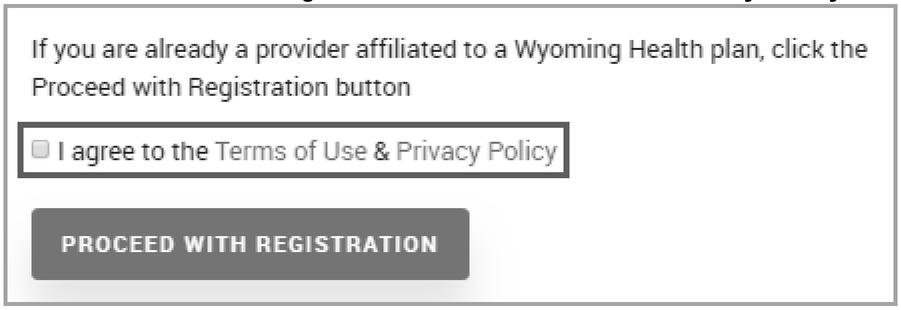
To register as a provider or staff:

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



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**.



> 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.

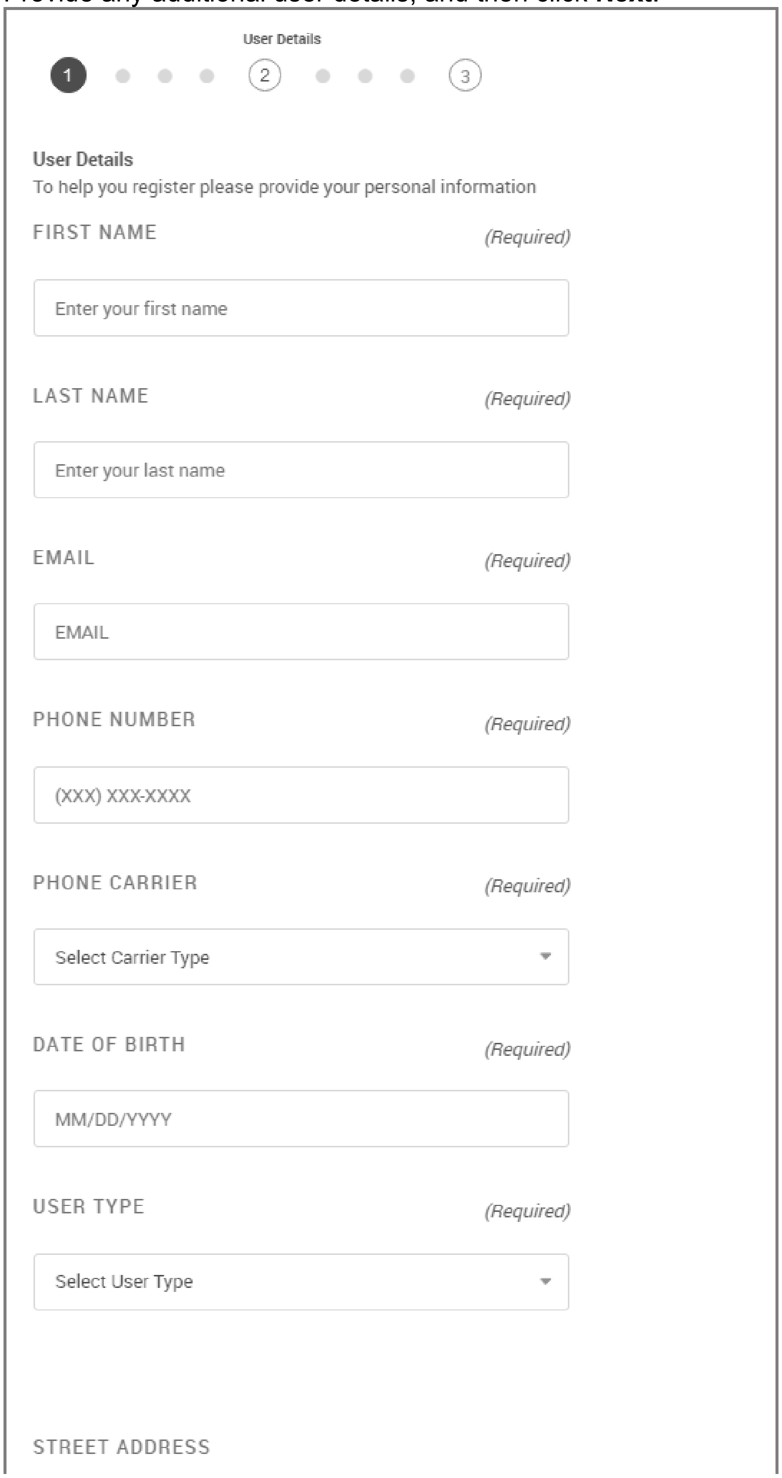
4. Read and then select **I agree to the Terms of Use & Privacy Policy**.
5. Click **PROCEED WITH REGISTRATION**. This button is disabled until you select the check box to agree to the Terms of Use and Privacy Policy.

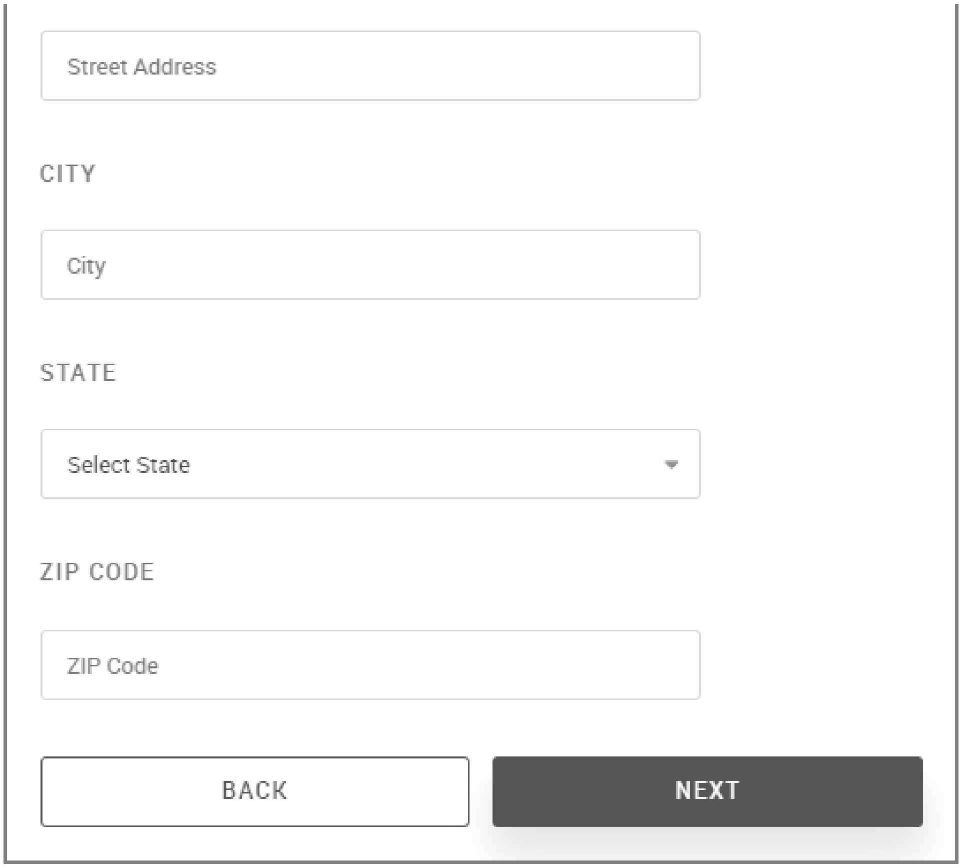
Go to **Step 1 - User Details**.

Step 1 - User Details

When the **User Details** page appears:

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





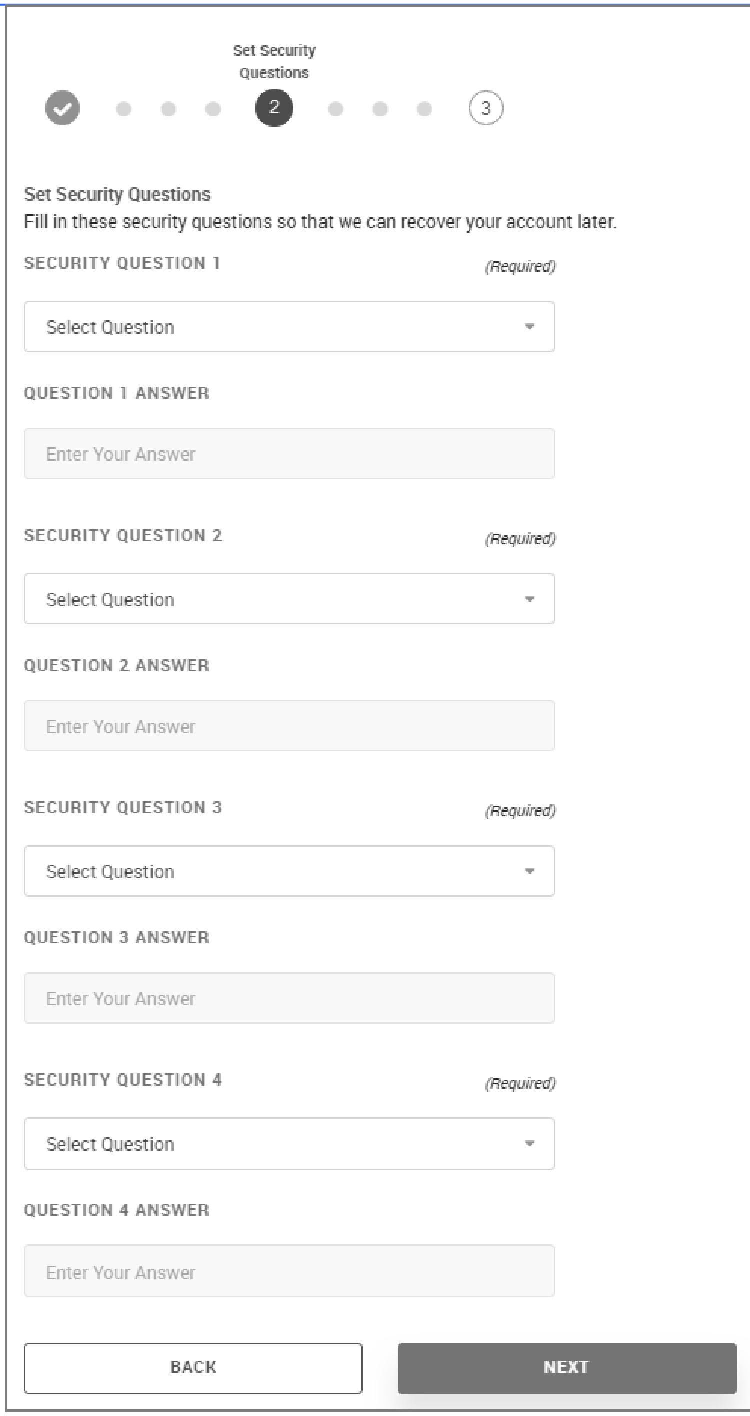
2. Type your **STREET ADDRESS**, **CITY**, and **ZIP CODE**.
3. Select your **STATE** from the list.
4. Click **NEXT**.

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:



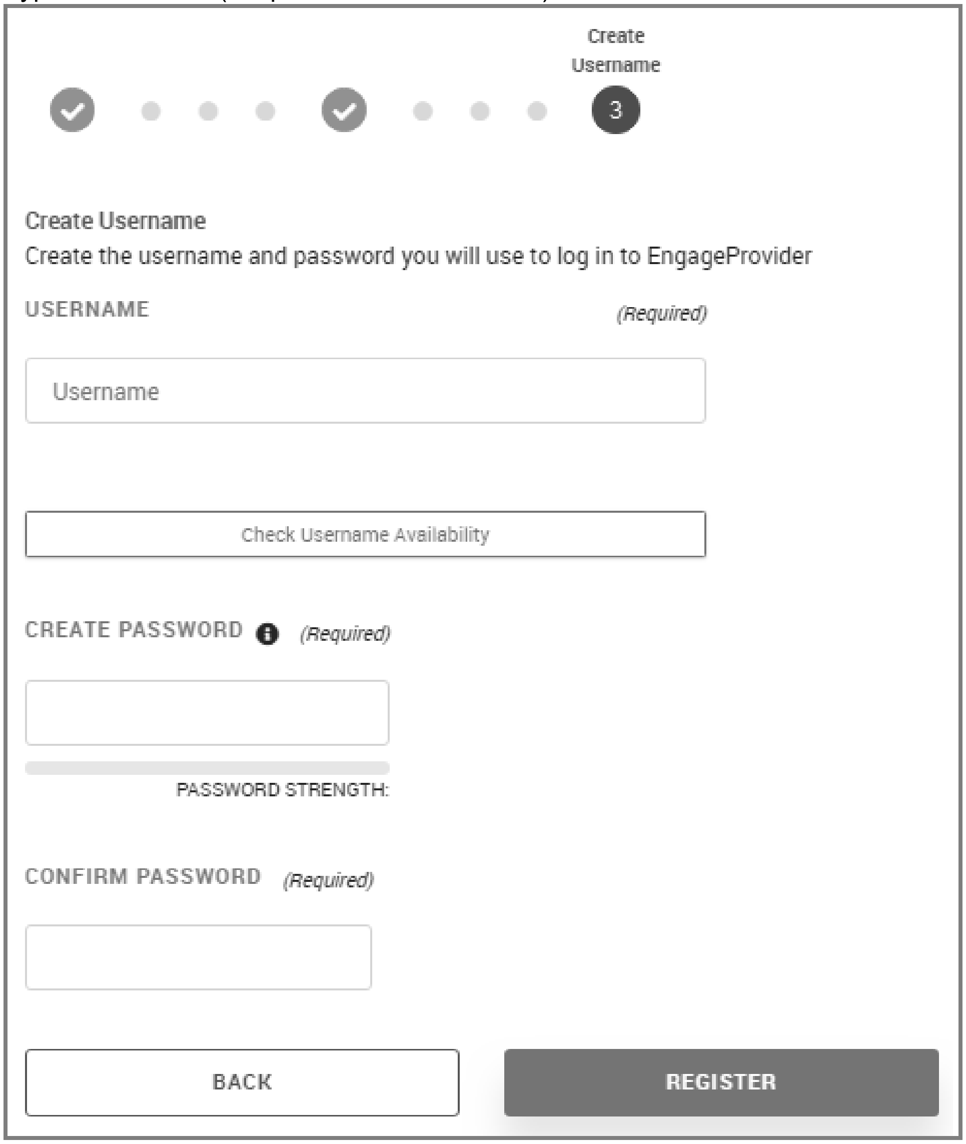
2. Continue the rest of the questions and answers, and then click **NEXT**.
   If you make an error or skip a question, a message appears prompting you to provide the information.

Go to **Step 3 - Create Username and Register.**

Step 3 - Create Username and Register

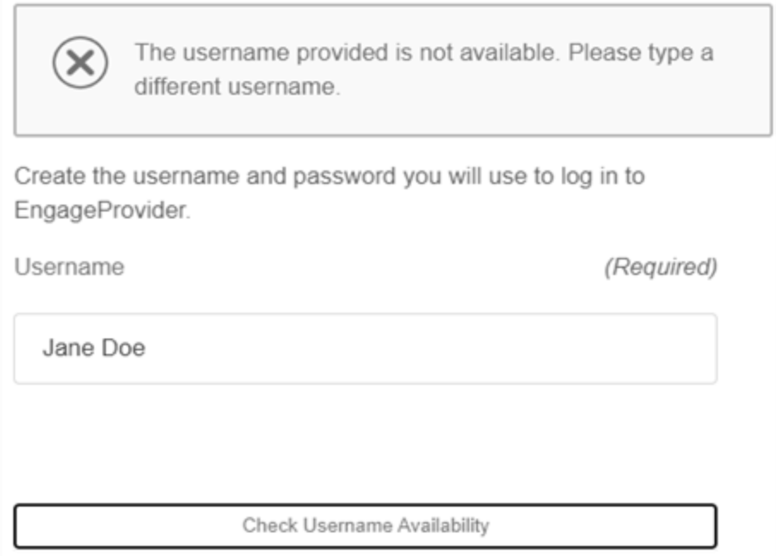
When the **Create Username** page appears:

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



2. Click Check **Username Availability**.

If your username already exists, an error message appears.

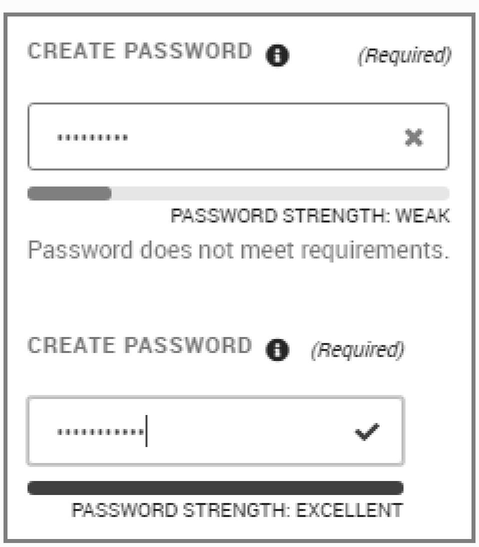


3. Type a password in the **CREATE PASSWORD** field.

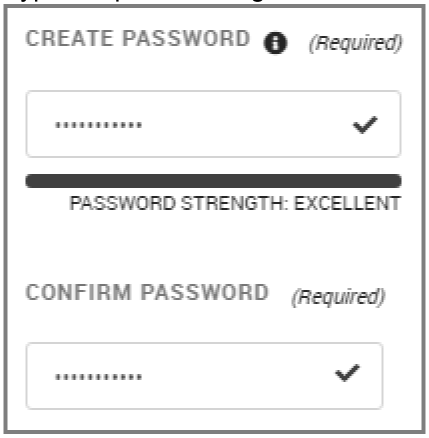
Passwords must be **10 to 32** characters long and have:

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

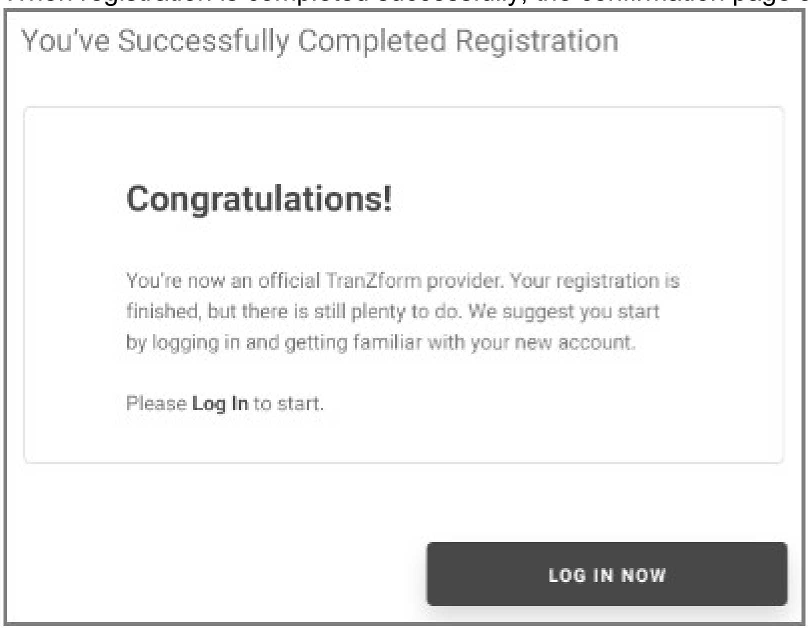
As you type the password, the **Password Strength** meter appears:



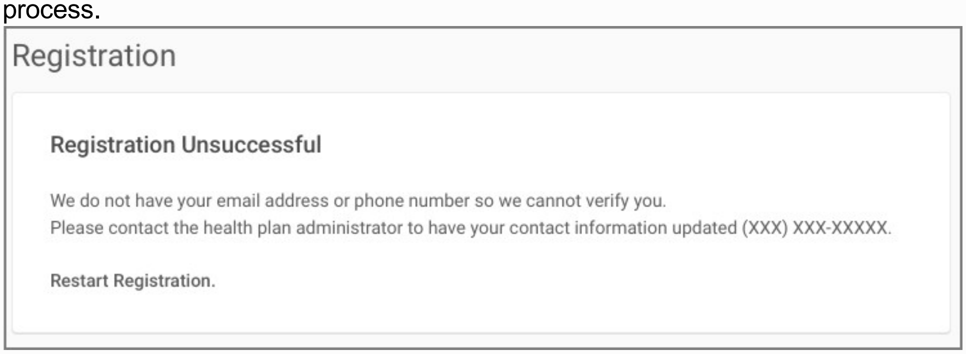
4. Type the password again in the **CONFIRM PASSWORD** field.



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



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



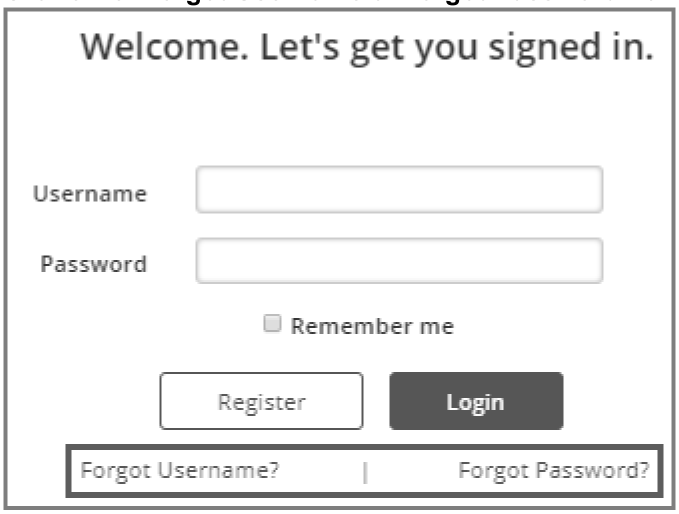
Related Topic:

Getting Started

Forgot Username or Password

If you forgot your username or password:

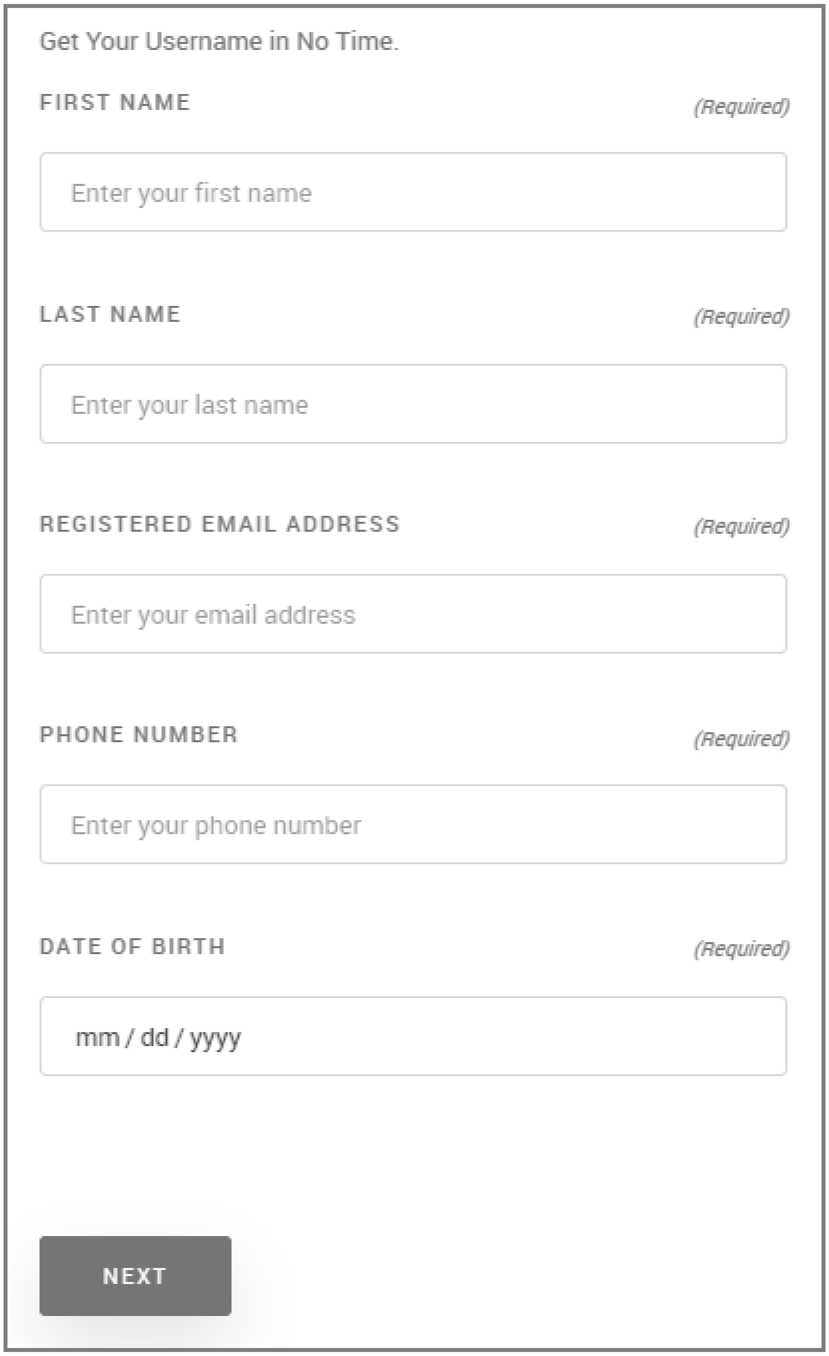
1. Navigate to the Provider Portal login screen.
2. Click either **Forgot Username** or **Forgot Password** from the logon page.



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:



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.

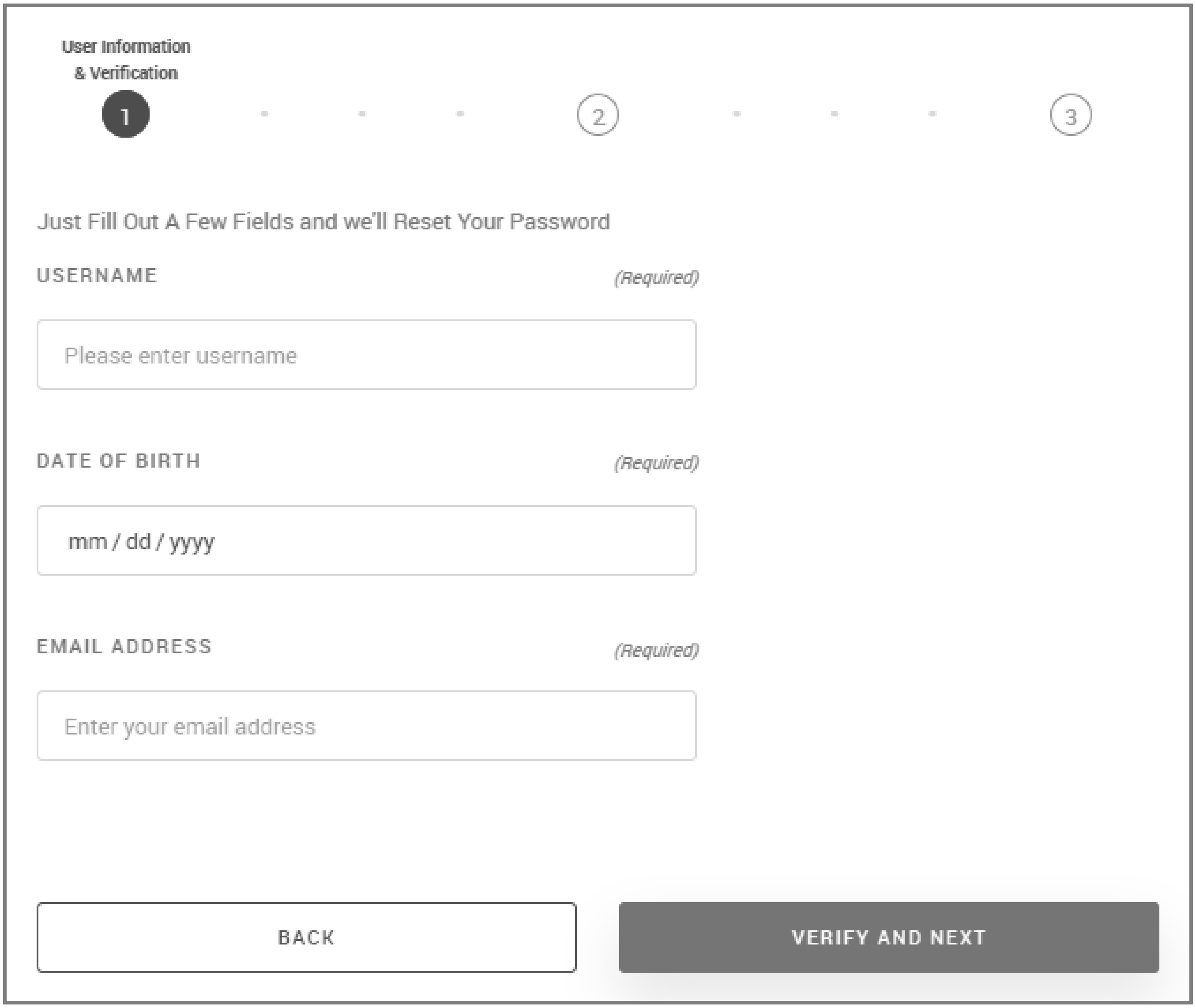
   If your information was found in the system you are notified.

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

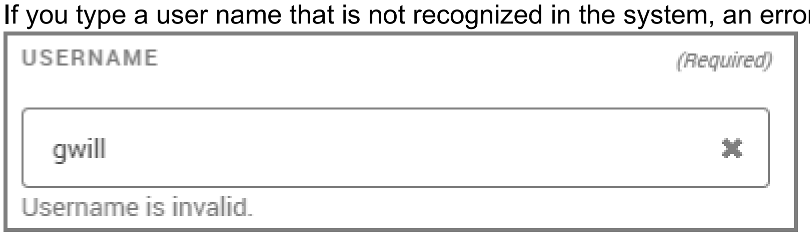
   > **Confirmation**
   > Your username was sent to you.
   >
   > If you do not receive it shortly, please try again.
   > If you continue to have trouble, please contact your health plan administrator at 999-999-9999.
   > Please log in to start.

Recover Password - Step 1: Username and Verification Information

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



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.

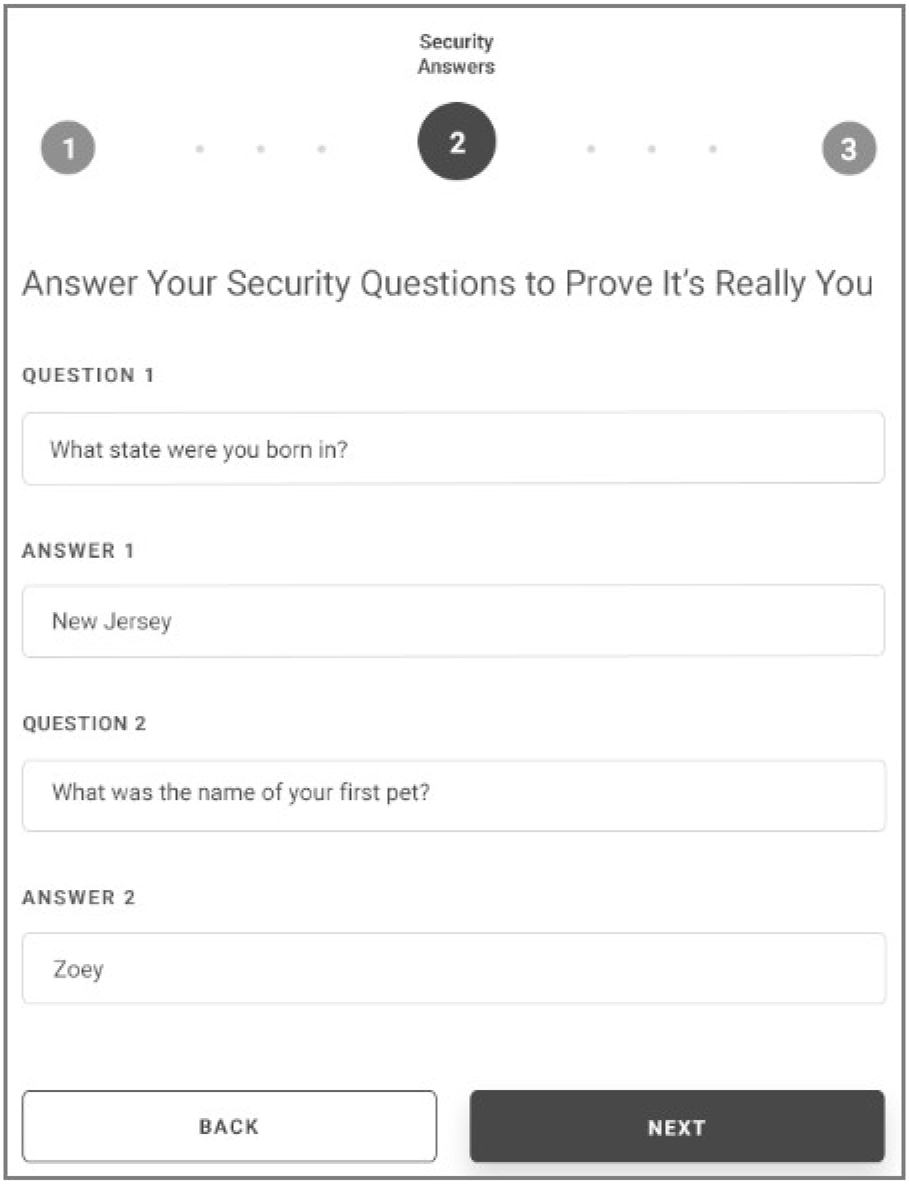


2. Type your **DATE OF BIRTH** and provide your **EMAIL ADDRESS**. The email address will be verified against the email address in the system.
3. Click **VERIFY AND NEXT**.

Go to **Recover Password - Step 2: Security Answers**.

Recover Password - Step 2: Security Answers

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

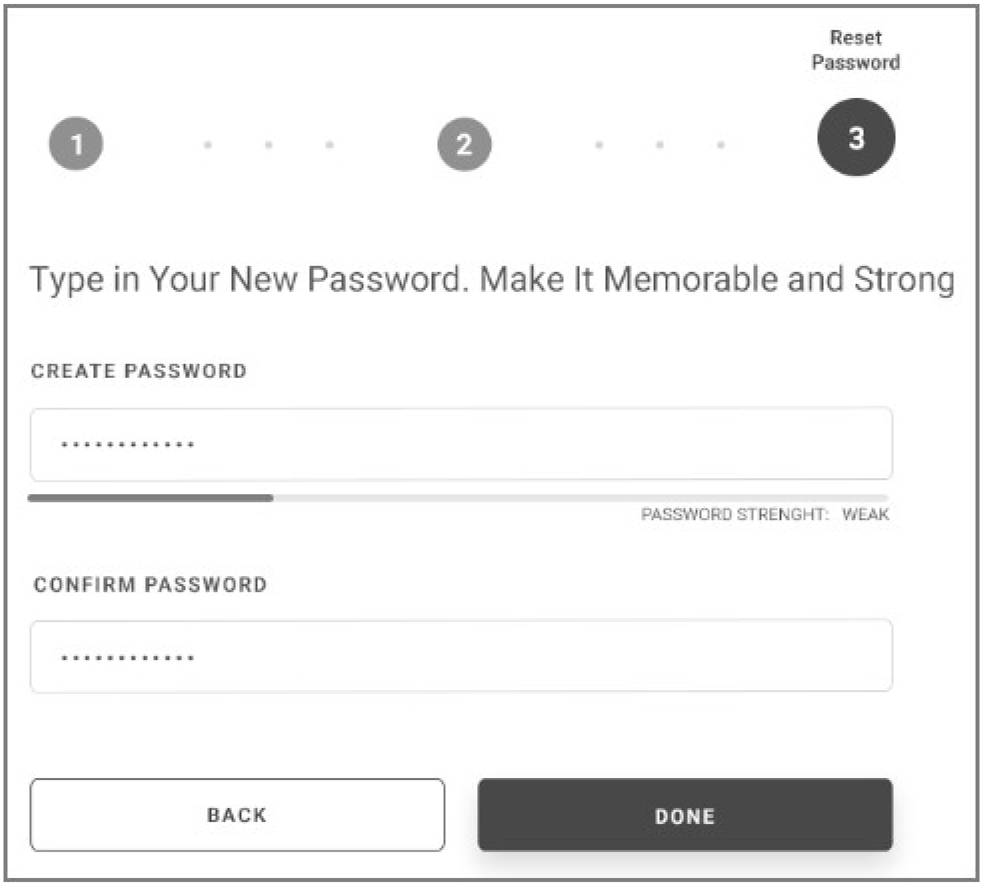


1. Select a **QUESTION 1** item from the list, and then type your answer in the **ANSWER 1** field.
2. Select a **QUESTION 2** item from the list, and then type your answer in the **ANSWER 2** field.
   If the information provided does not match what is on file in the system, you are prompted to try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



1. 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: **~ ! @ # $ % ^ & * ( ) < > { } _ , -**

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

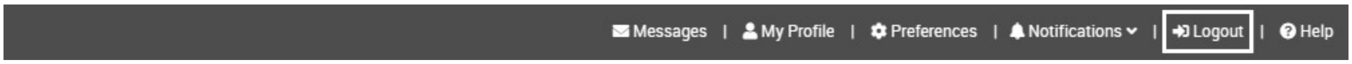
   As you type the password, the **PASSWORD STRENGTH** meter appears. Avoid weak passwords and instead, create a password so that the strength meter displays STRONG.

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.

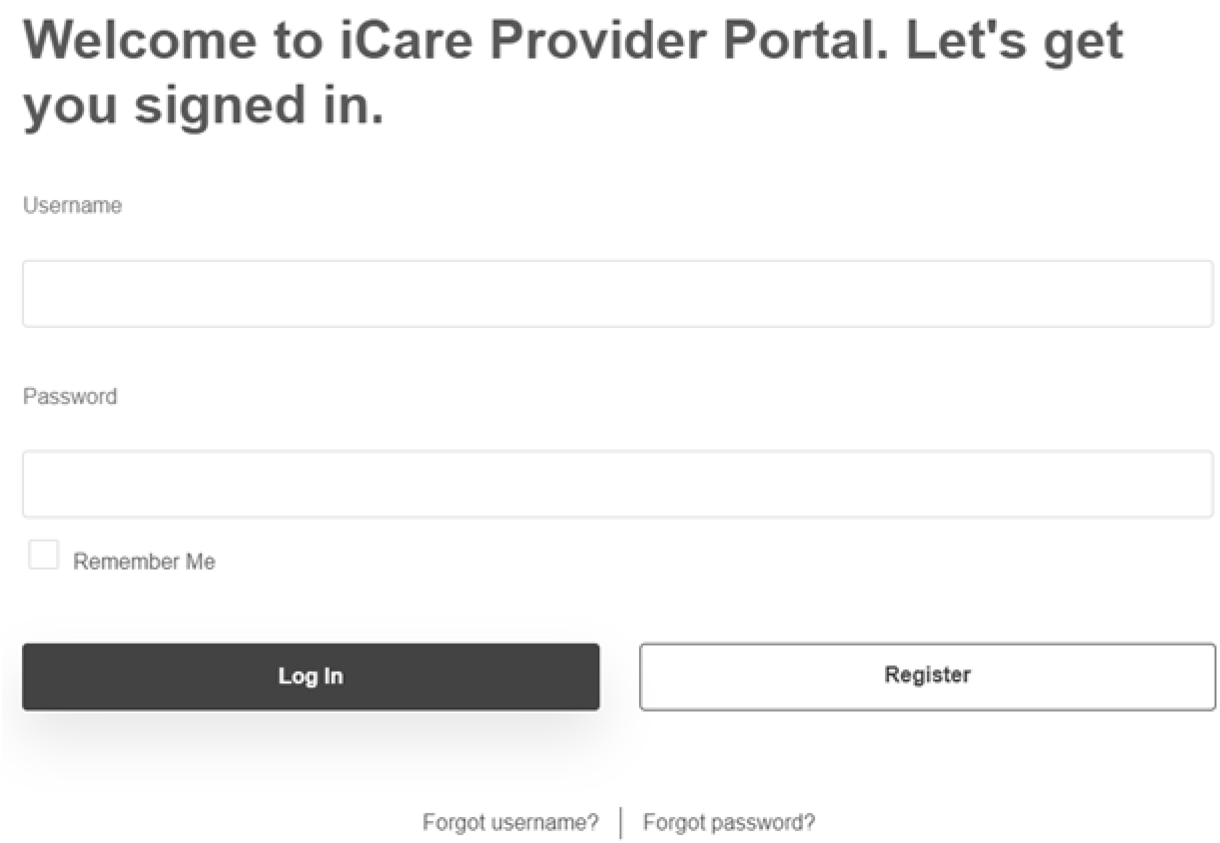
Log Out

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

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

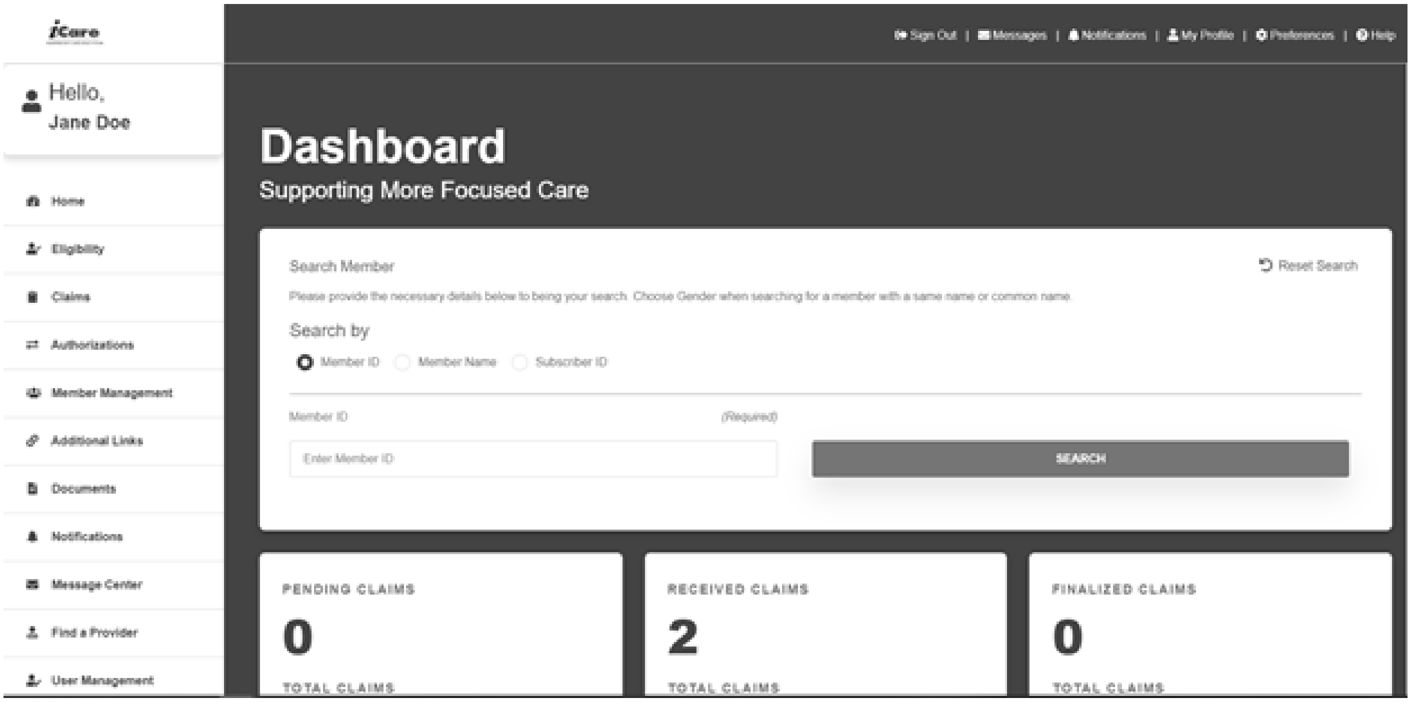


You are logged out, and the following page appears.



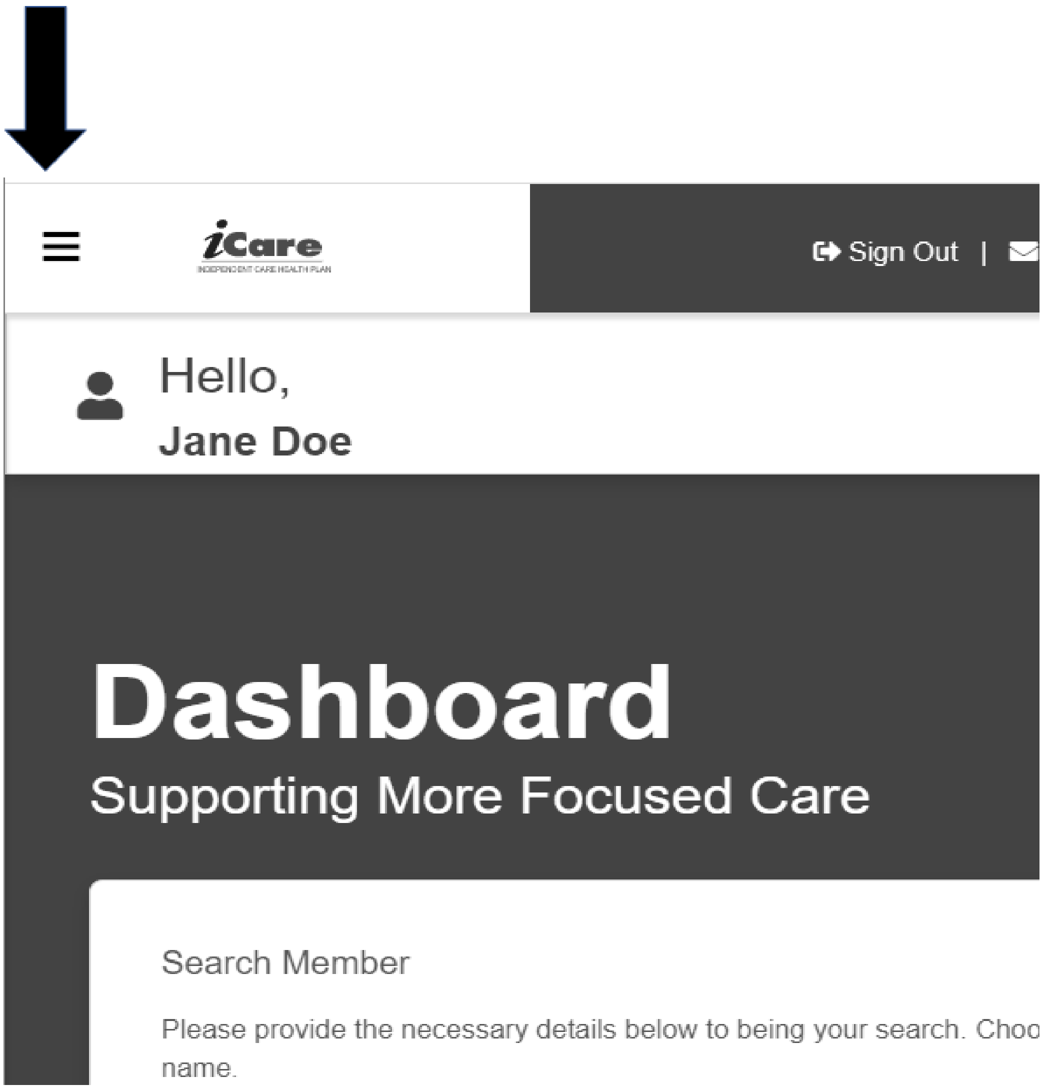
Getting Started

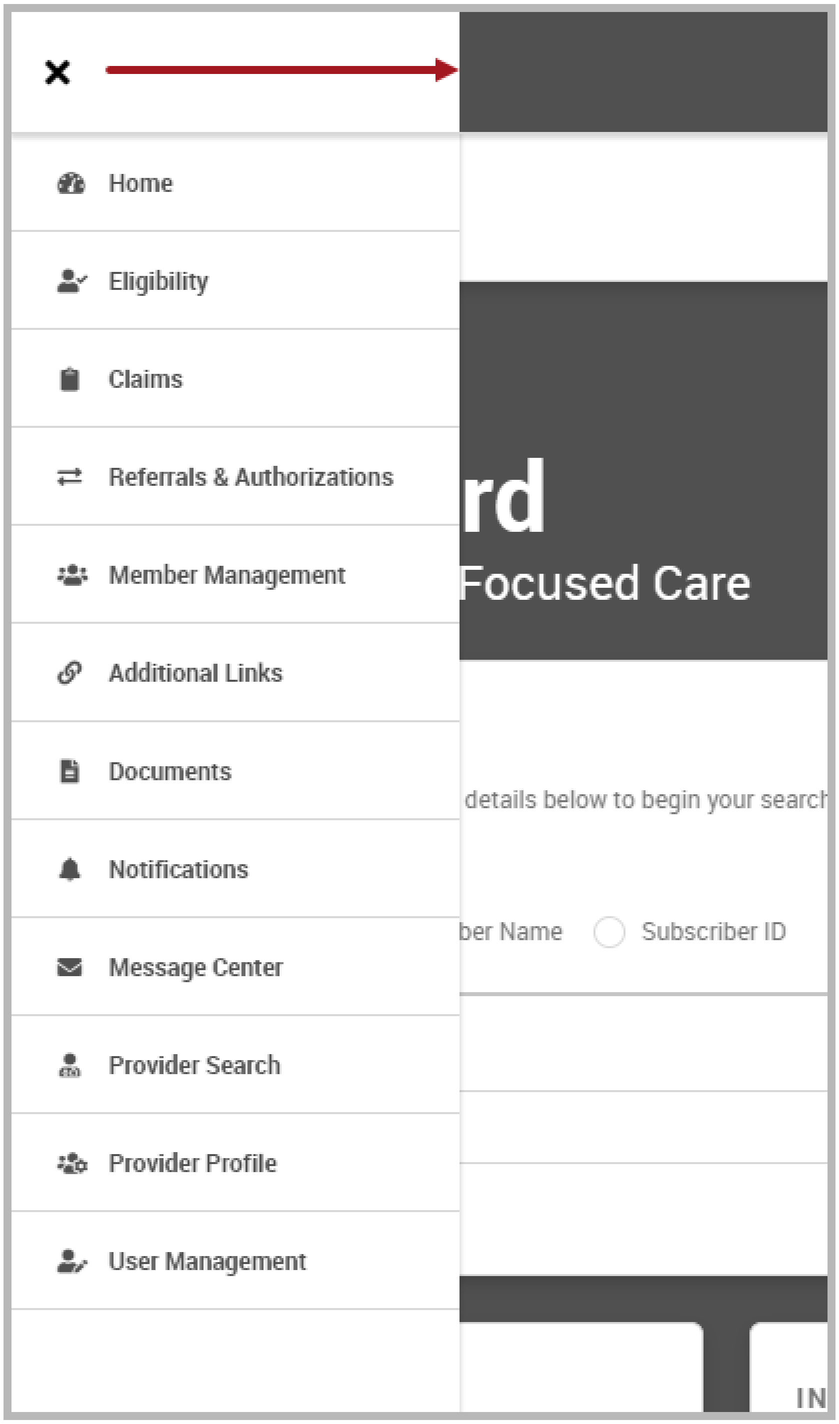
Upon successfully logging in, the home page appears. Navigate to the links at the bottom of this page to familiarize yourself with the interface.



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.





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

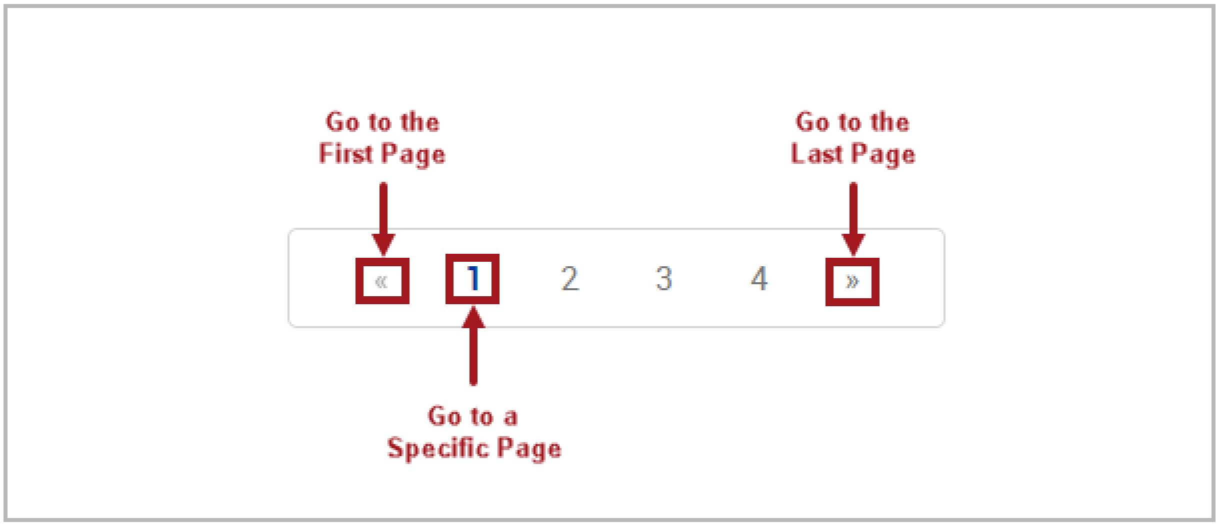
The sections for the **Navigation** icons are defined in the following table:

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

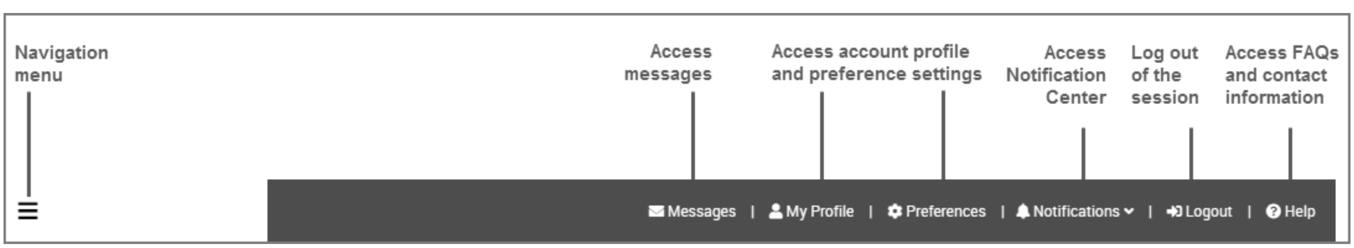
- Click a page number to go to that page
  OR
- Click the left double arrow (<<) to go to the first page
- Click the right double arrow (>>) to go to the last page.

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.

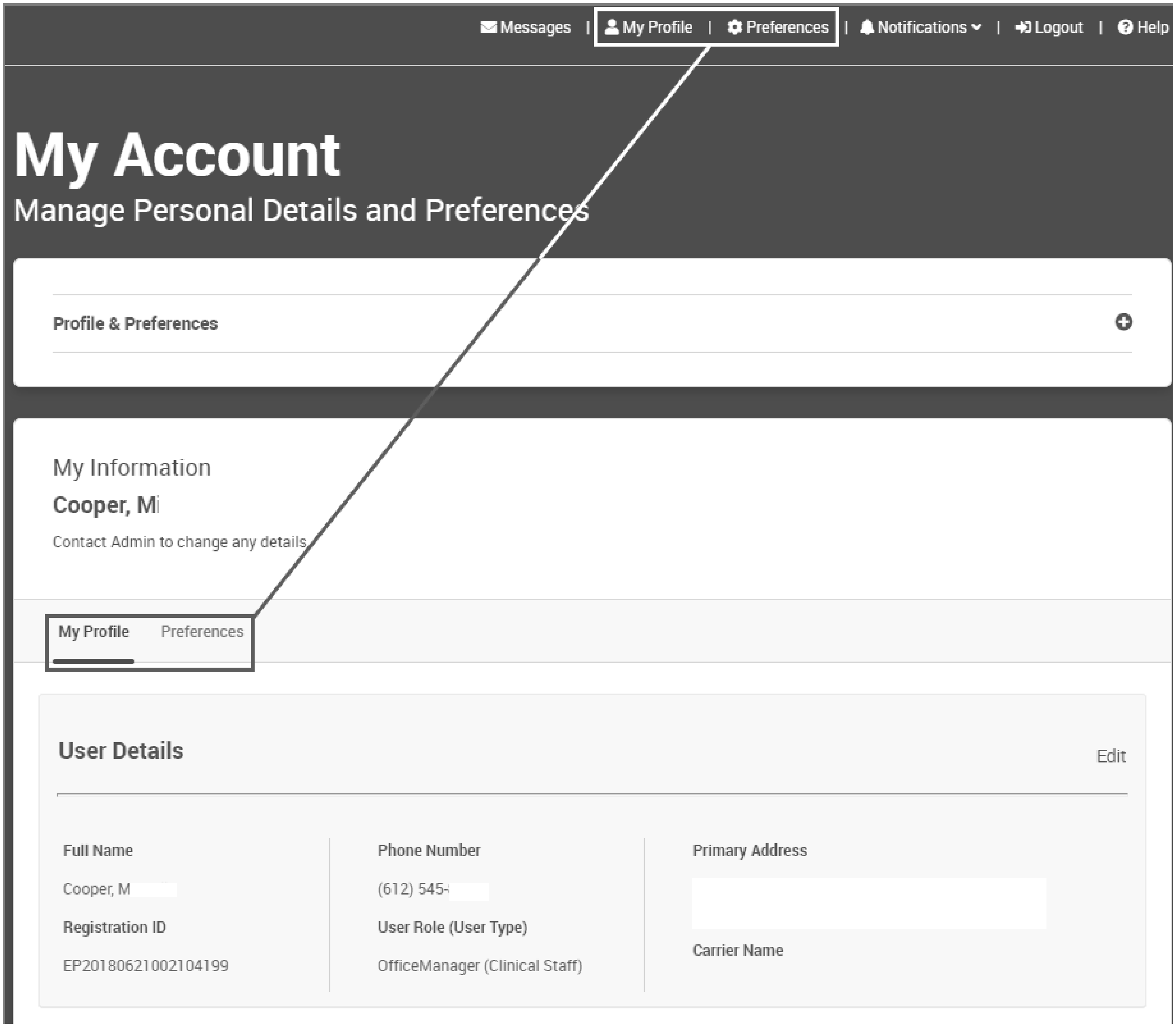
Notifications: Click to access the notifications page. See also: Notifications

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
Full Name
Cooper, M
Registration ID
EP20180621002104199
Phone Number
(612) 545-
User Role (User Type)
OfficeManager (Clinical Staff)
Primary Address
Carrier Name

Contacting an Admin

To contact an administrator:

1. This feature is not enabled, contact provideroutreach@icarehealthplan.org for assistance.

My Profile

The My Profile tab provides access to the following information.

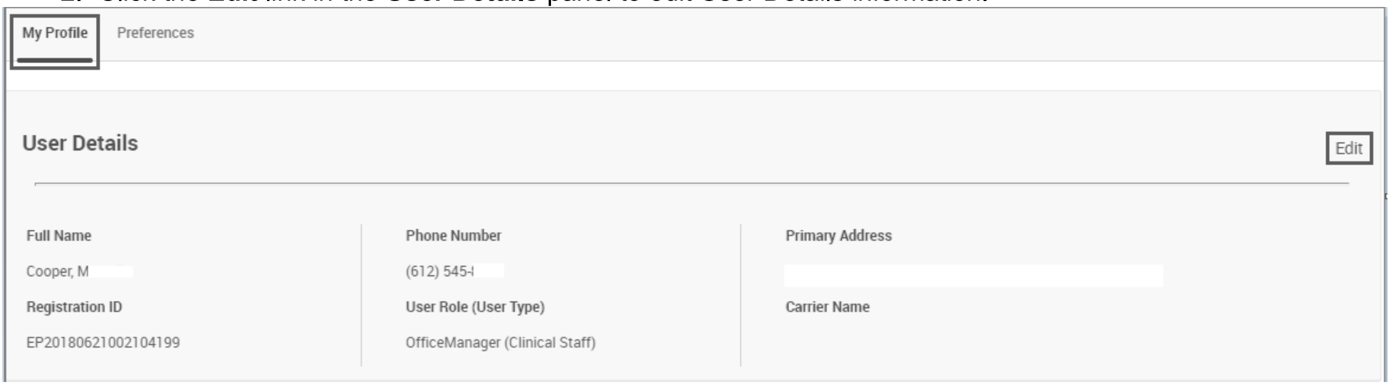
- User Details
- Affiliation: Display only.
- Update Security
- Change Password

User Details

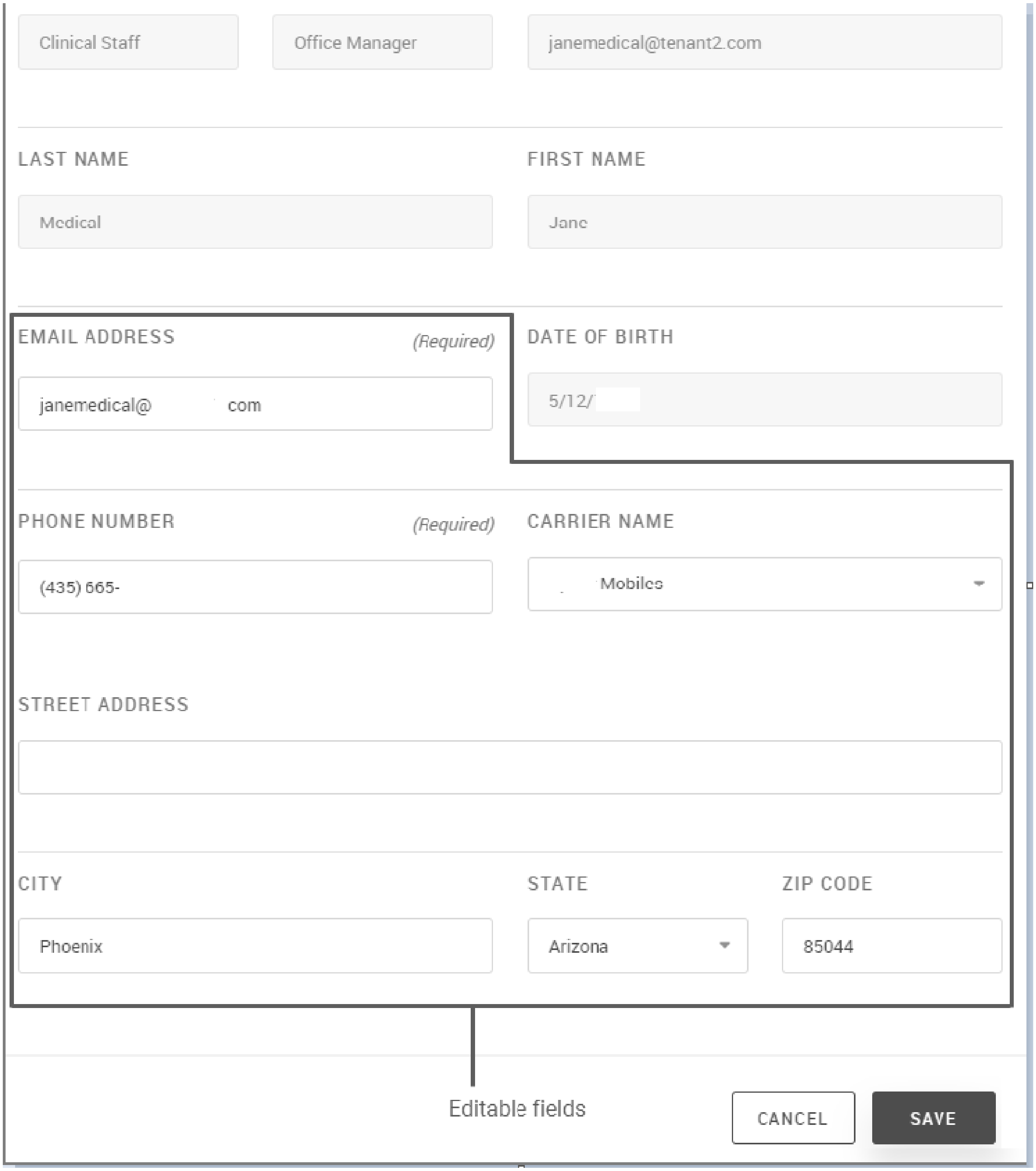
To access your profile details:

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.



The User Details page appears.



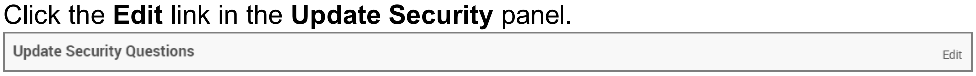
3. Provide the following information. Some items cannot be changed and display this icon when placing the mouse cursor over the area ().
    a. **EMAIL ADDRESS**: Type your email address.
    b. **PHONE**: Type your 10-digit phone number in the format: (xxx) xxx-xxxx
    c. **CARRIER NAME**: Select a 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.

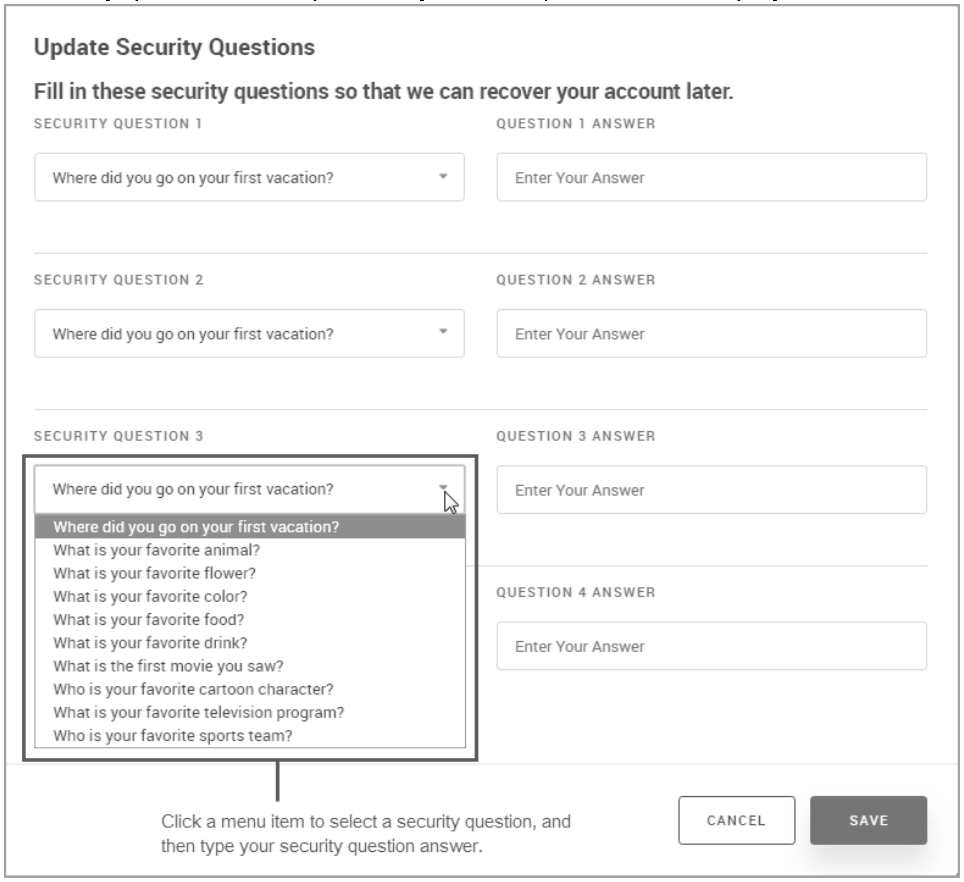
To update your security questions:

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.



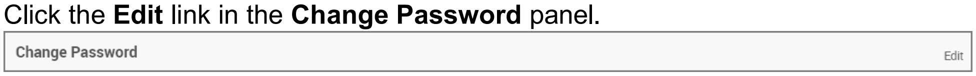
3. Select a security question from each list, and then type your answer.
4. Click **SAVE**.

Change Password

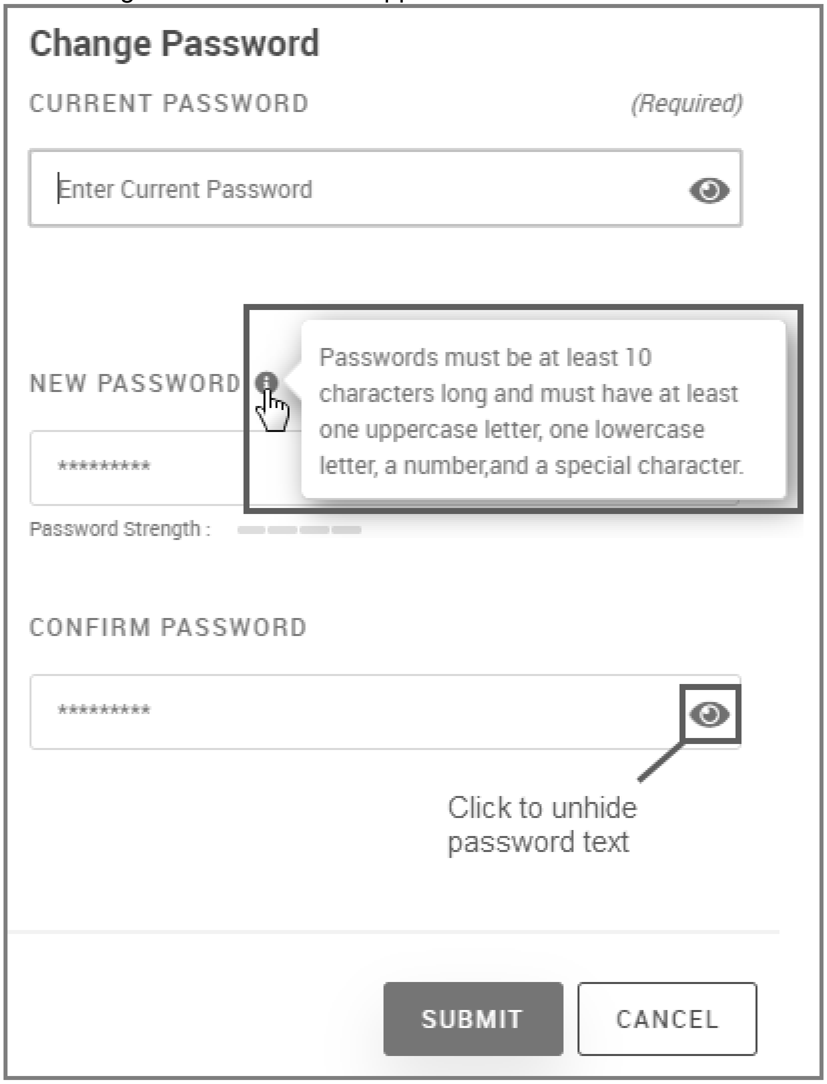
You can change your password at any time, or you can change it when you receive a notification that your password has expired. Also, first-time users are prompted to change their password upon logging on.

To change your password:

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



The Change Password screen appears.



3. Do the following:
    a. Type the **CURRENT PASSWORD**. You can also click the view icon () to unhide the password characters.
    b. 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.
    c. 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.

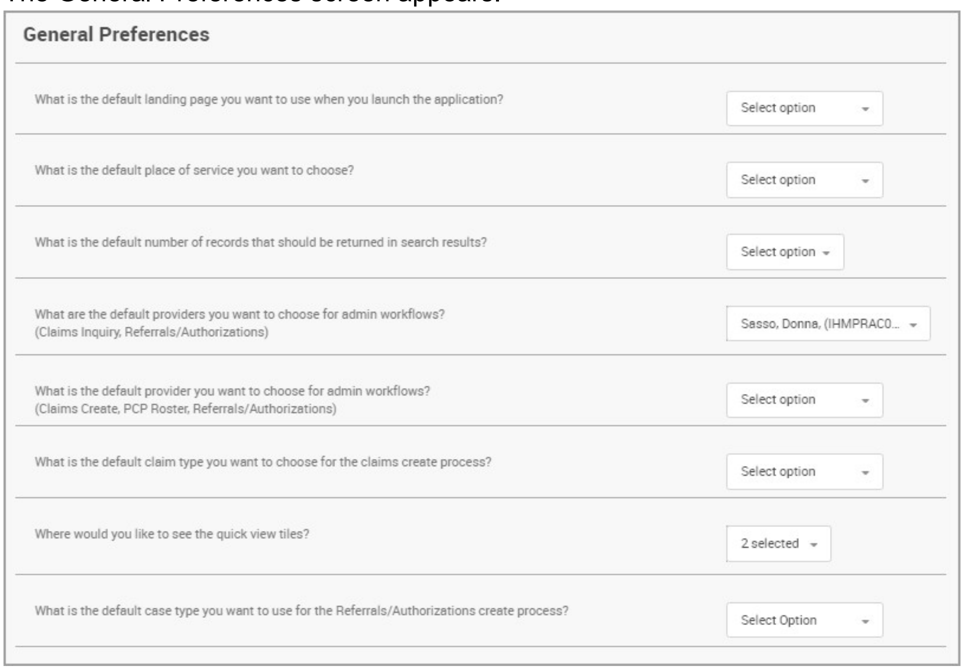
The **Preferences** tab provides access to the following information.

- General Preferences
- Notification Preferences

General Preferences

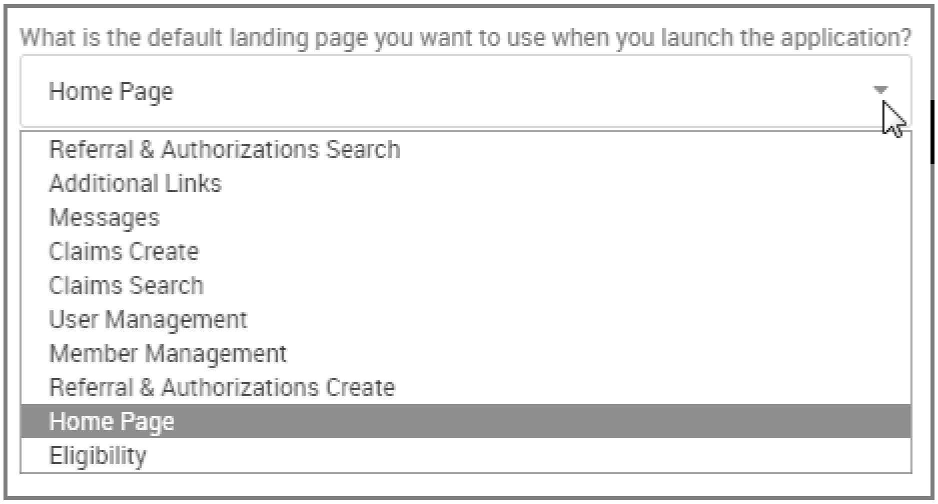
To set general preferences options:

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.



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 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

	45-48 - Unassigned 49 - Independent Clinic 50 - Federally Qualified Health Center 51 - Inpatient Psychiatric Facility 52 - Psychiatric Facility-Partial Hospitalization 53 - Community Mental Health Center 54 - Intermediate Care Facility/Mentally Retarded 55 - Residential Substance Abuse Treatment Facility 56 - Psychiatric Residential Treatment Center 57 - Non-residential Substance Abuse Treatment Facility 58-59 - Unassigned 60 - Mass Immunization Center 61 - Comprehensive Inpatient Rehabilitation Facility 62 - Comprehensive Outpatient Rehabilitation Facility 63-64 - Unassigned 65 - End-Stage Renal Disease Treatment Facility 66-70 - Unassigned 71 - Public Health Clinic 72 - Rural Health Clinic 73-80 - Unassigned 81 - Independent Laboratory 82-98 - Unassigned 99 - Other Place of Service
What is the default number of records that should be returned in search results?	10, 25, 50, 75, 100
What are the default providers you want to choose for admin workflows? (Claims Inquiry, Authorizations) If the default provider access list is above a system configured value, then this preference is removed.	Select All or select the check box(s) for the providers you want to use.

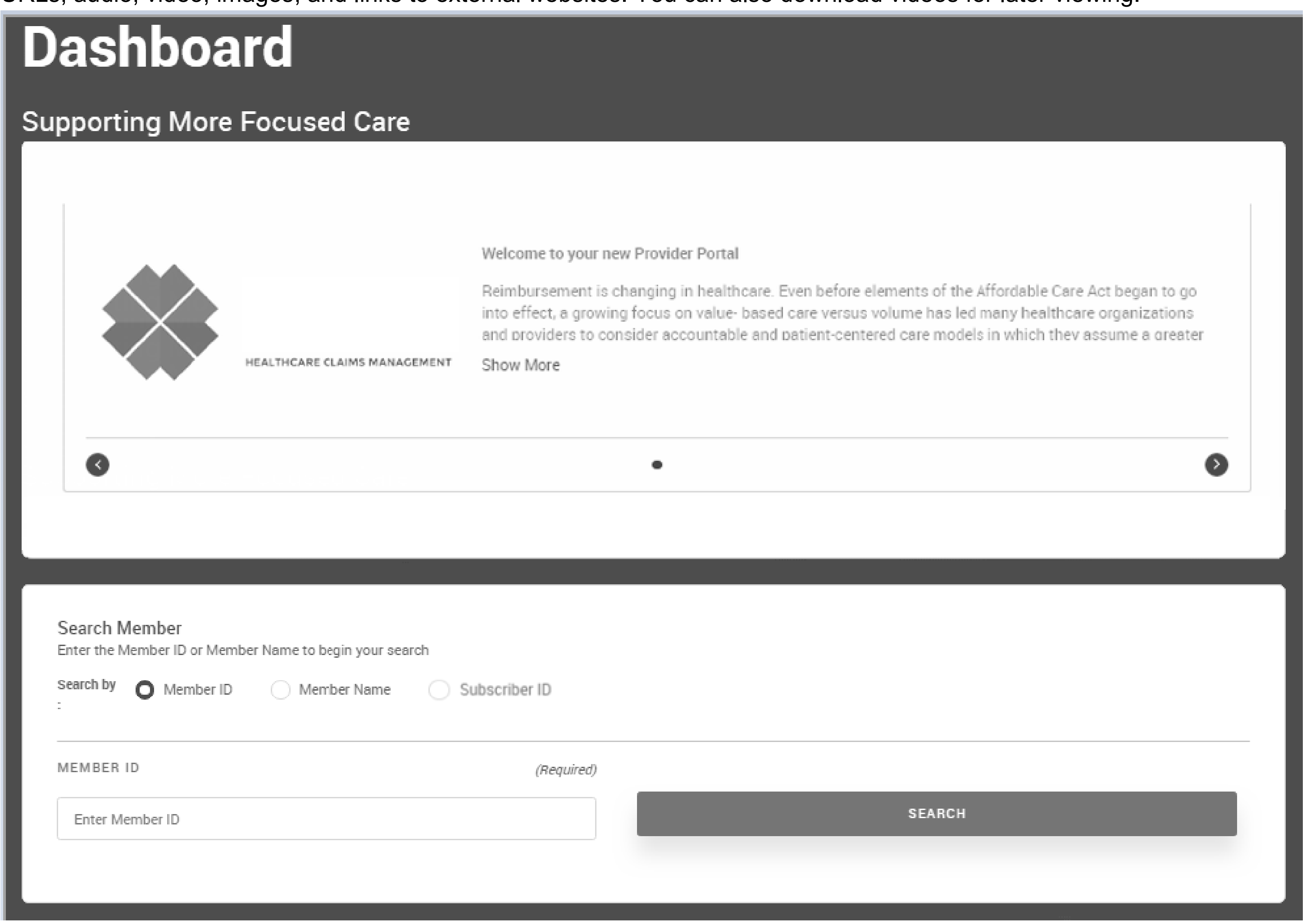
Dashboard - Home

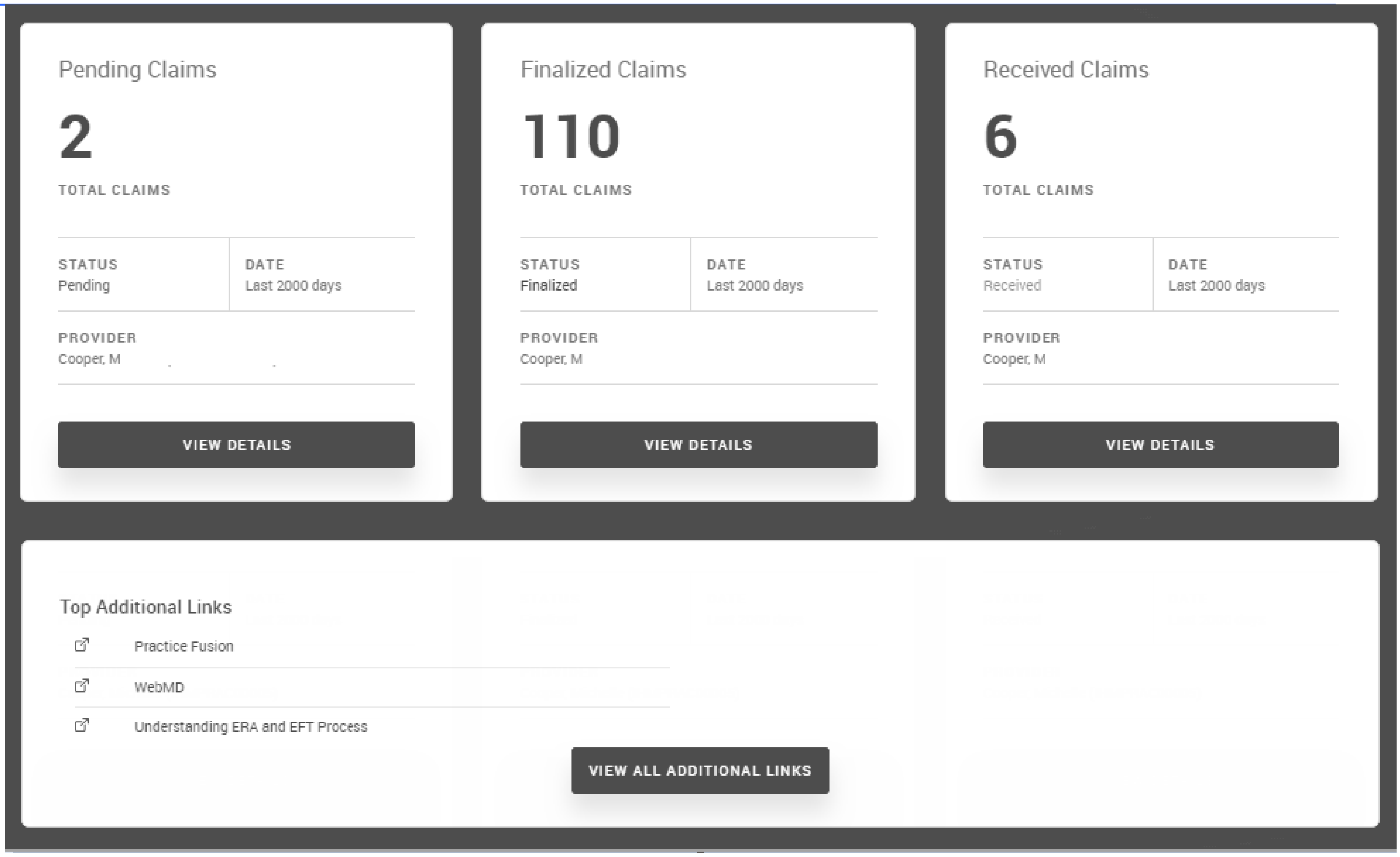
The Dashboard allows you to quickly access important information including:

- 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.



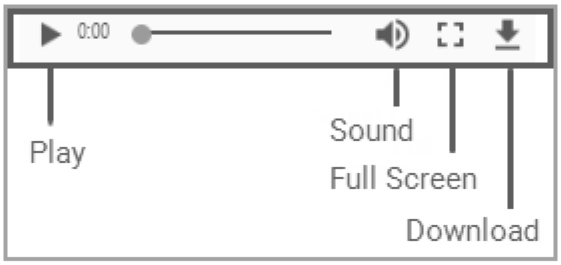

Pending Claims
2
TOTAL CLAIMS
STATUS
Pending
DATE
Last 2000 days
PROVIDER
Cooper, M
VIEW DETAILS
Finalized Claims
110
TOTAL CLAIMS
STATUS
Finalized
DATE
Last 2000 days
PROVIDER
Cooper, M
VIEW DETAILS
Received Claims
6
TOTAL CLAIMS
STATUS
Received
DATE
Last 2000 days
PROVIDER
Cooper, M
VIEW DETAILS
Top 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

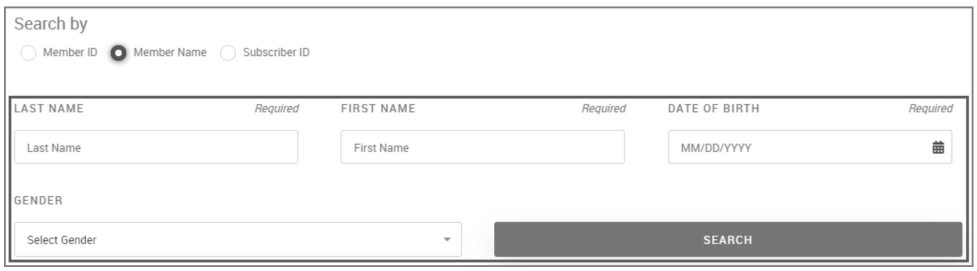
One aspect of the member management function is searching for members and member information.

To search for members:

1. Click **Member Management** from the navigation menu.
2. Click the **Search Members** tab.

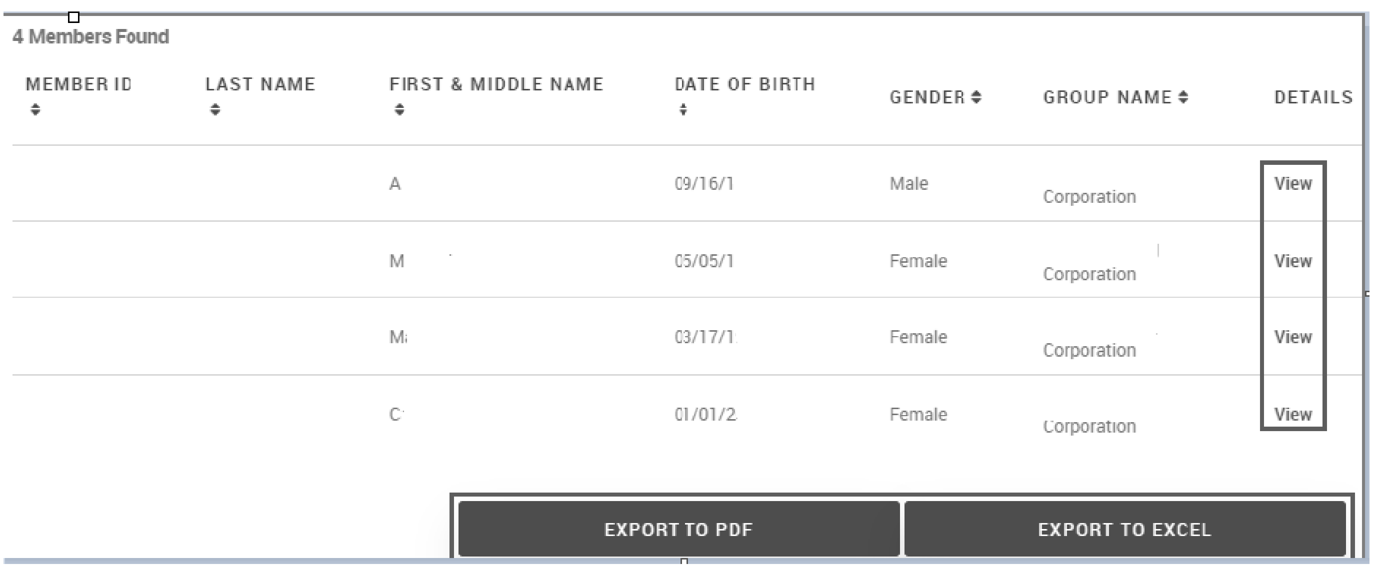
3. Search for a member using either of the following methods:

- **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**.



  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. 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

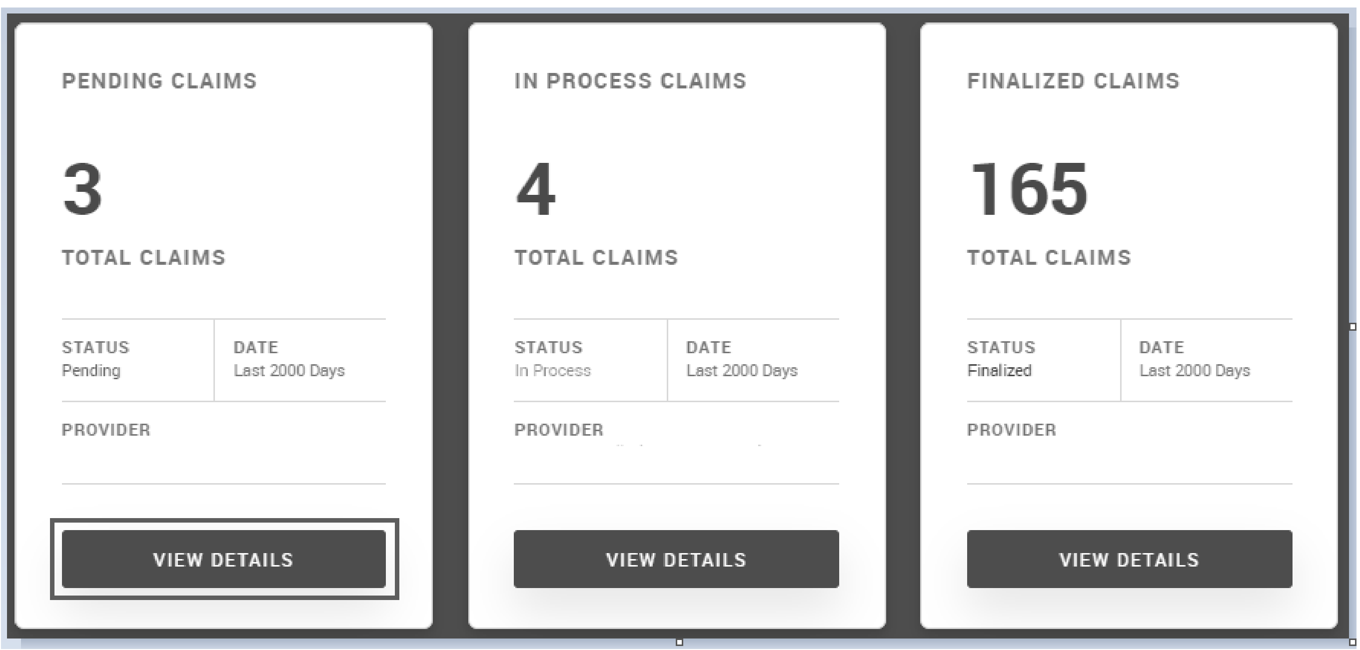
Viewing Care History Details

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.

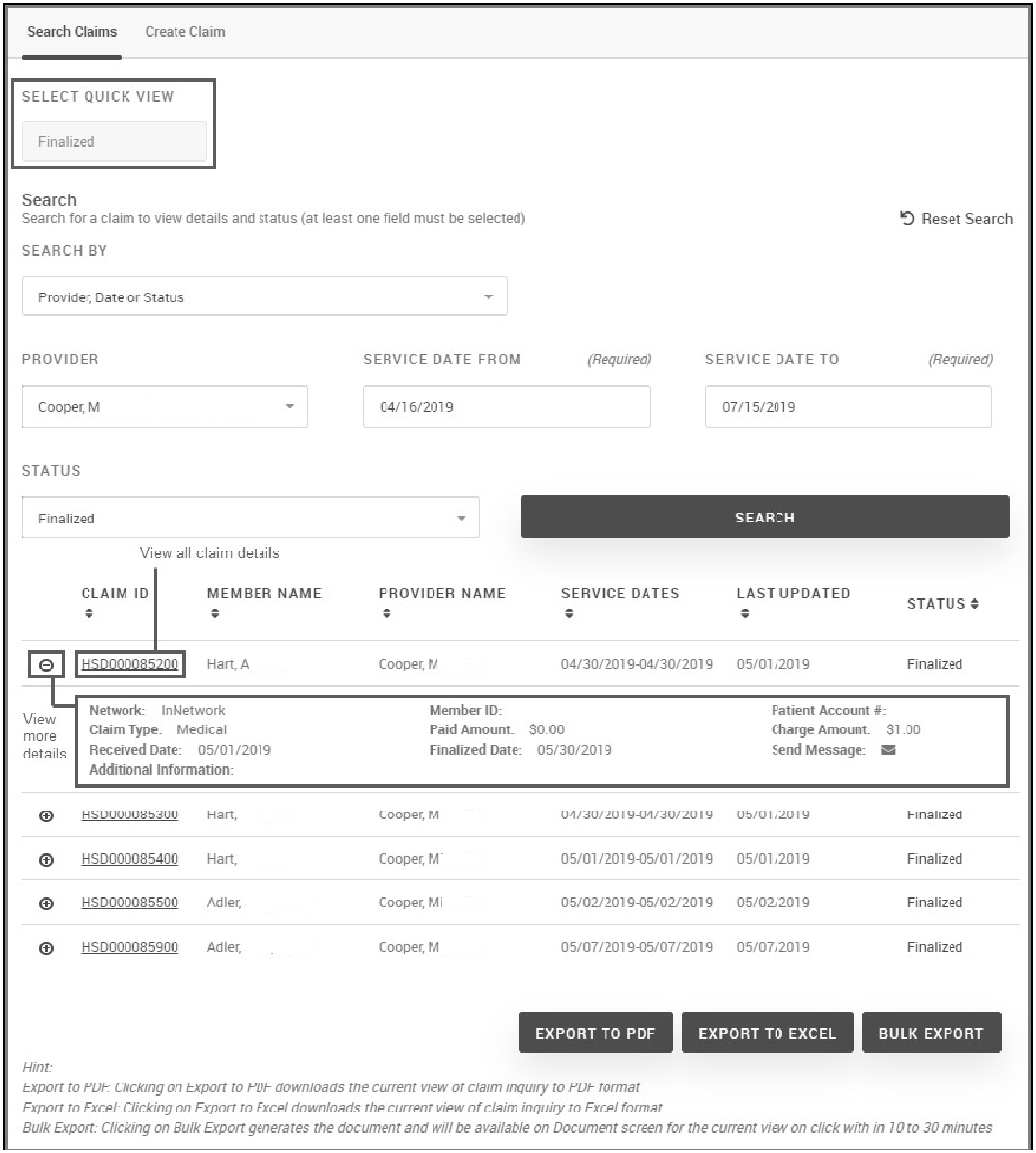
To access Quick Views:

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.

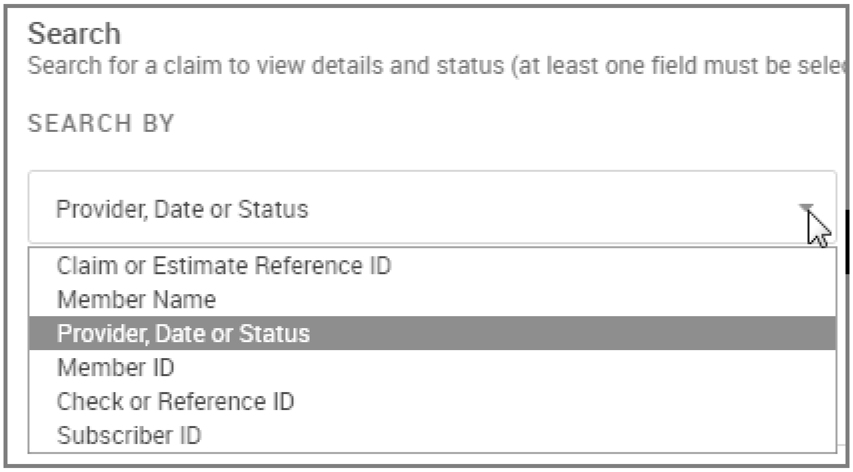
Clicking a claim ID allows you to view claim details.



ⓘ 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



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.

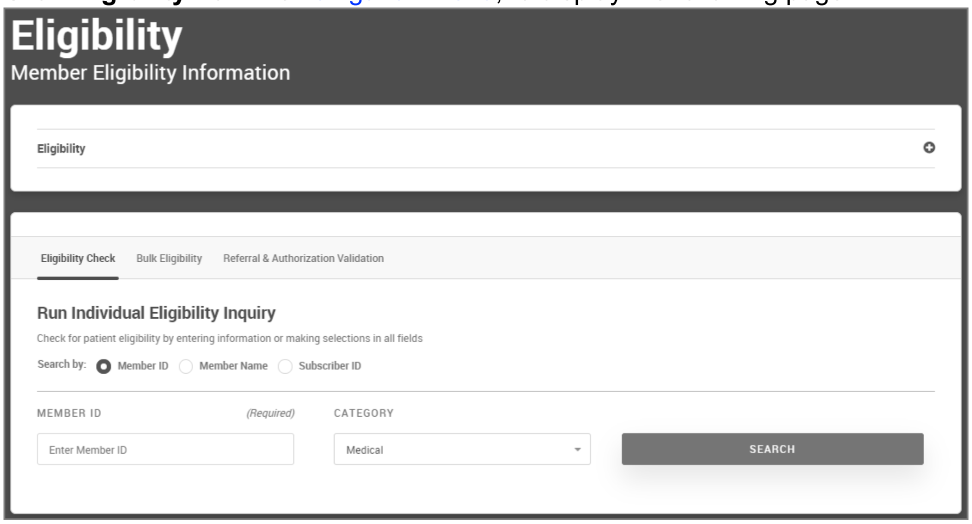
Eligibility

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.



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.

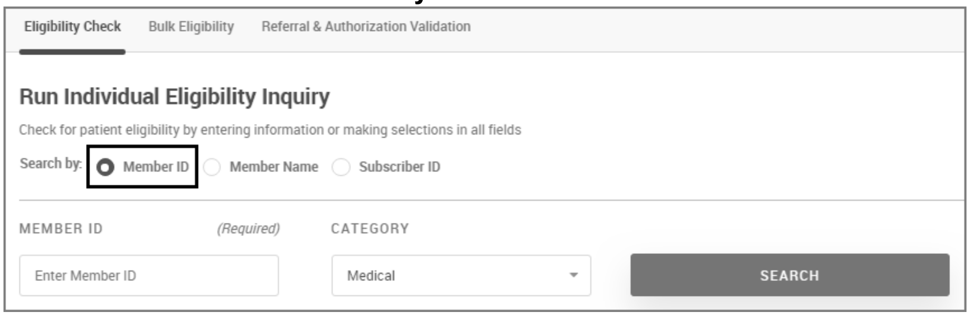
To check for eligibility:

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

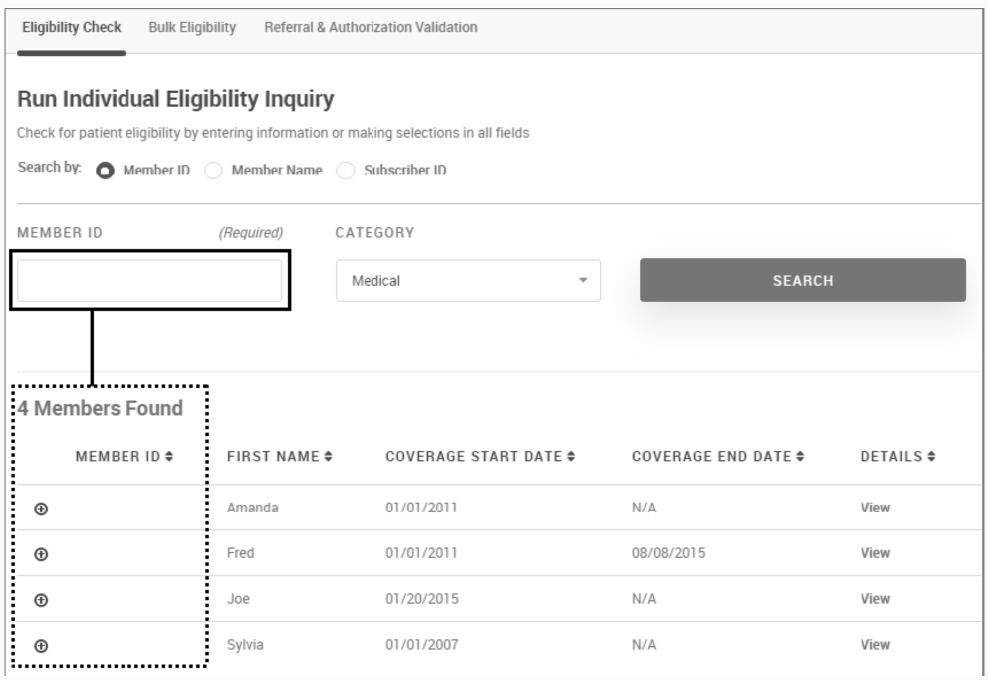
  a. Select **Member ID** in the **Search by** field.



  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.

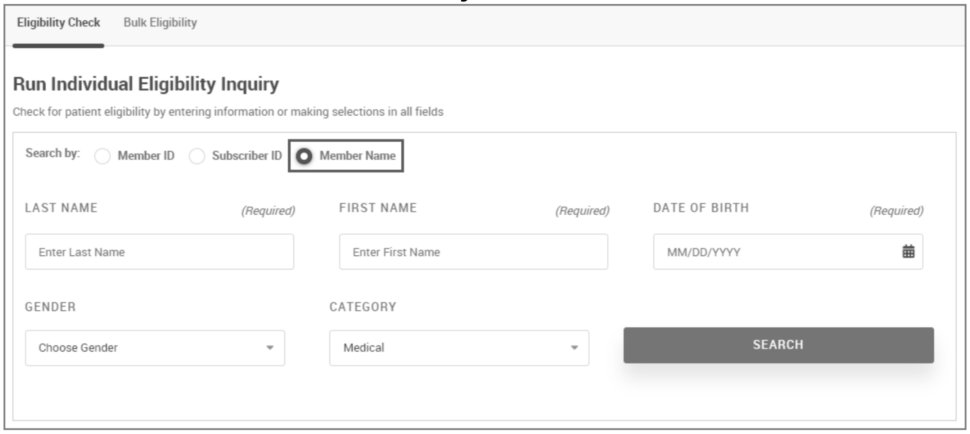
Example



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

- Member Name

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



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

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

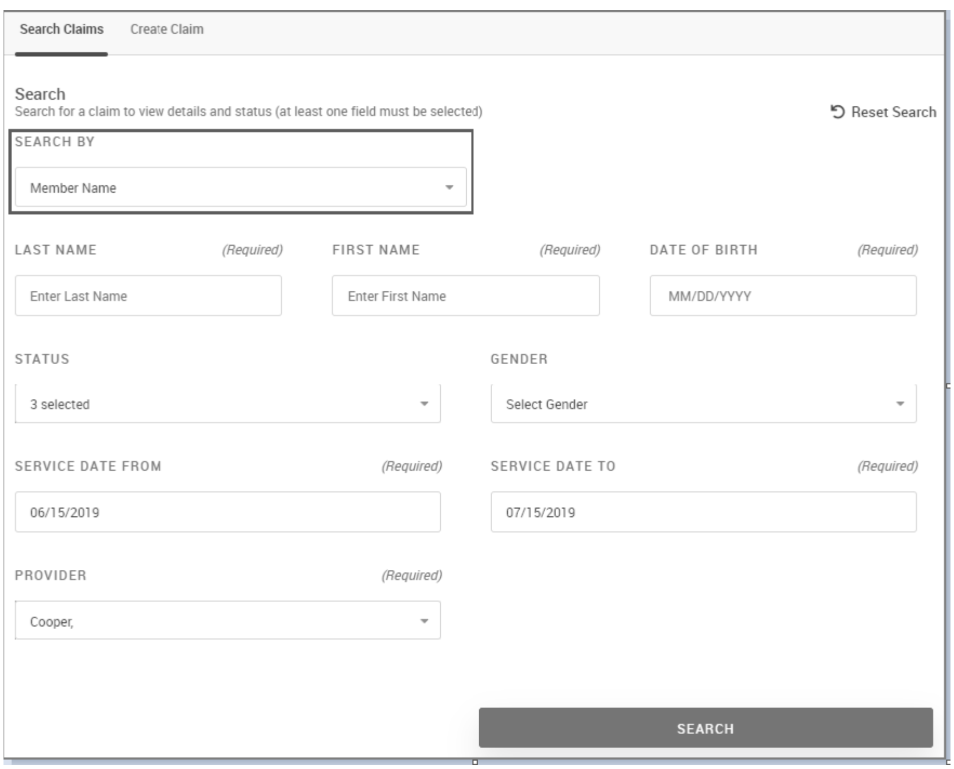
  d. Enter the **DATE OF BIRTH** using one of the following methods:

     - 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**.

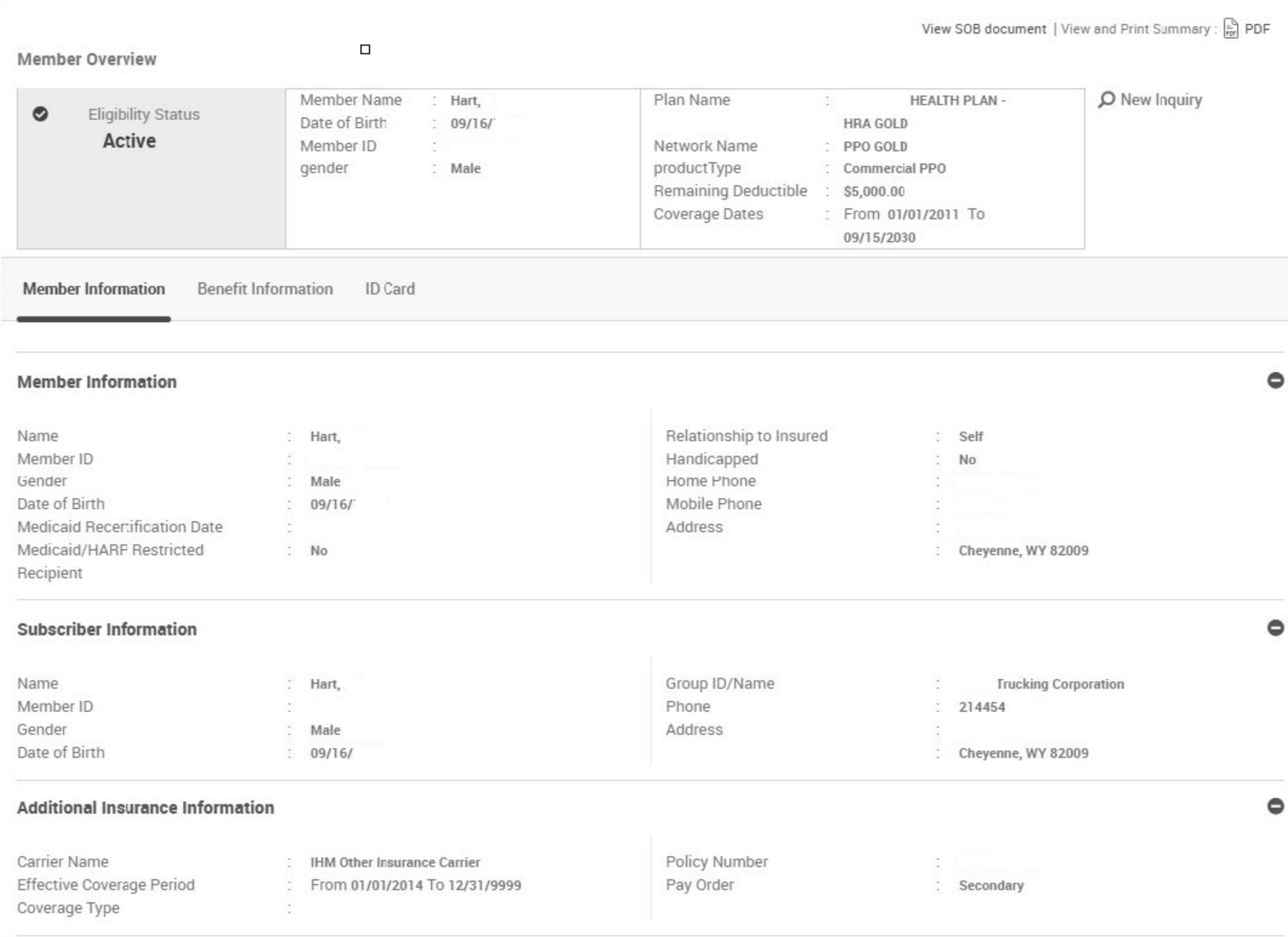
  f. Select the **CATEGORY**. Choices are: *Medical*.

4. Click **Search**.
   Search results appear.



5. 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

Member Overview

Eligibility Status
Active

Member Name : Hart,
Date of Birth : 09/16/
Member ID :
gender : Male

Plan Name : HEALTH PLAN - HRA GOLD
Network Name : PPO GOLD
productType : Commercial PPO
Remaining Deductible : $5,000.00
Coverage Dates : From 01/01/2011 To 09/15/2030

New Inquiry

Member Information | Benefit Information | ID Card

Member Information

Name	Hart,	Relationship to Insured	Self
Member ID		Handicapped	No
Gender	Male	Home Phone	
Date of Birth	09/16/	Mobile Phone	
Medicaid Recertification Date		Address	Cheyenne, WY 82009
Medicaid/HARP Restricted Recipient	No		

Subscriber Information

Name	Hart,	Group ID/Name	Trucking Corporation
Member ID		Phone	214454
Gender	Male	Address	Cheyenne, WY 82009
Date of Birth	09/16/		

Additional Insurance Information

Carrier Name	IHM Other Insurance Carrier	Policy Number	
Effective Coverage Period	From 01/01/2014 To 12/31/9999	Pay Order	Secondary
Coverage Type			

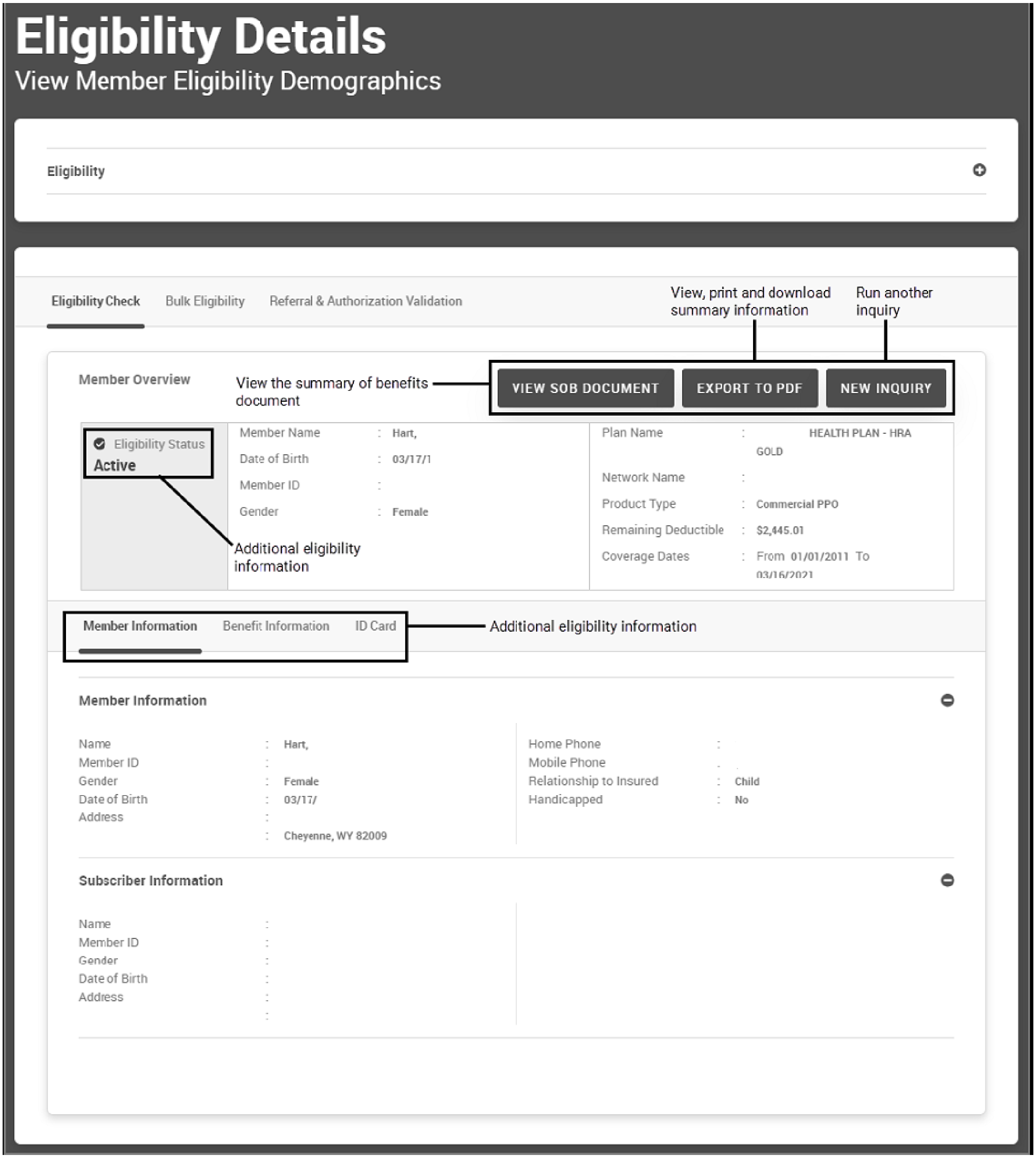
6. Continue to Viewing Eligibility Details.

Viewing Eligibility Details

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.



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.

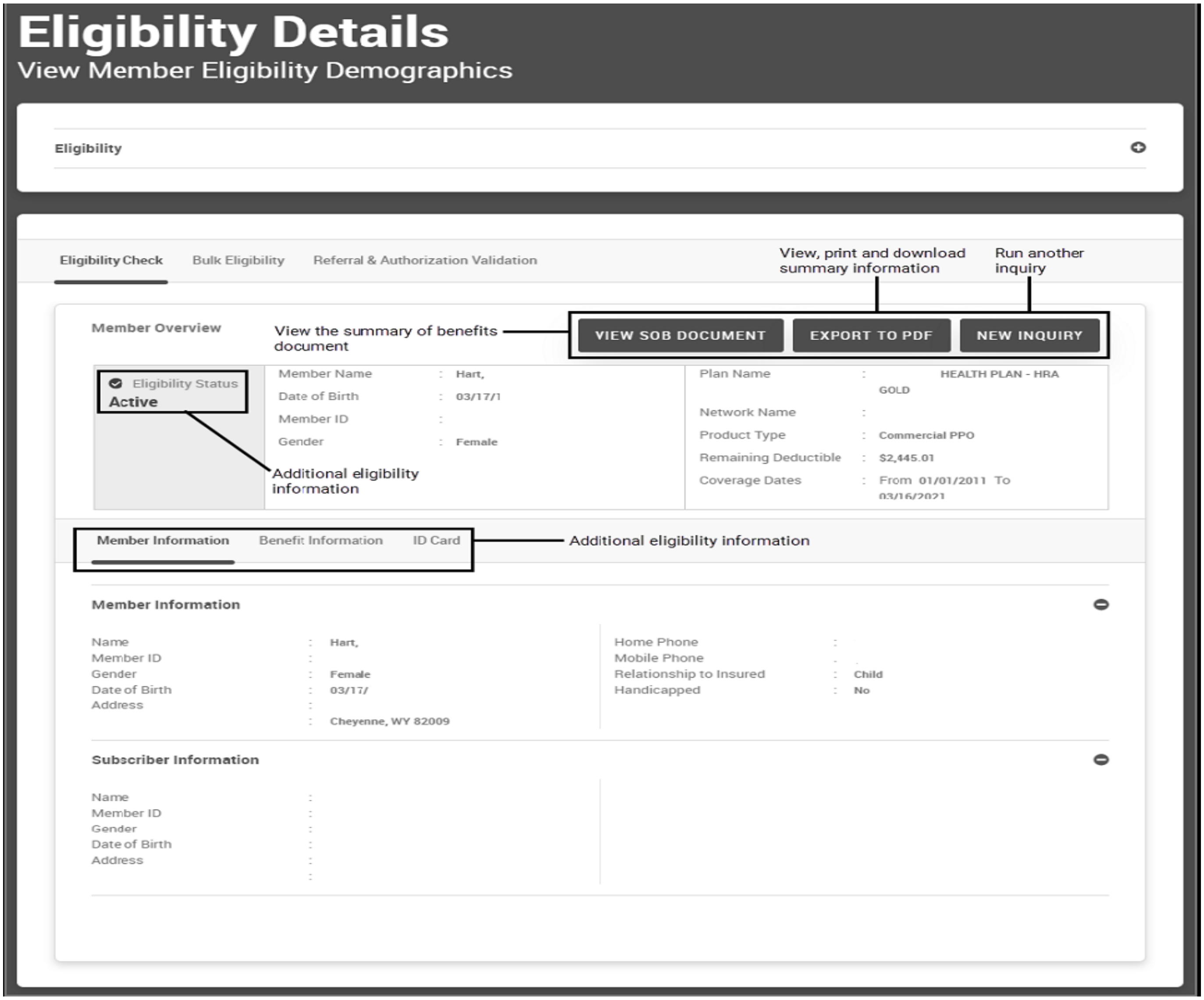
Depending on your system configuration, you may also see the following information:

- 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

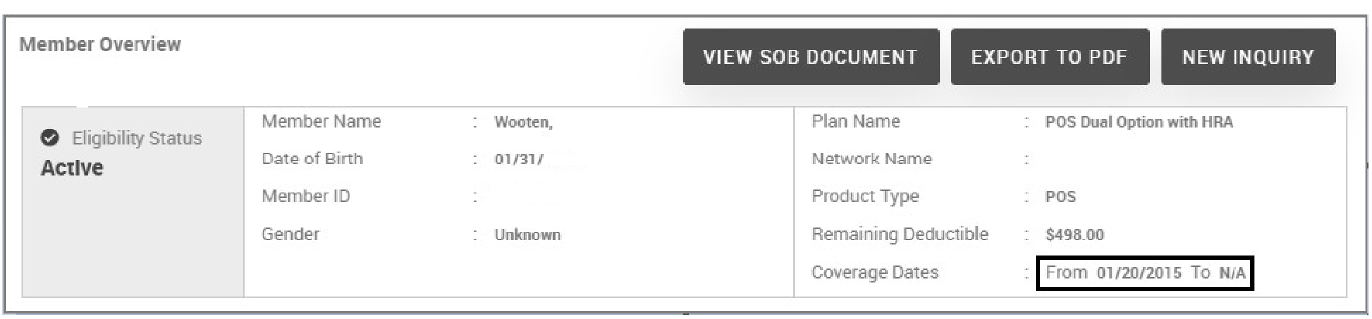
The **Member Information** tab includes the relationship of the patient to the insured, information about the subscriber and the payer, and additional insurance information to include tooth history.

Medical



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

Example



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

Member Information | **Benefit Information** | ID Card

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 Admited $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 Chiropratic = 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

	Wellness Care Services : Baseline Mammography	100% Covered for Yearly Visits for Women 35 Years or Older

Benefit Usage

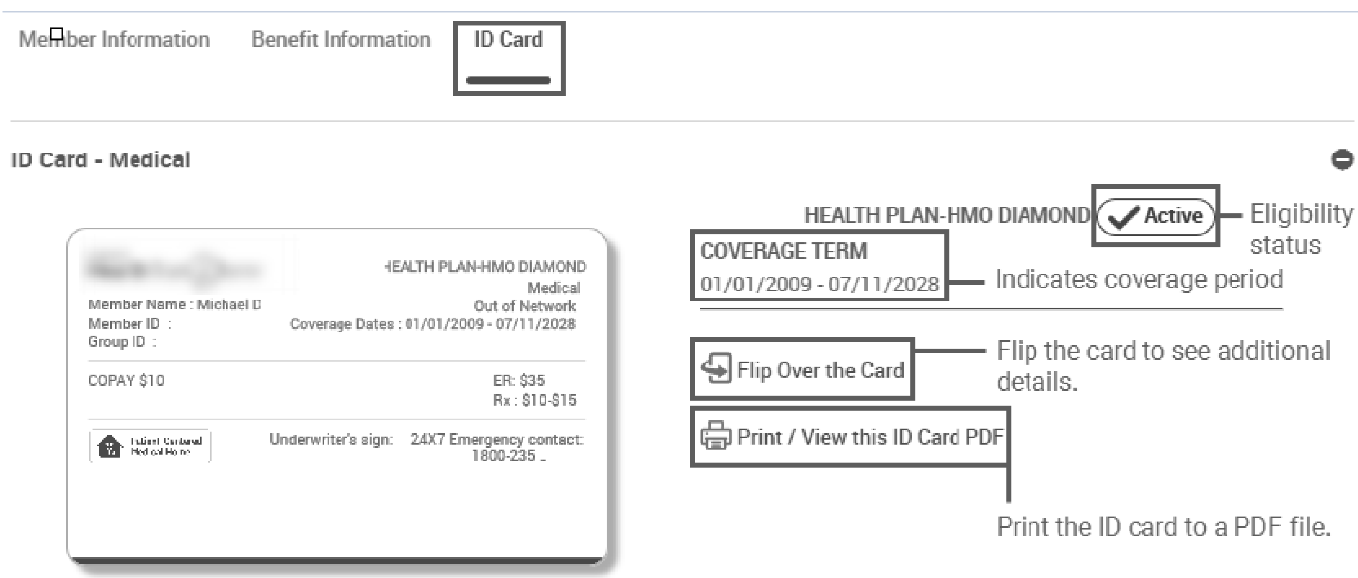
	COVERAGE LEVEL	DESCRIPTION/NETWORK INDICATOR	TOTAL AMOUNT	AMOUNT MET	AMOUNT REMAINING	PERIOD INDICATOR
⊕	Individual	Therapy Maximum (PT/OT/ST)	60	3	57	Plan Year
⊕	Individual	Chiropractic Care	15	0	15	Plan Year
⊕	Individual	Yearly Mammograms	1	0	1	Plan Year
⊕	Individual	Out of Pocket Maximum	$5,000.00	$12.00	$4,988.00	Plan Year
⊕	Family	Out of Pocket Maximum	$10,000.00	$12.00	$9,988.00	Plan Year
⊕	Individual	Yearly Wellness Visit	1	0	1	Plan Year

ID Card

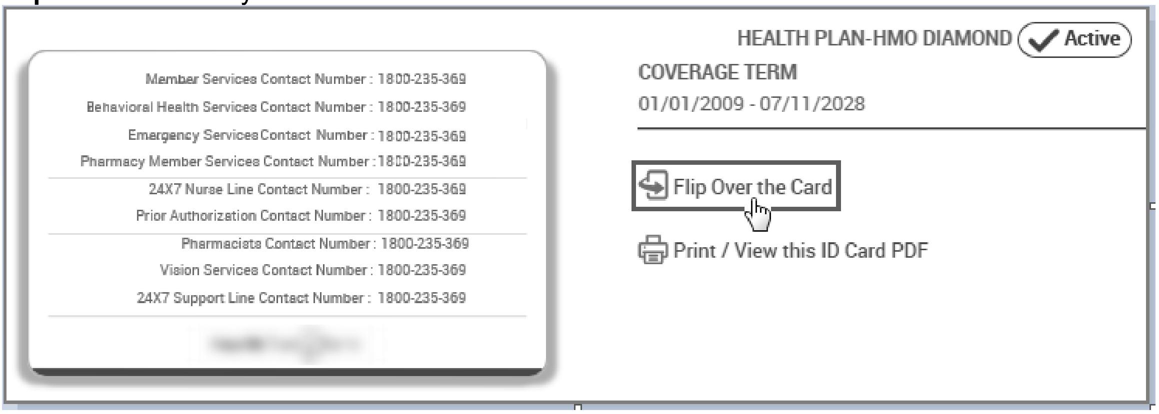
This tab displays the ID Cards for this member, based on the selected category, such as Medical. For example, if a member has both primary and secondary medical insurance, you will see ID cards for the both the primary and secondary insurance coverage. In addition, each ID Card has an indication of whether the associated insurance is still active for the member.

This tab provides the following features:

- **Print/View** allows you to download and print a copy of an ID card. Printing or Downloading a PDF of an ID Card provides further information.



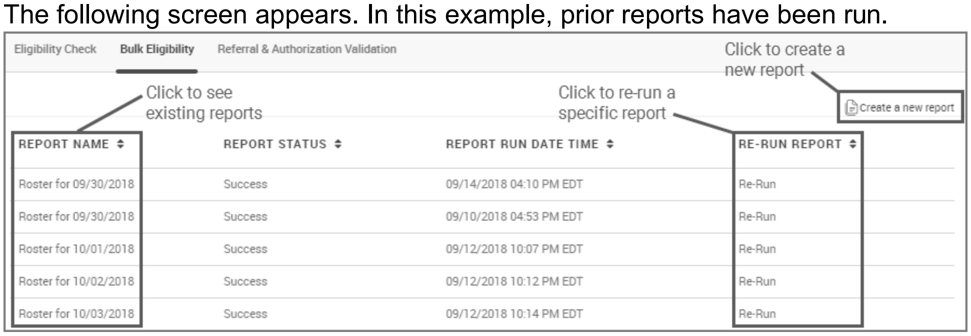
- **Flip ID Card** allows you to view both the front and back of the ID Card. You can also click the card to rotate it.



Generating a Bulk Eligibility Report

To generate a bulk eligibility report:

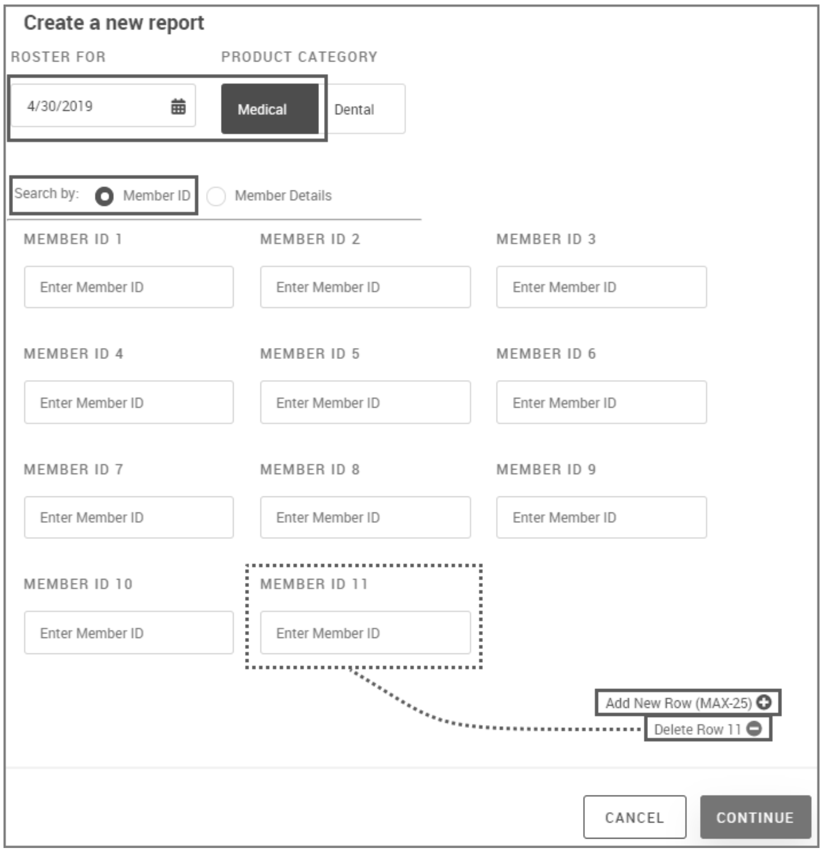
1. Click **Eligibility**, from the navigation menu.
2. Click the **Bulk Eligibility** tab.
   The following screen appears. In this example, prior reports have been run.



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).

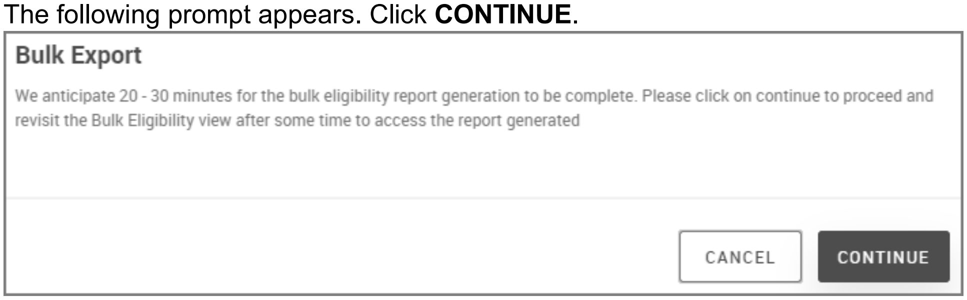
Example

- **Member Details**:



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

5. Click **CREATE A NEW REPORT**.
   The following prompt appears. Click **CONTINUE**.



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

Example

Eligibility Roster

janemedical@ ..com | Generated Date : *September 14, 2018*

As Of Date	09/30/2018

Memebr ID	Member Name	Member DOB	Gender	Eligbility Status	As of Date (report run date)	Product Category	Plan Name	Coverage Start Date	Coverage End Date	Deductible Met	Deductible Pending	Total Deductible	PCP CoPay (in $)	Specialist CoPay (in $)	ER visit CoPay(in $)	InPatient CoPay(in $)	Report Status
0	Hart,	09/16/1	Male	Active	09/30/2018	Medical	HEALTH PLAN - HRA GOLD	01/01/2011	09/15/2030	0.0	5000.0	5000.0					
1	Hart,	05/05/1	Female	Active	09/30/2018	Medical	HEALTH PLAN - HRA GOLD	01/01/2011	05/04/2032	0.0	5000.0	5000.0					
2	Hart,	03/17/1	Female	Active	09/30/2018	Medical	HEALTH PLAN - HRA GOLD	01/01/2011	03/16/2021	0.0	5000.0	5000.0					
3	Hart,	01/01/2	Female	Active	09/30/2018	Medical	HEALTH PLAN - HRA GOLD	01/01/2011	09/15/2030	0.0	5000.0	5000.0					

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To re-run a report:

1. Navigate to the **Bulk Eligibility** tab.
2. Locate a report in the list you want to re-run.

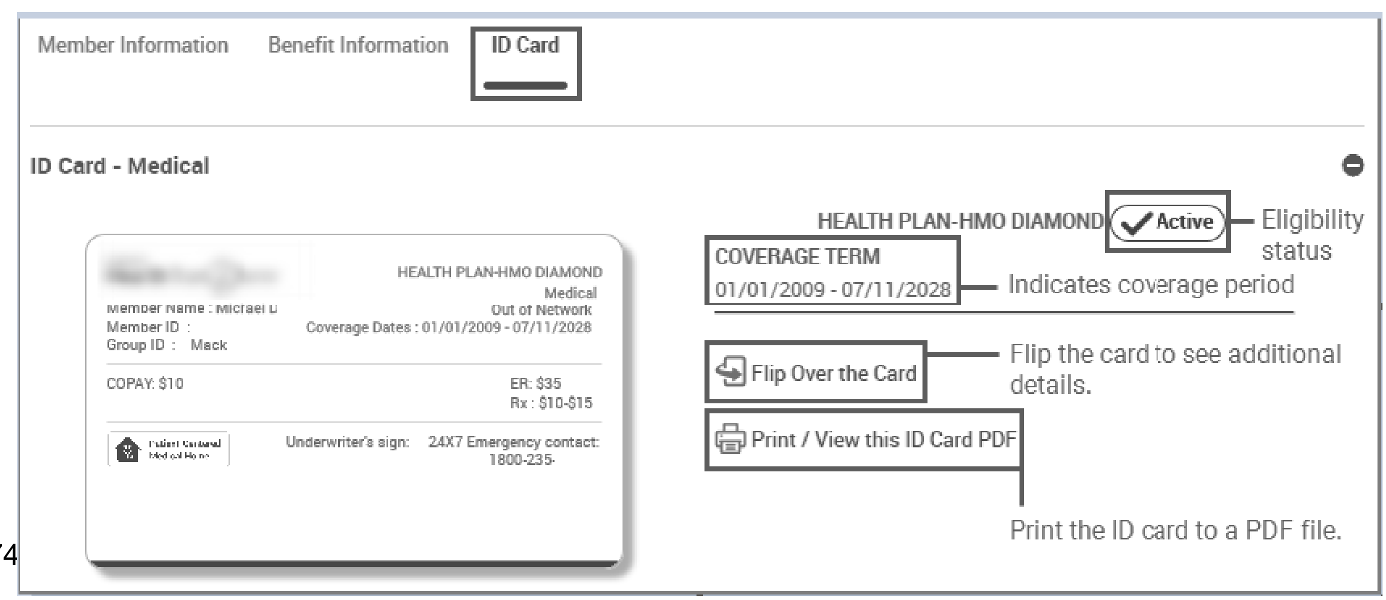
   Reports in an In Progress state cannot be re-run while in that state.

3. Click the **Re-Run** link in the RE-RUN REPORT column.
4. Click **PROCEED** to address the prompt: "Re-running the report will result in loss of the report which is previously available. Are you sure you want to continue?"
   You are notified that the report generation is in progress.
5. Locate the report in the **Bulk Eligibility** tab list.
6. Click the report name in the **REPORT NAME** column.

Printing or Downloading a PDF of an ID Card

To view or print ID Cards:

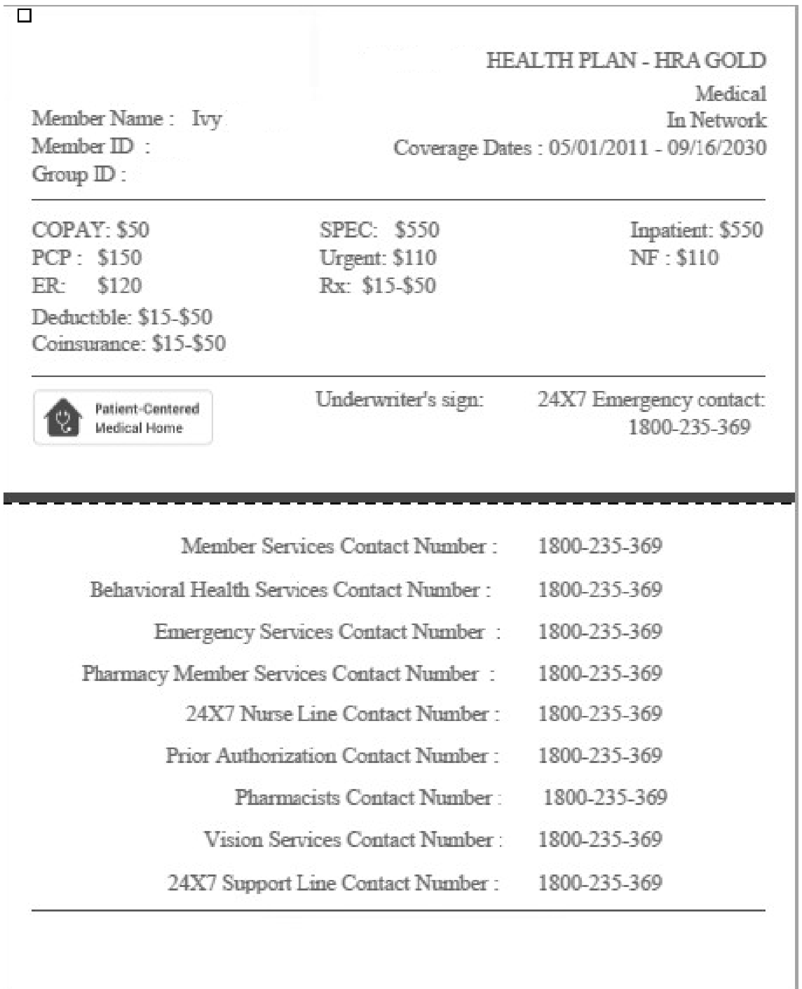
1. Click **Eligibility**, from the navigation menu.
2. Run an individual eligibility inquiry. For more information, see Checking for Eligibility.
3. On the **Eligibility** page, click the **ID Card** tab. [1]
4. Locate **View and Print ID Card** for the required ID Card, and click **PDF**.



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.


HEALTH PLAN - HRA GOLD
Medical
In Network
Coverage Dates : 05/01/2011 - 09/16/2030

Member Name : Ivy
Member ID :
Group ID :

COPAY: $50
PCP : $150
ER: $120
Deductible: $15-$50
Coinsurance: $15-$50

SPEC: $550
Urgent: $110
Rx: $15-$50

Inpatient: $550
NF : $110

Underwriter's sign:

24X7 Emergency contact: 1800-235-369

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

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)

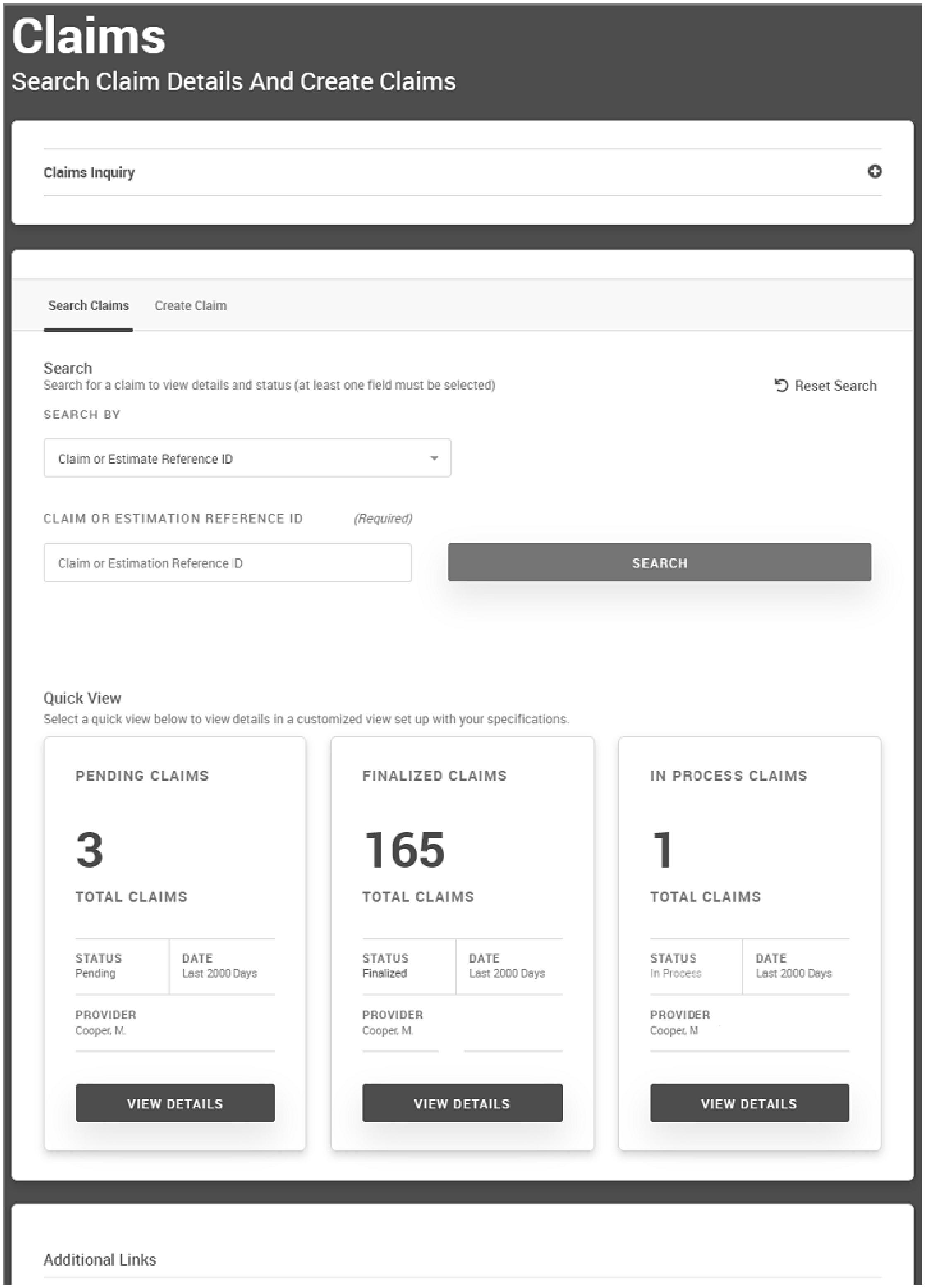
Related Topics:

- 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.



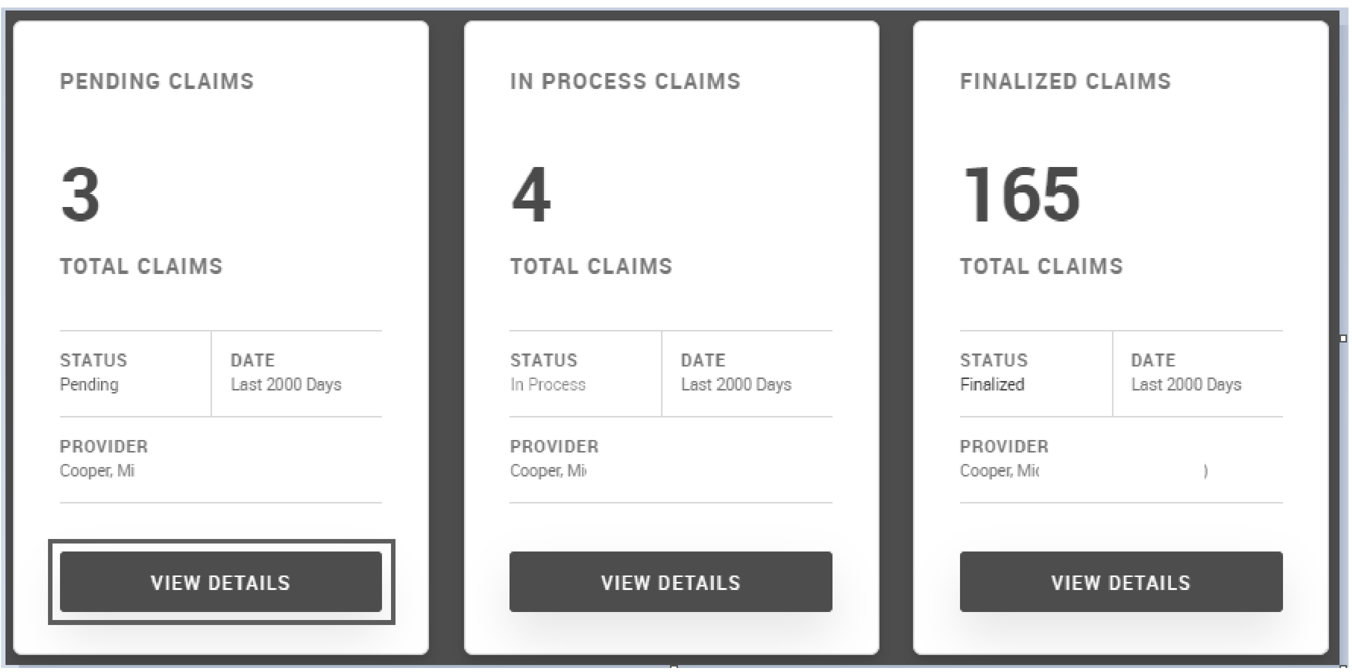
2. Continue to either of the following topics:
    - Searching for Claims
    - Viewing Claim Details
    - Quick Views for Claims
    - Additional Links

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.

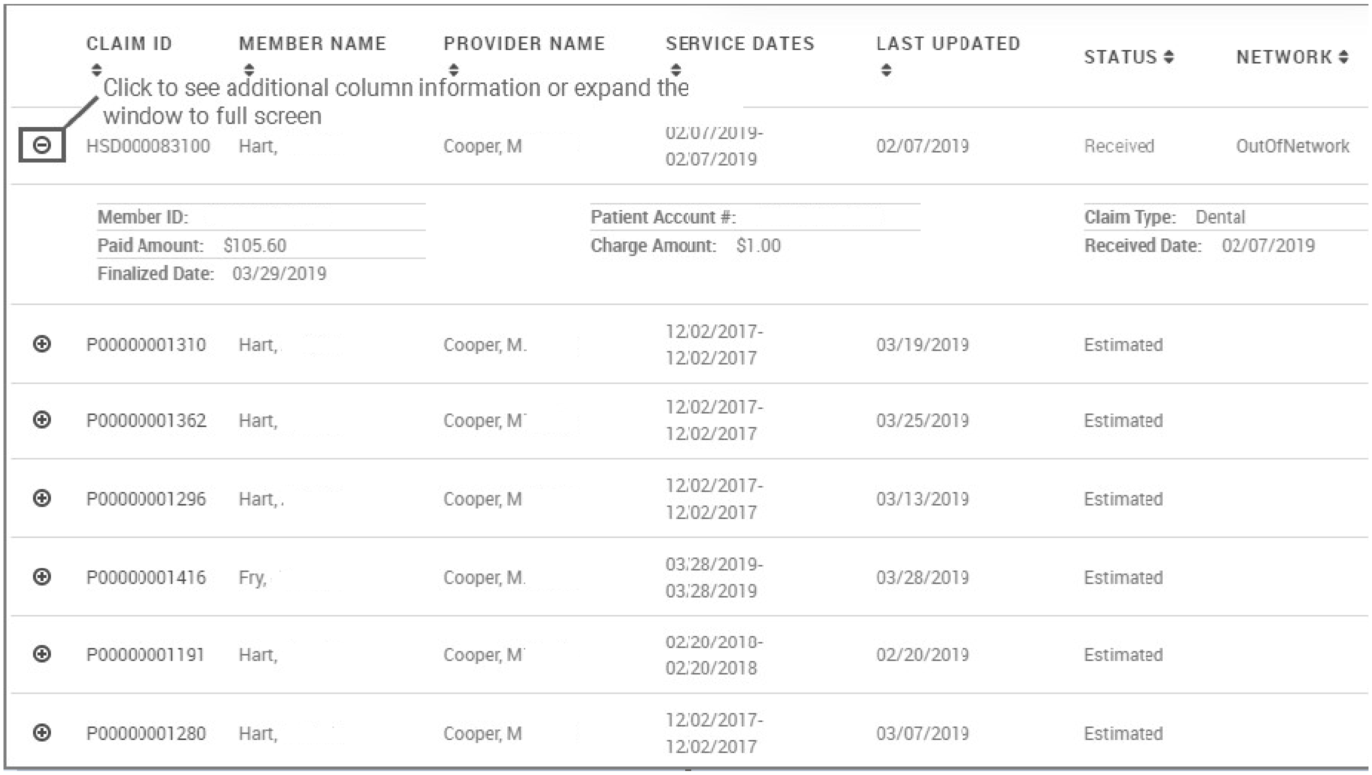


The list of claims associated with the quick view appears.

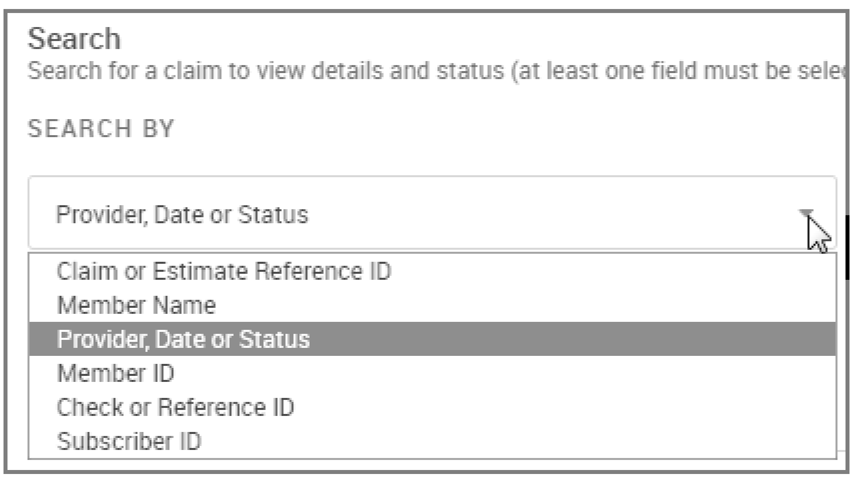
Clicking a claim ID allows you to view claim details.

> ⓘ 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.



Example



Related Topics

- Viewing Claim Details
- Exporting the Claim Summary to Excel
- Viewing or Printing a PDF of the Claim Summary List

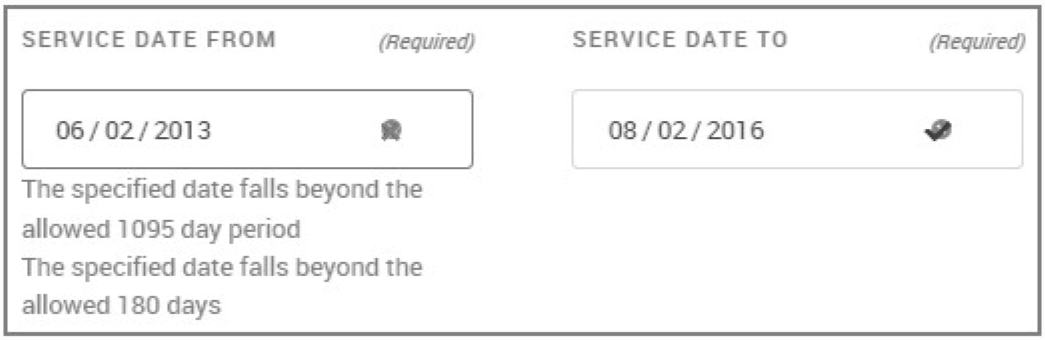
Searching for Claims

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



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

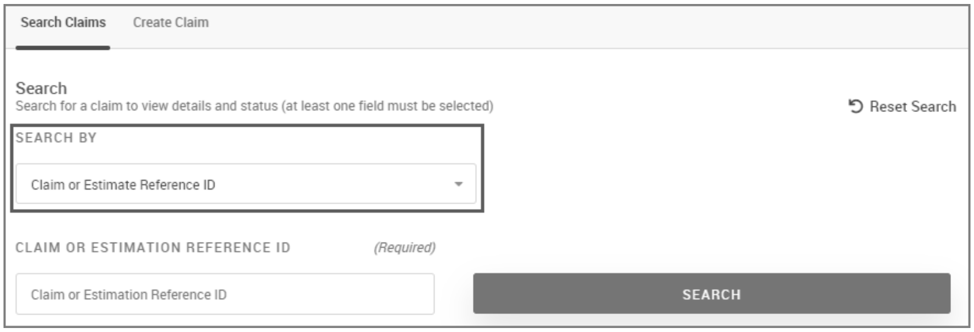
- Claim or Estimate Reference ID

Claim or Estimate Reference ID

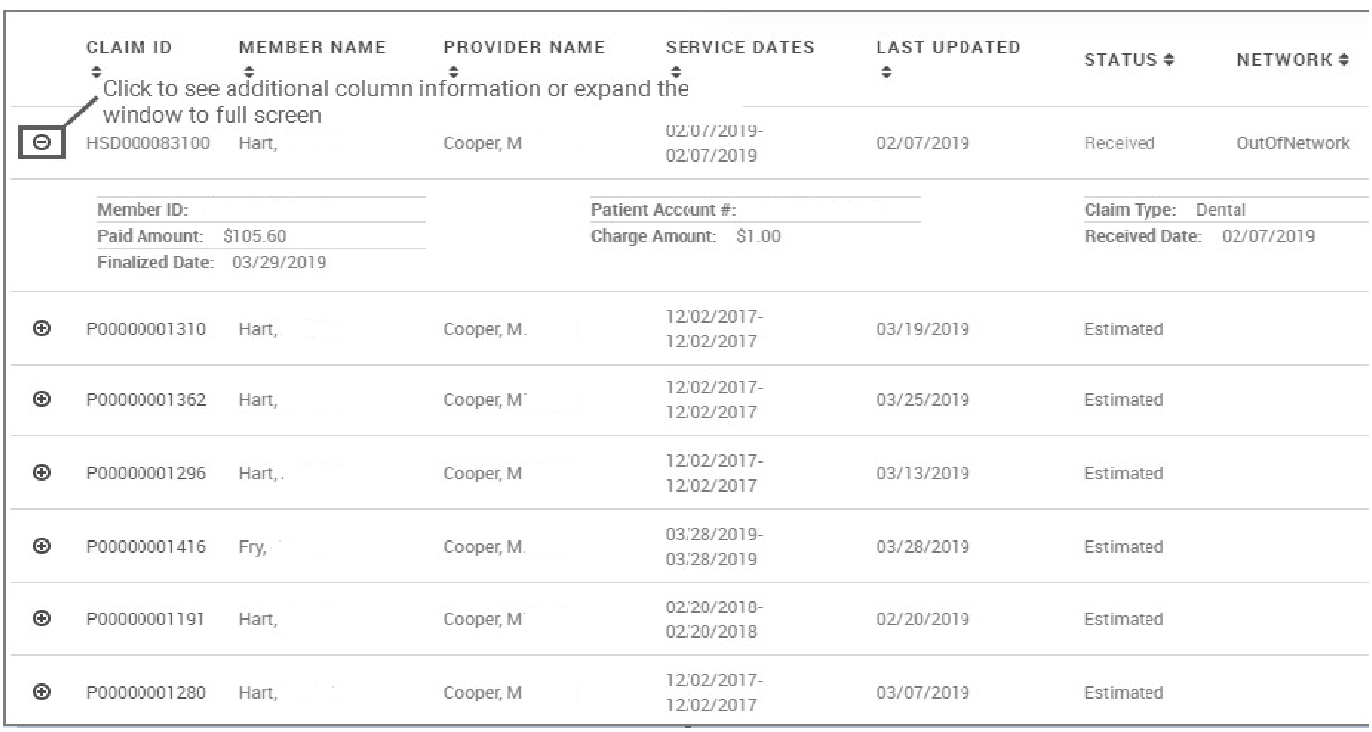
To search for a claim by claim or estimation reference ID:

1. Click **Claims** from the navigation menu.

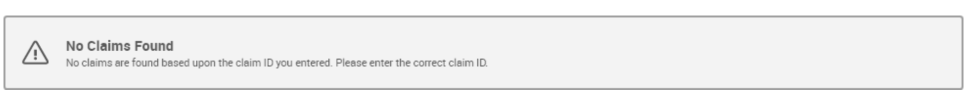
> Click *Reset Search*, if you have already searched for a claim and you are on the **Search Results** page. The **Search** button is disabled until you enter a claim ID in the Claim ID field.



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



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



Related Topics:

Viewing Claim Details

Quick Views for Claims

- Member Information

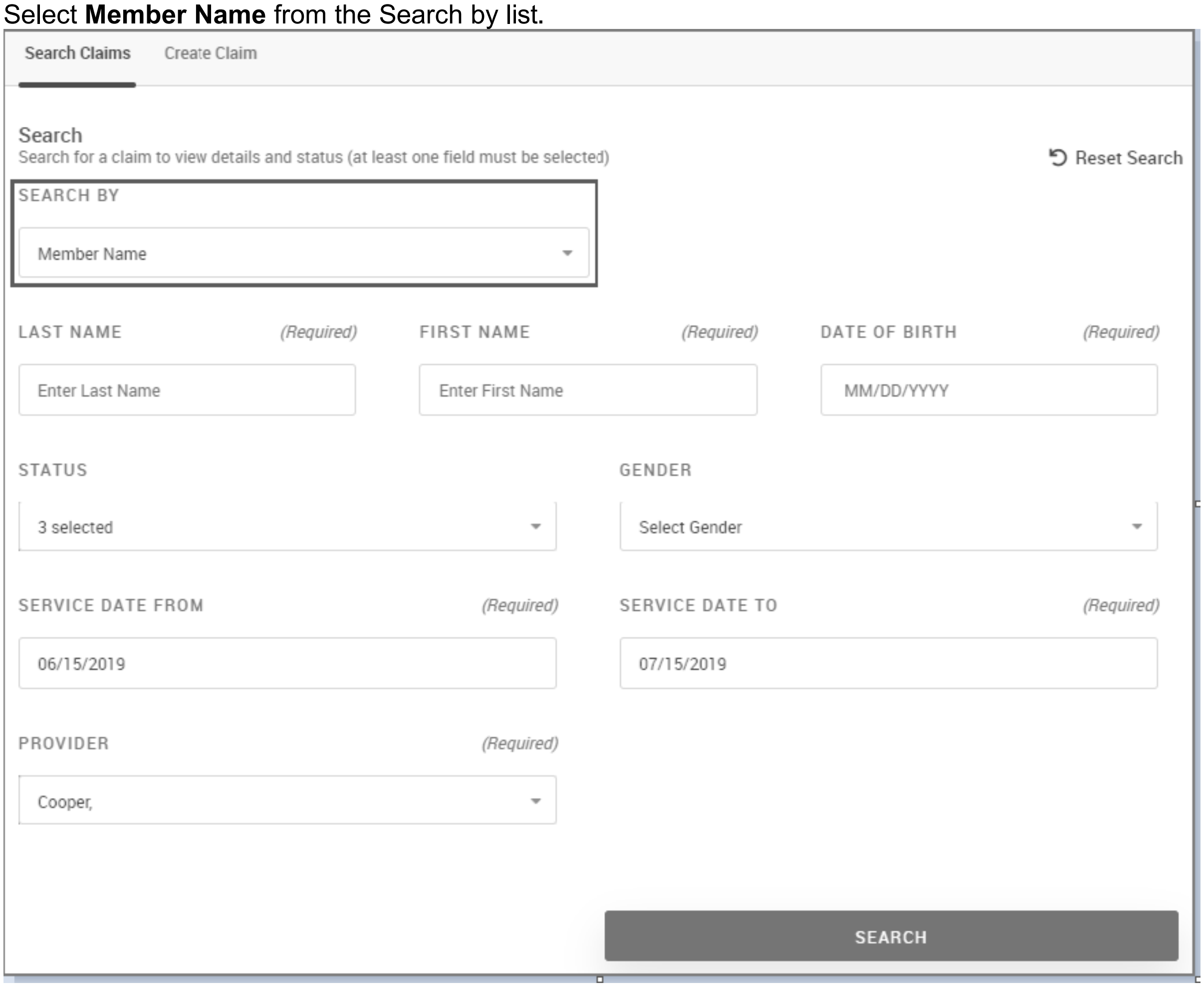
Member Information

You can search for claims by member name or member ID

Member Name

To search for claims by member name:

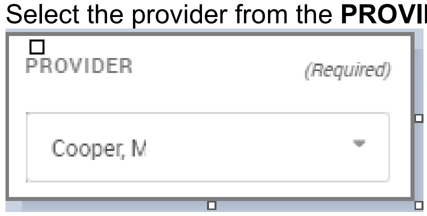
1. Click **Claims** from the navigation menu.
2. Select **Member Name** from the Search by list.



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

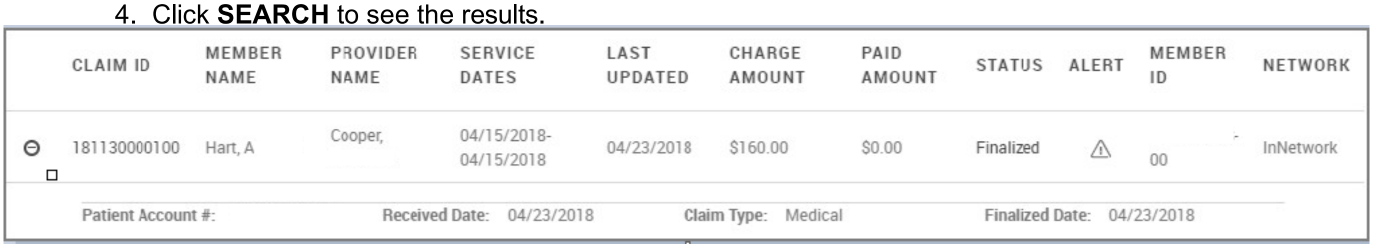
also Search for, Update, or Re-estimate a Claim).

- **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:
    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*, the following section list appears:
    i. 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.

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

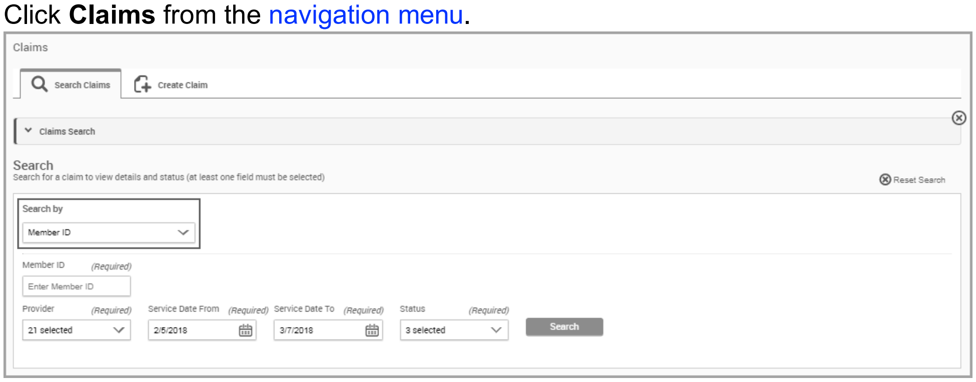


5. Click the link in the Claim ID column to see the complete claim details.

Member ID

To search for claims by member ID:

1. Click **Claims** from the navigation menu.



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		Charge Amount: $550.00		Patient Account #:	Received Date: 09/02/2008		
	Paid Amount: $405.00			Claim Type: Medical		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, J	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

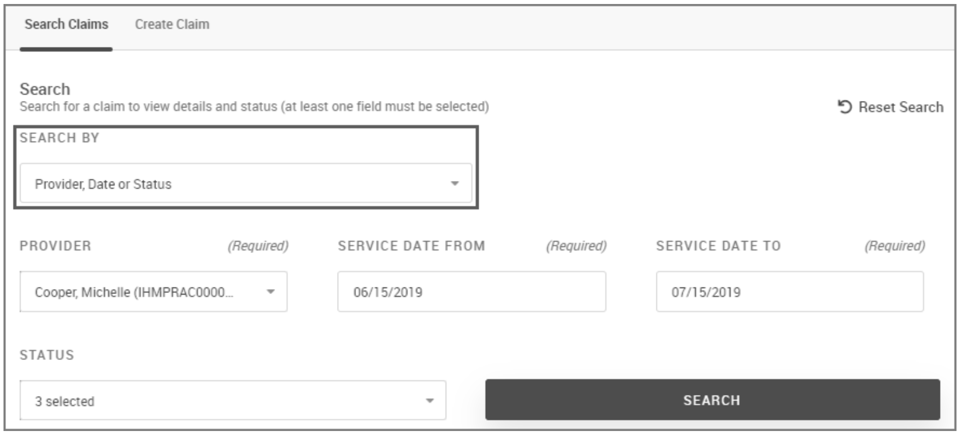
e. Click the link in the Claim ID column to see the complete claim details.

- 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.



> 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**.

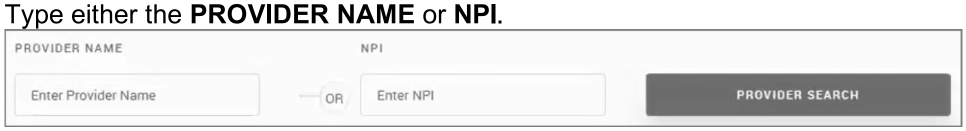
3. Provide the following information:

> 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**.



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.

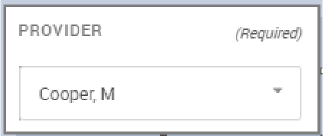
If the number of providers in the system is 15 or less:

Steps

i.

ii.

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



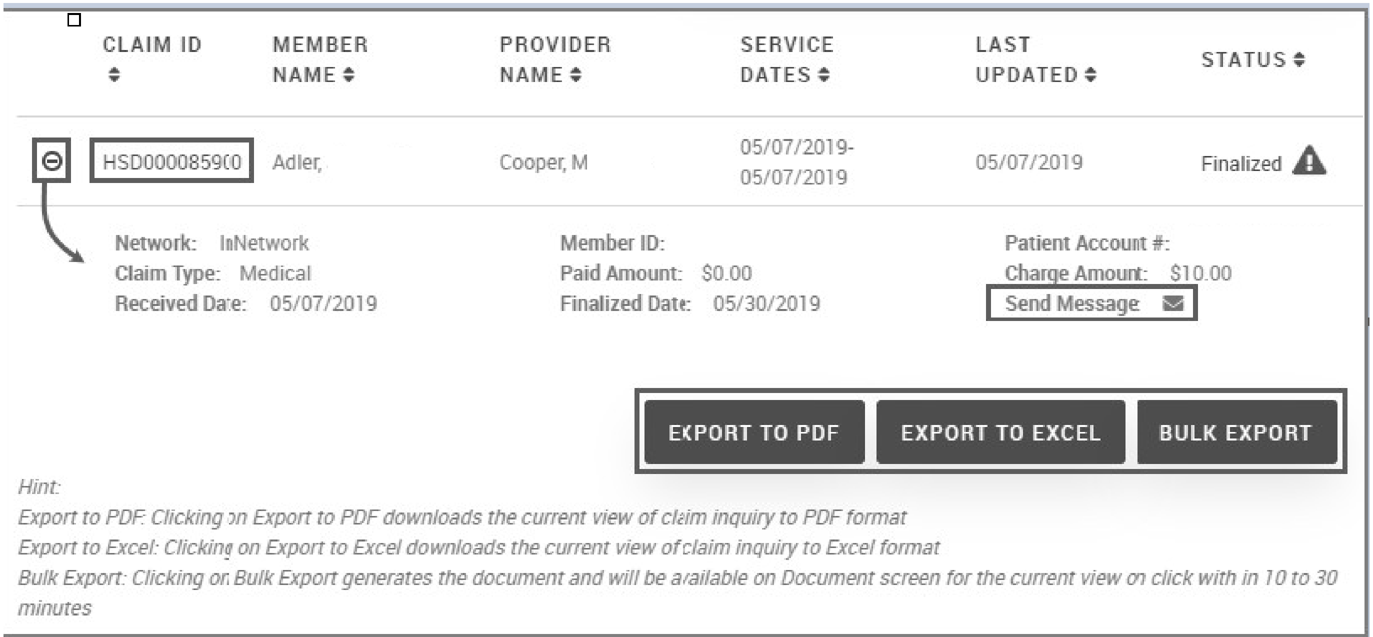
> The list contains all providers for which you have been assigned access. Group and hospital names are also displayed, as applicable.

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).

4. 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.



Related Topics:

Viewing Claim Details

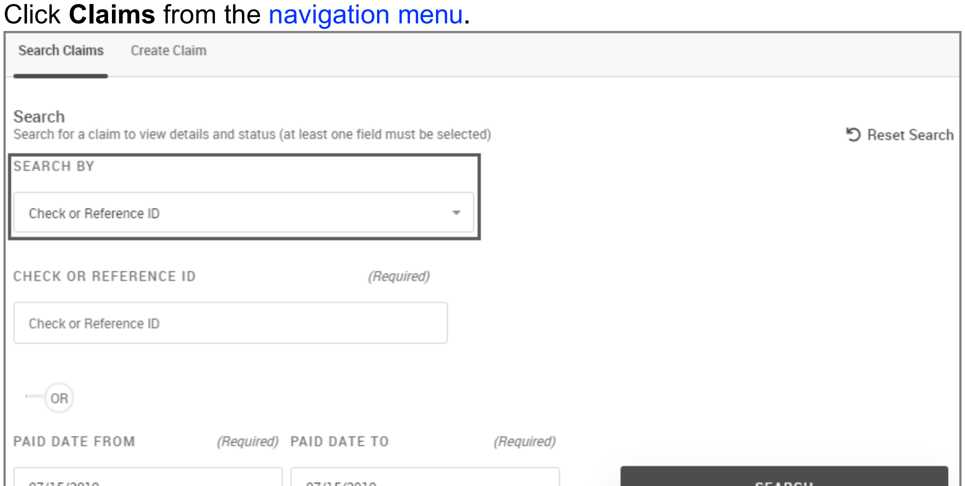
Quick Views for Claims

- Check or Reference ID

Check or Reference ID

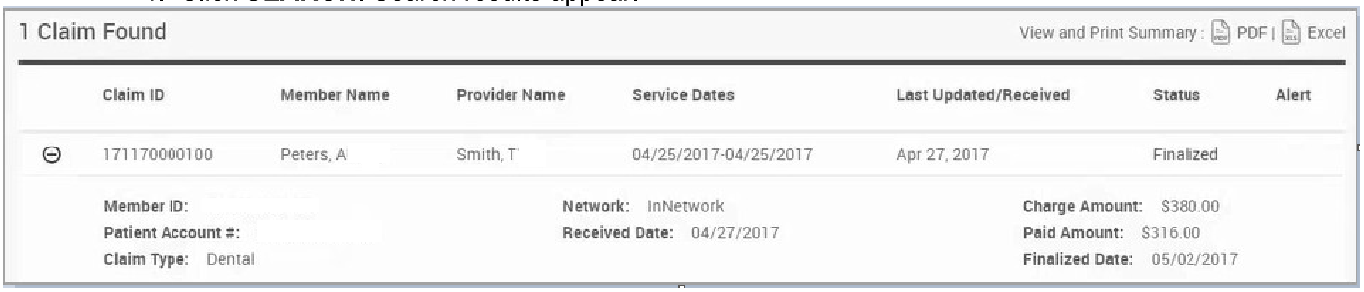
To search for claims by check or reference ID:

1. Click **Claims** from the navigation menu.



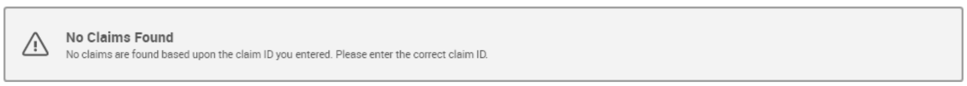
Click **Reset Search**, if you have already searched for a claim and you are on the **Search Results** page. The **SEARCH** button is disabled until you enter a claim ID in the Claim ID field.

2. 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.



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.



Creating a Claim

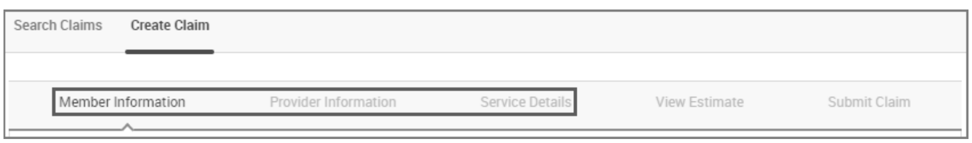
You can create a claim, view the claim estimate and then submit the claim for payment.

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



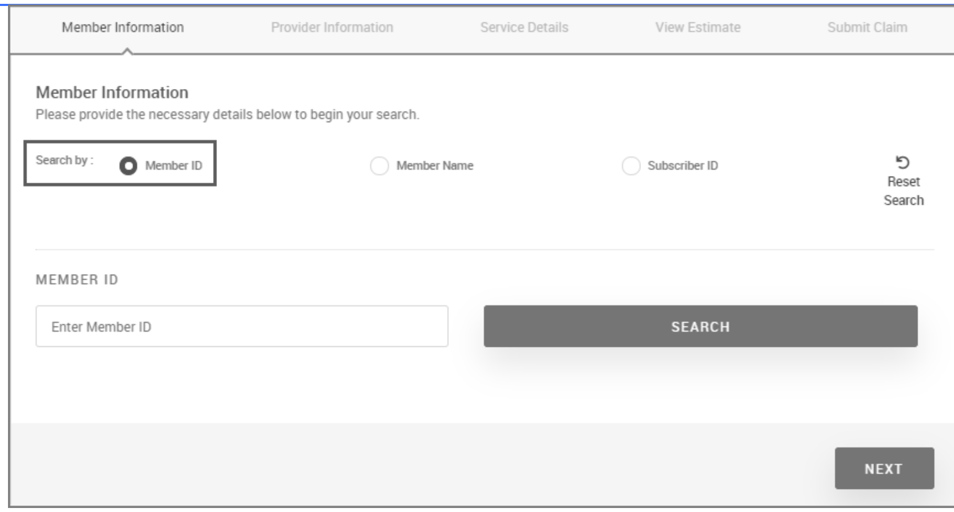
3. Complete the following tabbed information:

- Member Information

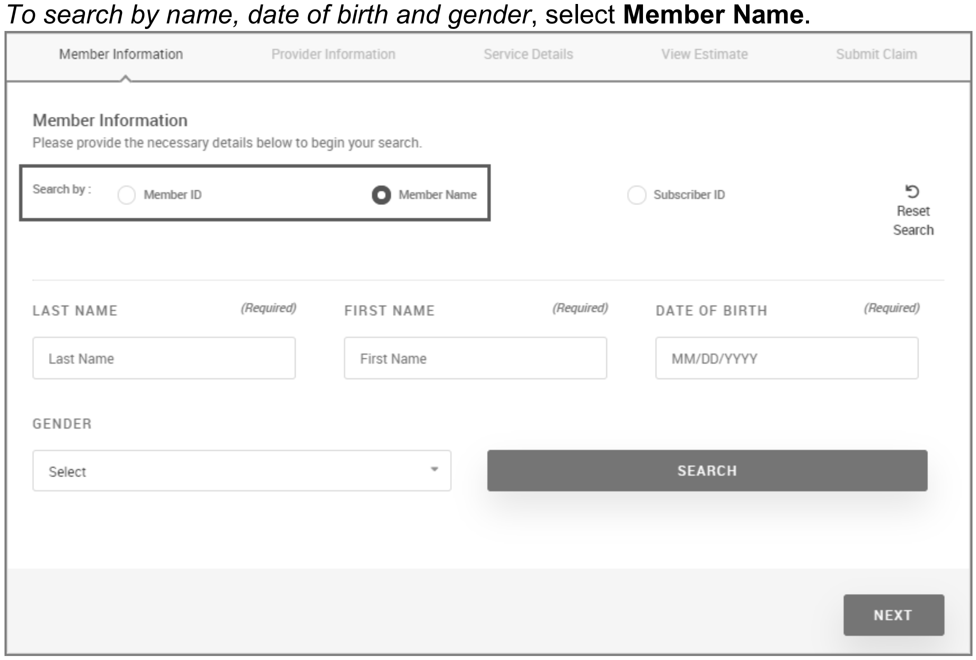
  Member Information

  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**.

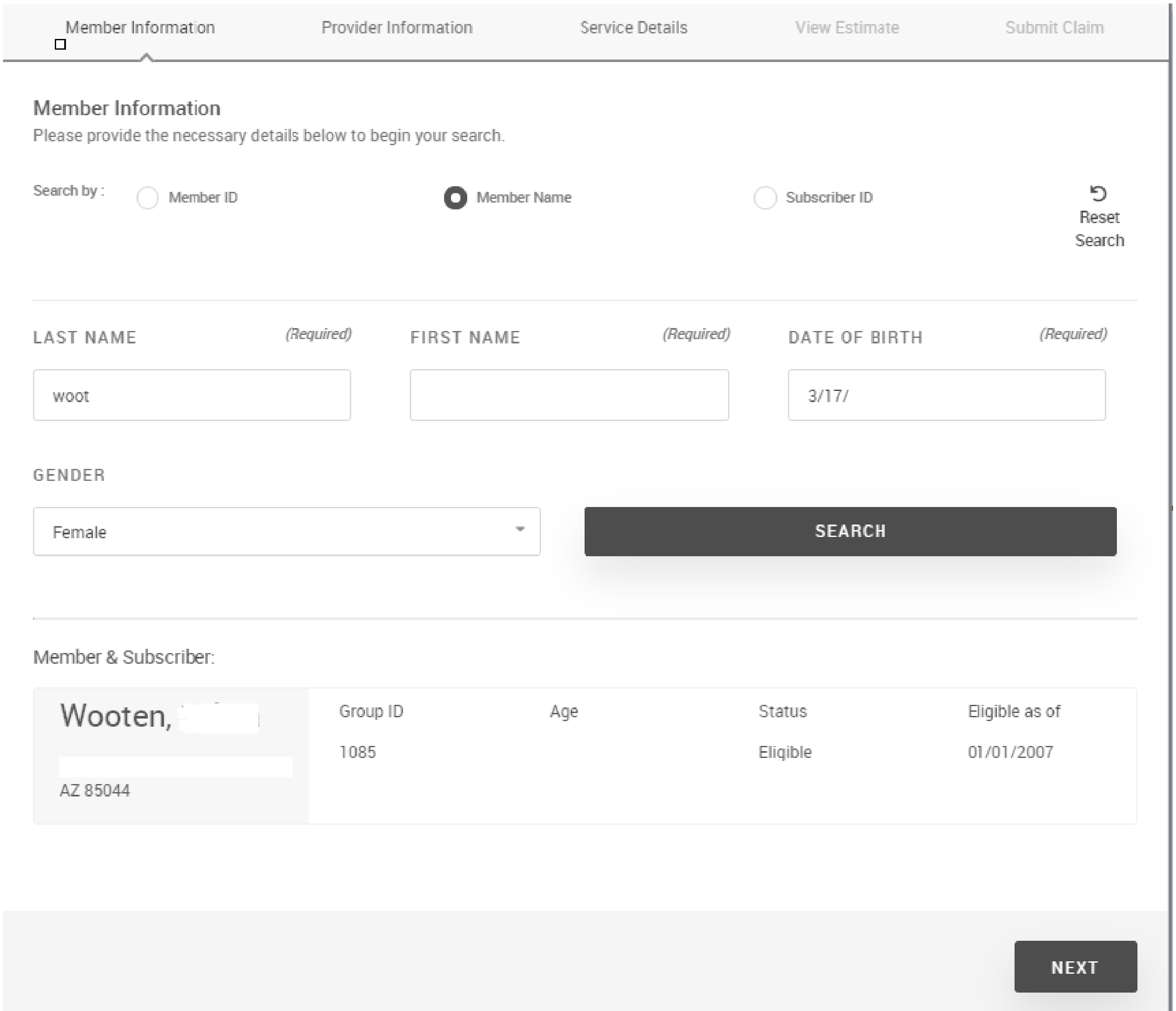


- *To search by name, date of birth and gender*, select **Member Name**.



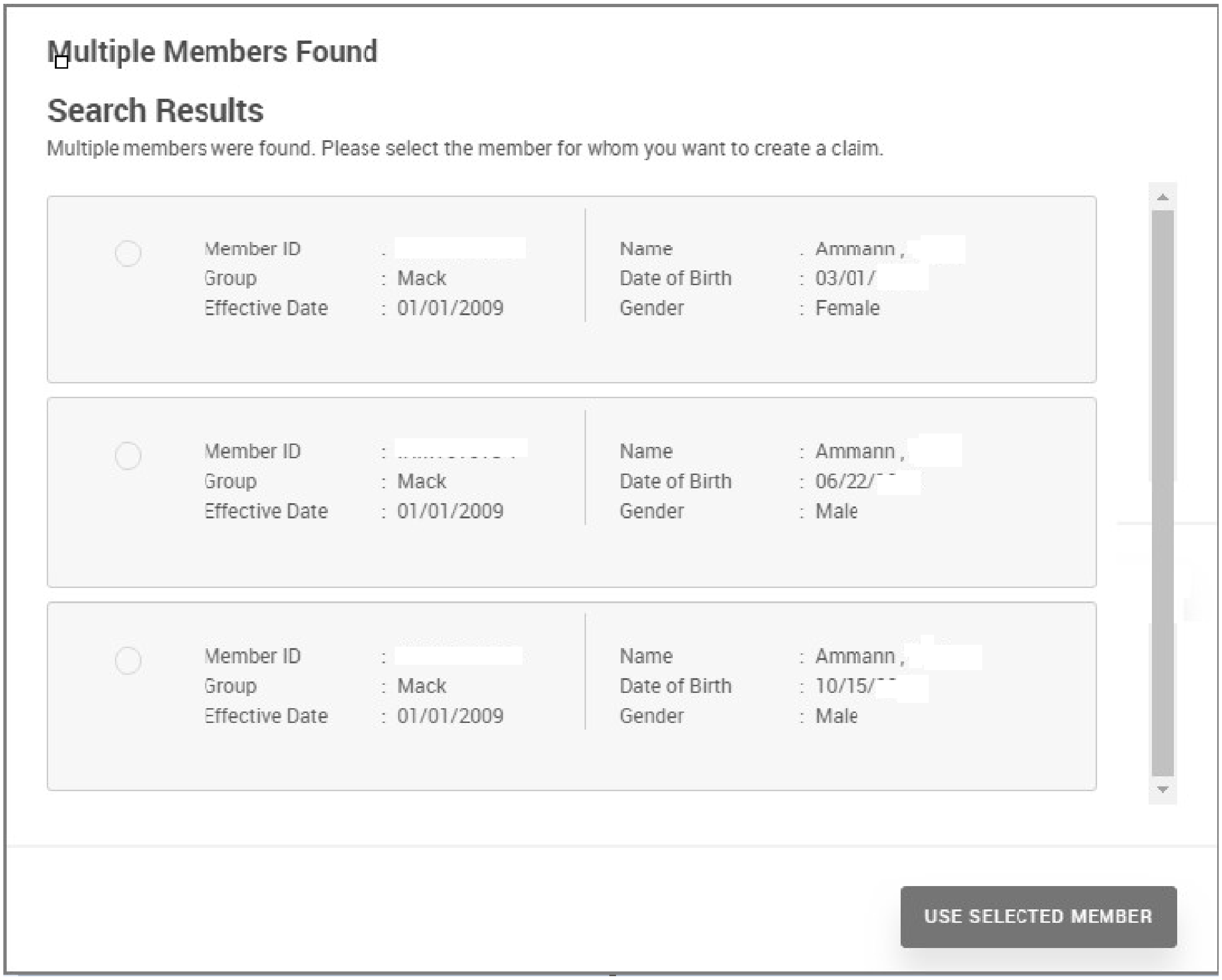
i. Type the **LAST NAME/FIRST NAME**.
ii. Type the **DATE OF BIRTH** or select it from the calendar ().
iii. Select the **GENDER**.
iv. Click **SEARCH**.

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



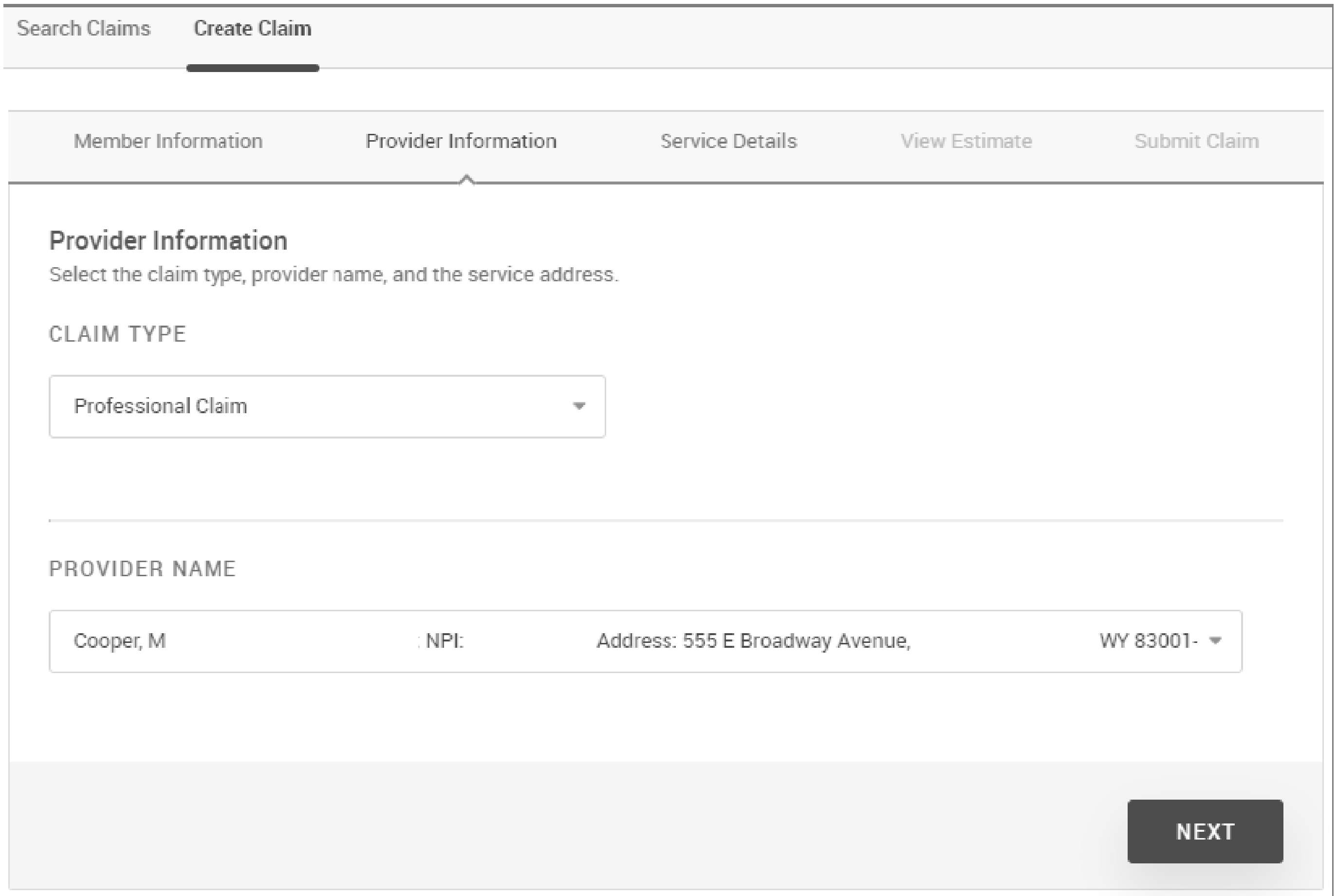
If a member is not yet active in the system, an error similar to the following appears.

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

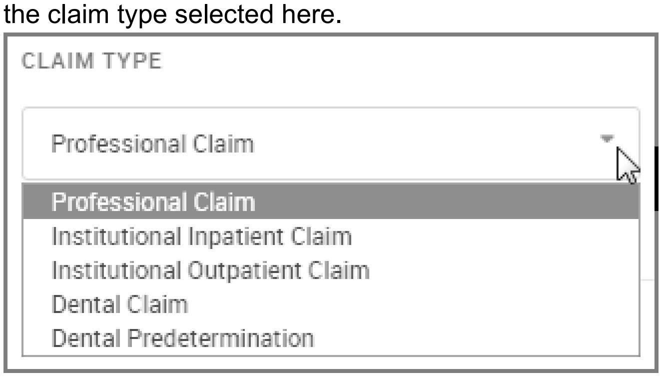


- Provider Information

Provider Information



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.



ⓘ 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

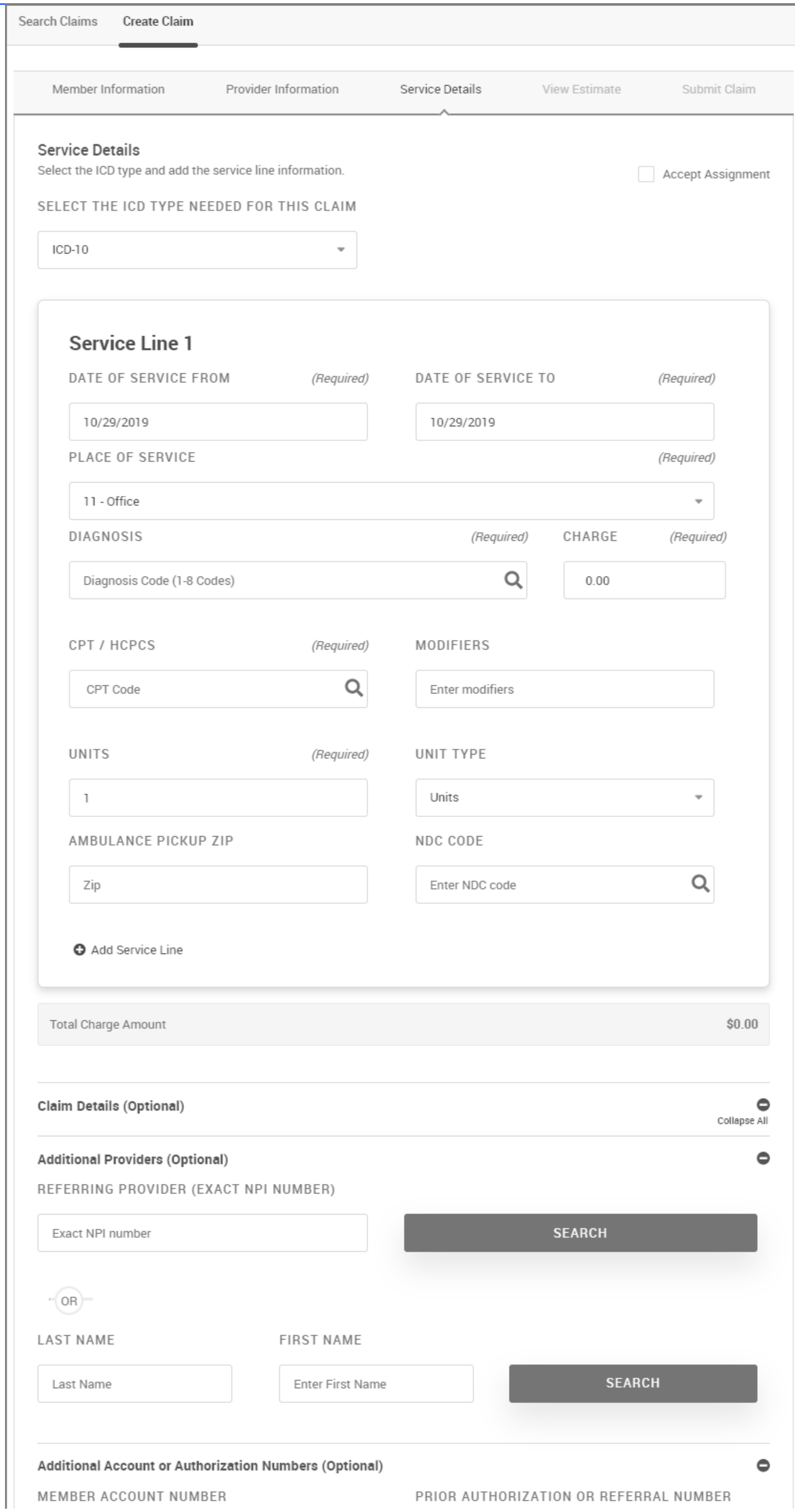
Service Details

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

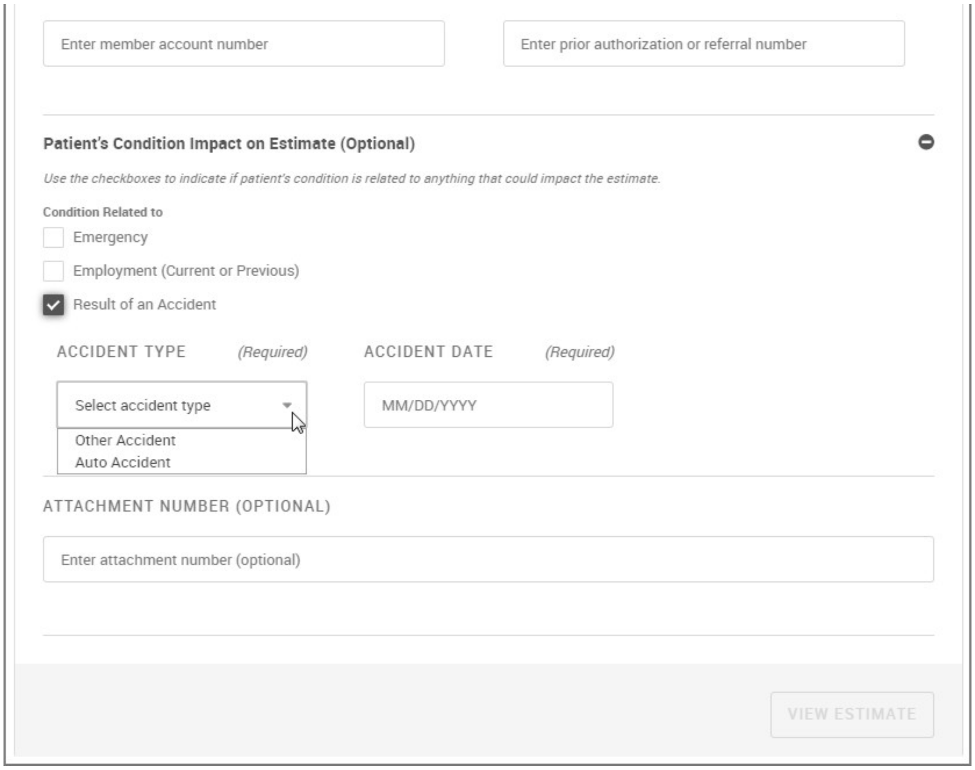
Provide the following service/claim details information:

Professional Service/Claim Details

Professional Service/Claim Details



Search Claims
Create Claim
Member Information
Provider Information
Service Details
View Estimate
Submit Claim
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



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:

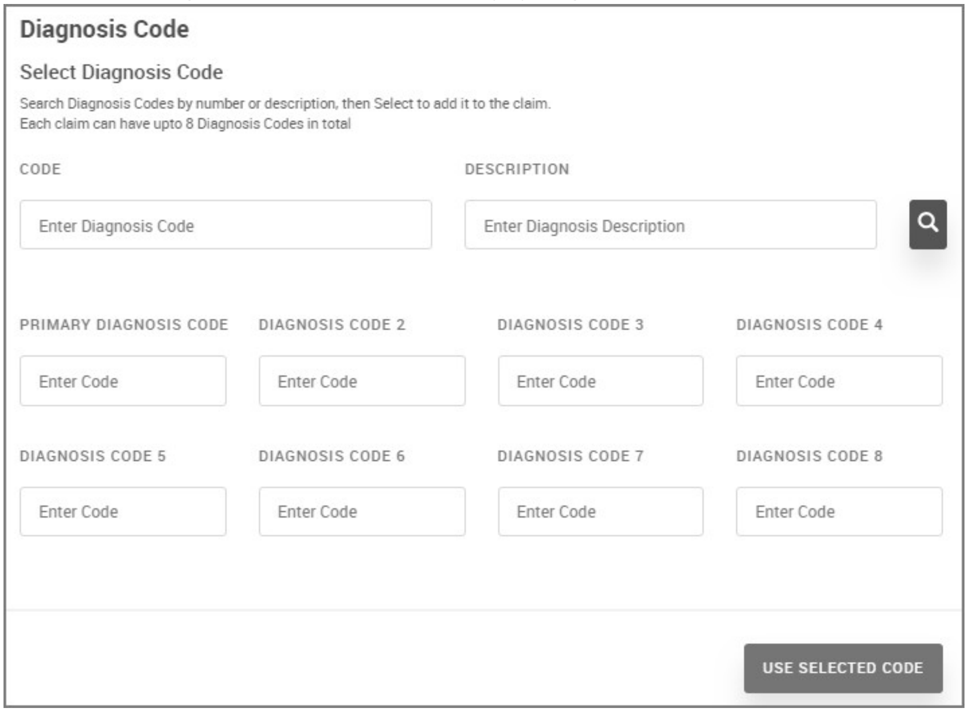
> You can add additional service lines by clicking **+ Add Service Line** and delete a service line by clicking **- Delete Service Line**.
>
> A maximum of 50 service lines can be added for a professional claim.

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.

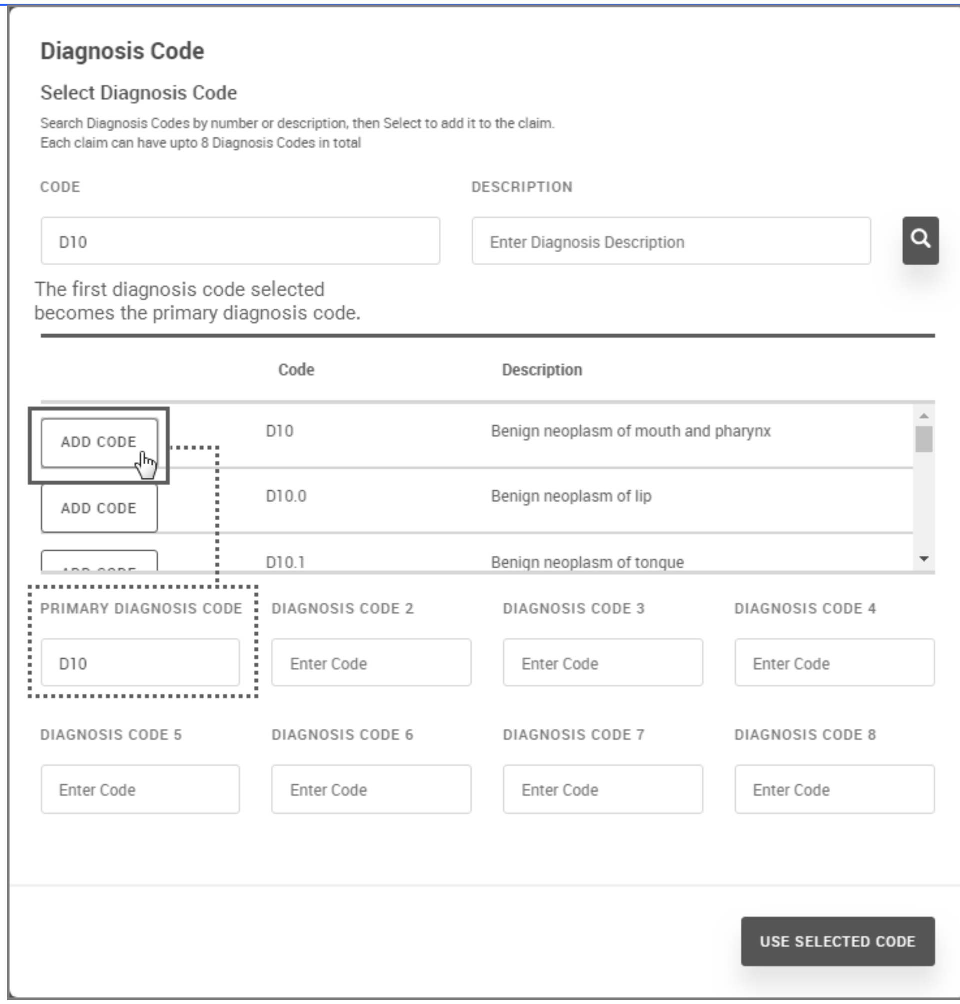
- 01 Pharmacy
- 02 Telehealth
- 03 School
- 04 Homeless Shelter
- 05 Indian Health Service Free-standing Facility
- 06 Indian Health Service Provider-based Facility
- 07 Tribal 638 Free-standing Facility
- 08 Tribal 638 Provider-based Facility
- 09 Prison/ Correctional Facility
- 10 Unassigned
- 11 Office
- 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
- 43-48 Unassigned
- 49 Independent Clinic
- 50 Federally Qualified Health Center
- 51 Inpatient Psychiatric Facility
- 52 Psychiatric Facility-Partial Hospitalization
- 53 Community Mental Health Center
- 54 Intermediate Care Facility/Mentally Retarded
- 55 Residential Substance Abuse Treatment Facility
- 56 Psychiatric Residential Treatment Center
- 57 Non-residential Substance Abuse Treatment Facility
- 58-59 Unassigned
- 60 Mass Immunization Center
- 61 Comprehensive Inpatient Rehabilitation Facility
- 62 Comprehensive Outpatient Rehabilitation Facility
- 63-64 Unassigned
- 65 End-Stage Renal Disease Treatment Facility
- 66-70 Unassigned
- 71 Public Health Clinic
- 72 Rural Health Clinic
- 73-80 Unassigned
- 81 Independent Laboratory
- 82-98 Unassigned
- 99 Other Place of Service

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.



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.

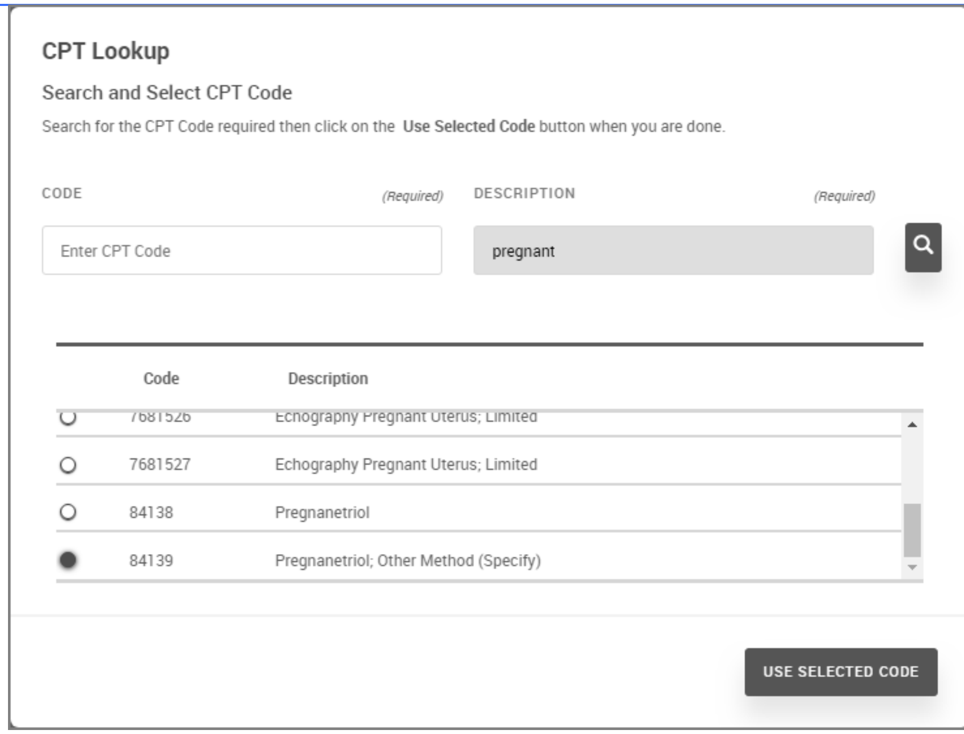


If an invalid code was typed, an error message appears.

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.

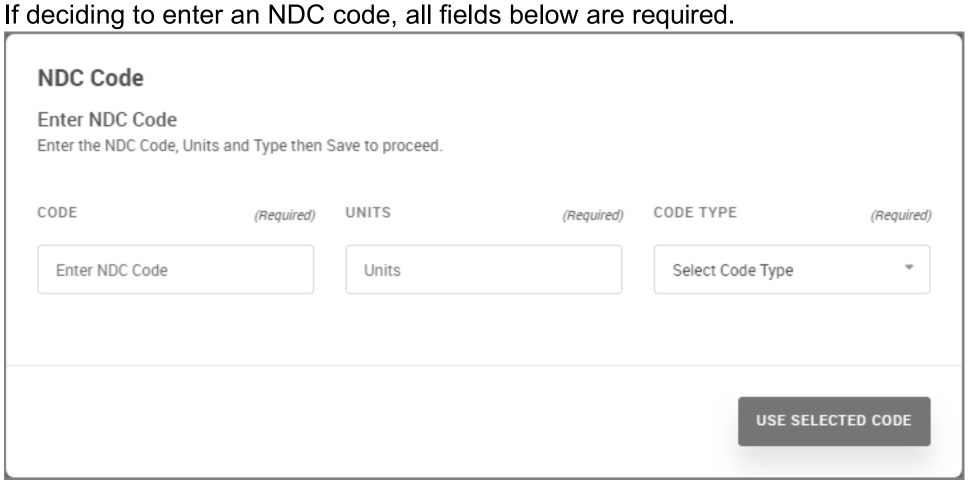


ii. Either type a **CODE** or **DESCRIPTION** and then click search ( ).

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.



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.**

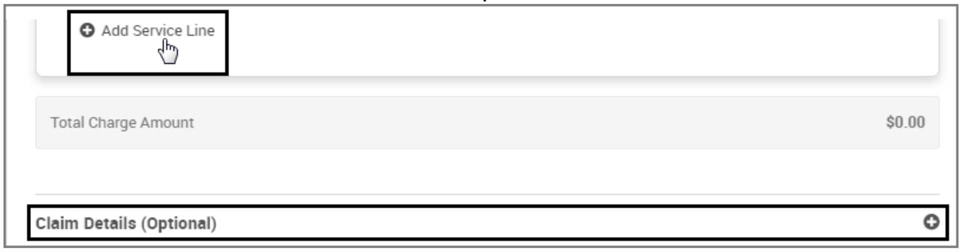
k. **AMBULANCE PICKUP ZIP**: Type the ambulance pickup location by ZIP Code.

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.



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

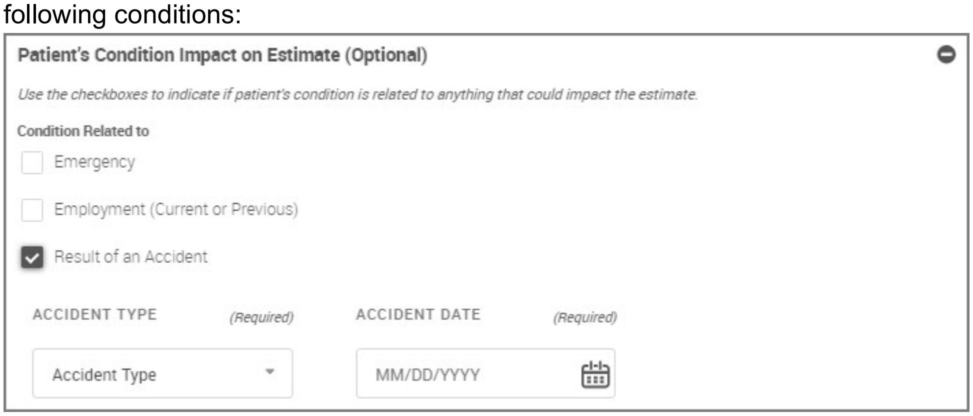
p. ***Optional.*** In the **Additional Providers (Optional)** section, type the **REFERRING PROVIDER (EXACT NPI NUMBER)** or type the **LAST NAME/FIRST NAME** and click **SEARCH**.
If more than 50 providers were found, you can select those to which you want to make an additional provider. If too many 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:

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:



- 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.

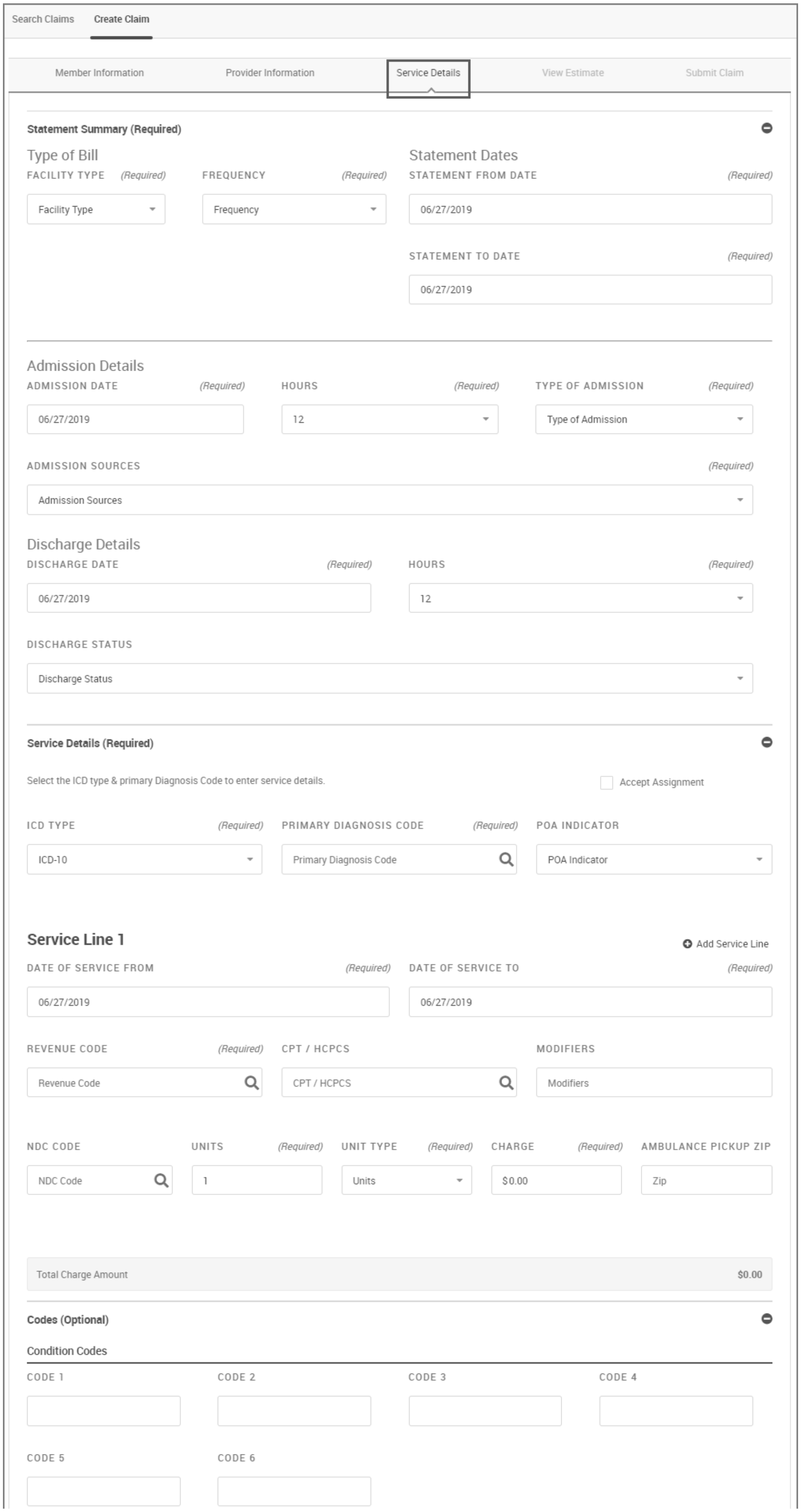
- Select **Result of an Accident** if the condition of the patient is related to an accident.
    1. Select the **ACCIDENT TYPE**. Choices are: *Other Accident* or *Auto Accident*. If you selected *Auto Accident* as the accident type, select the **STATE**.
    2. In the **ACCIDENT DATE** field, type 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)
Facility Type
FREQUENCY (Required)
Frequency
Statement Dates
STATEMENT FROM DATE (Required)
06/27/2019
STATEMENT TO DATE (Required)
06/27/2019
Admission Details
ADMISSION DATE (Required)
06/27/2019
HOURS (Required)
12
TYPE OF ADMISSION (Required)
Type of Admission
ADMISSION SOURCES (Required)
Admission Sources
Discharge Details
DISCHARGE DATE (Required)
06/27/2019
HOURS (Required)
12
DISCHARGE STATUS
Discharge Status
Service Details (Required)
Select the ICD type & primary Diagnosis Code to enter service details.
Accept Assignment
ICD TYPE (Required)
ICD-10
PRIMARY DIAGNOSIS CODE (Required)
Primary Diagnosis Code
POA INDICATOR
POA Indicator
Service Line 1
Add Service Line
DATE OF SERVICE FROM (Required)
06/27/2019
DATE OF SERVICE TO (Required)
06/27/2019
REVENUE CODE (Required)
Revenue Code
CPT / HCPCS
CPT / HCPCS
MODIFIERS
Modifiers
NDC CODE
NDC Code
UNITS (Required)
1
UNIT TYPE (Required)
Units
CHARGE (Required)
$0.00
AMBULANCE PICKUP ZIP
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

Occurence Codes

CODE 1	FROM DATE	TO DATE
	06/27/2019	06/27/2019

CODE 2	FROM DATE	TO DATE
	06/27/2019	06/27/2019

Add New Row

Value Codes

CODE 1	AMOUNT 1

CODE 2	AMOUNT 2

CODE 3	AMOUNT 3

Add New Row

Other Diagnosis Codes

CODE 1	POA INDICATOR 1
	Yes

CODE 2	POA INDICATOR 2
	Yes

CODE 3	POA INDICATOR 3
	Yes

Add New Row

Diagnosis Code

ADMITTING	DRG/PPS CODE

Patient Reason Diagnosis Codes

CODE 1	POA INDICATOR 1
	Yes

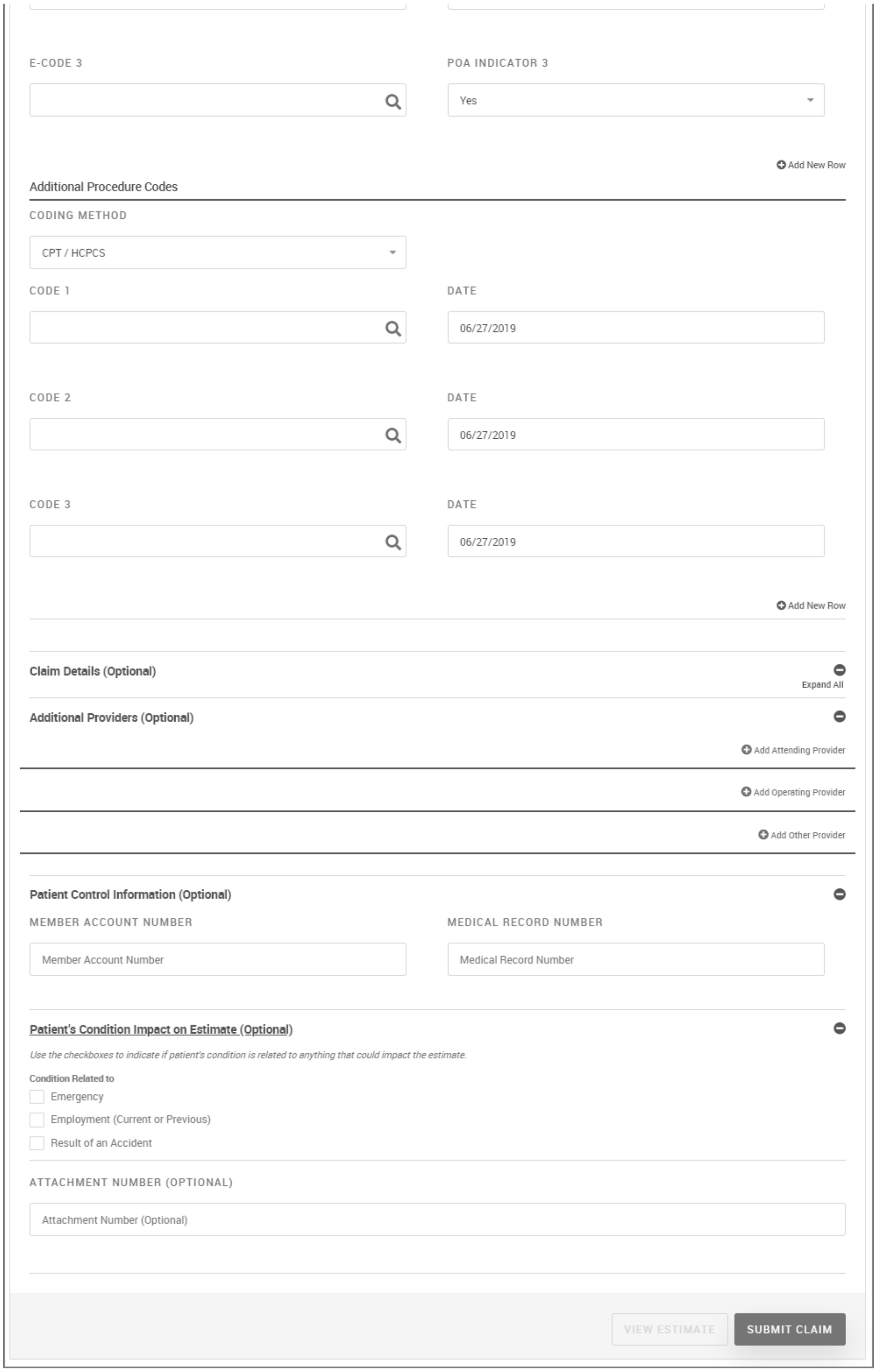
CODE 2	POA INDICATOR 2
	Yes

CODE 3	POA INDICATOR 3
	Yes

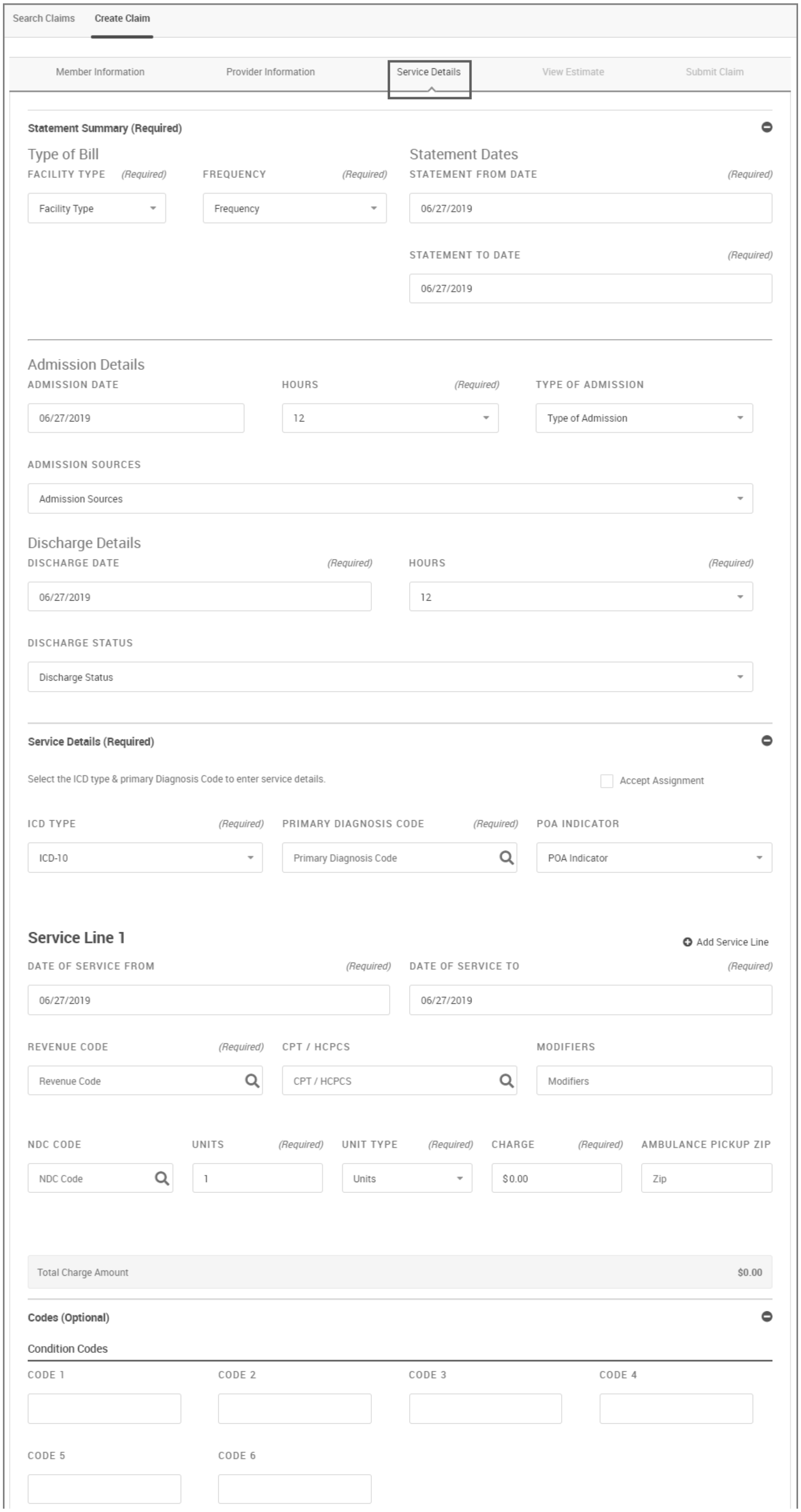
External Cause of Injury Codes

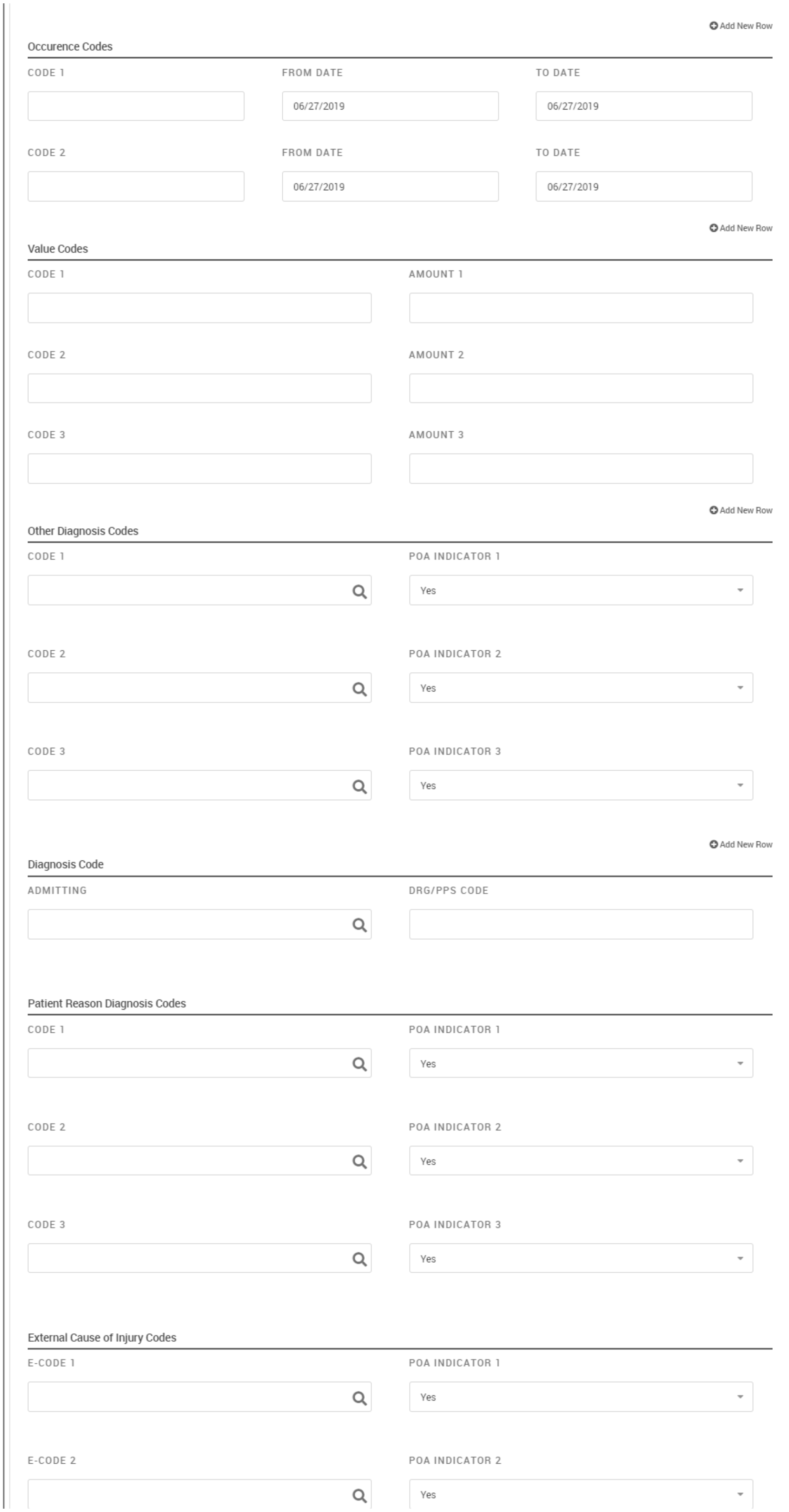
E-CODE 1	POA INDICATOR 1
	Yes

E-CODE 2	POA INDICATOR 2
	Yes



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)
Facility Type
FREQUENCY (Required)
Frequency
Statement Dates
STATEMENT FROM DATE (Required)
06/27/2019
STATEMENT TO DATE (Required)
06/27/2019
Admission Details
ADMISSION DATE
06/27/2019
HOURS (Required)
12
TYPE OF ADMISSION
Type of Admission
ADMISSION SOURCES
Admission Sources
Discharge Details
DISCHARGE DATE (Required)
06/27/2019
HOURS (Required)
12
DISCHARGE STATUS
Discharge Status
Service Details (Required)
Select the ICD type & primary Diagnosis Code to enter service details.
Accept Assignment
ICD TYPE (Required)
ICD-10
PRIMARY DIAGNOSIS CODE (Required)
Primary Diagnosis Code
POA INDICATOR
POA Indicator
Service Line 1
Add Service Line
DATE OF SERVICE FROM (Required)
06/27/2019
DATE OF SERVICE TO (Required)
06/27/2019
REVENUE CODE (Required)
Revenue Code
CPT / HCPCS
CPT / HCPCS
MODIFIERS
Modifiers
NDC CODE
NDC Code
UNITS (Required)
1
UNIT TYPE (Required)
Units
CHARGE (Required)
$0.00
AMBULANCE PICKUP ZIP
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

Occurence Codes

CODE 1	FROM DATE	TO DATE
	06/27/2019	06/27/2019

CODE 2	FROM DATE	TO DATE
	06/27/2019	06/27/2019

Add New Row

Value Codes

CODE 1

AMOUNT 1

CODE 2

AMOUNT 2

CODE 3

AMOUNT 3

Add New Row

Other Diagnosis Codes

CODE 1	POA INDICATOR 1
	Yes

CODE 2	POA INDICATOR 2
	Yes

CODE 3	POA INDICATOR 3
	Yes

Add New Row

Diagnosis Code

ADMITTING

DRG/PPS CODE

Patient Reason Diagnosis Codes

CODE 1	POA INDICATOR 1
	Yes

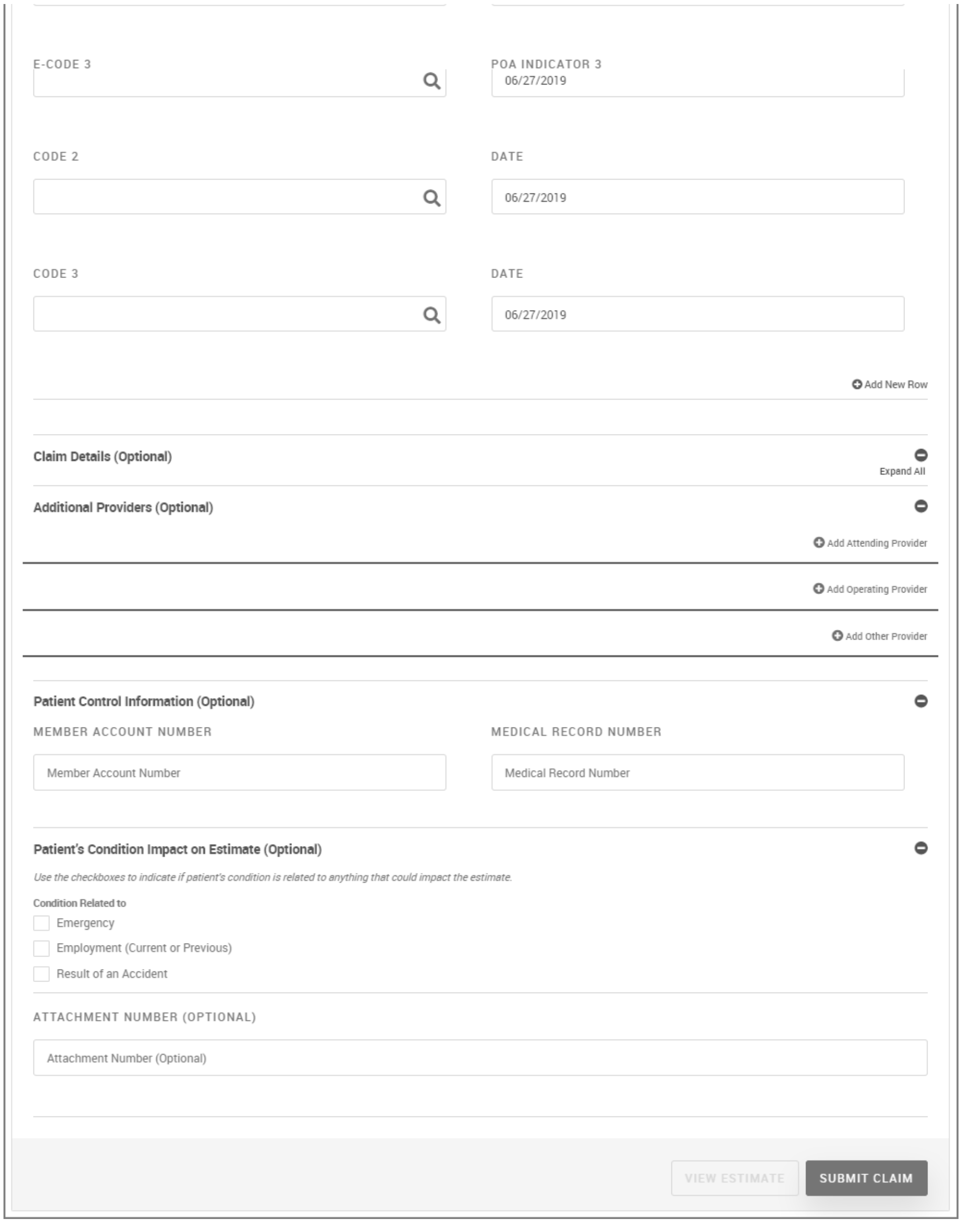
CODE 2	POA INDICATOR 2
	Yes

CODE 3	POA INDICATOR 3
	Yes

External Cause of Injury Codes

E-CODE 1	POA INDICATOR 1
	Yes

E-CODE 2	POA INDICATOR 2
	Yes



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:

Institutional Inpatient	**Institutional Outpatient**

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

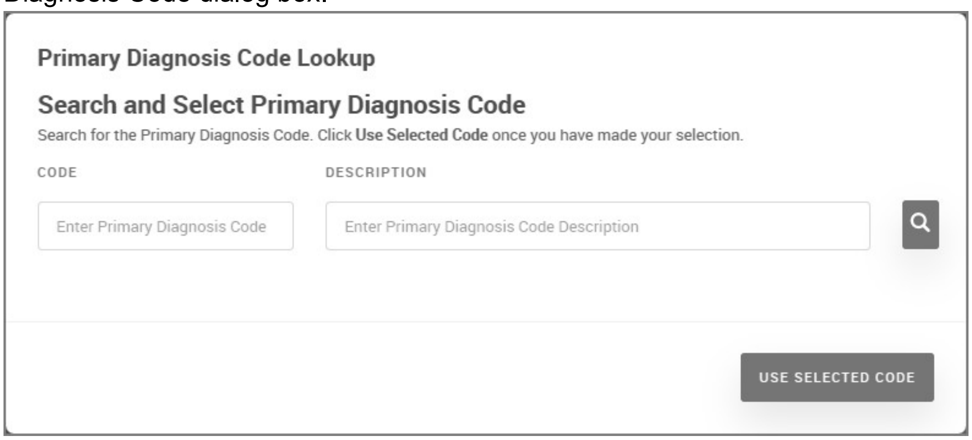
- 03 - Discharged/transferred to skilled nursing facility
- 04 - Discharged/transferred to intermediate
- 05 - Discharged/transferred to another type
- 06 - Discharged/transferred to home care
- 07 - Left against medical advice
- 08 - Discharged/transferred to home
- 09 - Admitted as an inpatient to 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.



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**.

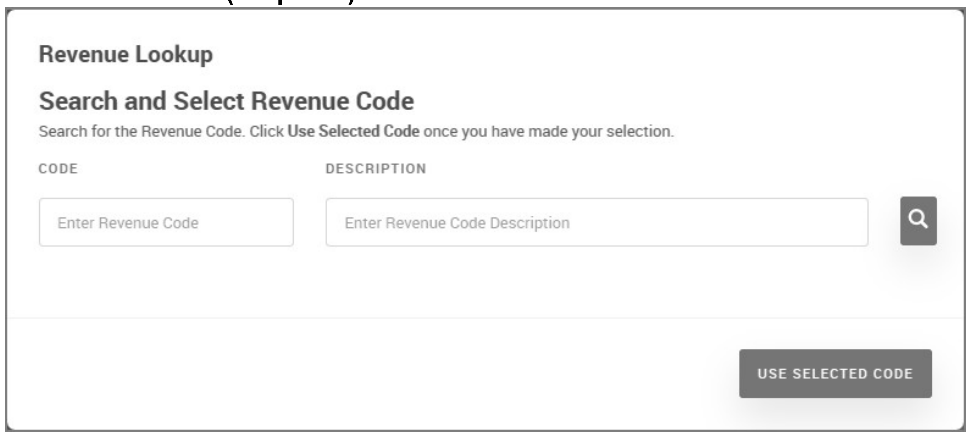
iv. **POA INDICATOR**. Select the POA indicator from the list. Choices are:

- 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)**.

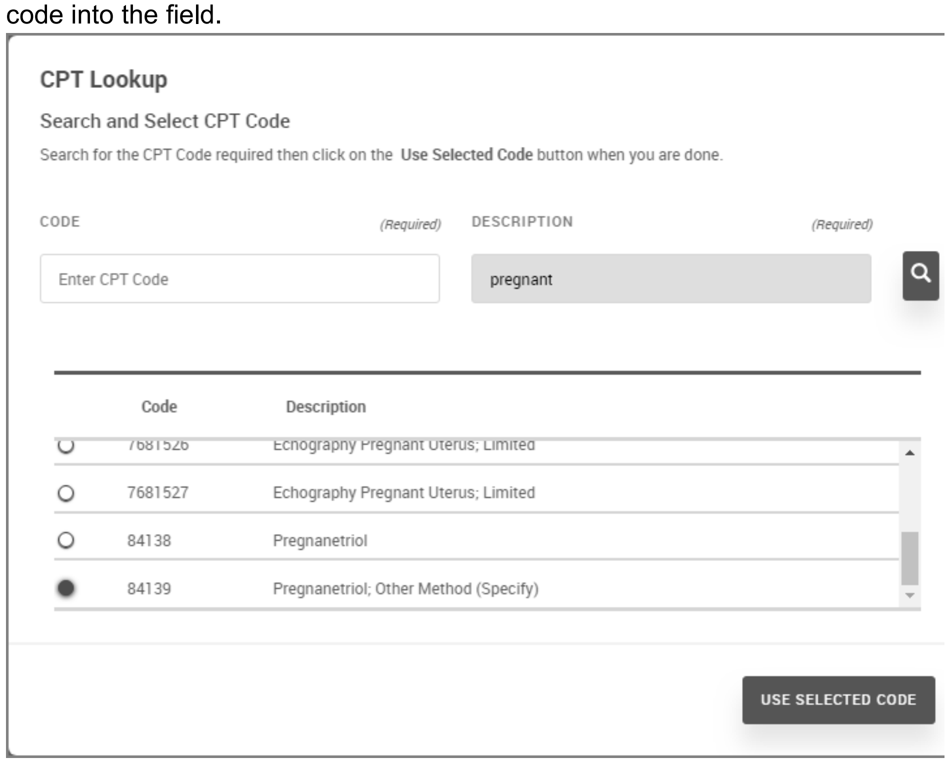


01 Type the revenue **CODE** and/or **DESCRIPTION**, and then click the search icon ( ).

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.

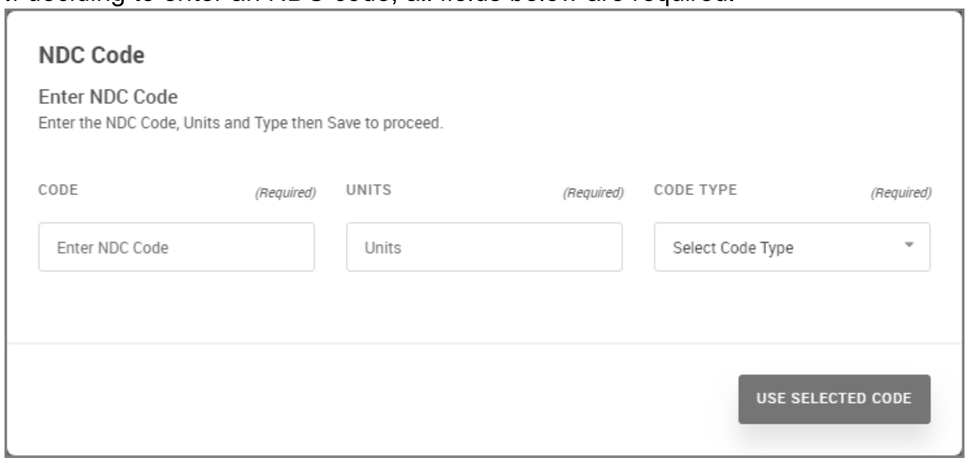


02 Either type a **CODE** or **DESCRIPTION** and then click search ( ).

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.



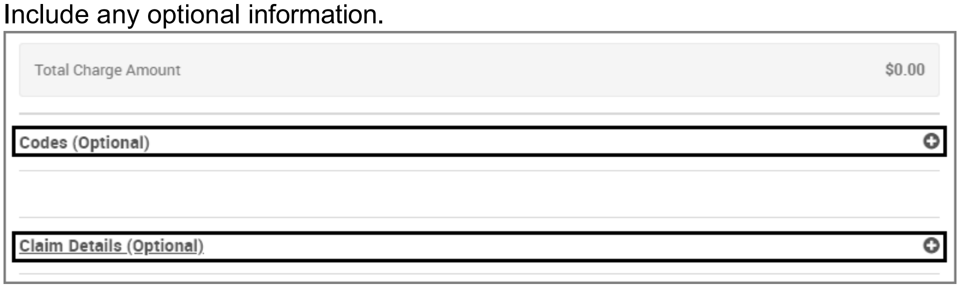
01 Type a **CODE** and **UNITS**.

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

03 Click **USE SELECTED CODE**.

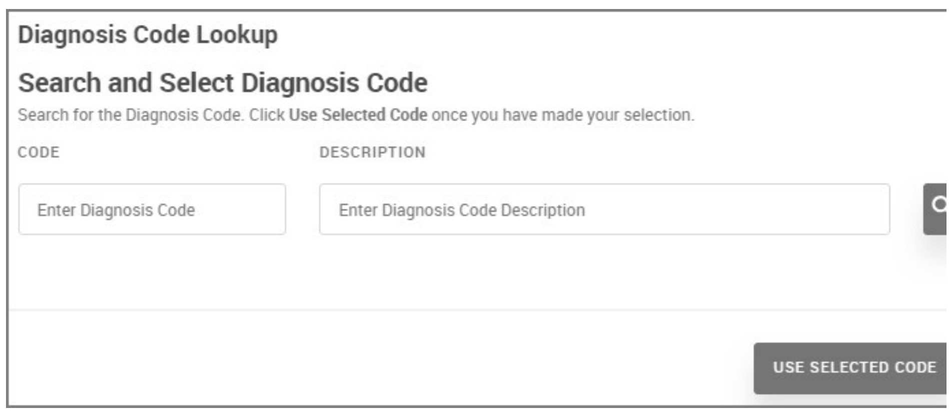
6. **UNITS**: Type the number of units. The NDC Code, Units and Unit Type are populated; however, you can also specify Units as: *Units*, *Minutes*, or *Days*
7. **UNIT TYPE**: Select the Unit Type. Choices are: *Units* (default), *Minutes*, *Days*
8. **CHARGE**: Type the charge amount, if known.
9. **AMBULANCE PICKUP ZIP**: Type the ambulance pickup location by ZIP Code.

c. Include any optional information.

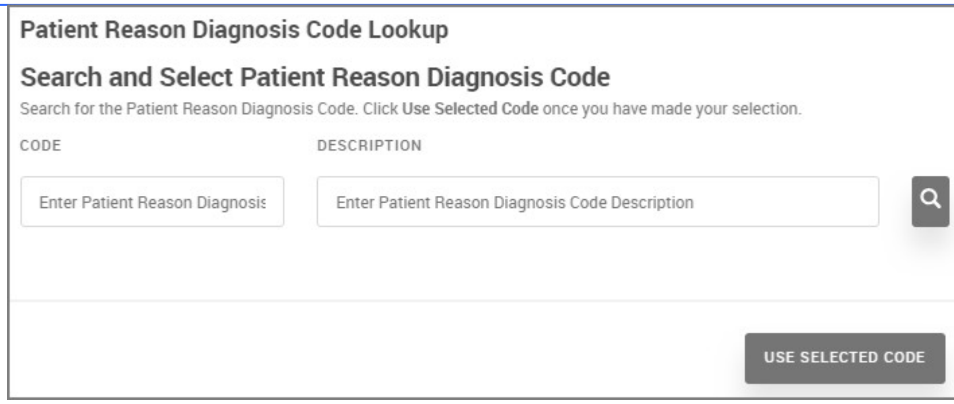


d. **Codes (Optional)**. Provide the following optional codes, if needed.

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.

     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.



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

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

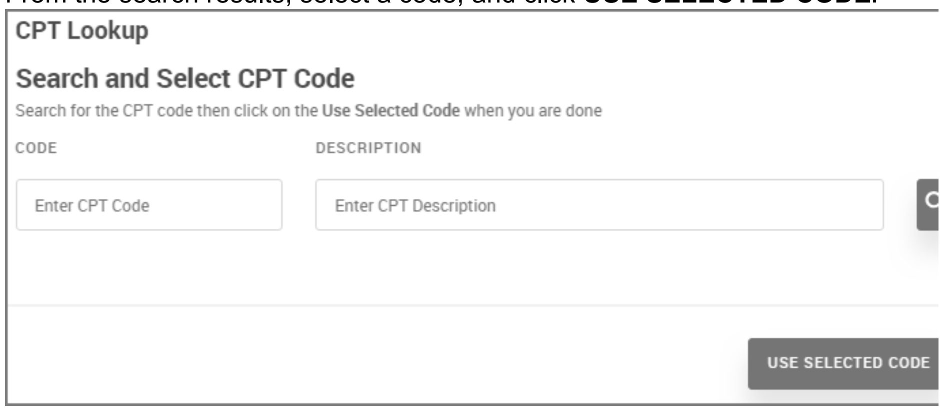
8. *Additional Procedure Codes*. Type additional procedure codes; click the search icon to search for the codes. If you need to add additional codes, click **Add New Row**.

   a. **CODING METHOD**. Select the coding method from the list. Choices are:

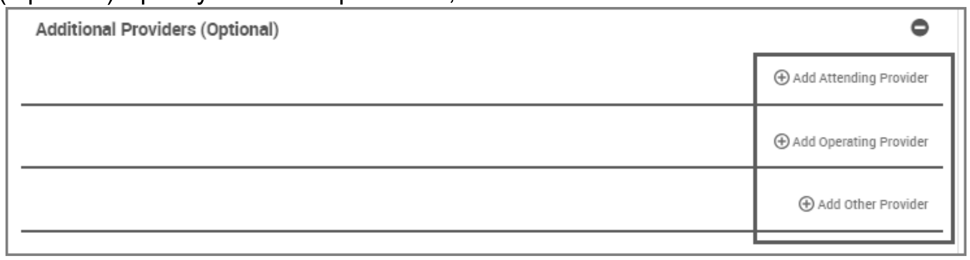
      - CPT/HCPCS
      - ICD Surgical Procedure Code

   b. Click the search icon ( ), and type a **CODE** and **DESCRIPTION** and then click the search icon ( ).

   c. From the search results, select a code, and click **USE SELECTED CODE**.

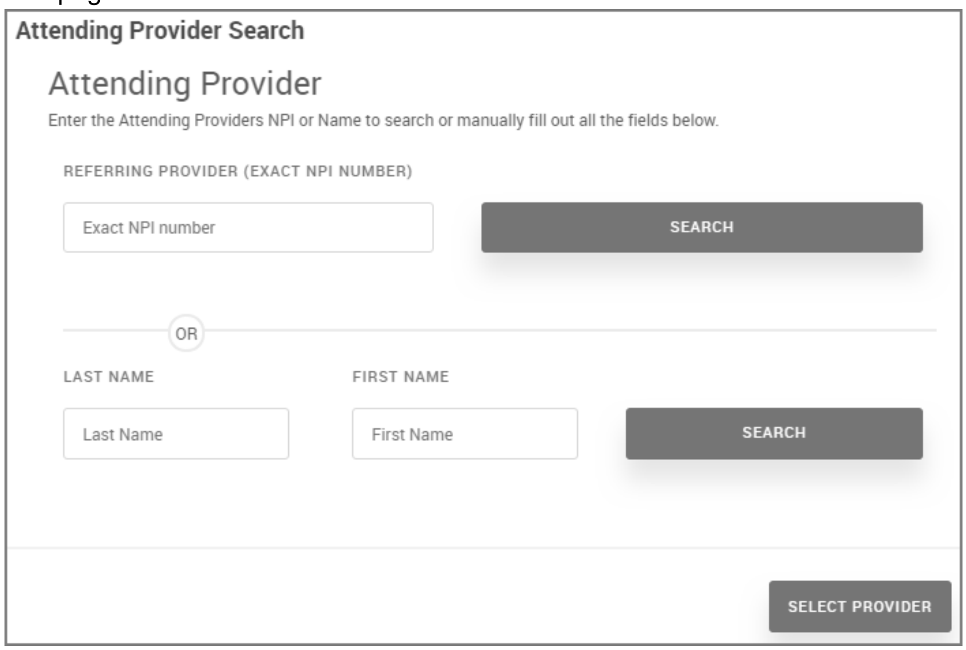


d. (Optional) Specify additional providers, if needed.



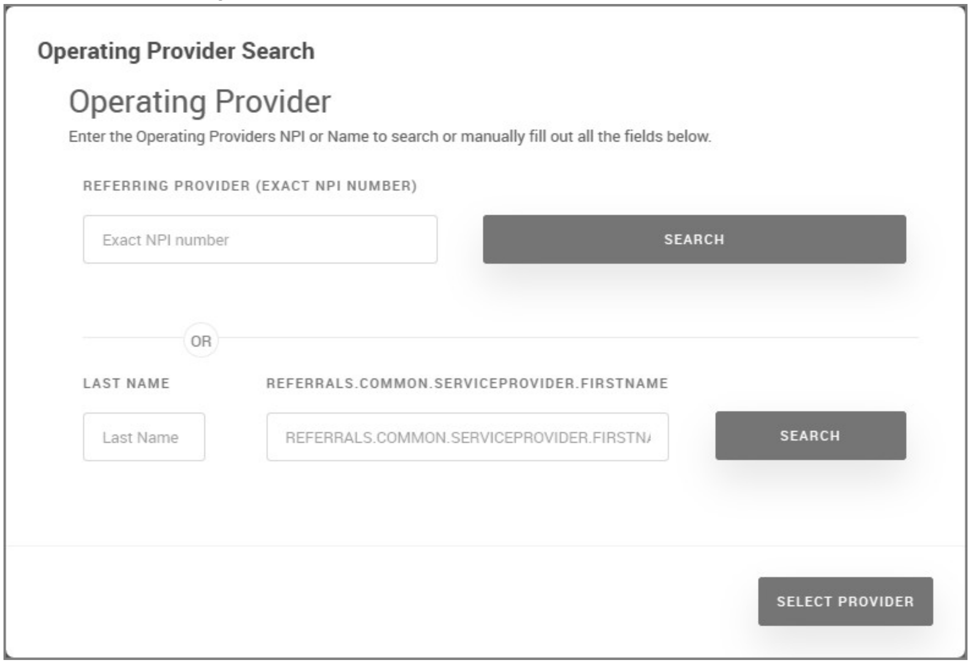
By clicking Add Other Provider, you can add up to 2 additional providers.

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



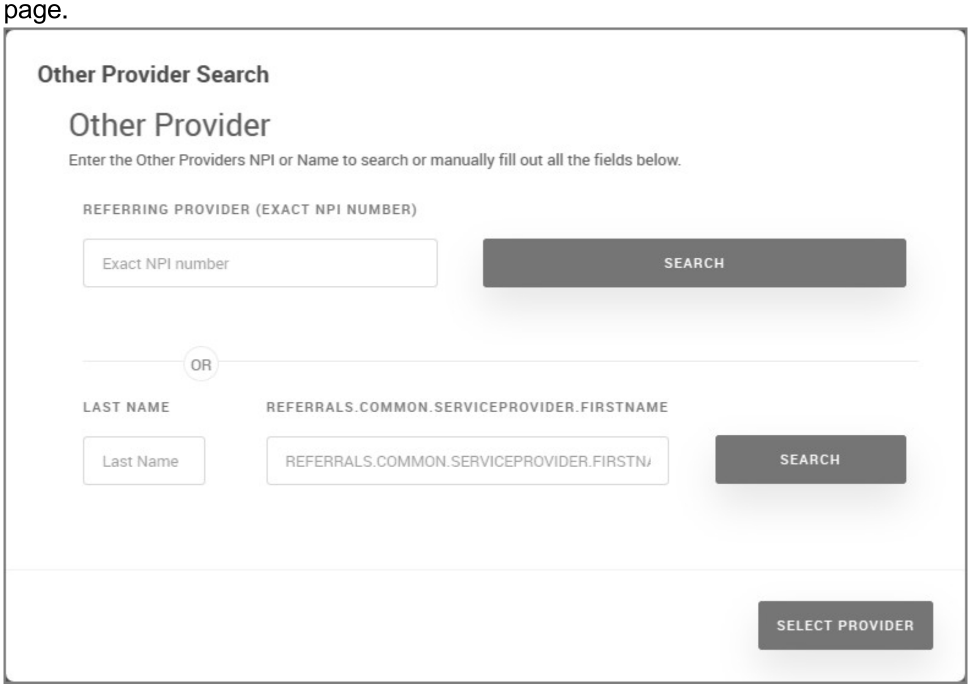
1. Do one of the following, and then click **SEARCH**:
    - Type the **REFERRING PROVIDER (EXACT NPI NUMBER)**.
    - Type the **LAST NAME/FIRST NAME** (minimum 2 letters).
2. Select the provider from the search results, and then click **SELECT PROVIDER**. The provider information appears. At any time, 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.



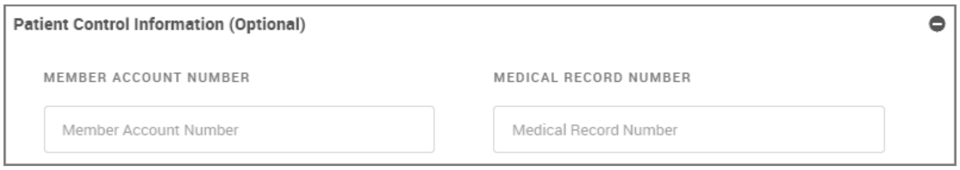
1. Do one of the following, and then click **SEARCH**:
   - Type the **REFERRING PROVIDER (EXACT NPI NUMBER)**.
   - Type the **LAST NAME/FIRST NAME** (minimum 2 letters).
2. Select the provider from the search results, and then click **SELECT PROVIDER**. Selected provider information appears. At any 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.



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.

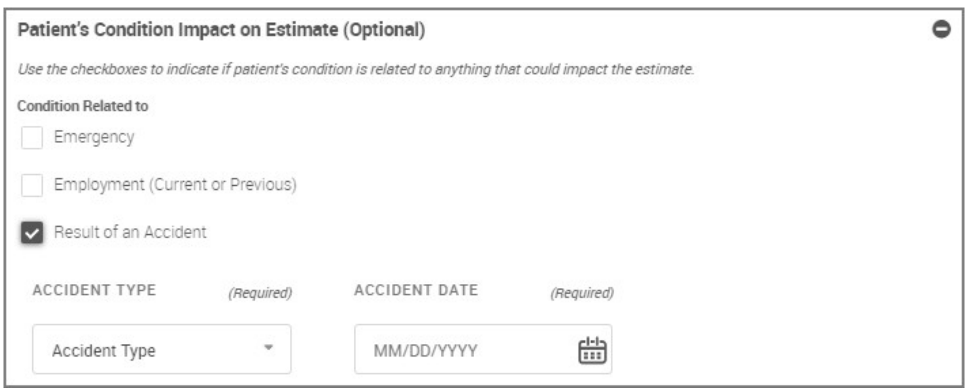
Optional. Click the **Patient Control Information (Optional)** section and provide the following information:



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:



- 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.

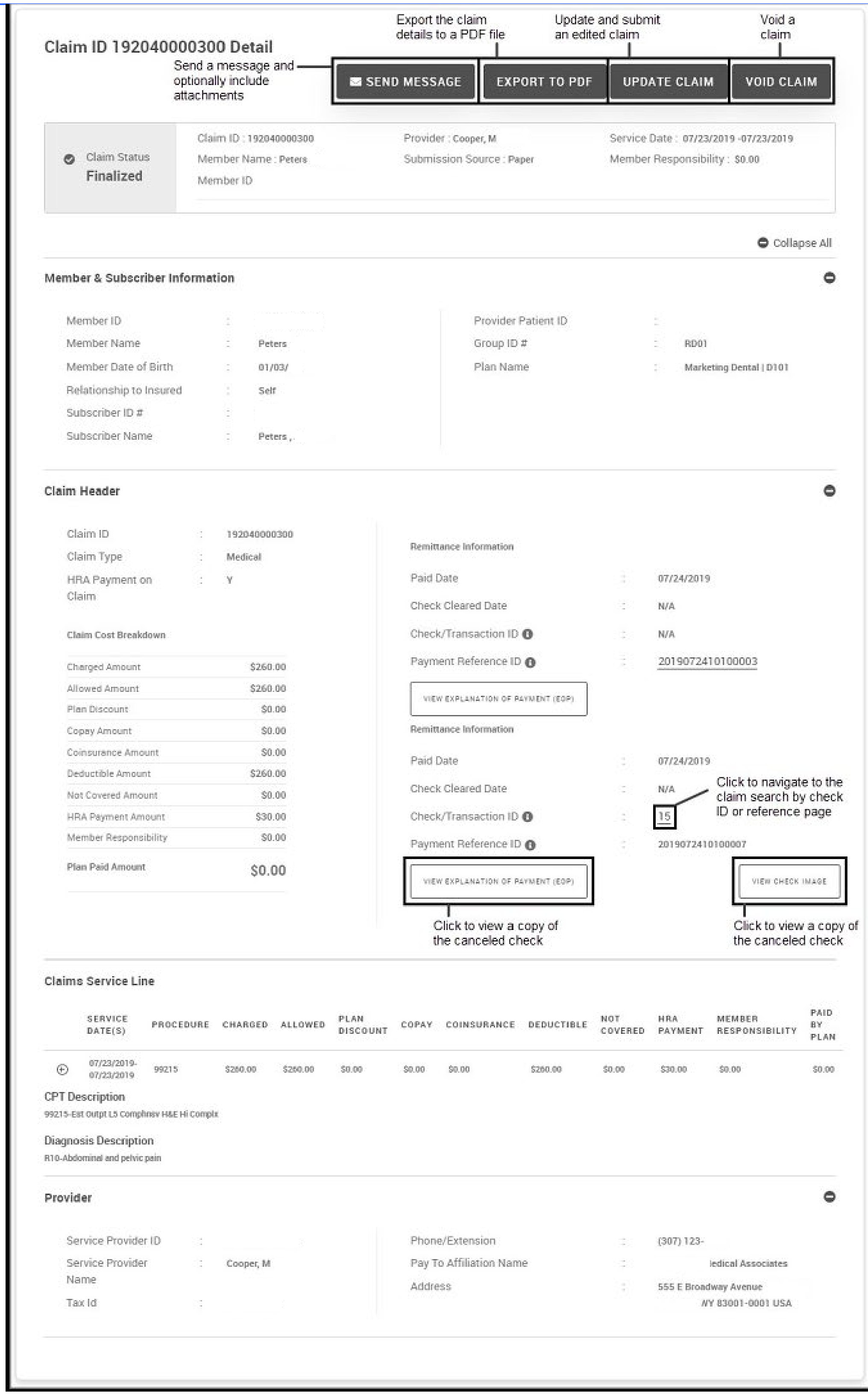
f. Click **NEXT** or select another tab.

Viewing Claim Details

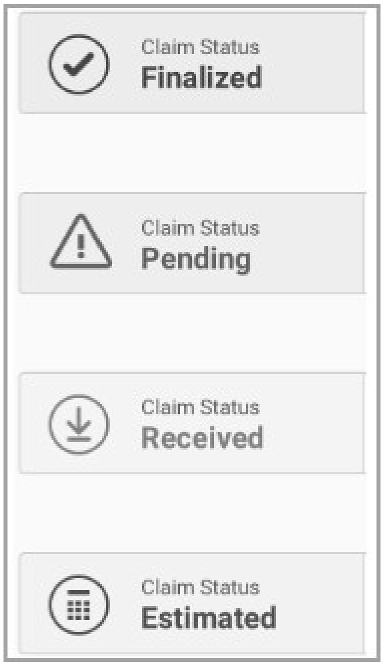
Claim Details Notes

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
Export the claim details to a PDF file
Update and submit an edited claim
Void a claim
Send a message and optionally include attachments
SEND MESSAGE
EXPORT TO PDF
UPDATE CLAIM
VOID CLAIM
Claim Status
Finalized
Claim ID : 192040000300
Member Name : Peters
Member ID
Provider : Cooper, M
Submission Source : Paper
Service Date : 07/23/2019 -07/23/2019
Member Responsibility : $0.00
Collapse All
Member & Subscriber Information
Member ID :
Member Name : Peters
Member Date of Birth : 01/03/
Relationship to Insured : Self
Subscriber ID # :
Subscriber Name : Peters ,
Provider Patient ID :
Group ID # : RD01
Plan Name : Marketing Dental | D101
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
Plan Paid Amount $0.00
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
Click to navigate to the claim search by check ID or reference page
VIEW EXPLANATION OF PAYMENT (EOP)
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 Outpt L5 Comphrsv H&E Hi Complx
Diagnosis Description
R10-Abdominal and pelvic pain
Provider
Service Provider ID :
Service Provider Name : Cooper, M
Tax Id :
Phone/Extension : (307) 123-
Pay To Affiliation Name : ledical Associates
Address : 555 E Broadway Avenue
WY 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:

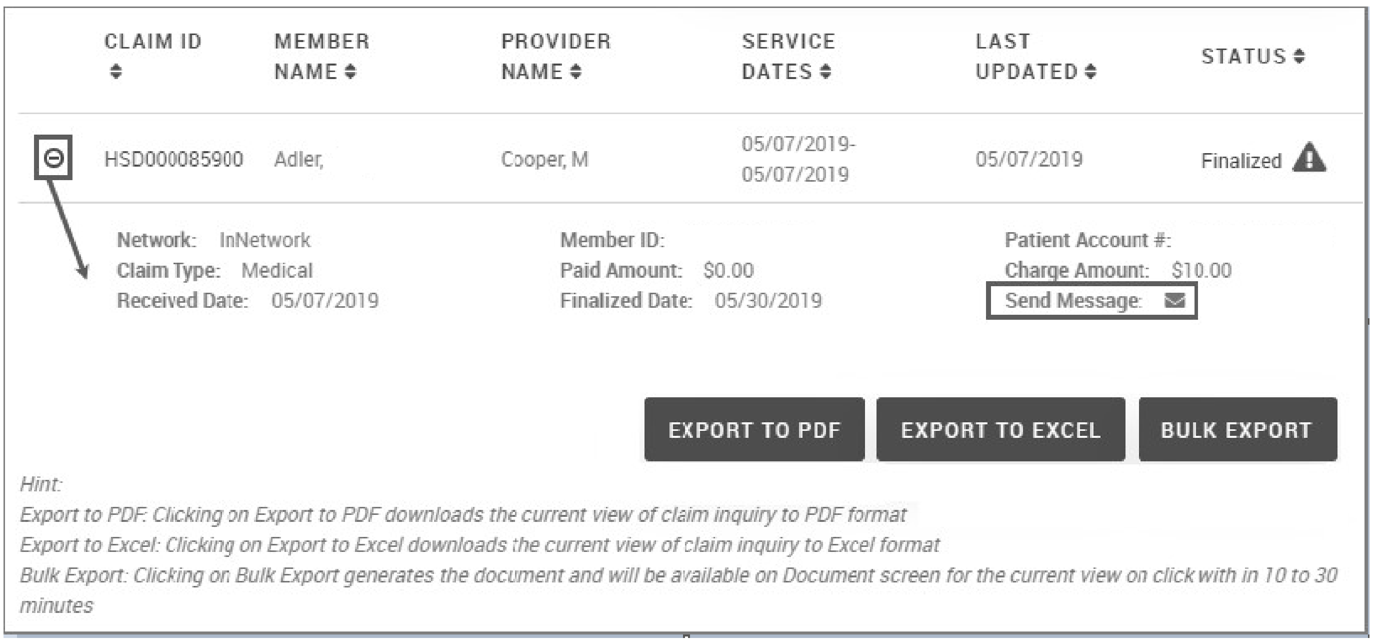
- Printing or Downloading a PDF of Claim Details
- Creating a Message
- Viewing the Claim Reference ID or Check Image
- Viewing Estimated Claims
- Searching for Claims
- Sending a Claims Detail or Claims Summary Message
- Search for, Update, or Re-estimate a Claim

Sending a Claims Detail or Claims Summary Message

To send a claims detail or claims summary message:

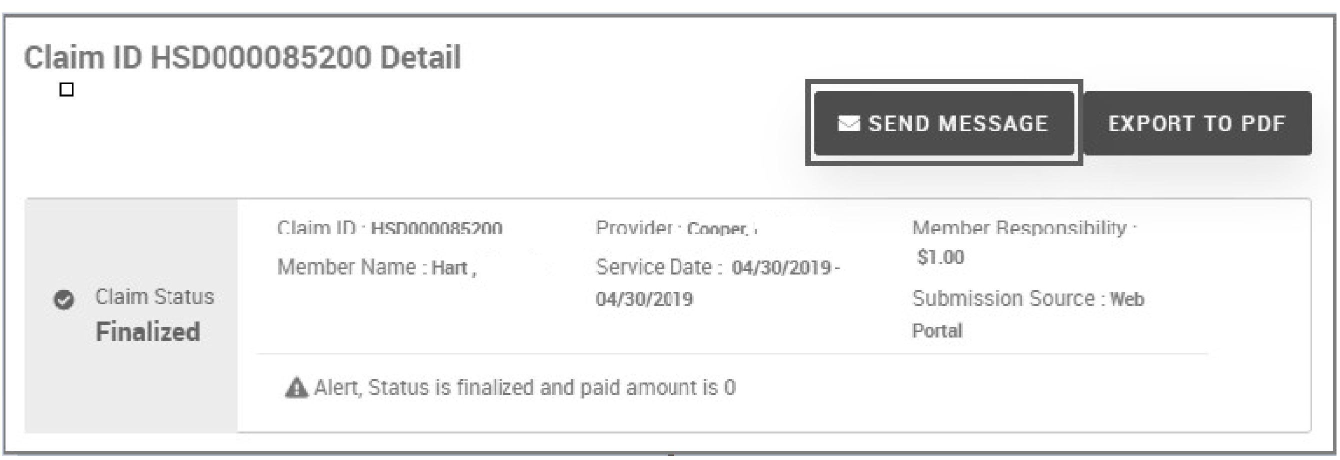
1. Click **Claims** from the navigation menu.
2. Search for a claim.
   Claim results appear.
3. Send a claims message using either of the following methods:
   - **From search results**: Expand the search results overview information.

     Example



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

     Example

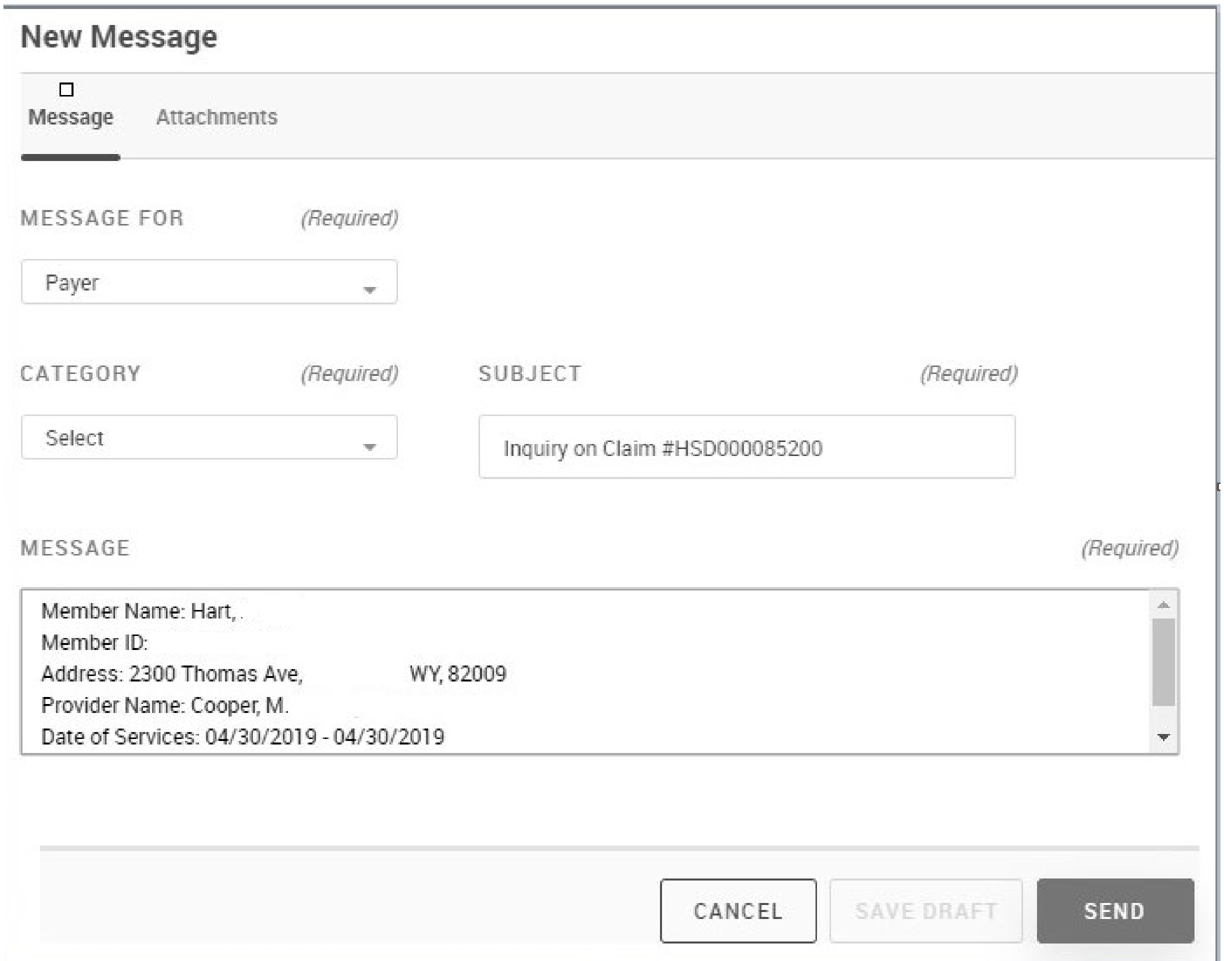


4. Click the **Send Message** link.

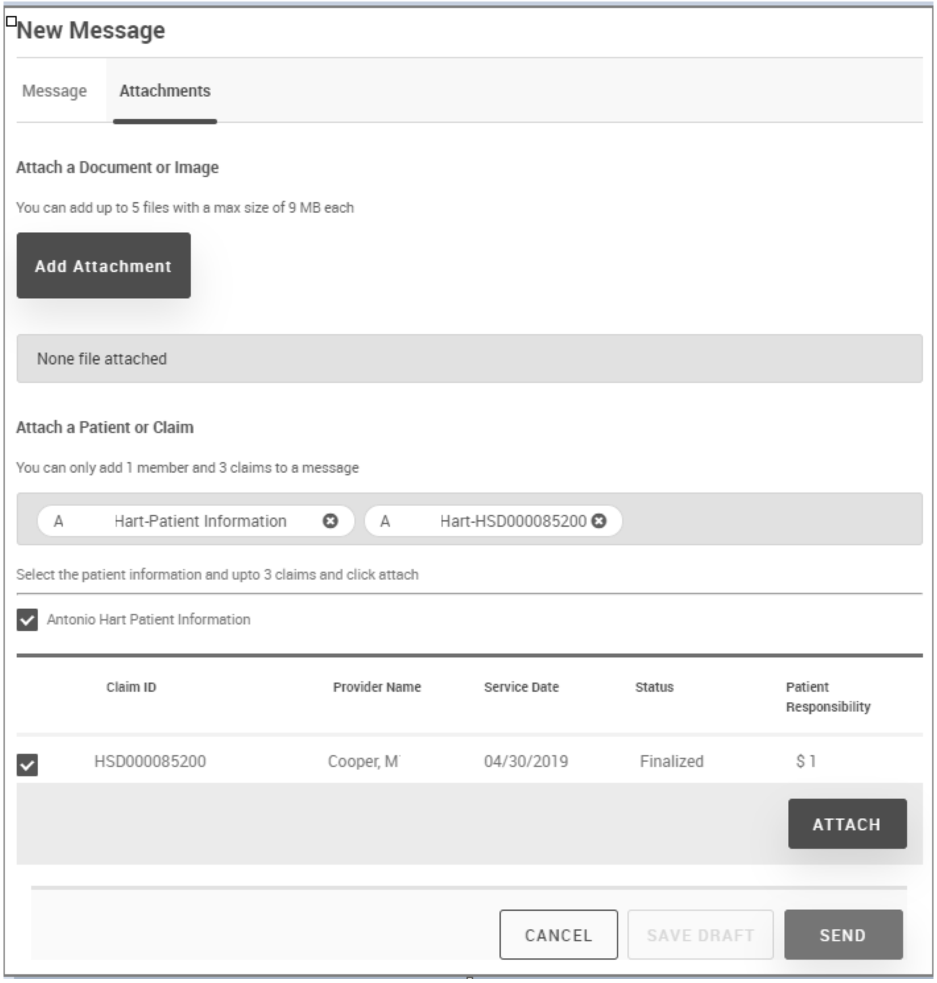
   The New Message page appears with the claim details and patient information attached (if applicable).

   Example

   Message Tab



Attachements Tab



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**.

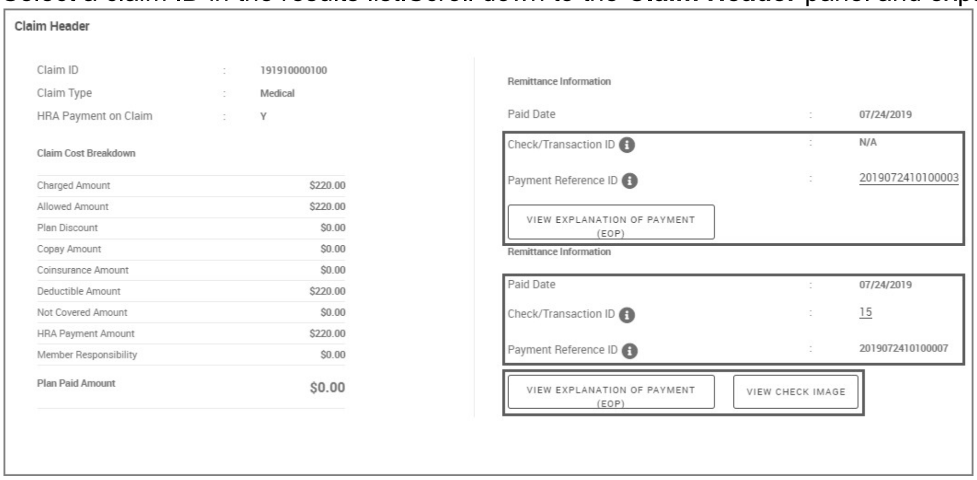
Viewing the Claim Reference ID or Check Image

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.



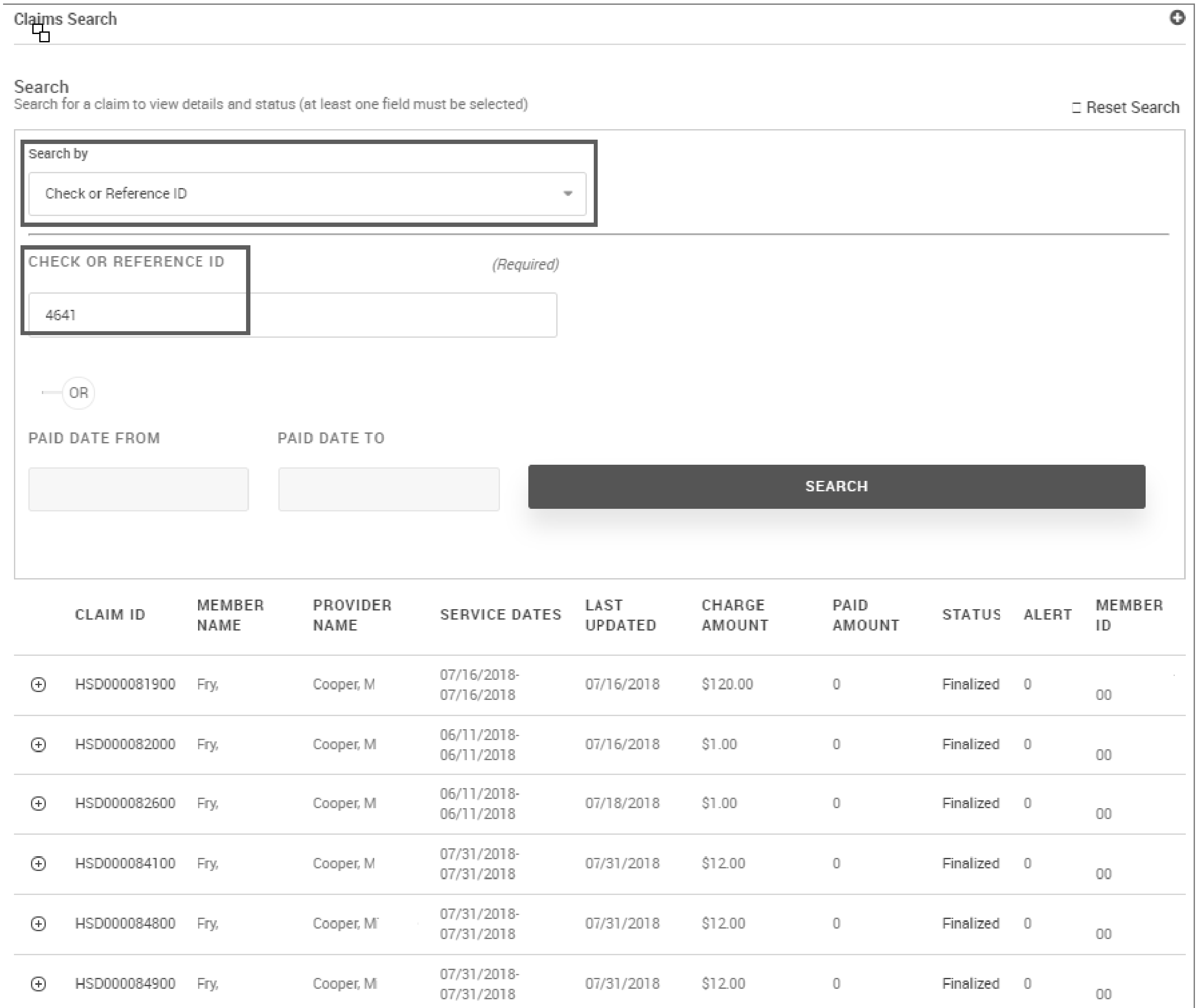
If the check or transaction number passed from the system is undefined, the check or transaction number label is still visible, but it will display with an N/A next to it.

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

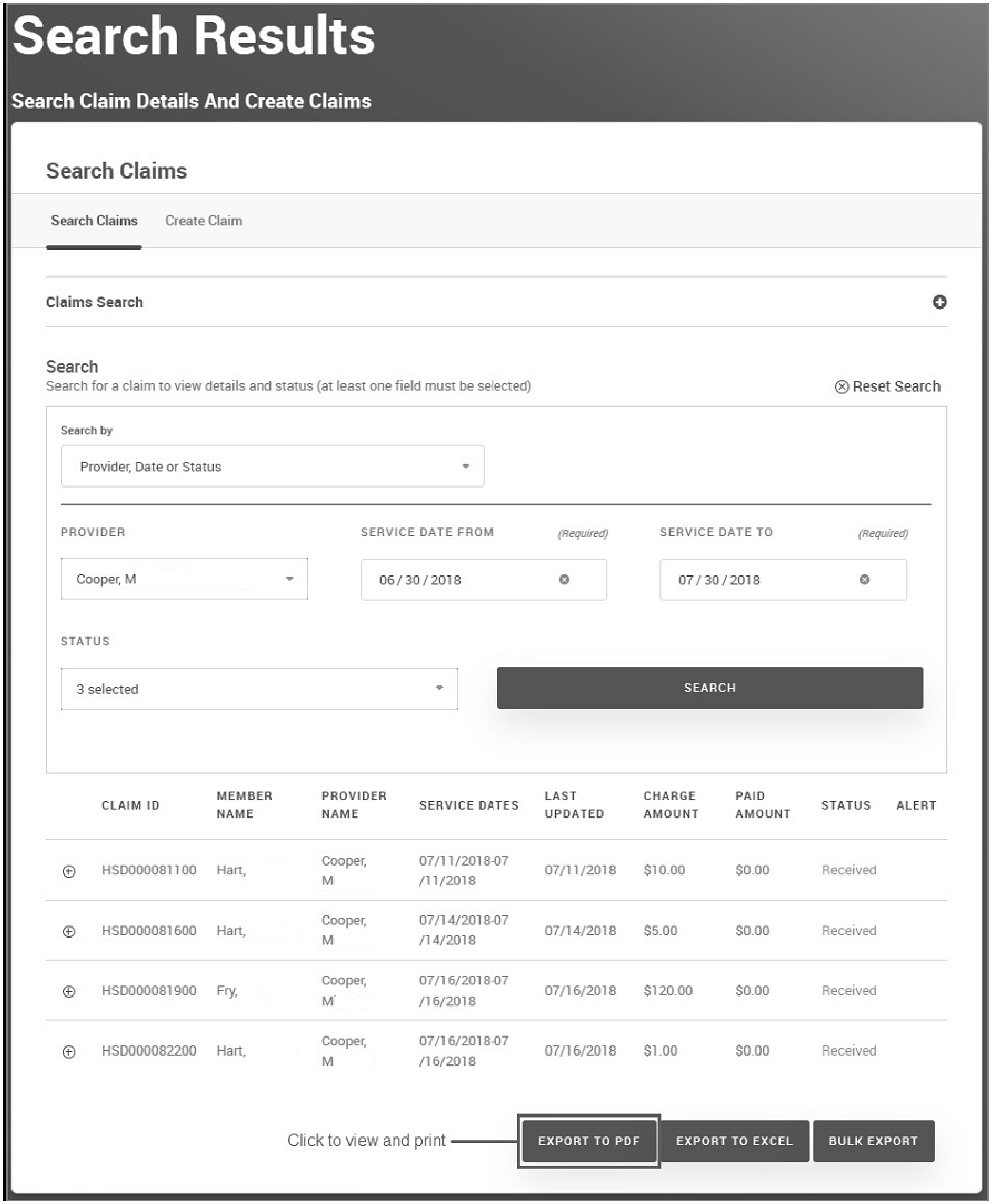


- *To view the check image*, click **VIEW CHECK IMAGE** to display a copy of the canceled check.

  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:



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,	Cooper, M	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,	C	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,	Cooper, M	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,	Cooper, M	07/16/2018 - 07/16/2018	07/16/2018	Received

Alert :		Member ID :		Network :	InNetwork
Charge Amount :	$1.0	Patient Account # :		Received Date :	07/16/2018
Paid Amount:	$0.0	Claim Type :	Medical	Finalized Date :	

Related Topic:

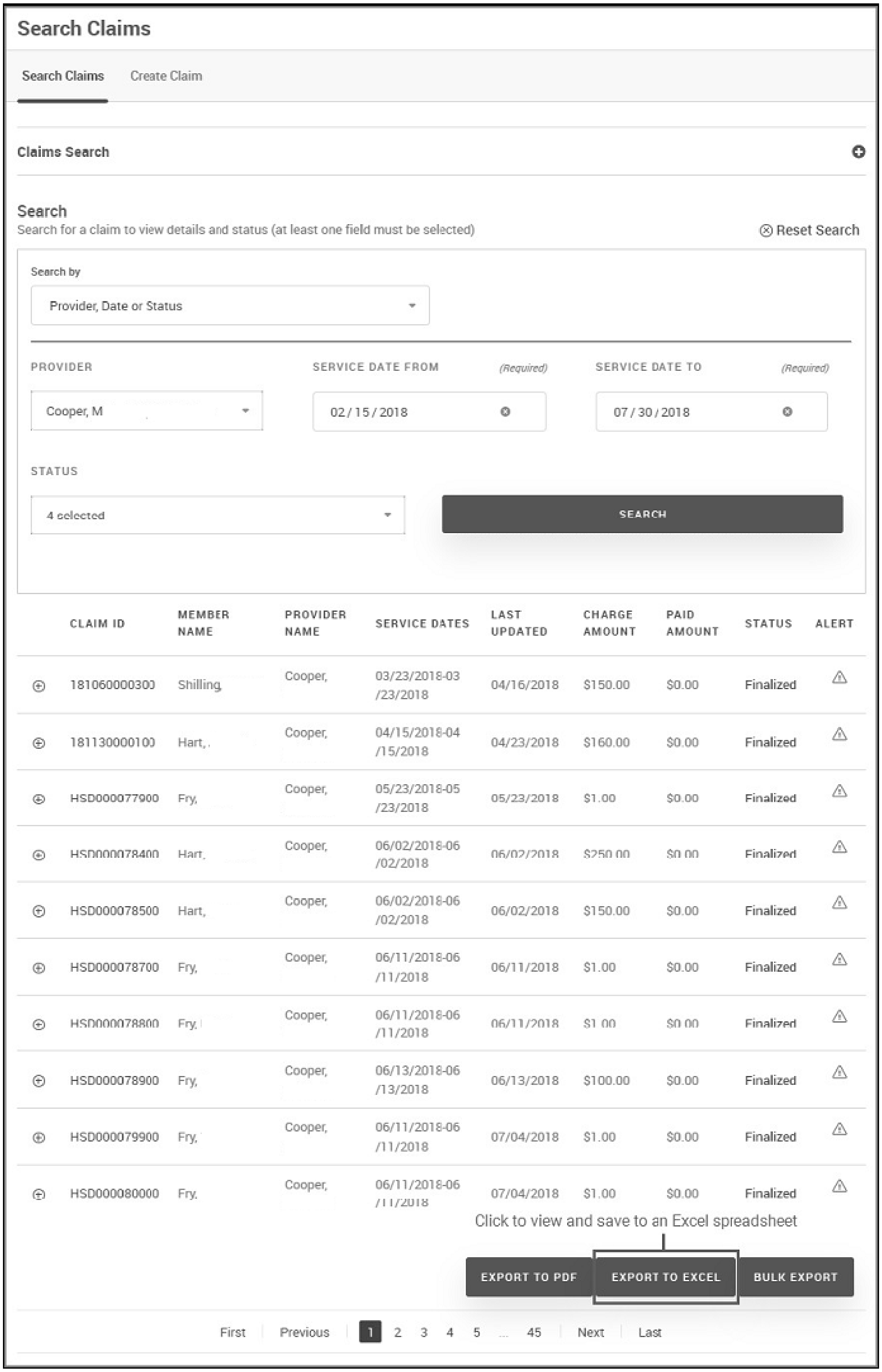
Exporting the Claim Summary to Excel

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**.

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.

Claim ID 192040000100 Detail

Oct 28, 2019

Claim Status						
Claim Status Finalized	Claim ID	192040000 100	Provider	Cooper,	Service Date	07/23/2019 - 07/23/2019
	Member Name	Bocklet,	Submission Source	Paper	Member Responsibilit y	$0.00
	Member ID	00				

Member & Subscriber Information

Member ID

Member Name Bocklet,

Member Date of Birth 05/01/

Relationship to Insured Subscriber ID Subscriber Name Self

Bocklet,

Provider Patient ID

Group ID

Plan Name HEALTH PLAN-HMO

Claim Header

Claim ID 192040000100

Claim Type Medical

Claim Cost Breakdown

Charged Amount Allowed Amount Plan Discount Copay Amount Coinsurance Amount Deductible Amount Not Covered Amount Member Responsibility **Plan Paid Amount**

$200.00
$185.00
$15.00
$10.00
$0.00
$0.00
$0.00
$0.00
$175.00

Remittance information

Paid Date 07/24/2019

Check Cleared Date N/A

Check/Transaction ID 4687

Payment Reference ID 2019072410100002

Claims Service Line

Service date(s)	Diagnosis code(s)	Procedure	Charged	Allowed	Plan Discount	Copay	Coinsurance	Deductible	Not Covered	Member Responsibility	Paid by plan	Charged Units	Reason code(s)
07/23/2019 - 07/23/2019	R1010	99213	$200.00	$185.00	$15.00	$10.00	$0.I0	$0.00	$0.00	$0.00	$175.00	1	PSS

Claim ID 192040000100 Detail

Oct 28, 2019

Provider

Service Provider ID

Service Provider Name Cooper,

Network InNetwork

Phone/Extension (307) 123-

Pay To Affiliation Name Medical Associates

Address 555 E Broadway Avenue WY 83001-0001 USA

Glossary

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)

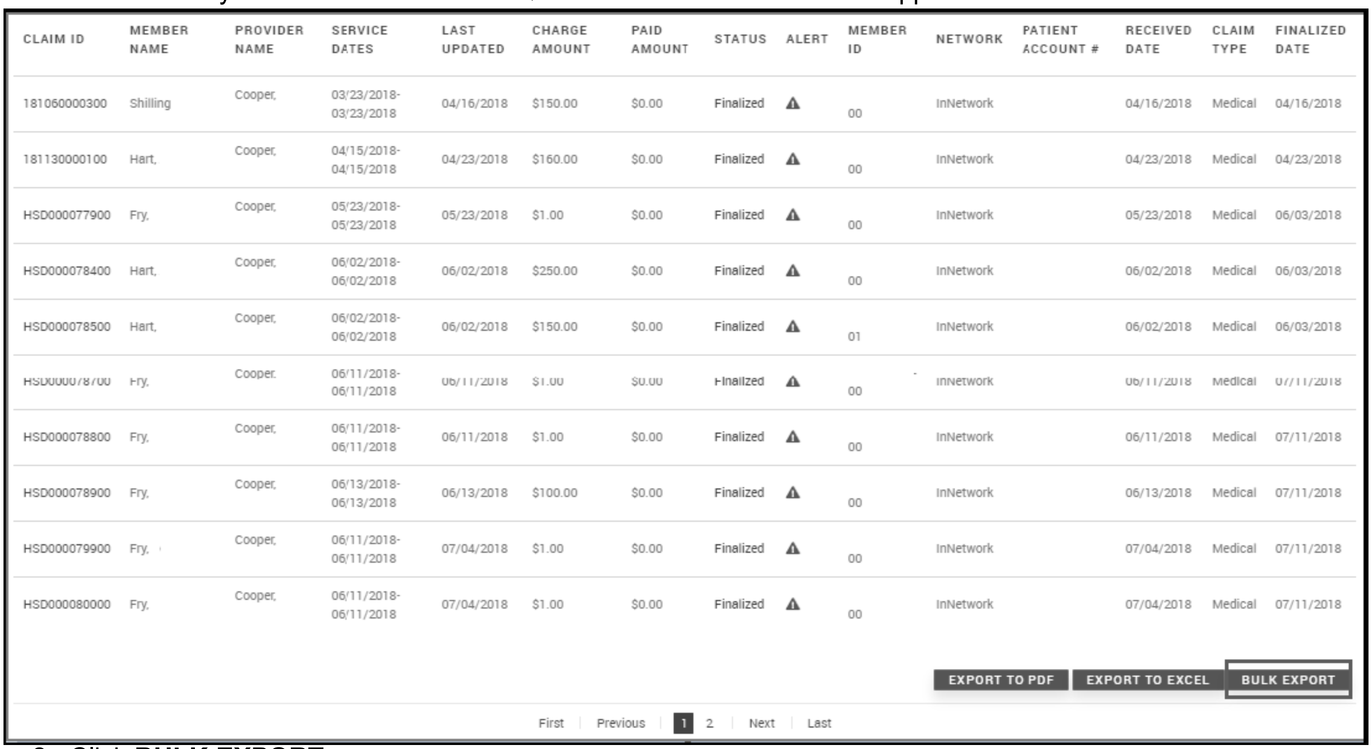
Code	Description
R1010	Upper abdominal pain, unspecified

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.

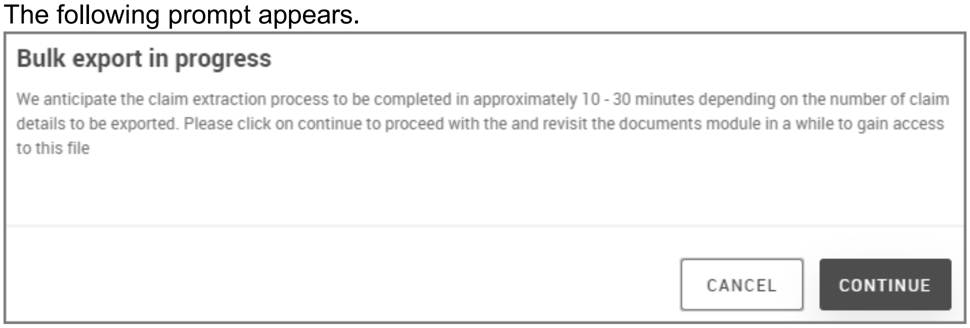


CLAIM ID	MEMBER NAME	PROVIDER NAME	SERVICE DATES	LAST UPDATED	CHARGE AMOUNT	PAID AMOUNT	STATUS	ALERT	MEMBER ID	NETWORK	PATIENT ACCOUNT #	RECEIVED DATE	CLAIM TYPE	FINALIZED DATE
181060000300	Shilling	Cooper,	03/23/2018-03/23/2018	04/16/2018	$150.00	$0.00	Finalized	⚠	00	InNetwork		04/16/2018	Medical	04/16/2018
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	06/03/2018
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.

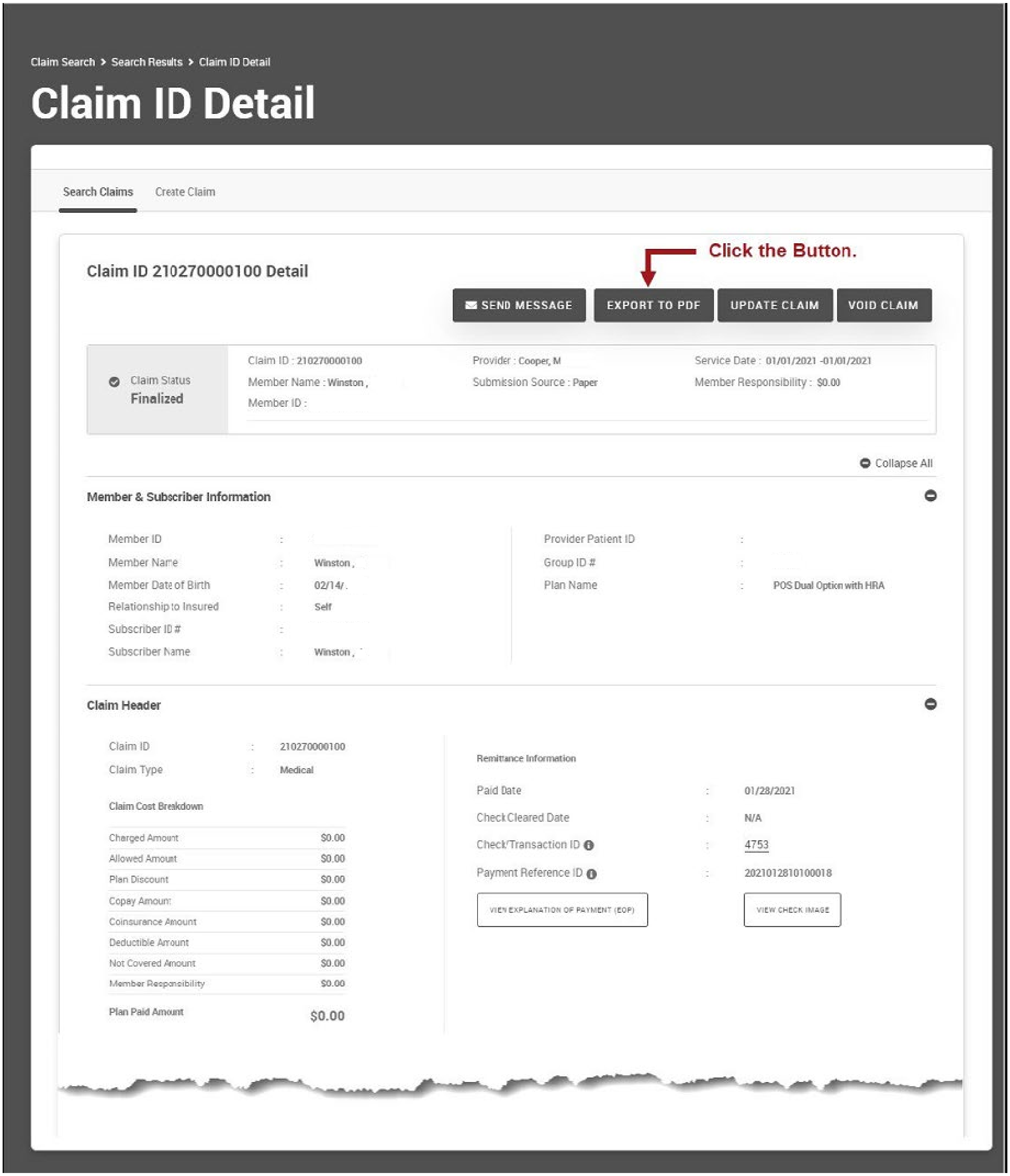


3. Click **OK**.
   Bulk exports are stored on the Documents page.

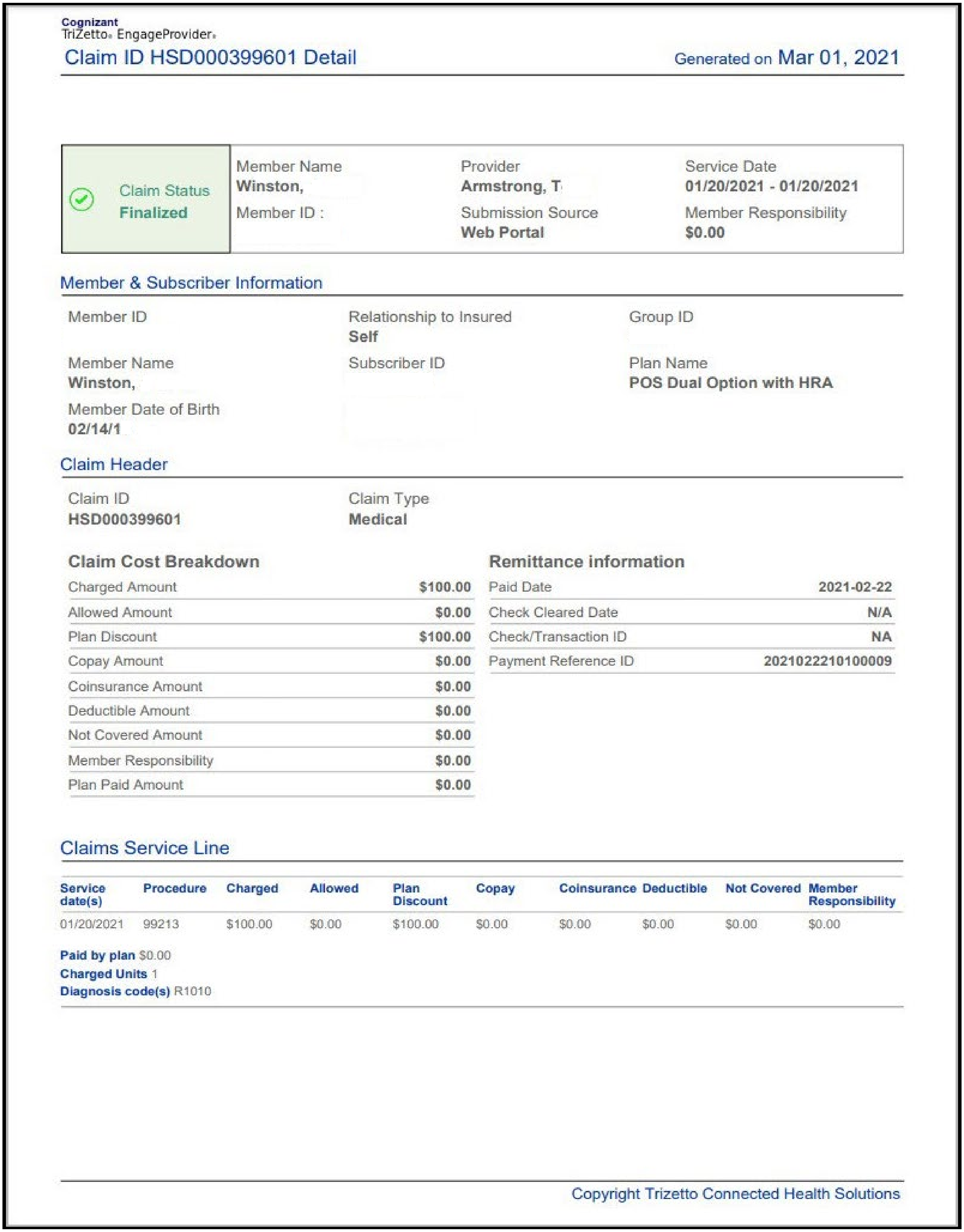
Exporting a PDF

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 Search > Search Results > Claim ID Detail
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
Finalized
Claim ID : 210270000100
Member Name : Winston ,
Member ID :
Provider : Cooper, M
Submission Source : Paper
Service Date : 01/01/2021 -01/01/2021
Member Responsibility : $0.00
Collapse All
Member & Subscriber Information
Member ID :
Member Name : Winston ,
Member Date of Birth : 02/14/.
Relationship to Insured : Self
Subscriber ID # :
Subscriber Name : Winston ,
Provider Patient ID :
Group ID # :
Plan Name : POS Dual Option with HRA
Claim Header
Claim ID : 210270000100
Claim Type : Medical
Claim Cost Breakdown
Charged Amount $0.00
Allowed Amount $0.00
Plan Discount $0.00
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
Remittance Information
Paid Date : 01/28/2021
Check Cleared Date : N/A
Check/Transaction ID : 4753
Payment Reference ID : 2021012810100018
VIEW EXPLANATION OF PAYMENT (EOP)
VIEW CHECK IMAGE

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

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

Member & Subscriber Information

Member ID

Relationship to Insured
Self

Group ID

Member Name
Winston,

Subscriber ID

Plan Name
POS Dual Option with HRA

Member Date of Birth
02/14/1

Claim Header

Claim ID
HSD000399601

Claim Type
Medical

Claim Cost Breakdown

Charged Amount	$100.00
Allowed Amount	$0.00
Plan Discount	$100.00
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

Remittance information

Paid Date	2021-02-22
Check Cleared Date	N/A
Check/Transaction ID	NA
Payment Reference ID	2021022210100009

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

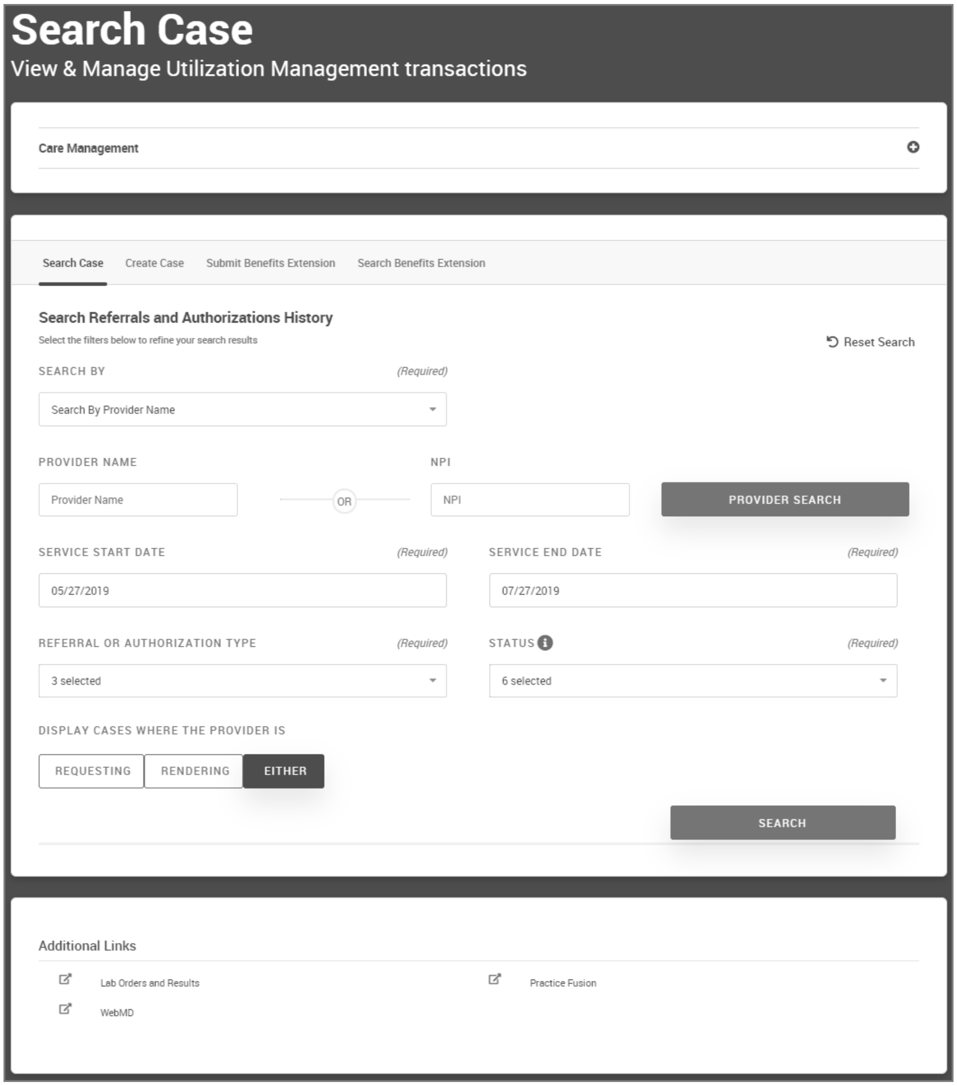
Prior Authorizations

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.



2. Continue to either of the following topics:

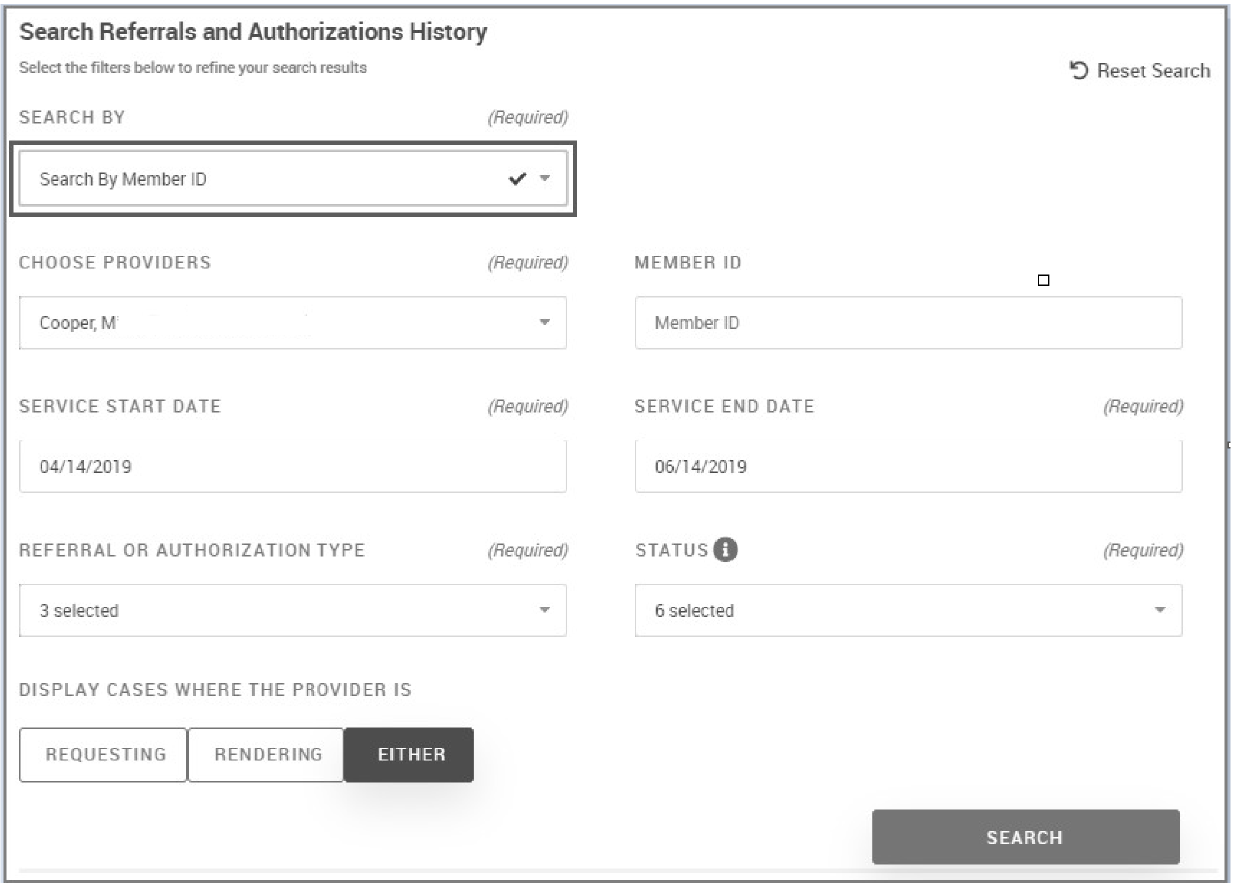
   - Searching for Authorizations

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



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**:

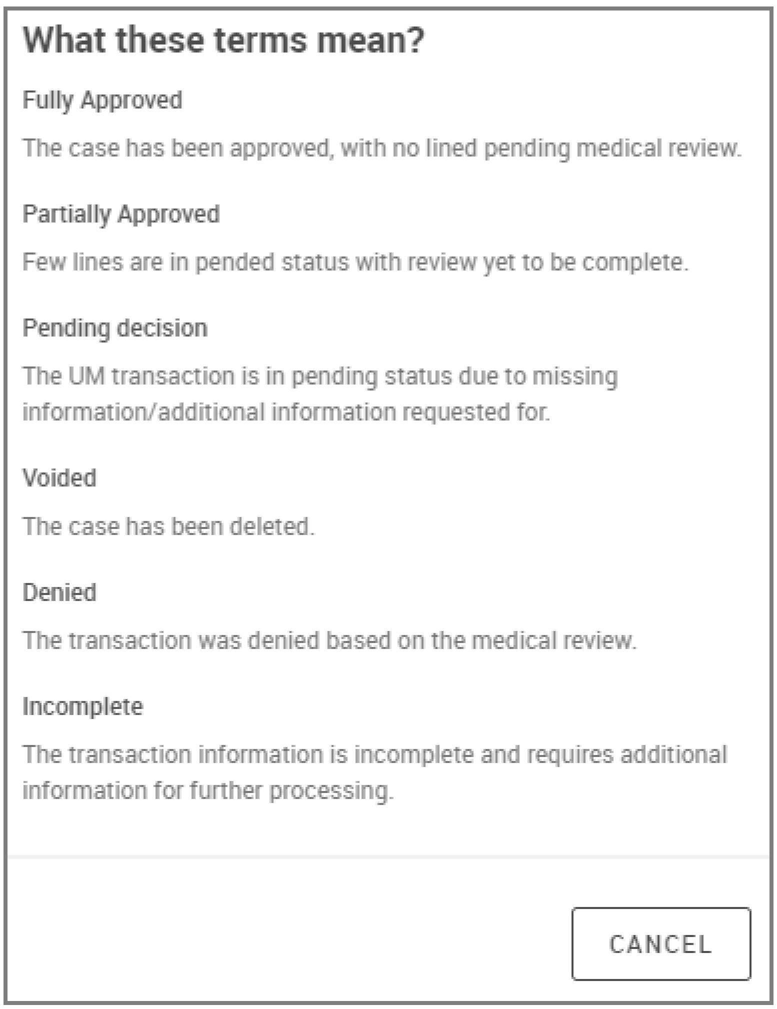
- Type the provider name or NPI, and then click **PROVIDER SEARCH**.
- Select the provider from the search results, and then click **SELECT PROVIDER**.

d. **SERVICE START/END DATE**: Type or select the date using the calendar icon (). Date restrictions are based on months and not days.

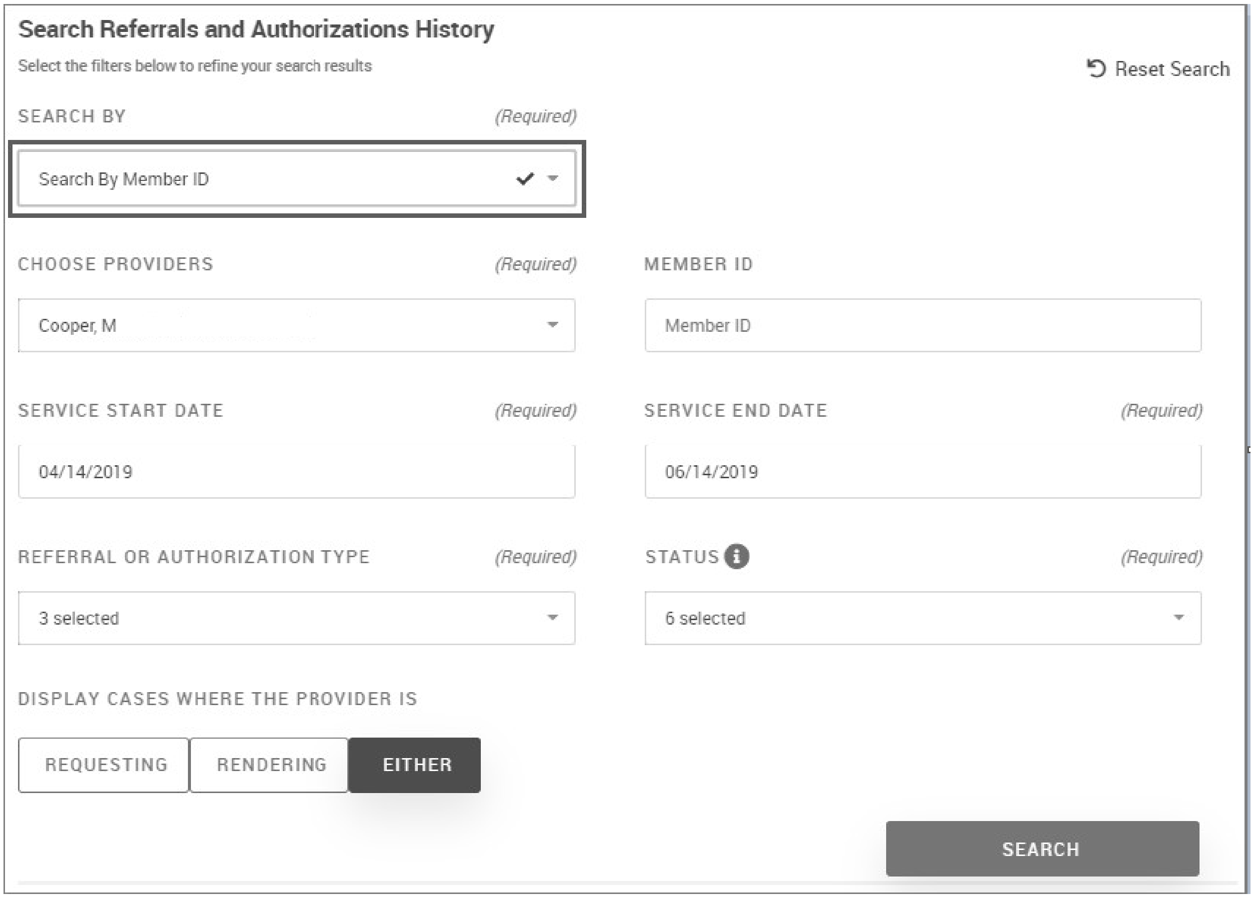
e. Select the **AUTHORIZATION TYPE**: Select the types of services for which you want to search. Choices are: *Select All*, *, Inpatient Stay*, or *Authorization*.

f. **STATUS**: Select the status from the list. Choices are: *Select All*, *Incomplete*, *Pending Decision*, *Fully Approved*, *Partially Approved*, *Denied*, and *Voided*.

Status Definitions



- Member Name



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**.

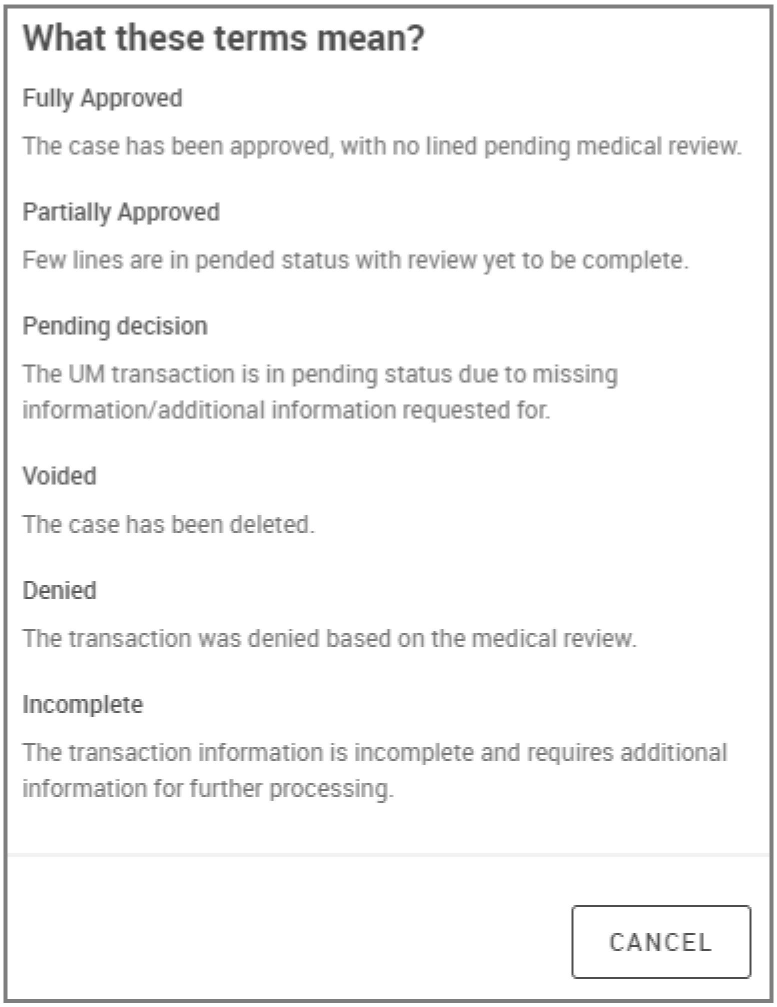
   ii. Select the provider from the search results, and then click **SELECT PROVIDER**.

f. **SERVICE START/END DATE**: Type or select the date using the calendar icon ( ).

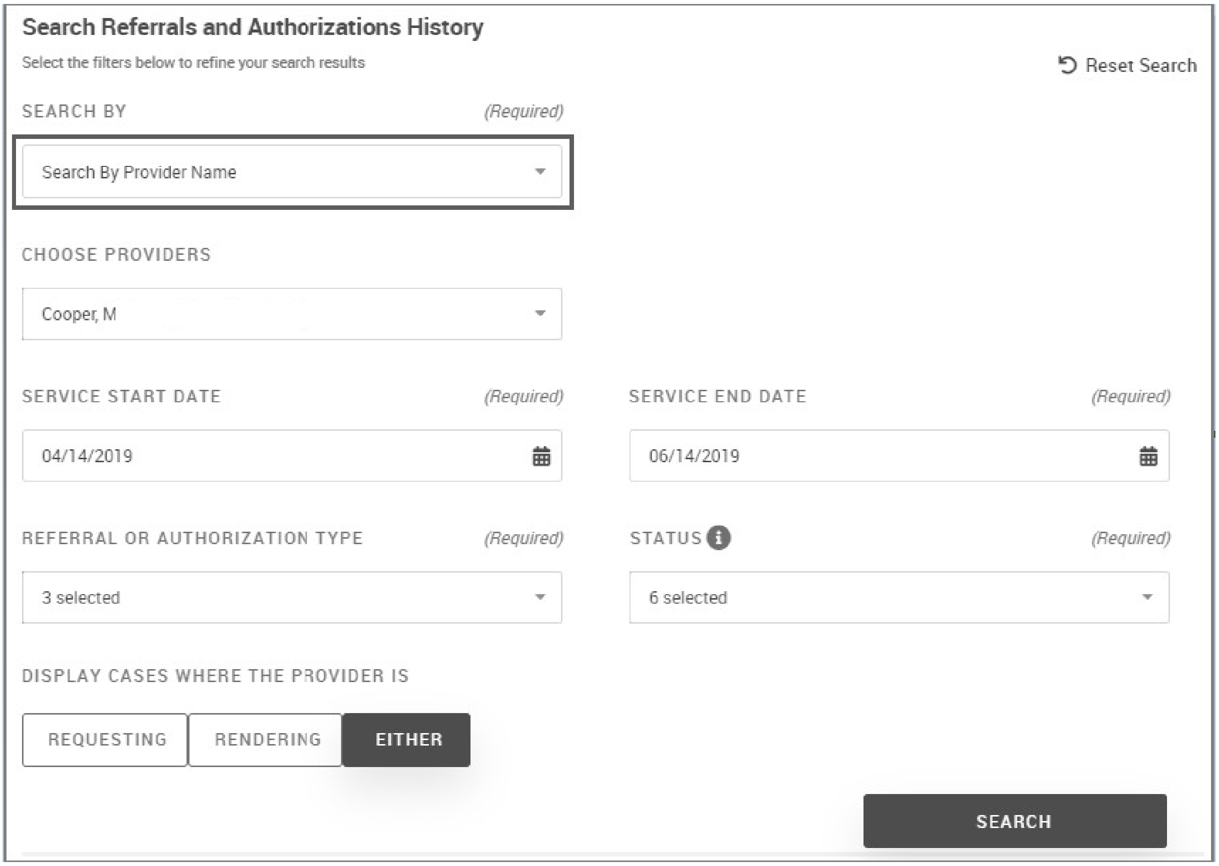
g. **STATUS**: Select the status from the list. Choices are: *Select All*, *Incomplete*, *Pending Decision*, *Fully Approved*, *Partially Approved*, *Denied*, and *Voided*.

h. **GENDER**: Select a gender from the list. Choices are: *Male* or *Female*.

Status Definitions



- Provider Name



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?

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

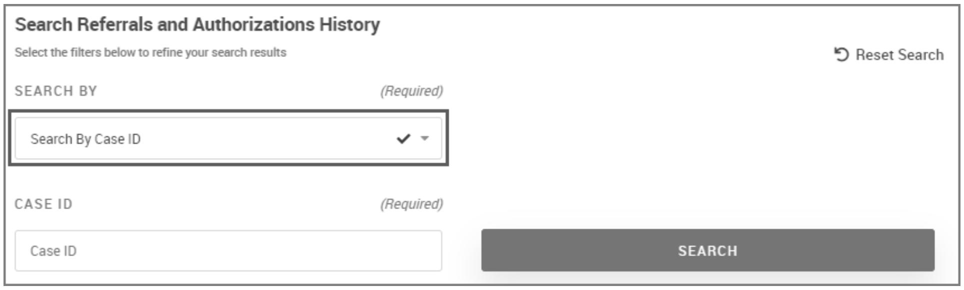
The transaction was denied based on the medical review.

Incomplete

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

CANCEL

- Prior Authorization ID

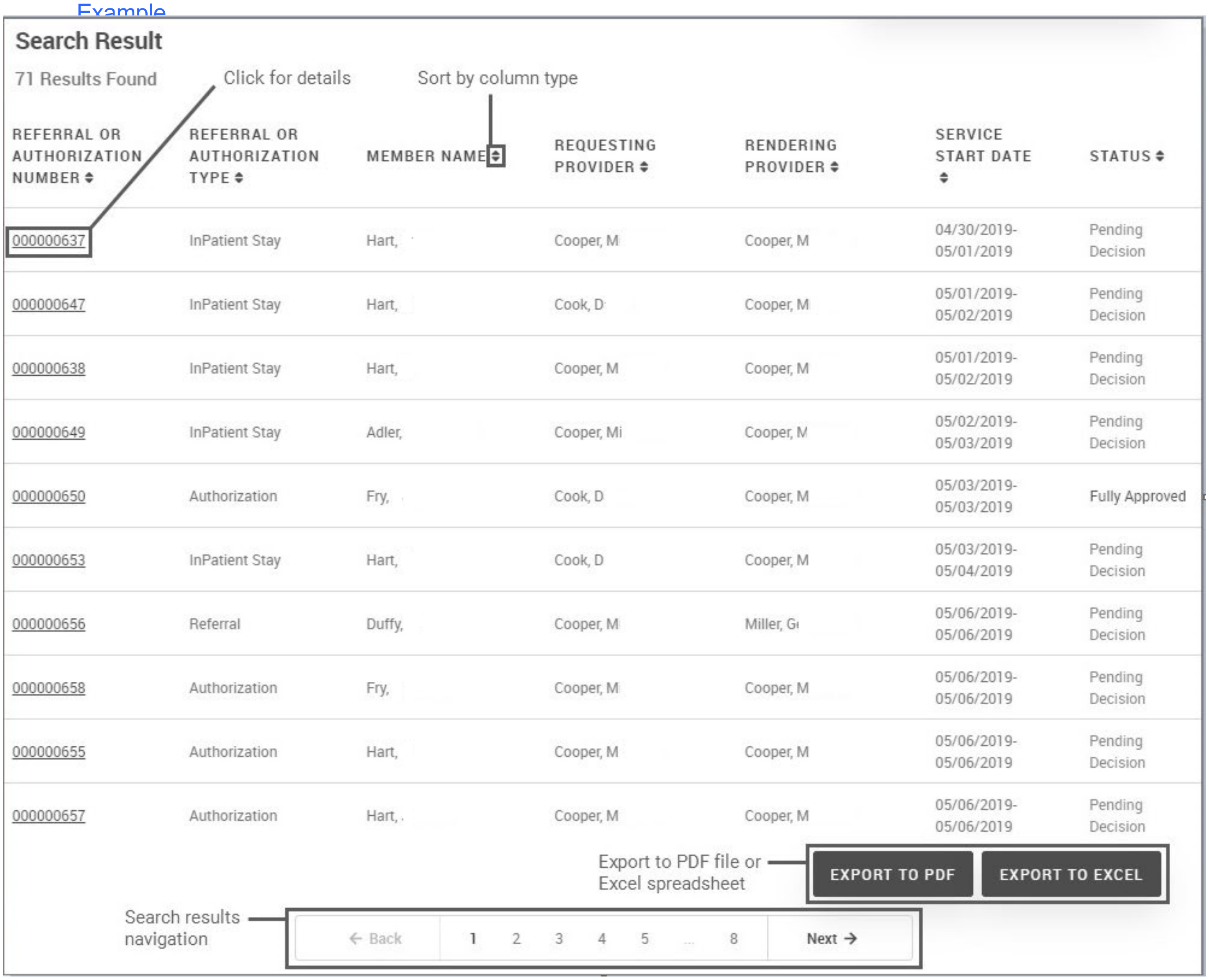


   a. Select **Search by Case ID** from the SEARCH BY list. (listed as Case ID in example)

   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



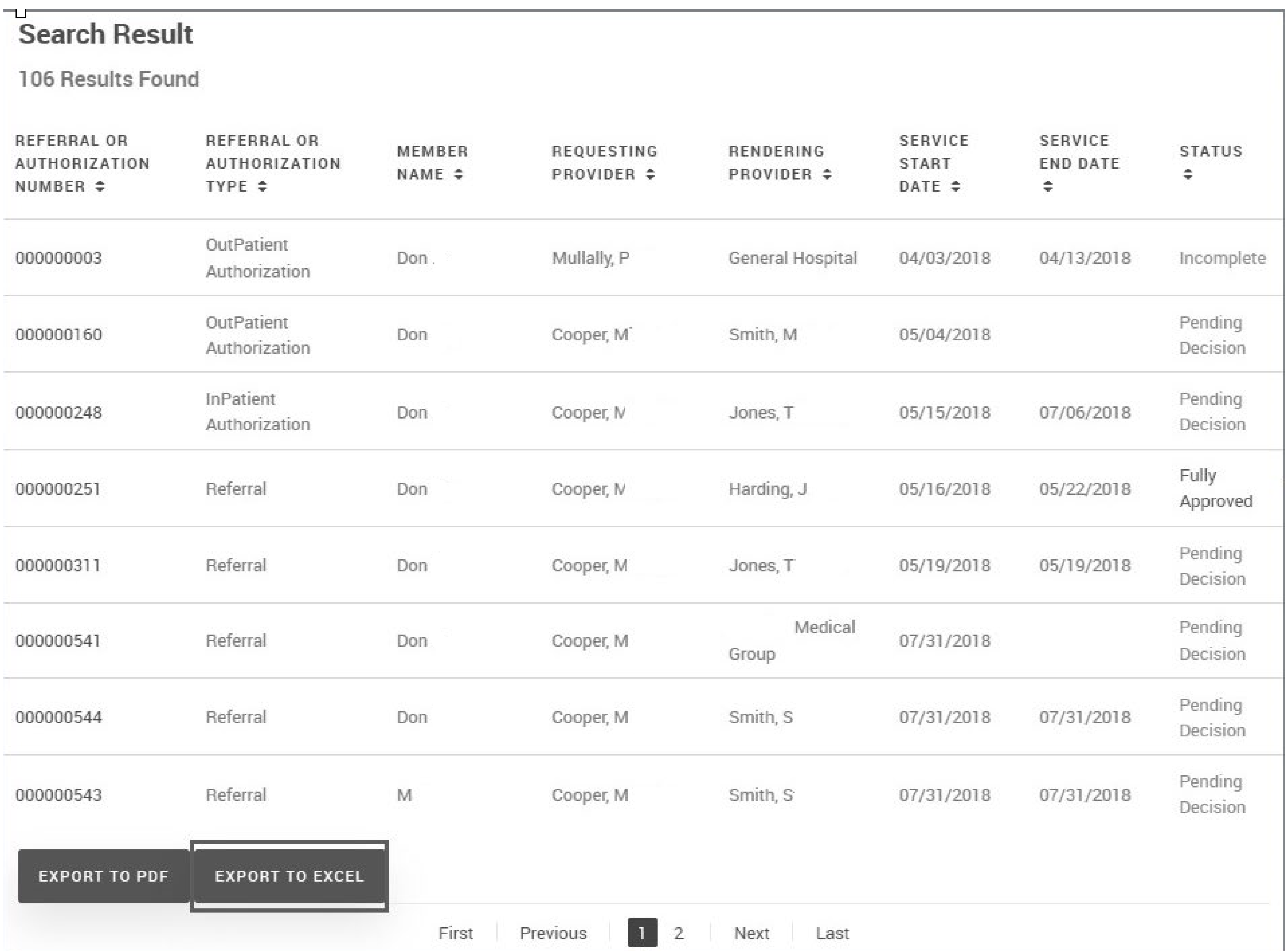
REFERRAL OR AUTHORIZATION NUMBER	REFERRAL OR AUTHORIZATION TYPE	MEMBER NAME	REQUESTING PROVIDER	RENDERING PROVIDER	SERVICE START DATE	STATUS
000000637	InPatient Stay	Hart,	Cooper, M	Cooper, M	04/30/2019-05/01/2019	Pending Decision
000000647	InPatient Stay	Hart,	Cook, D	Cooper, M	05/01/2019-05/02/2019	Pending Decision
000000638	InPatient Stay	Hart,	Cooper, M	Cooper, M	05/01/2019-05/02/2019	Pending Decision
000000649	InPatient Stay	Adler,	Cooper, Mi	Cooper, M	05/02/2019-05/03/2019	Pending Decision
000000650	Authorization	Fry,	Cook, D	Cooper, M	05/03/2019-05/03/2019	Fully Approved
000000653	InPatient Stay	Hart,	Cook, D	Cooper, M	05/03/2019-05/04/2019	Pending Decision
000000656	Referral	Duffy,	Cooper, M	Miller, G	05/06/2019-05/06/2019	Pending Decision
000000658	Authorization	Fry,	Cooper, M	Cooper, M	05/06/2019-05/06/2019	Pending Decision
000000655	Authorization	Hart,	Cooper, M	Cooper, M	05/06/2019-05/06/2019	Pending Decision
000000657	Authorization	Hart,	Cooper, M	Cooper, M	05/06/2019-05/06/2019	Pending Decision

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**.



Search Result

106 Results Found

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

Example

Authorization History

gwilliams@ .com | July 06, 2018

Referral 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

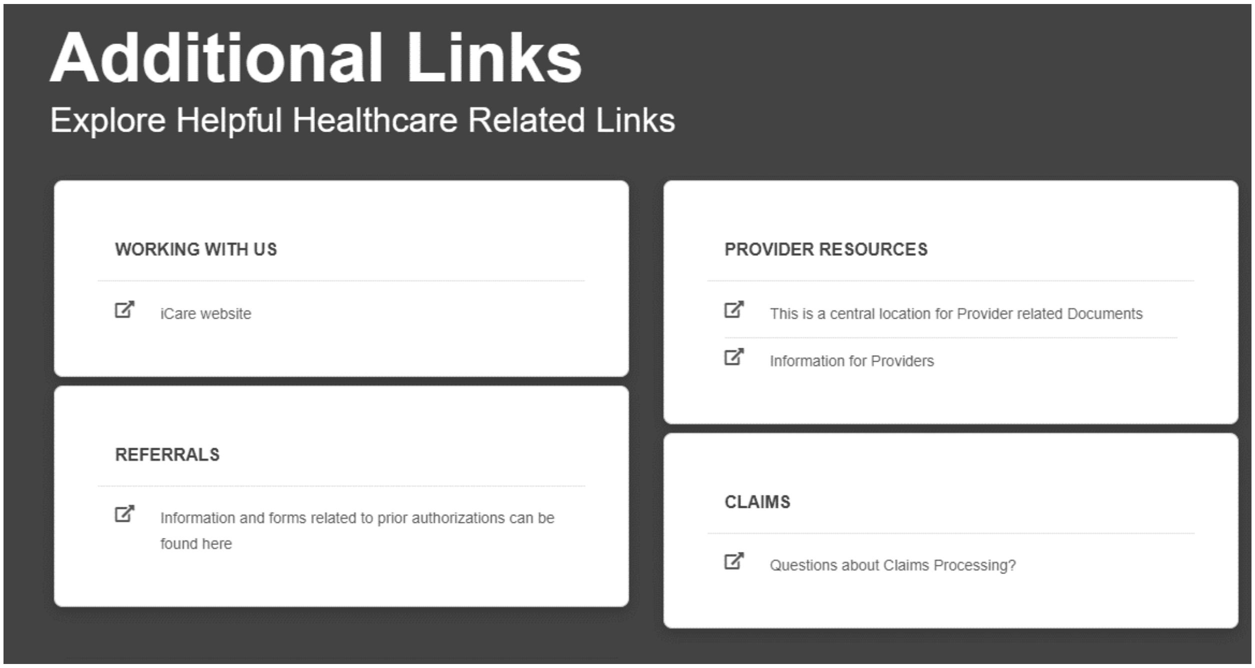
Additional Links

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

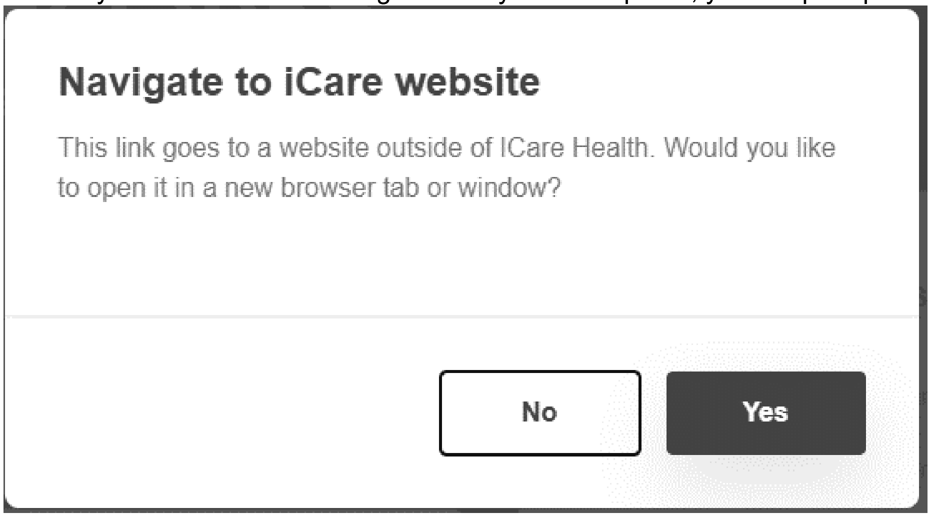
- Home (Dashboard)
- Claims
- Authorizations

Example

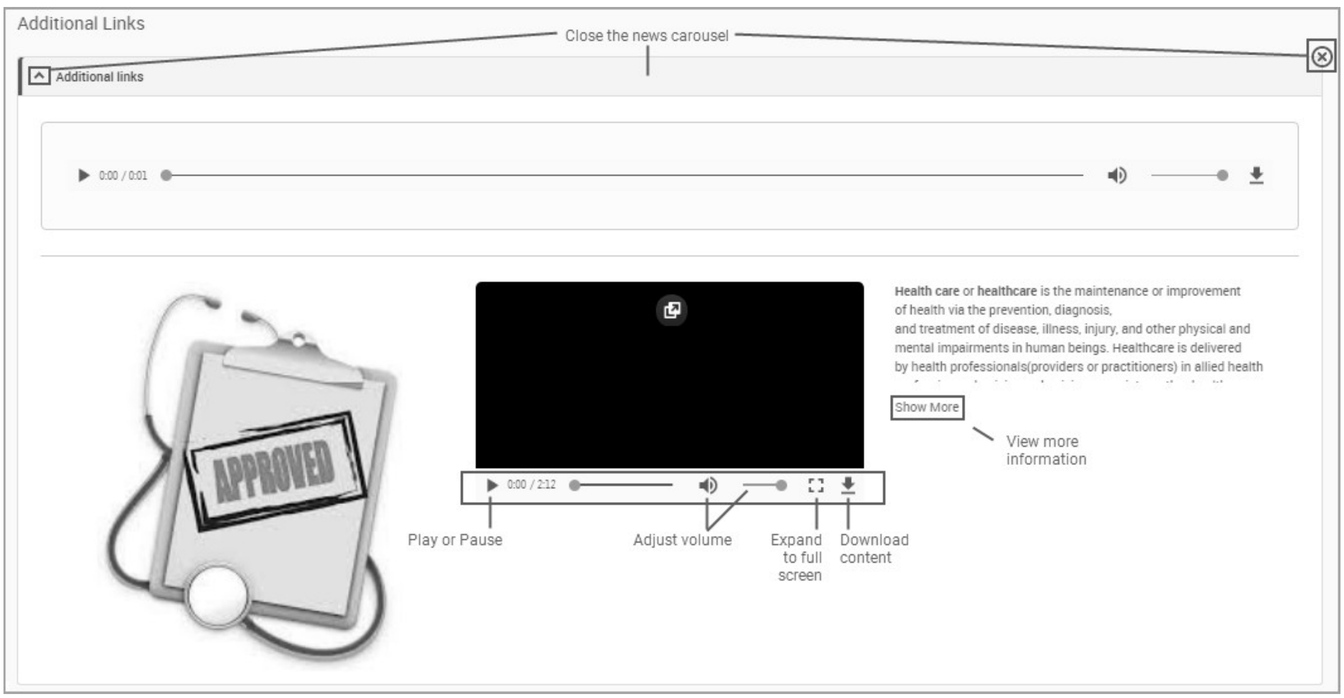
The Additional Links page contains healthcare-related links, and relevant links outside of the portal, in one place as in this example.


Additional Links
Explore Helpful Healthcare Related Links
WORKING WITH US
iCare website
PROVIDER RESOURCES
This is a central location for Provider related Documents
Information for Providers
REFERRALS
Information and forms related to prior authorizations can be found here
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.

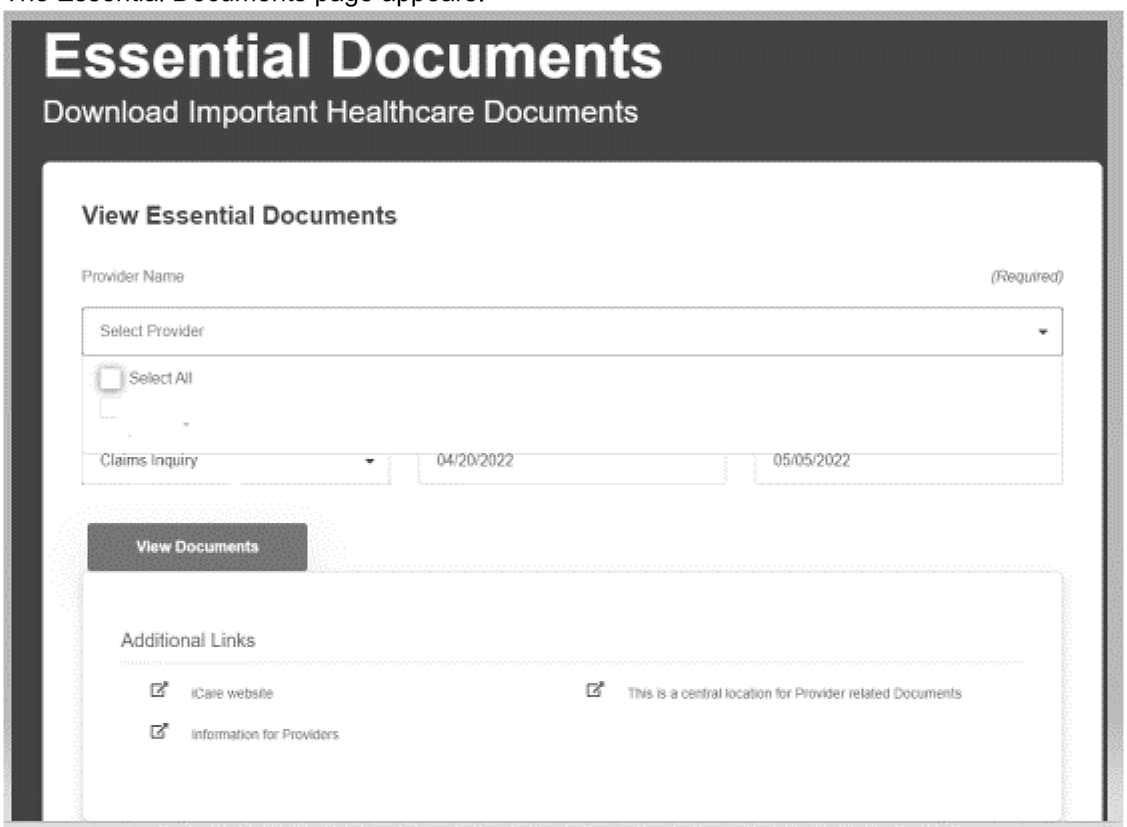


Documents

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

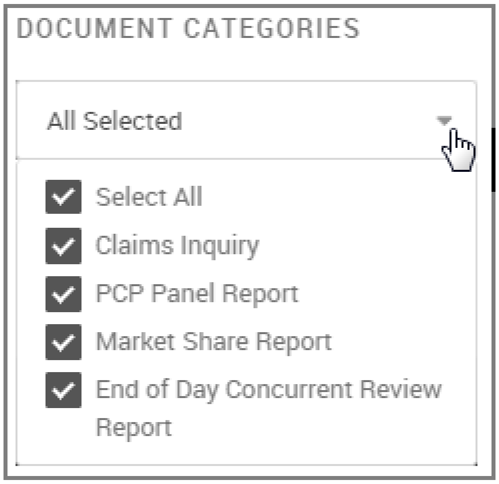
To access the important healthcare documents list:

1. Click **Documents** from the navigation menu.
   The Essential Documents page appears.
   

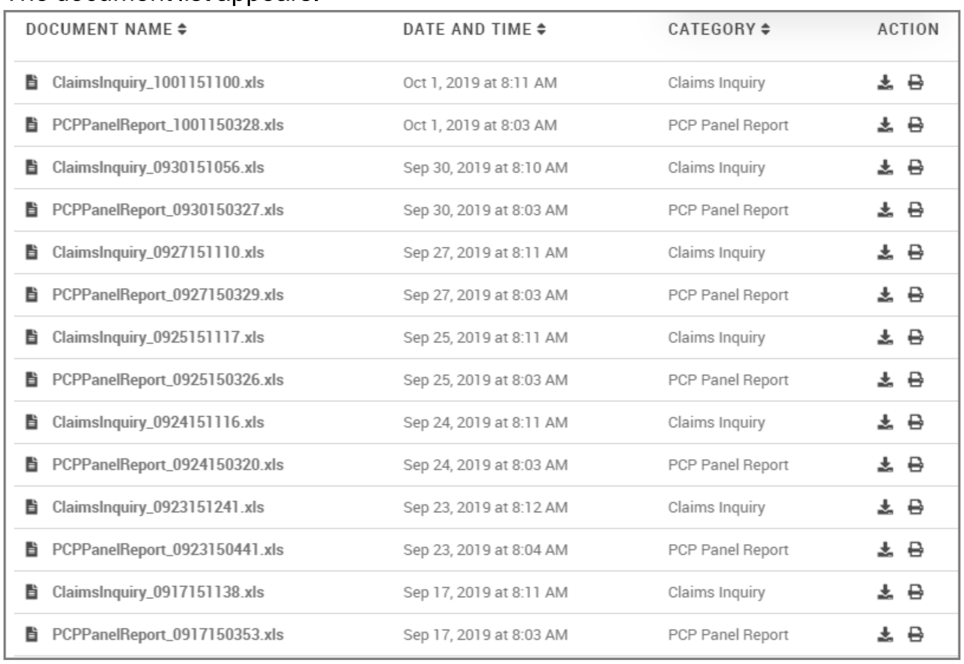
2. Select a **PROVIDER NAME** from the list. The default name is the logged-in provider.

3. Select from the **DOCUMENT CATEGORIES** list.

Choices



4. Select a **FROM/TO DATE**.
5. Click **VIEW DOCUMENTS**.
   The document list appears.



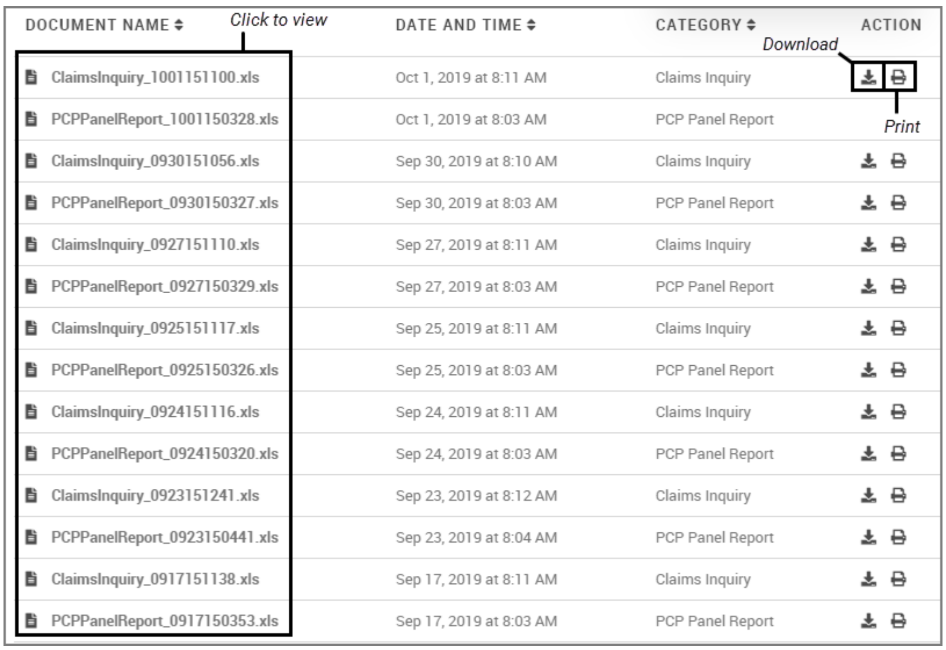
DOCUMENT NAME	DATE AND TIME	CATEGORY	ACTION
ClaimsInquiry_1001151100.xls	Oct 1, 2019 at 8:11 AM	Claims Inquiry	
PCPPanelReport_1001150328.xls	Oct 1, 2019 at 8:03 AM	PCP Panel Report	
ClaimsInquiry_0930151056.xls	Sep 30, 2019 at 8:10 AM	Claims Inquiry	
PCPPanelReport_0930150327.xls	Sep 30, 2019 at 8:03 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.



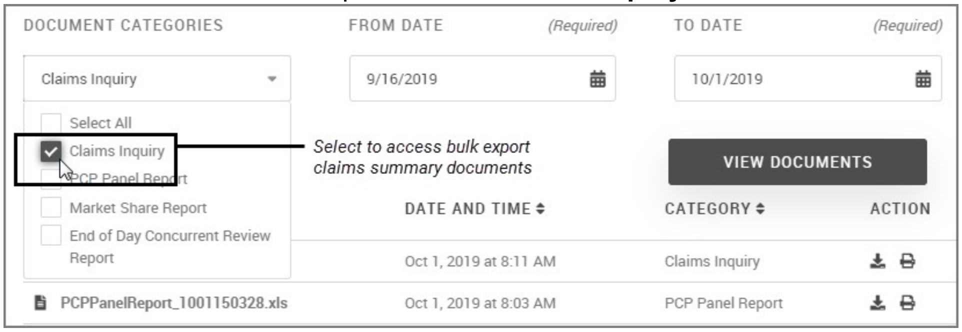
DOCUMENT NAME	DATE AND TIME	CATEGORY	ACTION
ClaimsInquiry_1001151100.xls	Oct 1, 2019 at 8:11 AM	Claims Inquiry	
PCPPanelReport_1001150328.xls	Oct 1, 2019 at 8:03 AM	PCP Panel Report	
ClaimsInquiry_0930151056.xls	Sep 30, 2019 at 8:10 AM	Claims Inquiry	
PCPPanelReport_0930150327.xls	Sep 30, 2019 at 8:03 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	

Retrieving Bulk Export Claims Summary Documents

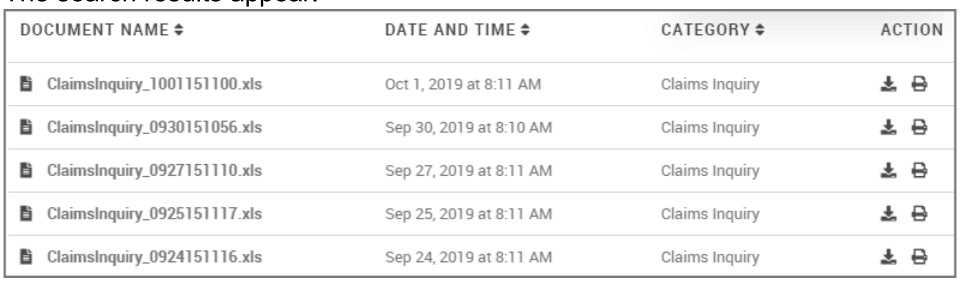
To retrieve bulk export documents from a claims search:

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**.



The search results appear.



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

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

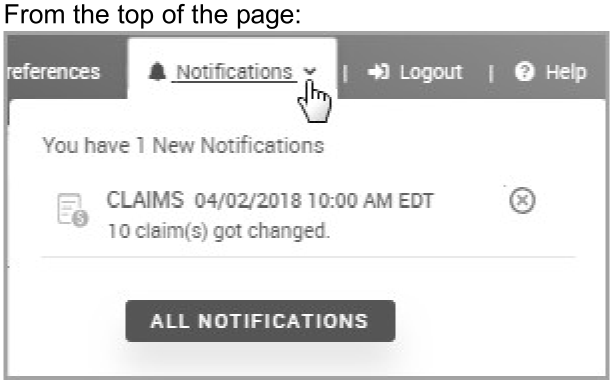
Retrieve basic notifications including claim status change alerts. You are also notified of any activity changes pertaining to Authorizations you are authorized to view, based on the access list of the logged-in user.

More information...

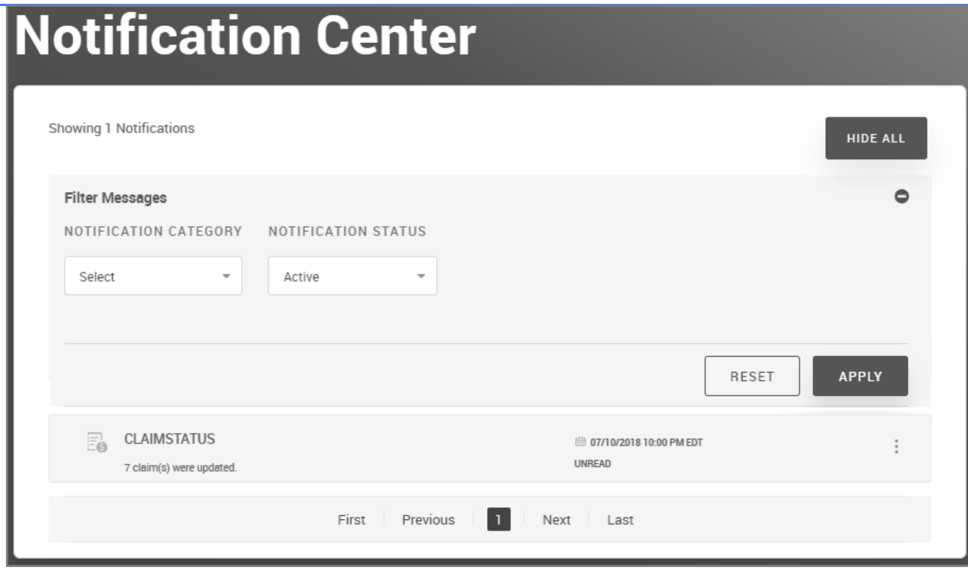
You are also notified of any of the following Authorization occurrences: New

- 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

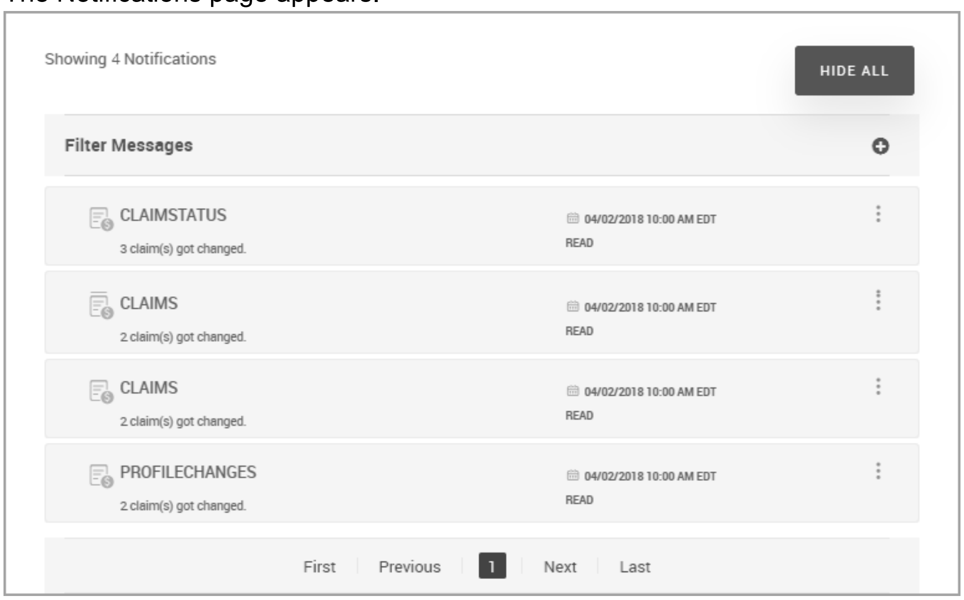
To use the notification center:

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:



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



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)

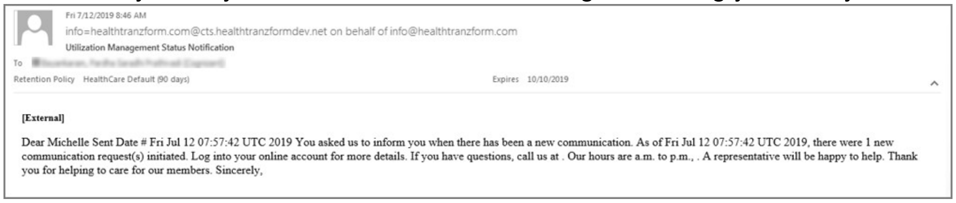
The below case changed its status

CASE ID	REQUESTING PROVIDER	SERVICING PROVIDER	CASE STATUS
000000769	Cooper, M	Cooper, M	Pending Decision

HIDE

Click the notification to read the notification message.

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

- 
Fri 7/12/2019 8:46 AM
info=healthtranzform.com@cts.healthtranzformdev.net on behalf of info@healthtranzform.com
Utilization Management Status Notification
To
Retention Policy HealthCare Default (90 days) Expires 10/10/2019

[External]

Dear Michelle Sent Date # Fri Jul 12 07:57:42 UTC 2019 You asked us to inform you when there has been a new communication. As of Fri Jul 12 07:57:42 UTC 2019, there were 1 new communication request(s) initiated. Log into your online account for more details. If you have questions, call us at . Our hours are a.m. to p.m., . A representative will be happy to help. Thank you for helping to care for our members. Sincerely,

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

  a. Click the vertical ellipses for the notification you want to mark as read/unread. Click the ellipses again to hide the icons.

  b. Select **Mark as Read** or **Mark as Unread**, depending on the status of the notification you are clicking.

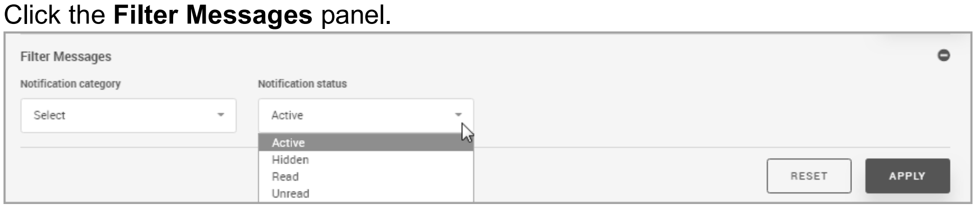
- To hide a notification...

  a. Click the vertical ellipses for the notification you want to hide.

  b. Select **Hide**.

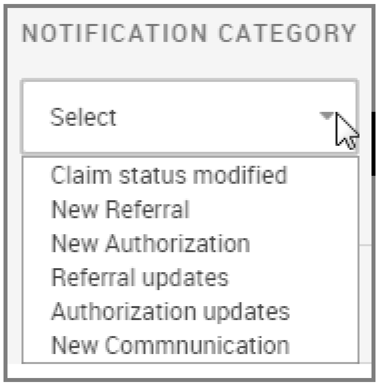
- To filter notification messages...

  a. Click the **Filter Messages** panel.

  b. 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.

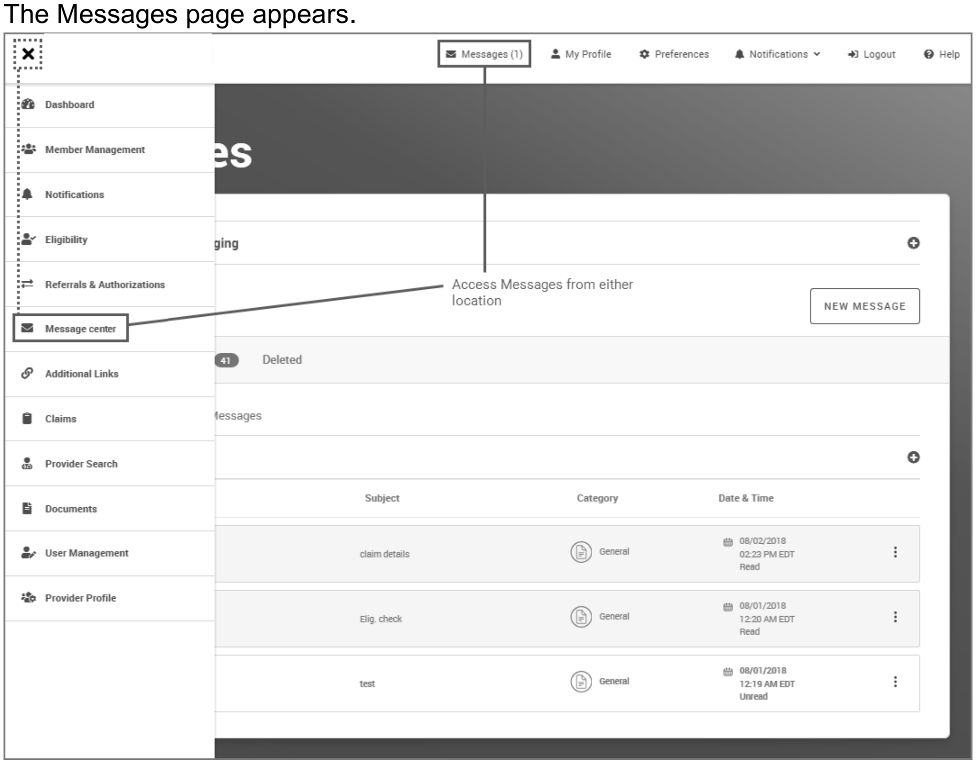
Message Center

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

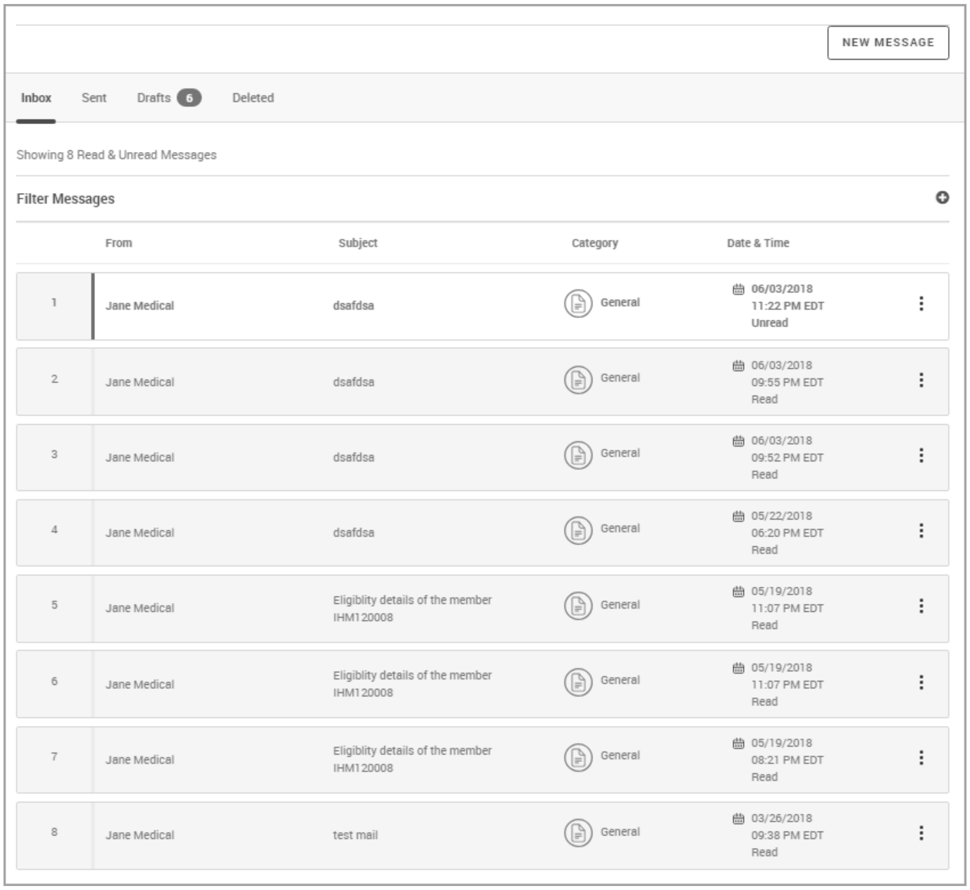
Inbox Messages

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.

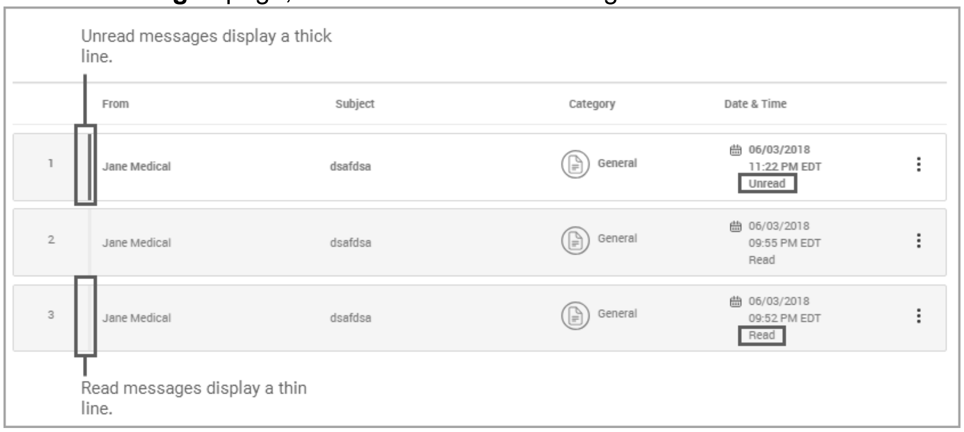
Related Topics:

- 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.

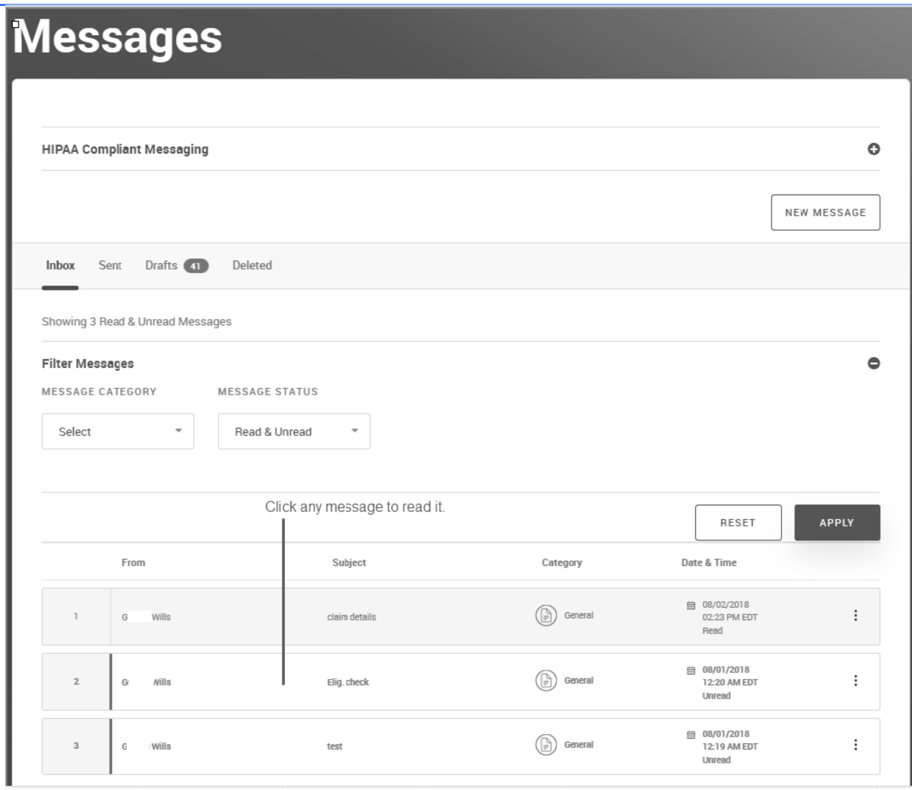
Related Topics:

- Messages Tab Bar
- Creating a Message
- Deleting a Message

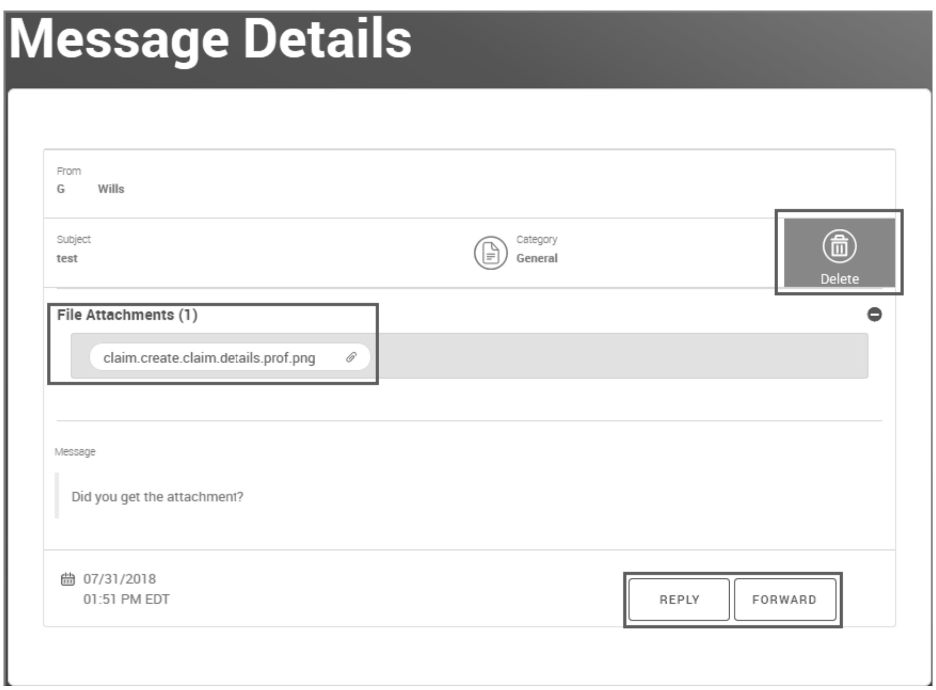
Opening a Message

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.

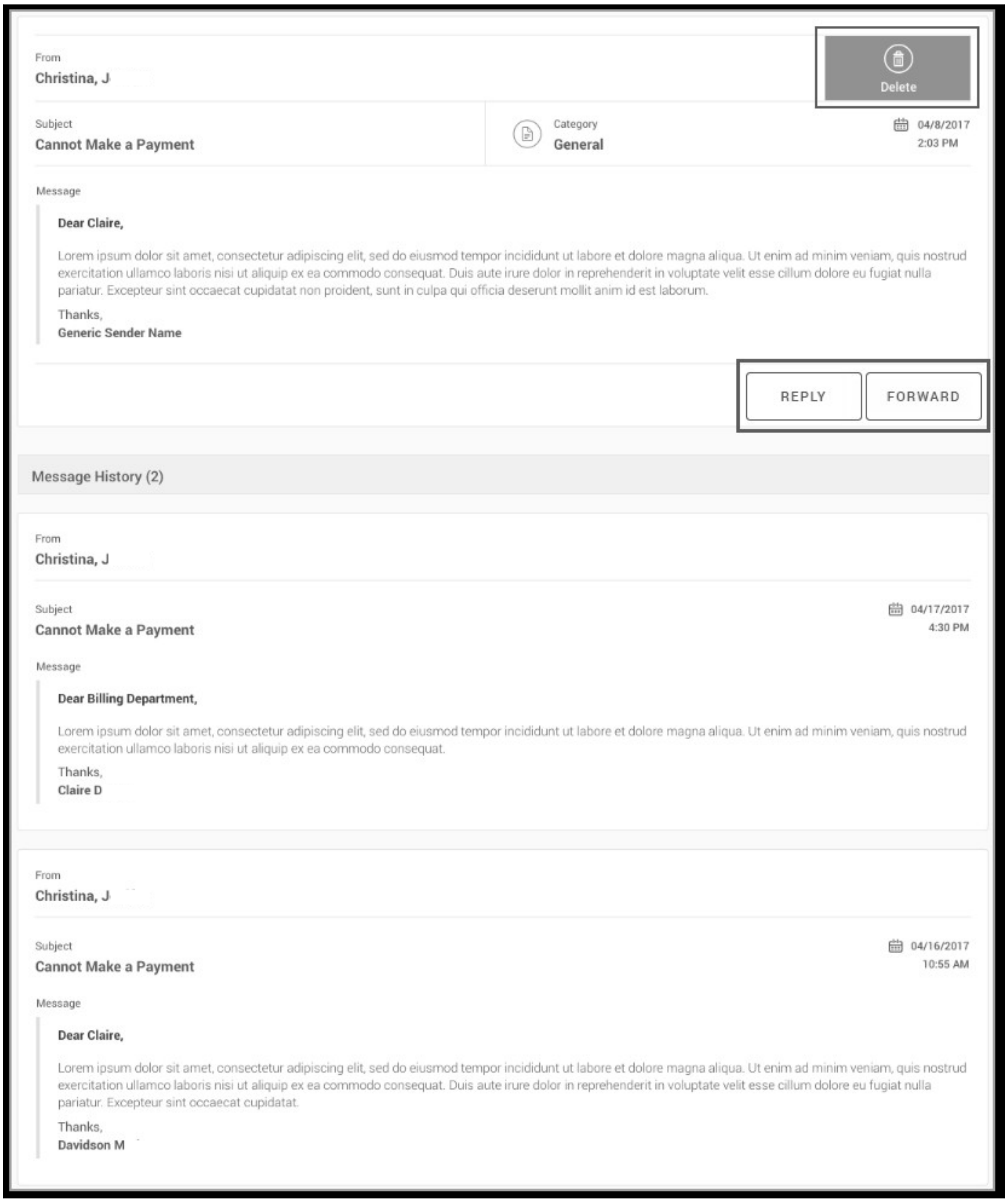
4. Click **REPLY**, **FORWARD** or **Delete**, depending upon what you need to do. You can also download any attachments in the message by clicking the attachment.

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.



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

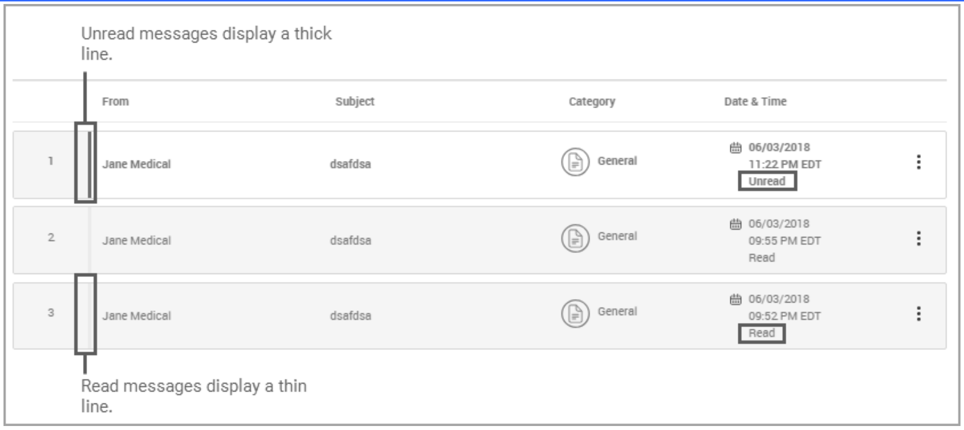
To filter messages:

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:



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:

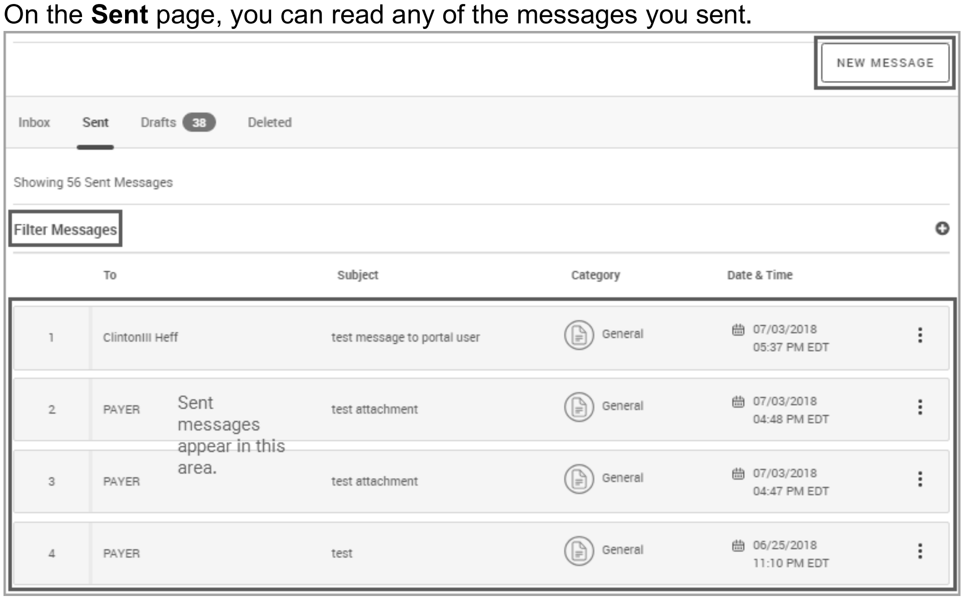
- Messages Tab Bar
- Creating a Message
- Deleting a Message

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.



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:

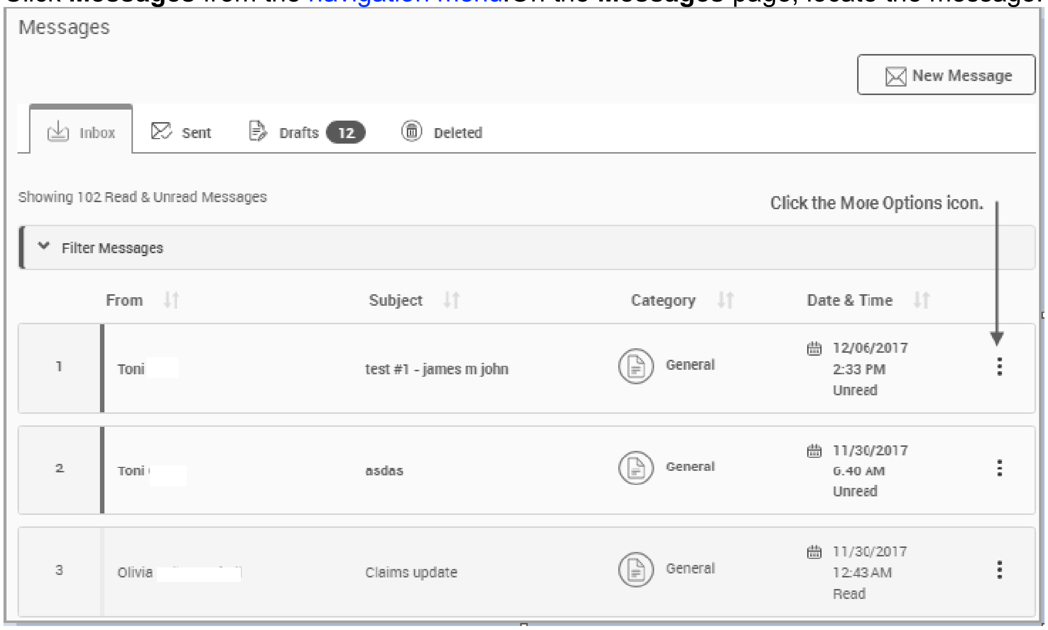
Related Topics:

- Creating a Message
- Deleting a Message
- Filtering Messages

Marking Messages

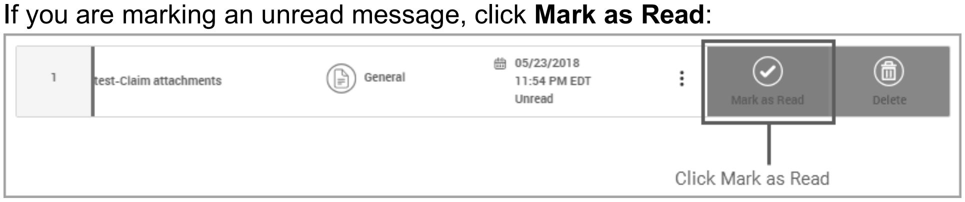
To mark messages to indicate you have already read them:

1. Click **Messages** from the navigation menu.On the **Messages** page, locate the message:

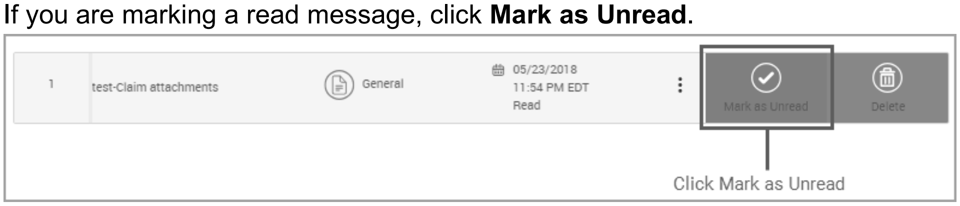


2. Click the **More Options** icon on the right side of the message.

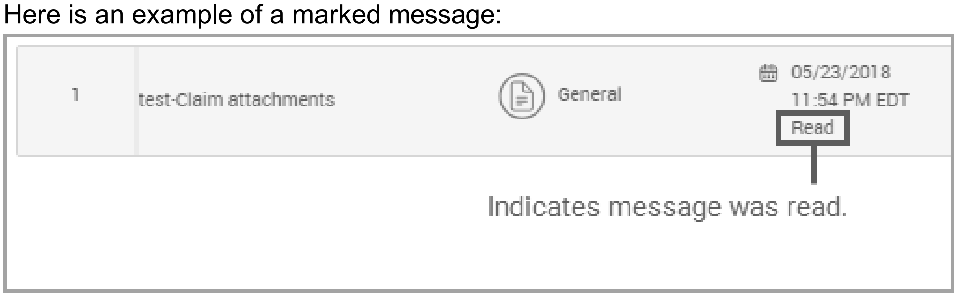
- If you are marking an unread message, click **Mark as Read**:



- If you are marking a read message, click **Mark as Unread**.



Here is an example of a marked message:



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:

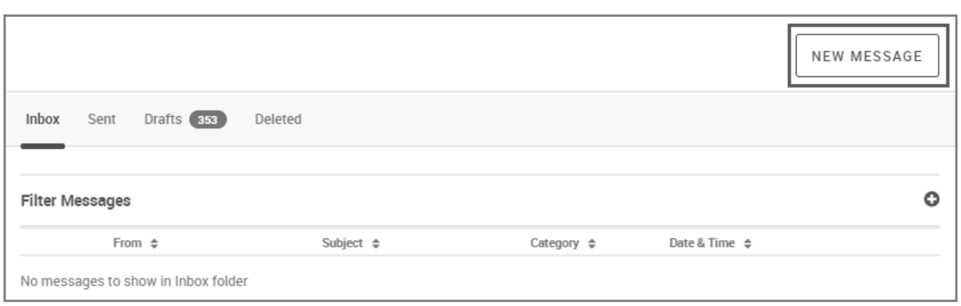
- Send a message (will be saved to the **Sent** folder).
- Cancel a message.
- Save a message to the **Drafts** folder.
- Send a message from the claim details page.

If a character limit is configured in your system, the limit can be up to 50,000 characters.

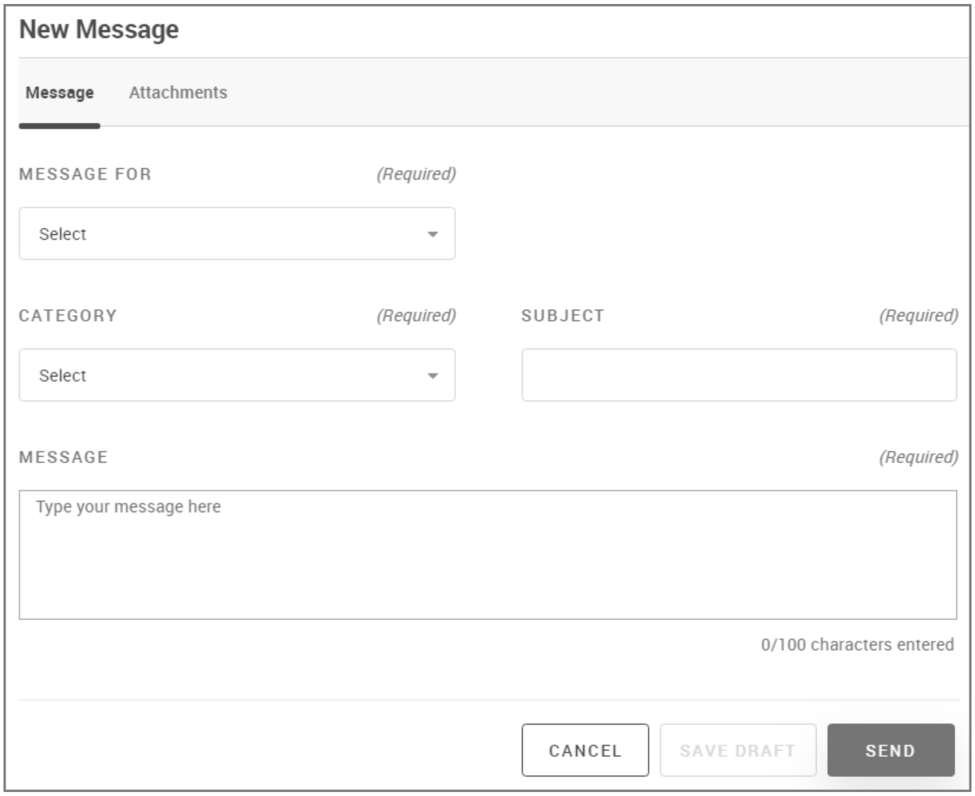
To create a message:

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.

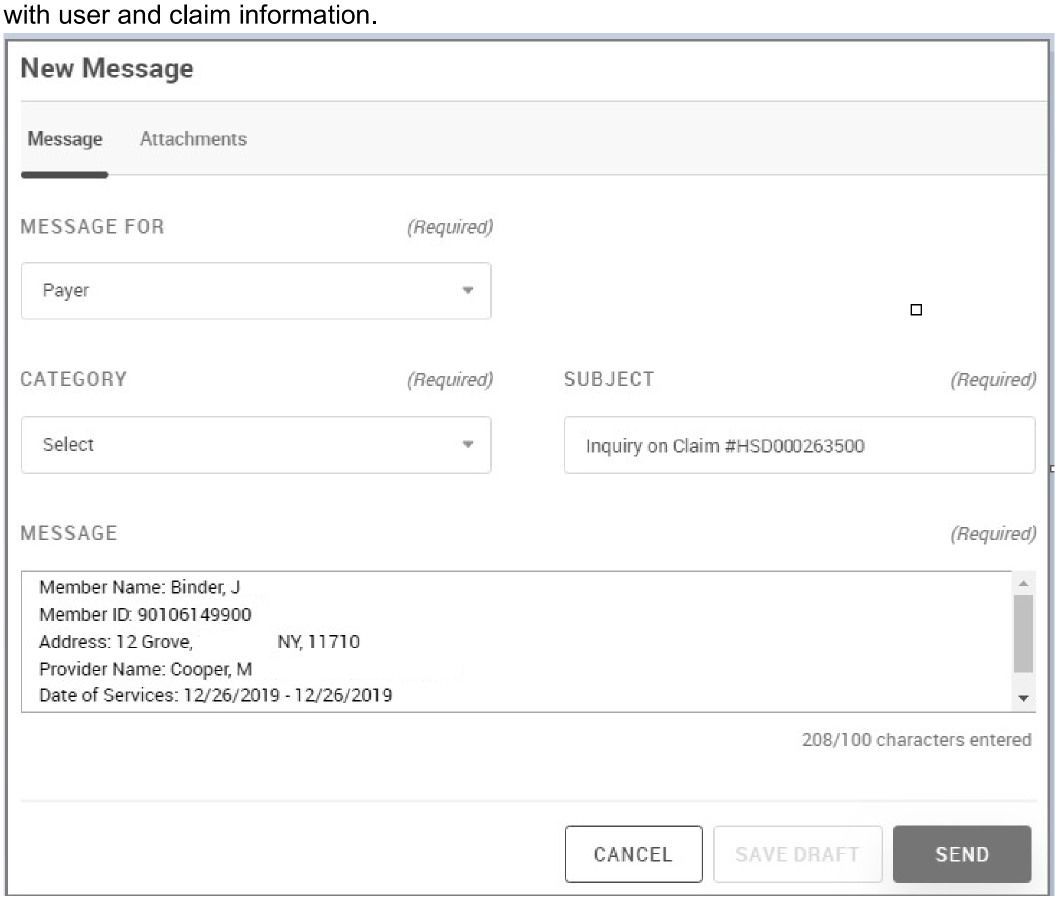
   - Example: Navigation menu or Messages link

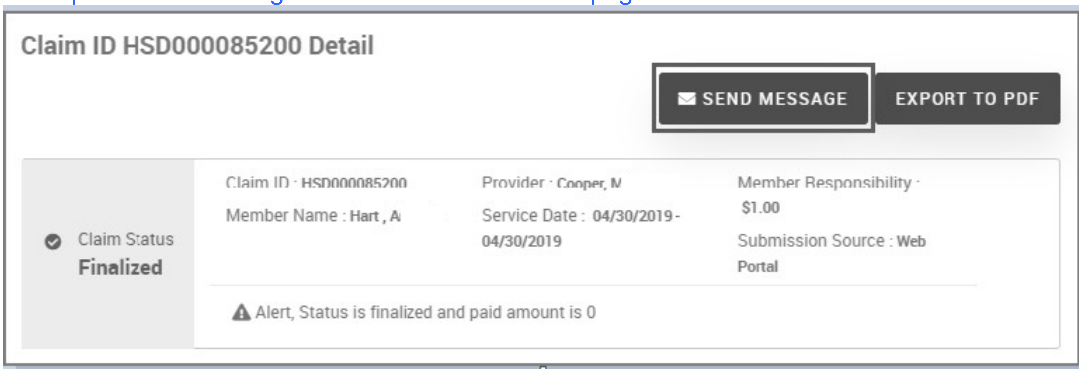
   If you selected Messages from the navigation menu or Messages link at the top of the page, the following screen appears.



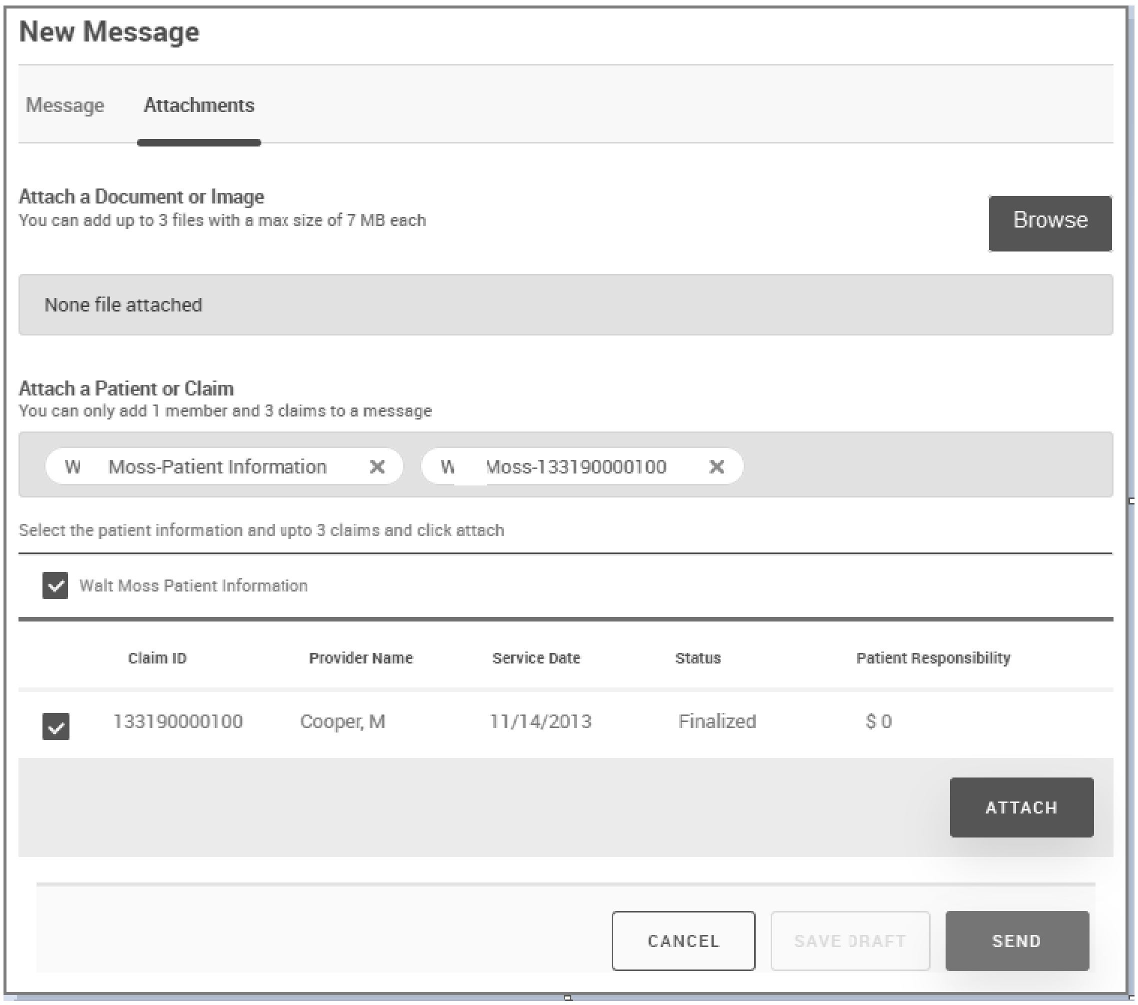
If you selected Send Message from a claims details page, the following screen appears prepopulated with user and claim information.



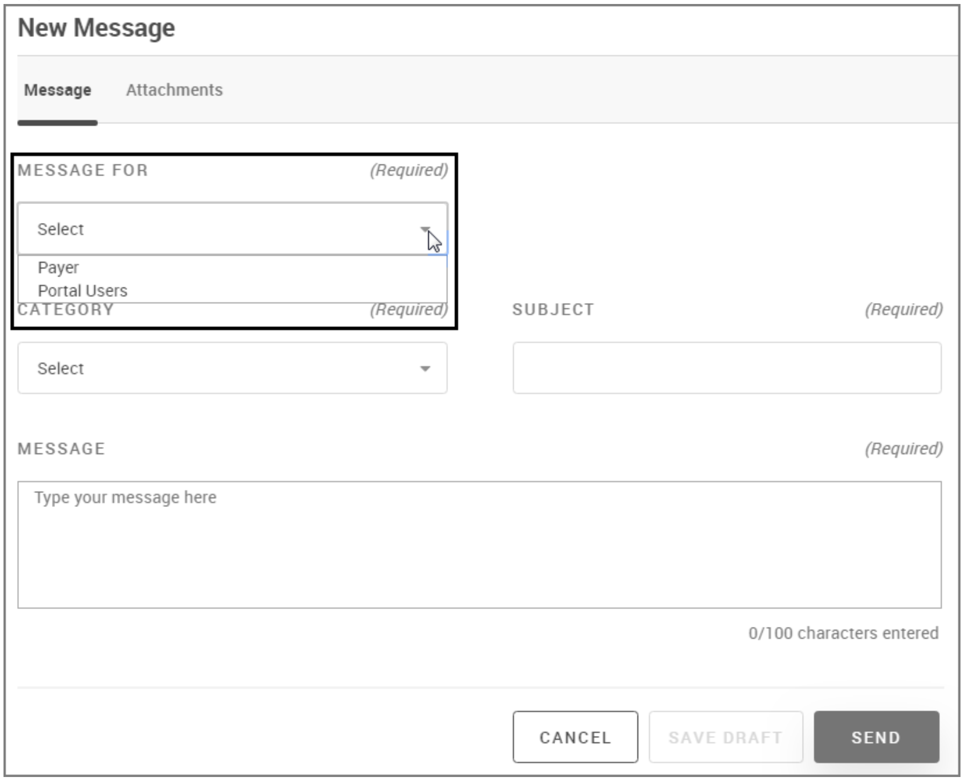
- Example: Send Message button from claim detail page



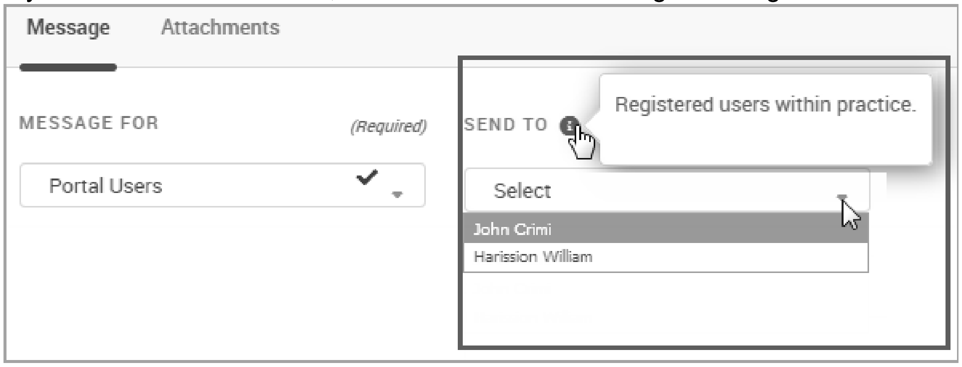
If you selected Send Message from the claim detail page, the message is prepopulated with the member and claim detail attached.



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.



If you selected *Portal Users*, select to whom the message is being sent in the **SEND TO** Select menu.

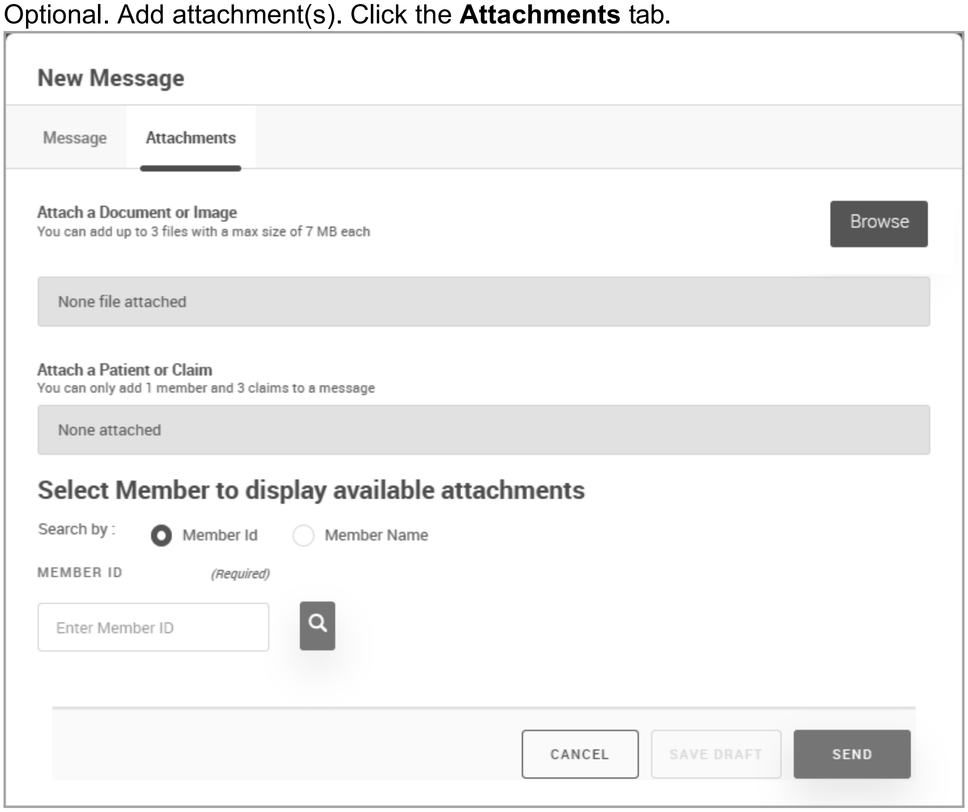


The SEND TO field is not applicable when sending a message to a Payer (as selected from the Message For list).

- 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:

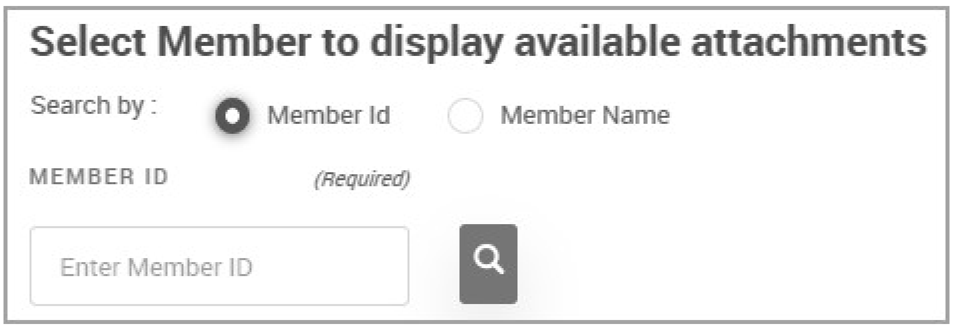
ant
If a character limit is configured in your system, the limit can be up to 50,000 characters.

3. Optional. Add attachment(s). Click the **Attachments** tab.



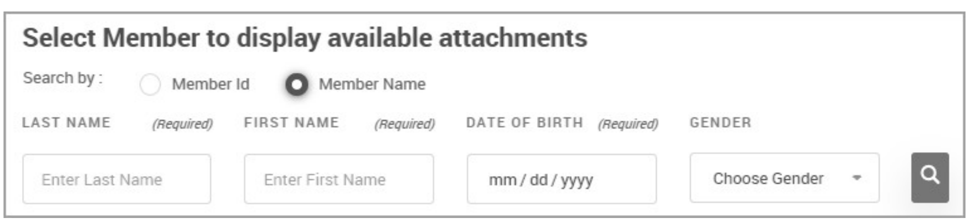
4. If you accessed the Message functionality from a claim detail page, this screen is prepopulated with the member information and claim detail attached. See the example in step 1.

- **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



    a. Provide the **MEMBER ID** and click the search icon ( ).
    b. Continue to step 5.

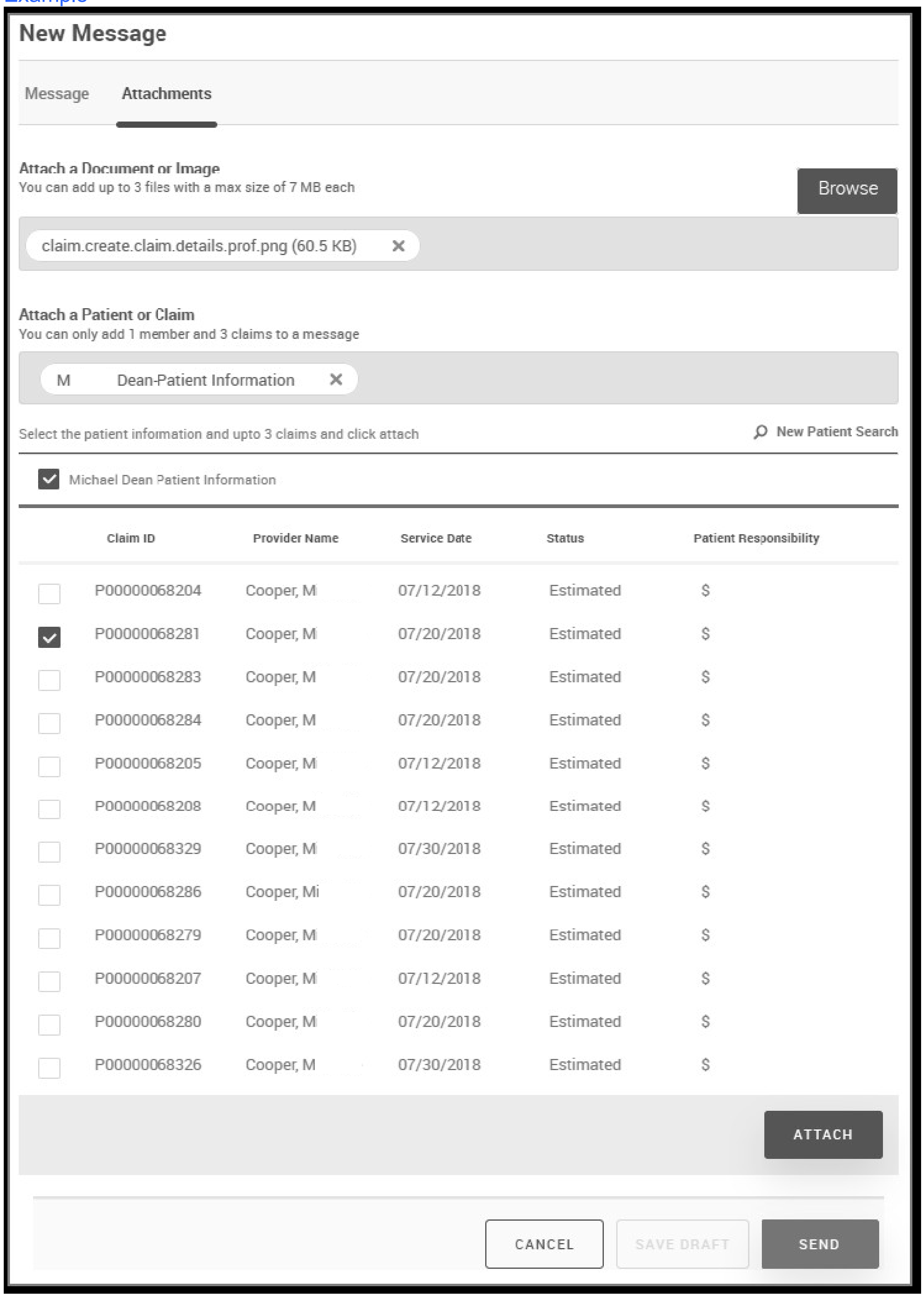
    - Member Name



    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.

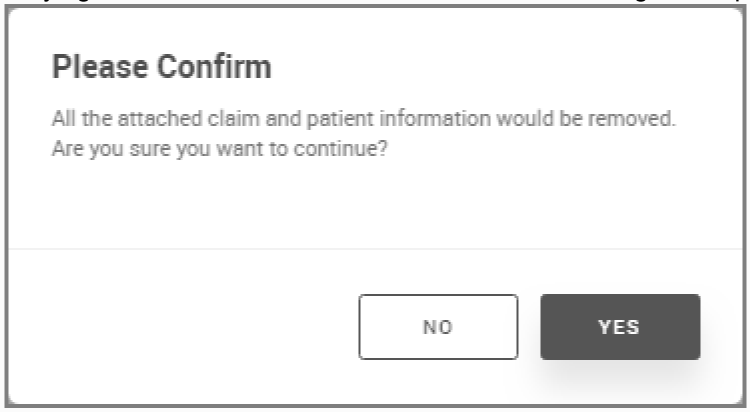
Example



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.

If trying to attach more than one member, the following error appears.



5. Do any of the following:
   a. Click **SEND** to send the message.
   b. Click **SAVE DRAFT** to save the message and go back to it later.

   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.

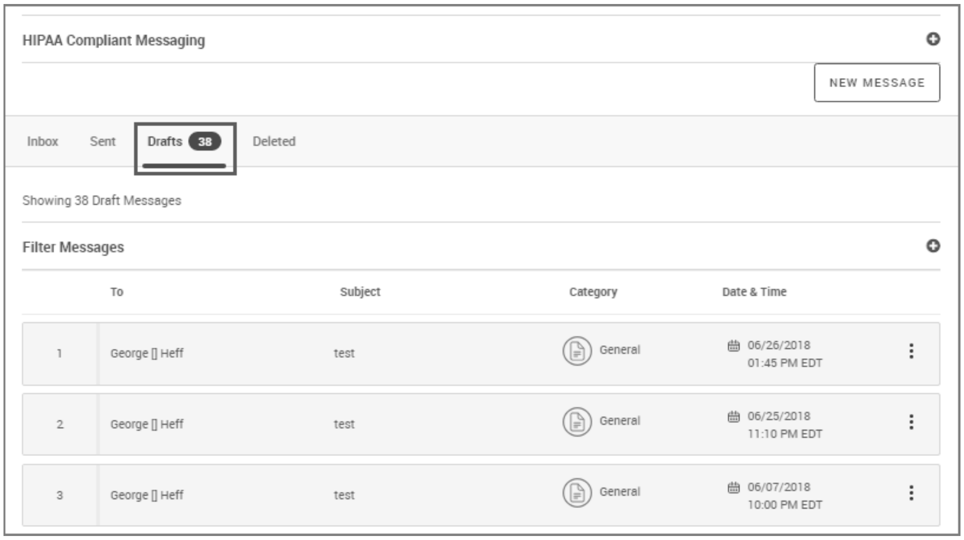
Related Topic:

- 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

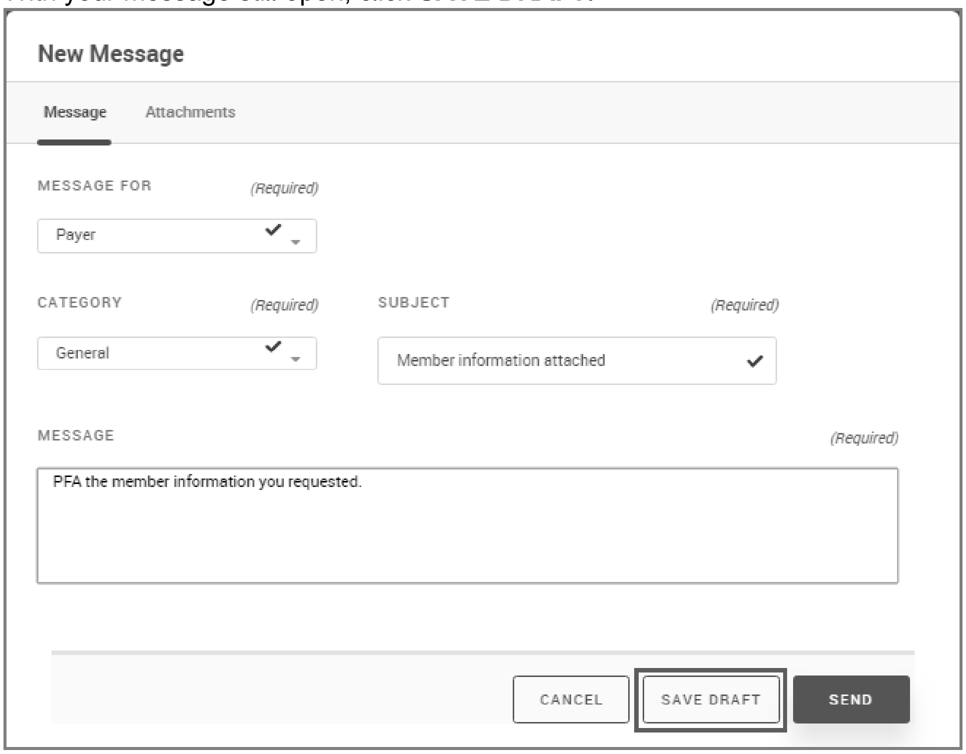
Related Topics:

- Inbox Messages
- Deleting a Message

Saving a Message to the Drafts Folder

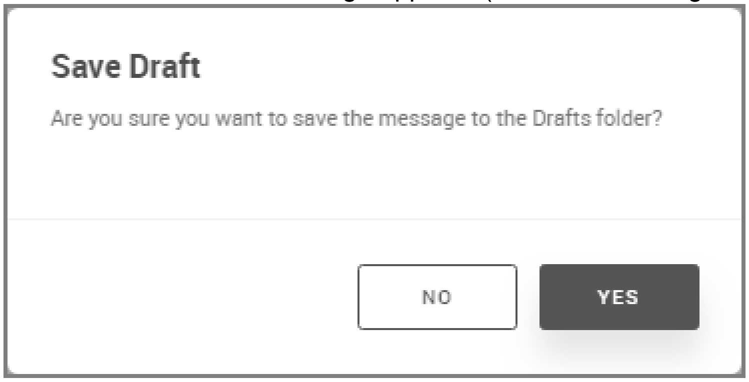
To save a message to the Drafts folder:

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**.

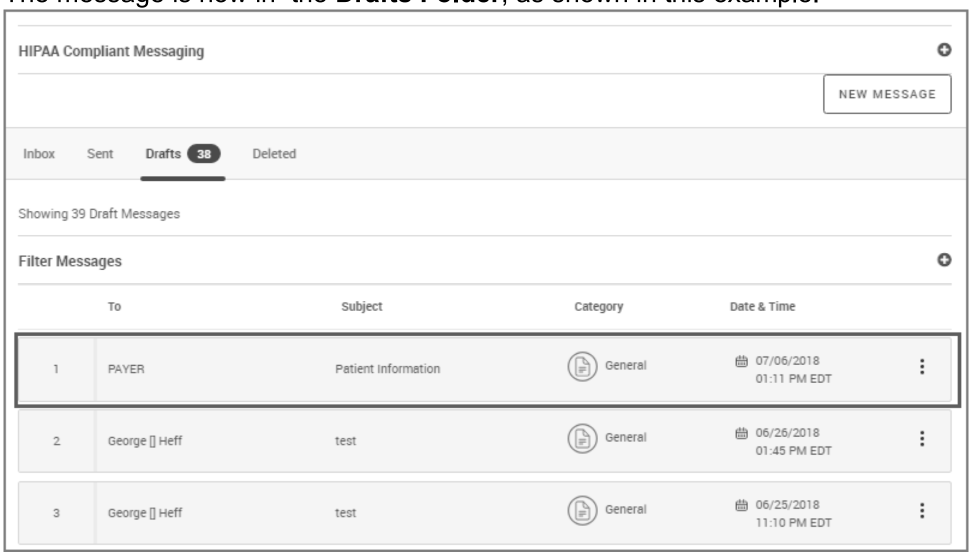


The **SAVE DRAFT** button is also available on **Reply** and **Forward** messages.

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

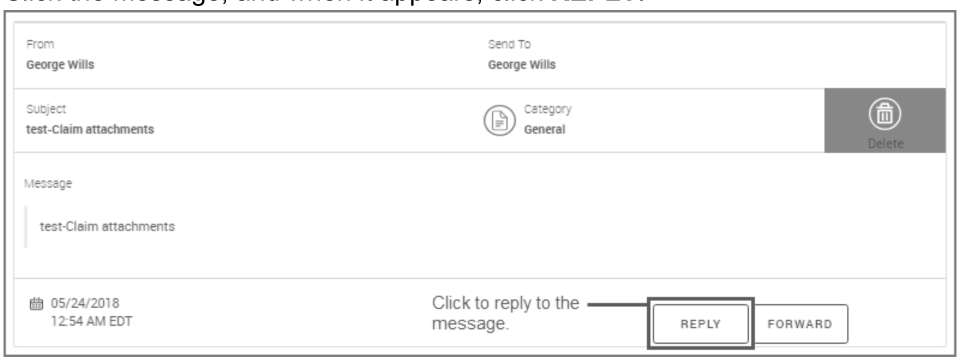
When you reply to a message, the **Category** and **Subject** are populated from the message history automatically. You can:

- Send a message (will be saved in the **Sent** folder).
- Cancel a message.
- Save a message to the **Drafts** folder.

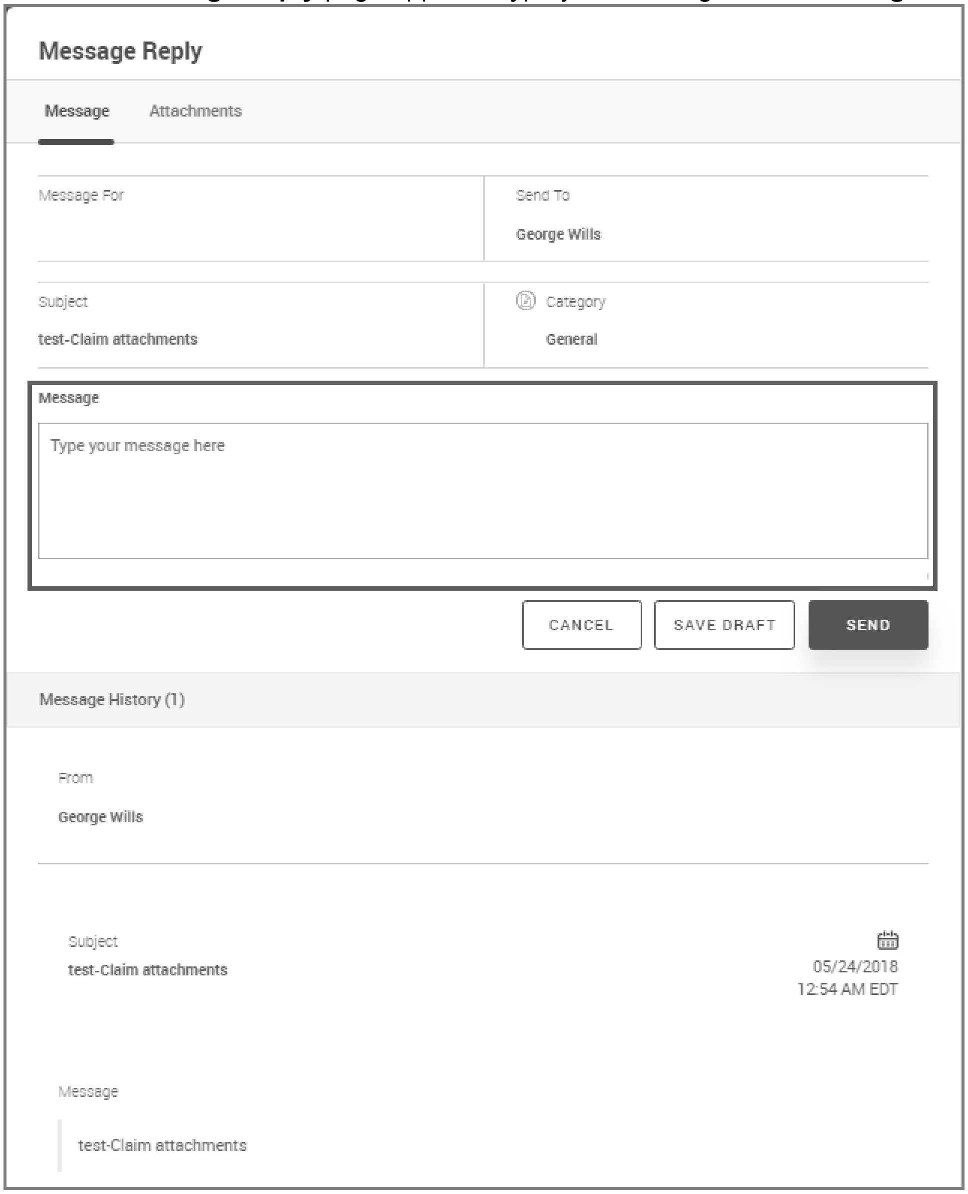
> If a character limit is configured in your system, the limit can be up to 50,000 characters.

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.



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**.

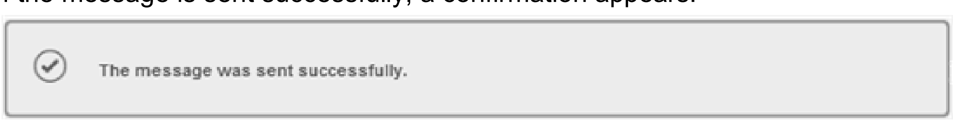
6. Do either of the following:

   a. Click **SEND**.

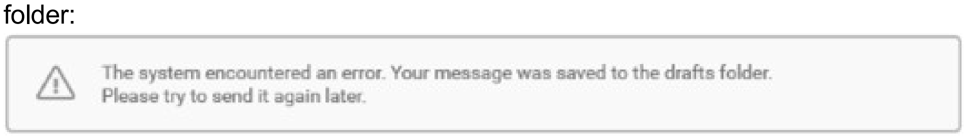
   b. Click **SAVE DRAFT** if you want to return to this reply later.

> 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

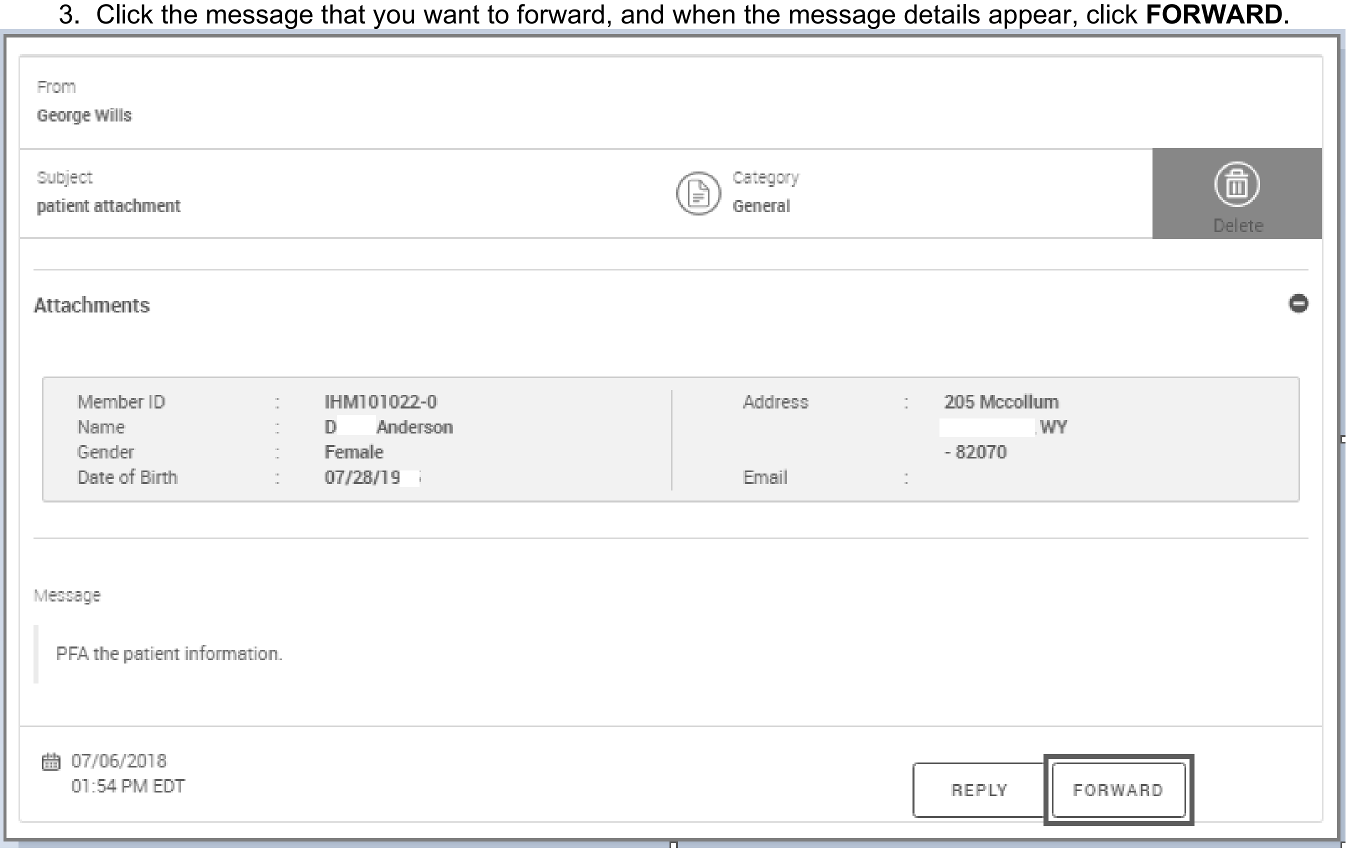
Forwarding a Message

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:

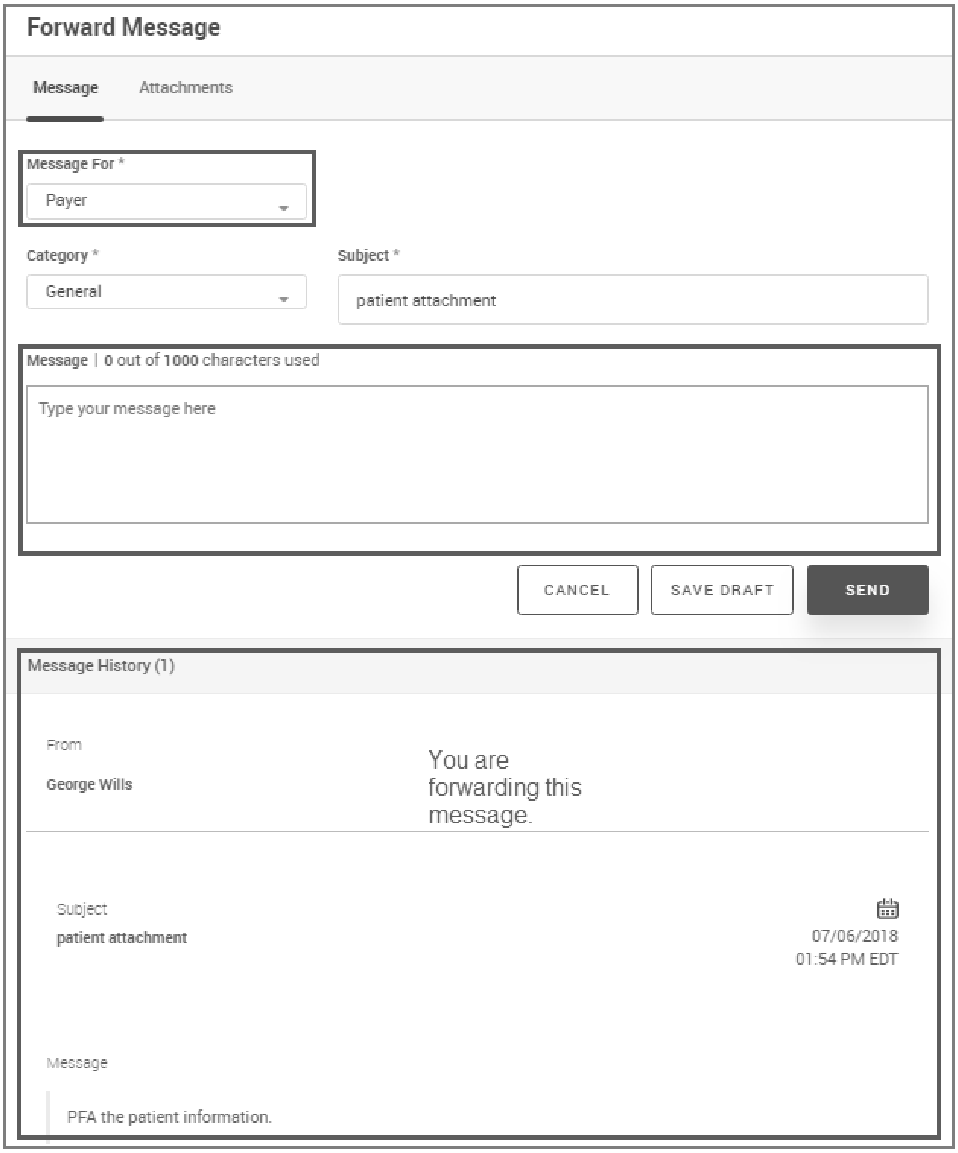
1. Click **Messages** from the navigation menu, or click the Messages link at the top of the page.
2. Locate the message by filtering. For more information, see Filtering Messages.
3. Click the message that you want to forward, and when the message details appear, click **FORWARD**.



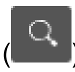
4. When the **Forward Message** page appears:

    - 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



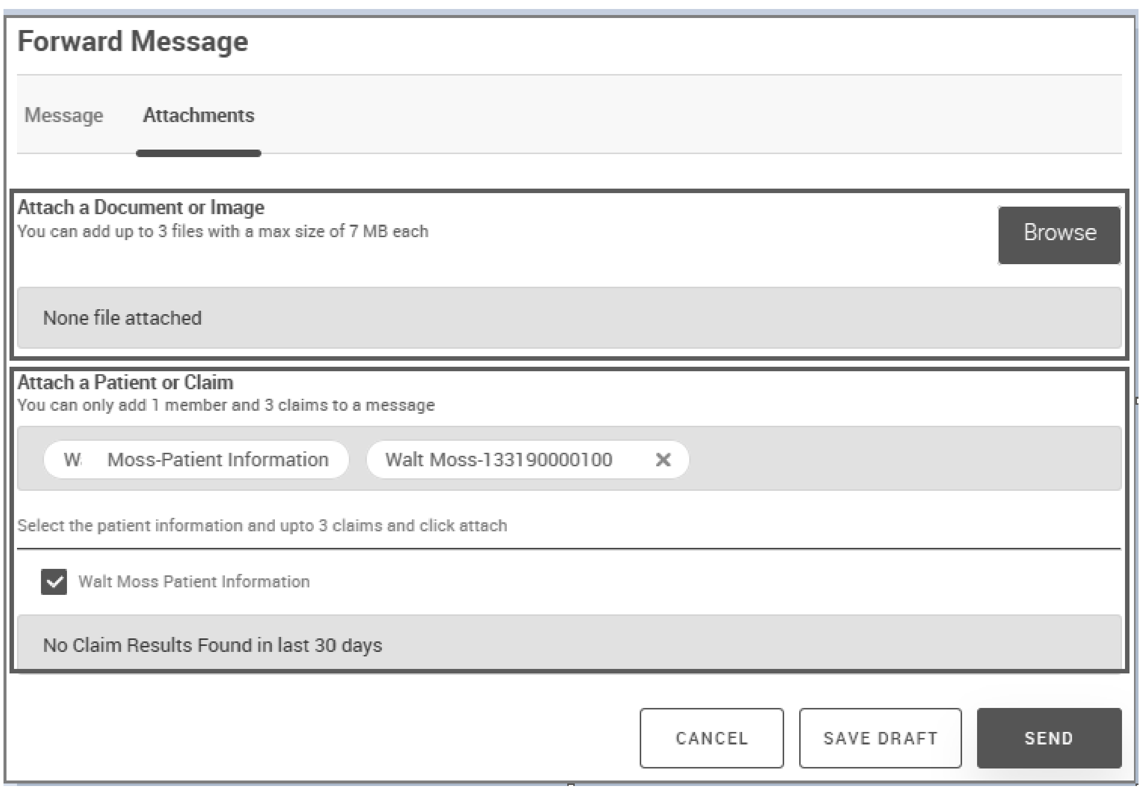
5. Optional: Click the **Attachments** tab and add any claims or member information you want to include with the message.
    - **Attach a Document or Image**. You can add up to three files with a maximum files size of 7MB each.
        i. Click **Browse**.
        ii. Navigate to the location for the 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**.



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:

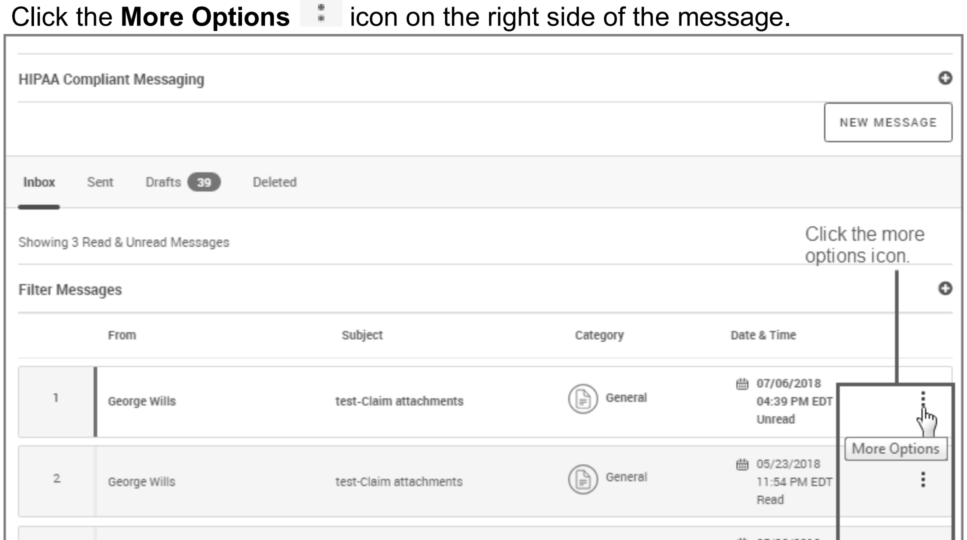
- Marking Messages
- Filtering Messages
- Deleting a Message

Deleting a Message

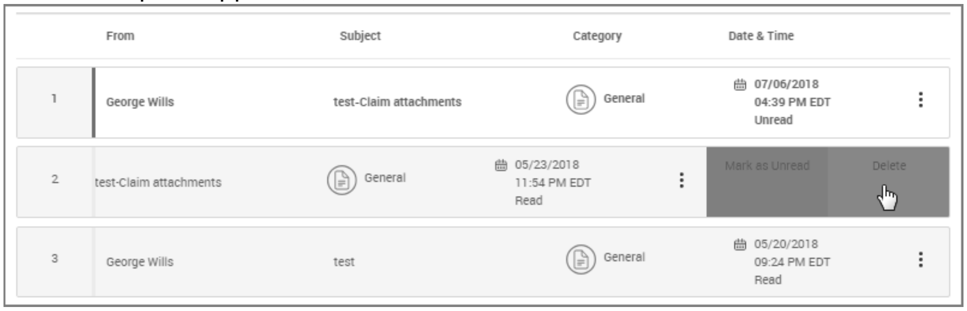
You can delete messages quickly and easily from the **Inbox**, from **Sent**, and from **Drafts**. Additionally, you can delete them from the Message Details page.

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**:

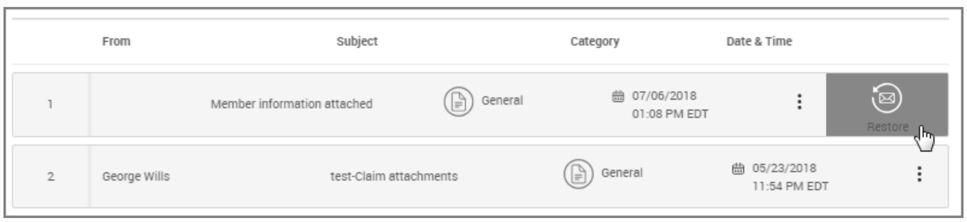


This action deletes the **message**, not the conversation.

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.



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.

Related Topics:

- Messages Tab Bar
- Creating a Message

User Management

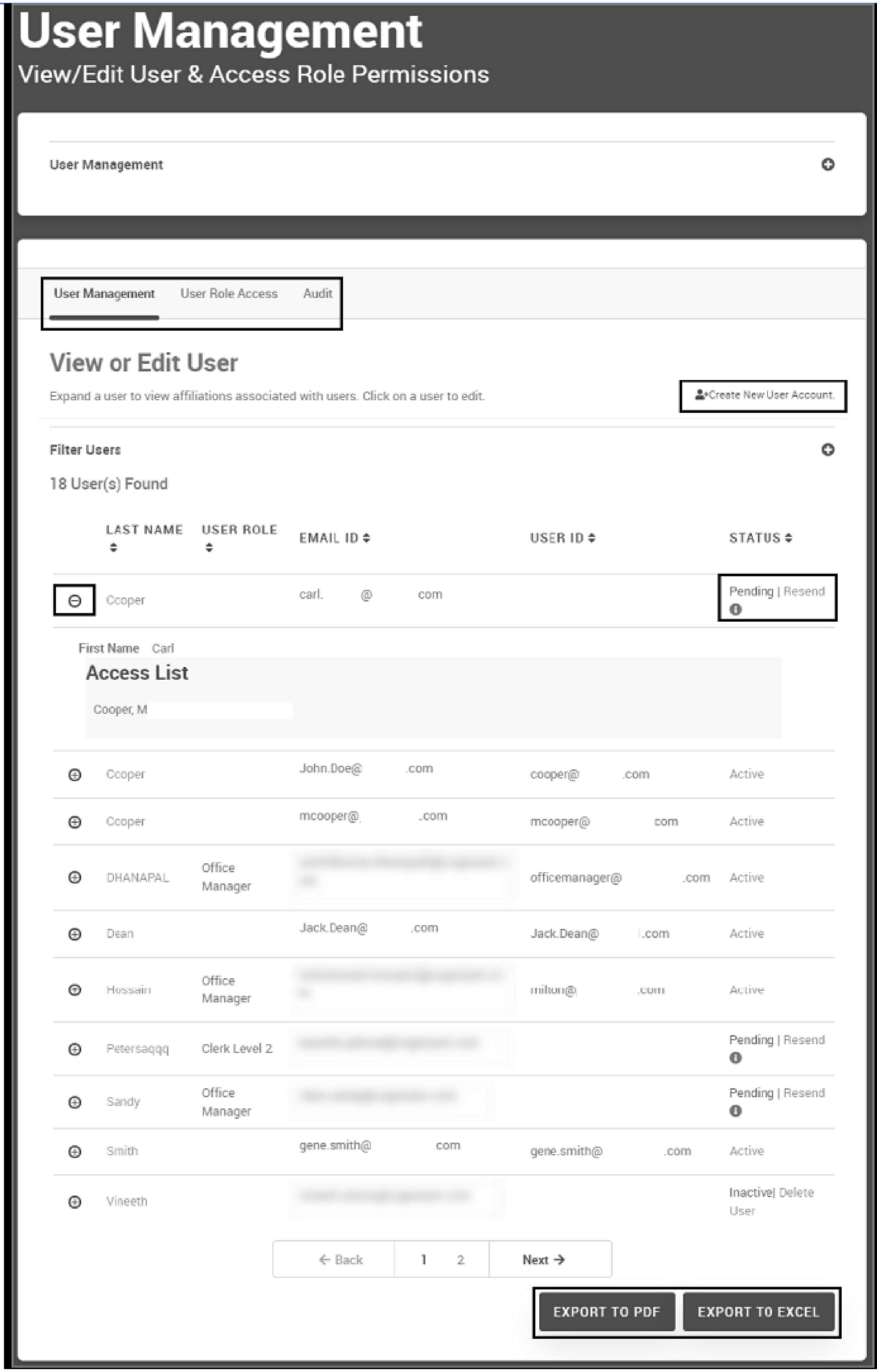
As the Office Manager for a Provider office, you can register additional users, so that they can perform their own administrative duties as assigned. User account management access is restricted to Provider admins with userids associated with provider admin access.

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@ .com
Active
Hossain
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:

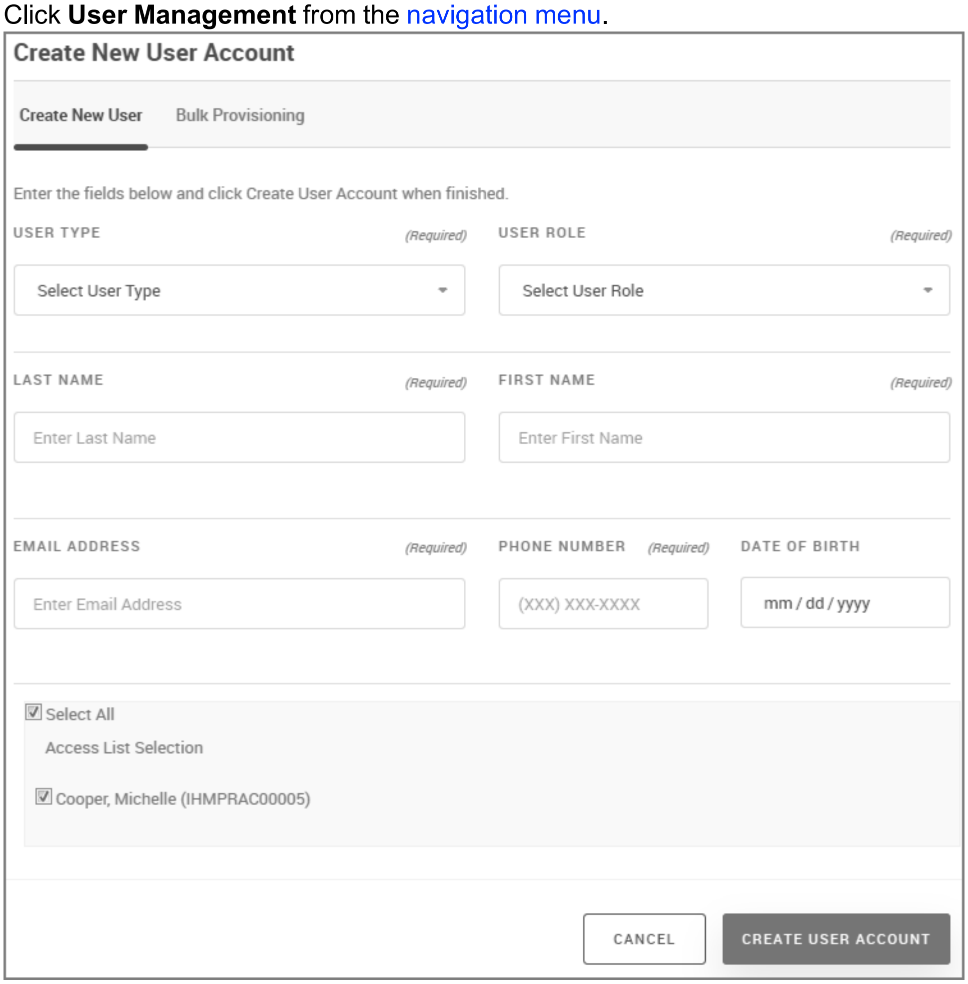
View or Edit User Role Access

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.



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.

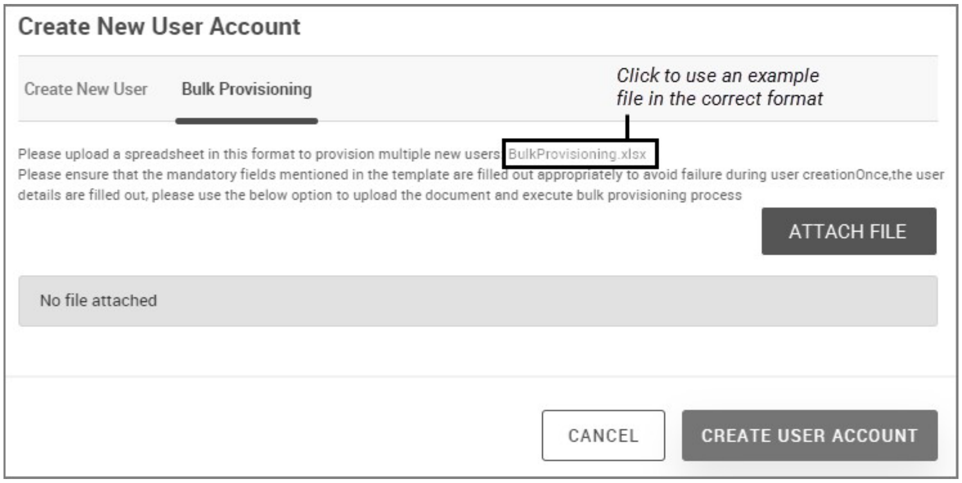
   b. Click **Create User Account**.
   The account is created and the new user will receive an email notification to log in with newly created credentials and complete their profile.

   The CREATE USER ACCOUNT button is only enabled if all required fields are populated.

- Bulk Provisioning

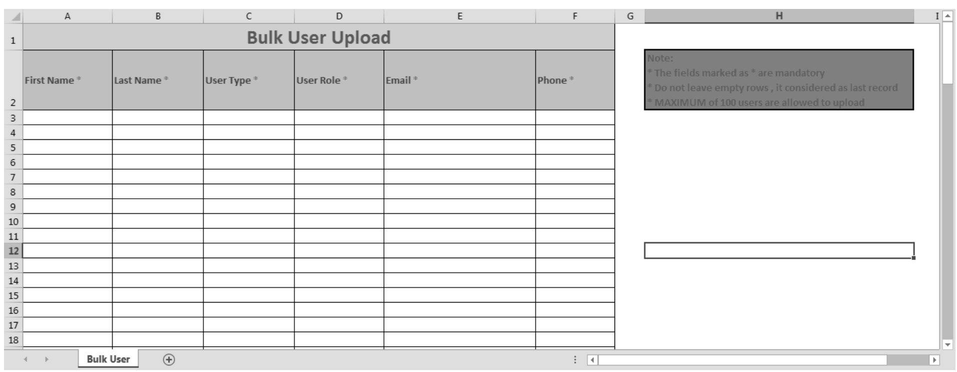
Provide the following information:

a. Click the **Bulk Provisioning** tab.
The following screen appears.

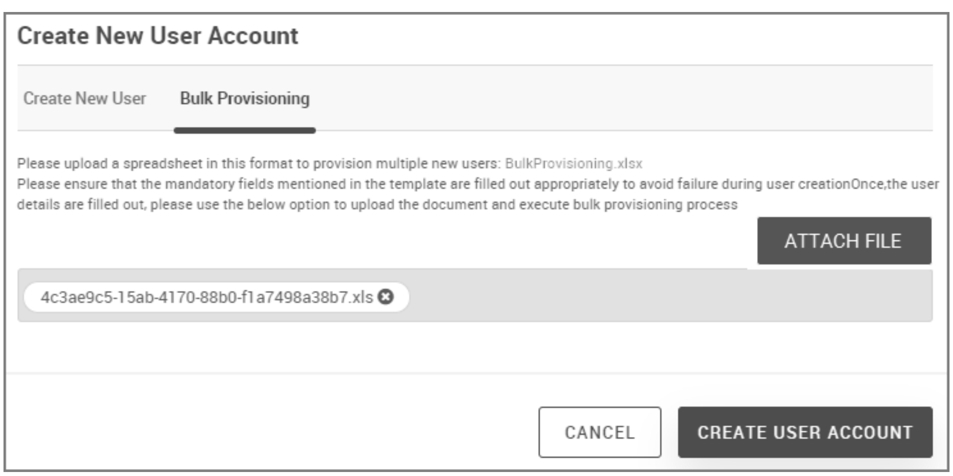


b. Click **Browse** to navigate to the spreadsheet you want to use to upload users. Click the link to view an example spreadsheet with required fields (BulkProvisioning.xlsx).

Example



The spreadsheet is attached.



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.

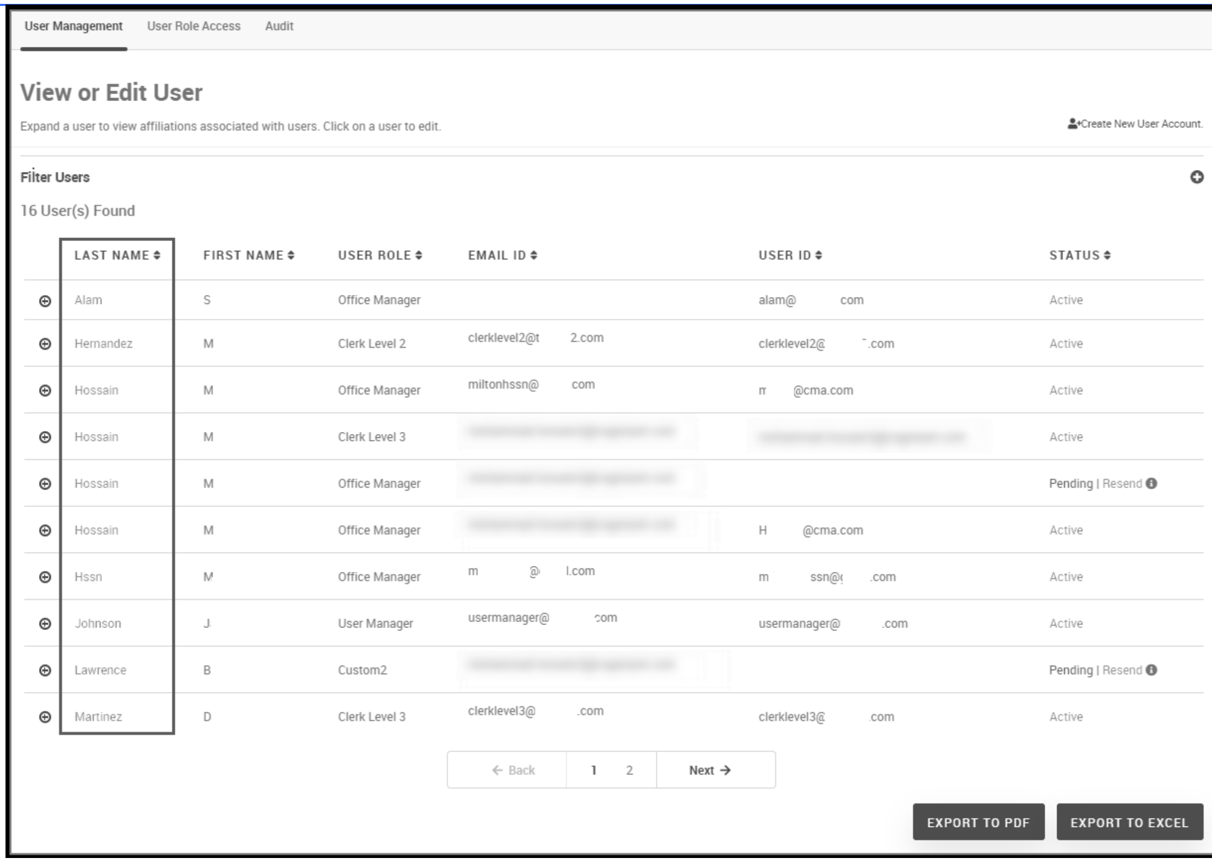
Related Topics:

- 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

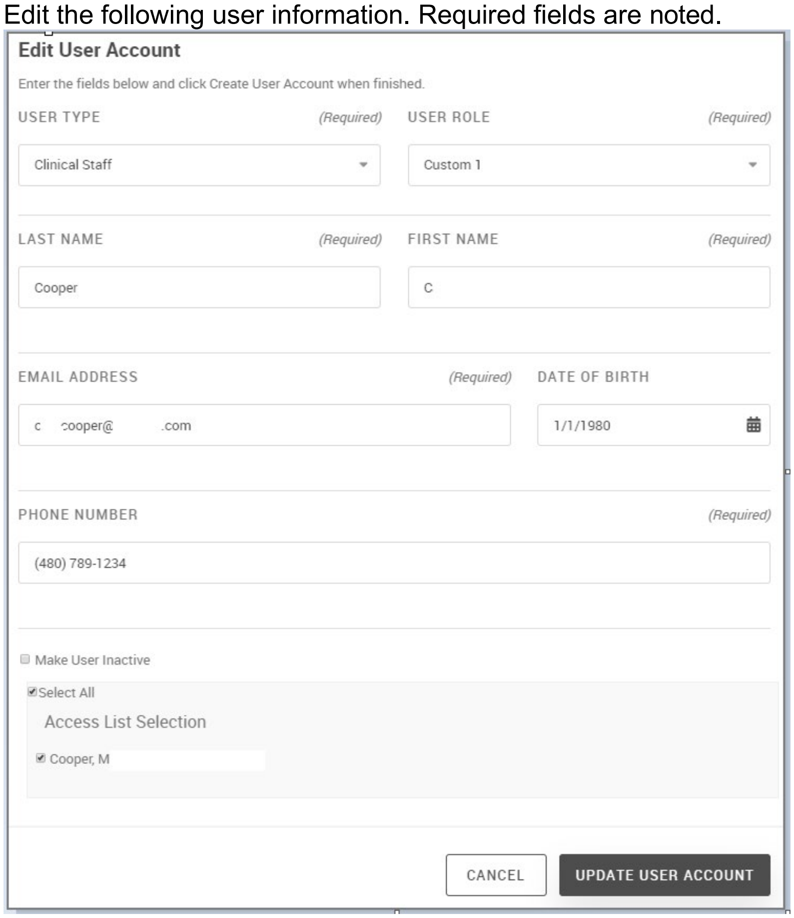
Updating User Accounts

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.



3. Edit the following user information. Required fields are noted.



- **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.

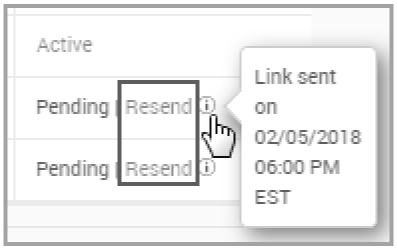
- *User Name: Cannot be edited*
- **LAST NAME**: Edit the last name for this user.
- **FIRST NAME**: Edit the first name for this user.
- **EMAIL ADDRESS**: Edit this user's email address.
- **PHONE NUMBER**: Edit this user's phone number.
- **DATE OF BIRTH**: Edit the date of birth or use the calendar 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.

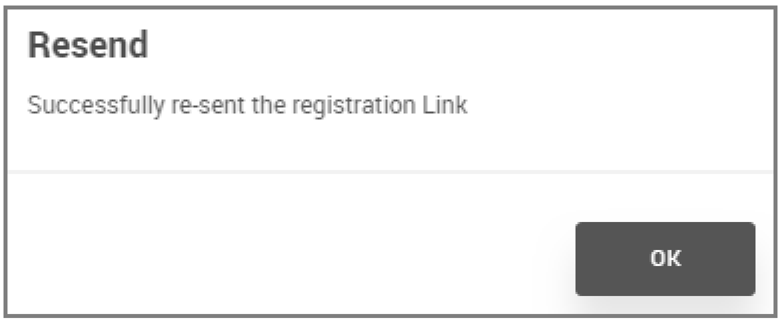
4. Click **UPDATE USER ACCOUNT**.

> 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:

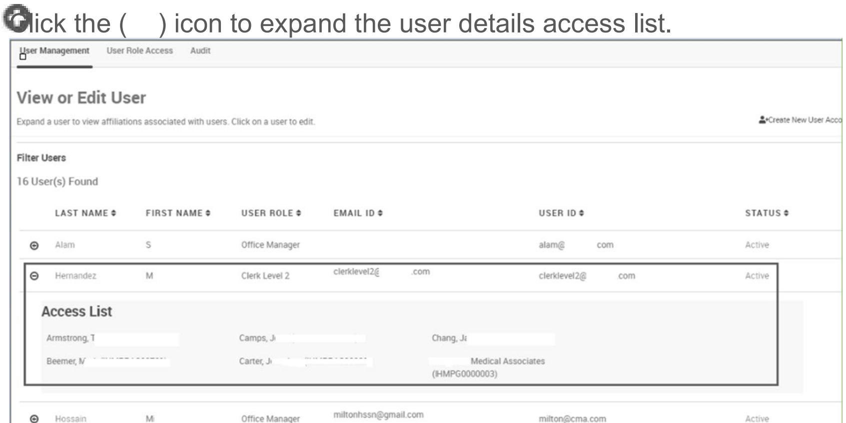
- Viewing User Account Details
- Creating User Accounts
- Printing or Downloading a PDF of User Details
- Exporting User Details to Excel
- Working with Role Definitions
- Working With Account Status

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.

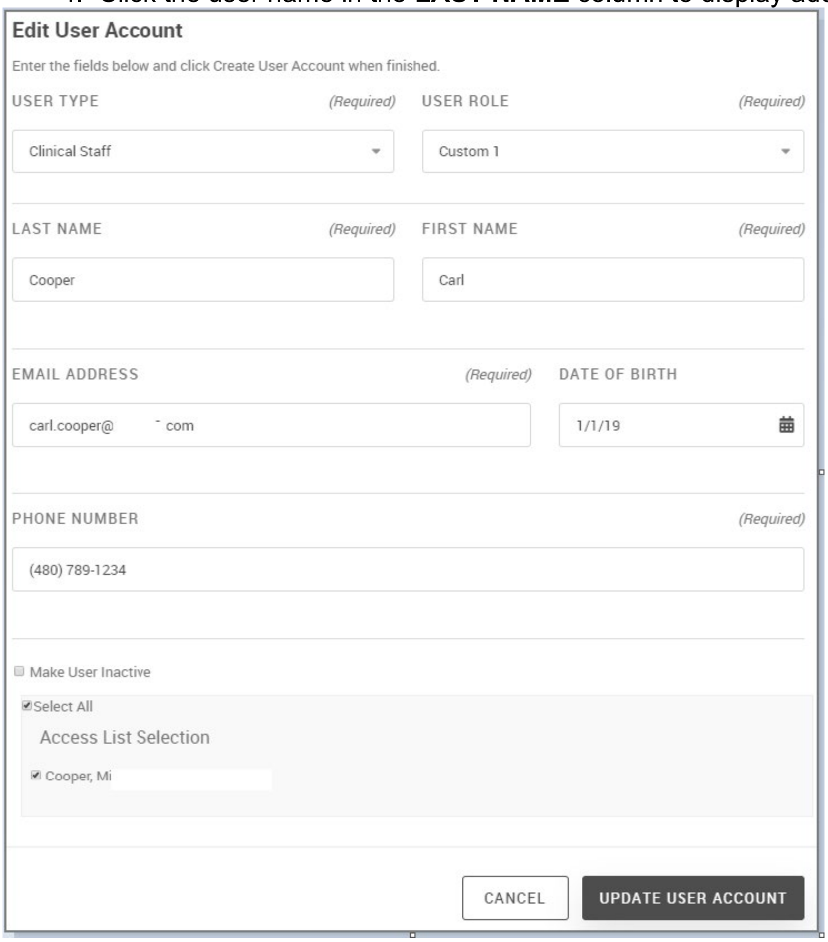


You can view the following profile details from this view:

- 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.



5. Continue to Updating User Accounts.

Related Topics:

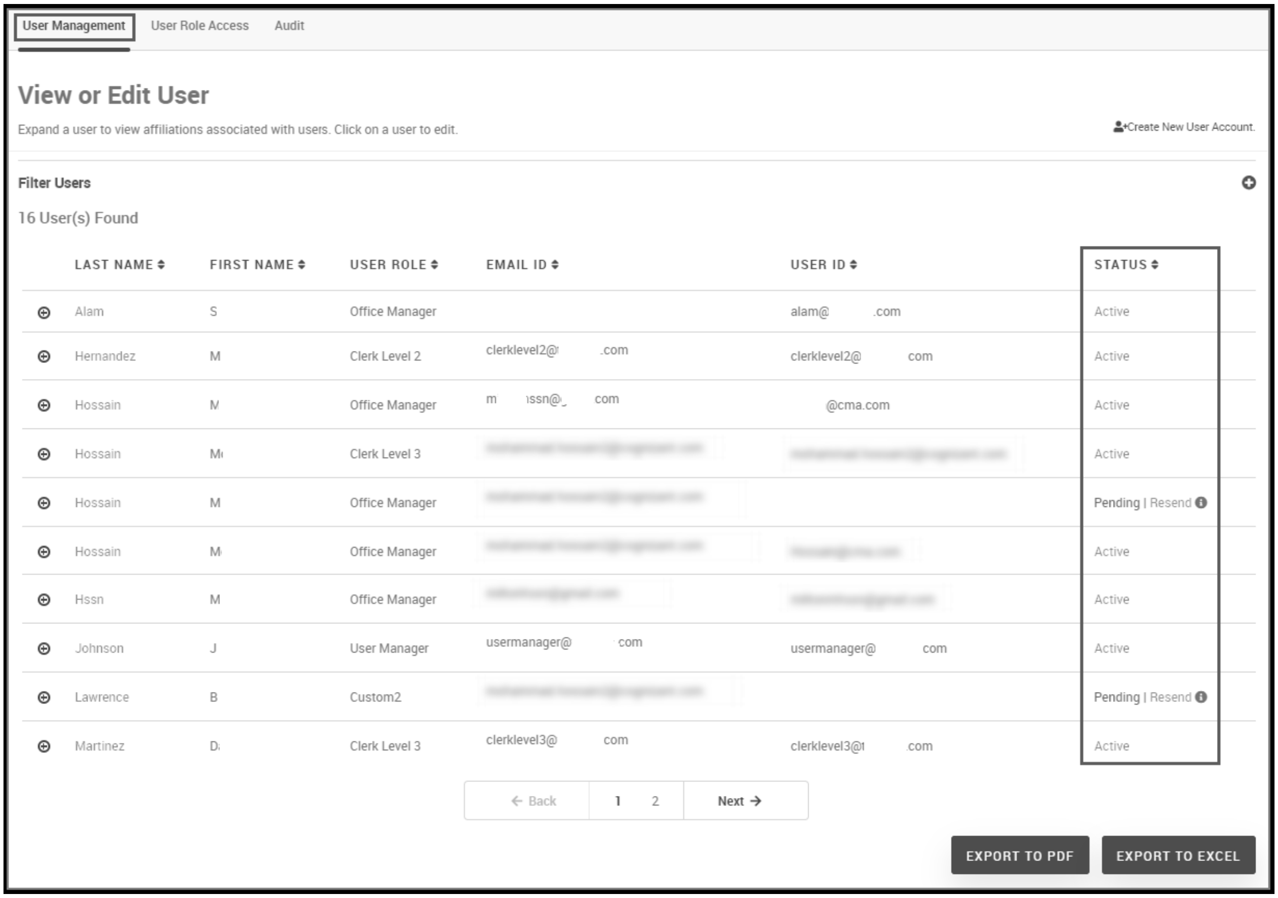
- Editing User Accounts
- Creating User Accounts
- Working With Account Status.
- Printing or Downloading a PDF of User Details
- Exporting User Details to Excel

Working With Account Status

From the User Management tab, you can resend a link for pending accounts or delete inactive accounts.

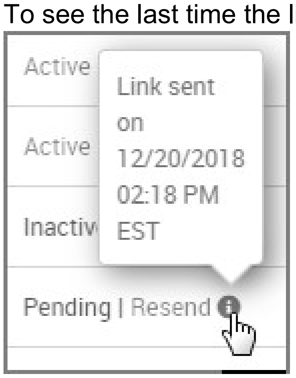
To resend a link to an account:

1. Click **User Management** from the navigation menu.
   The User Management page appears.



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.



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

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

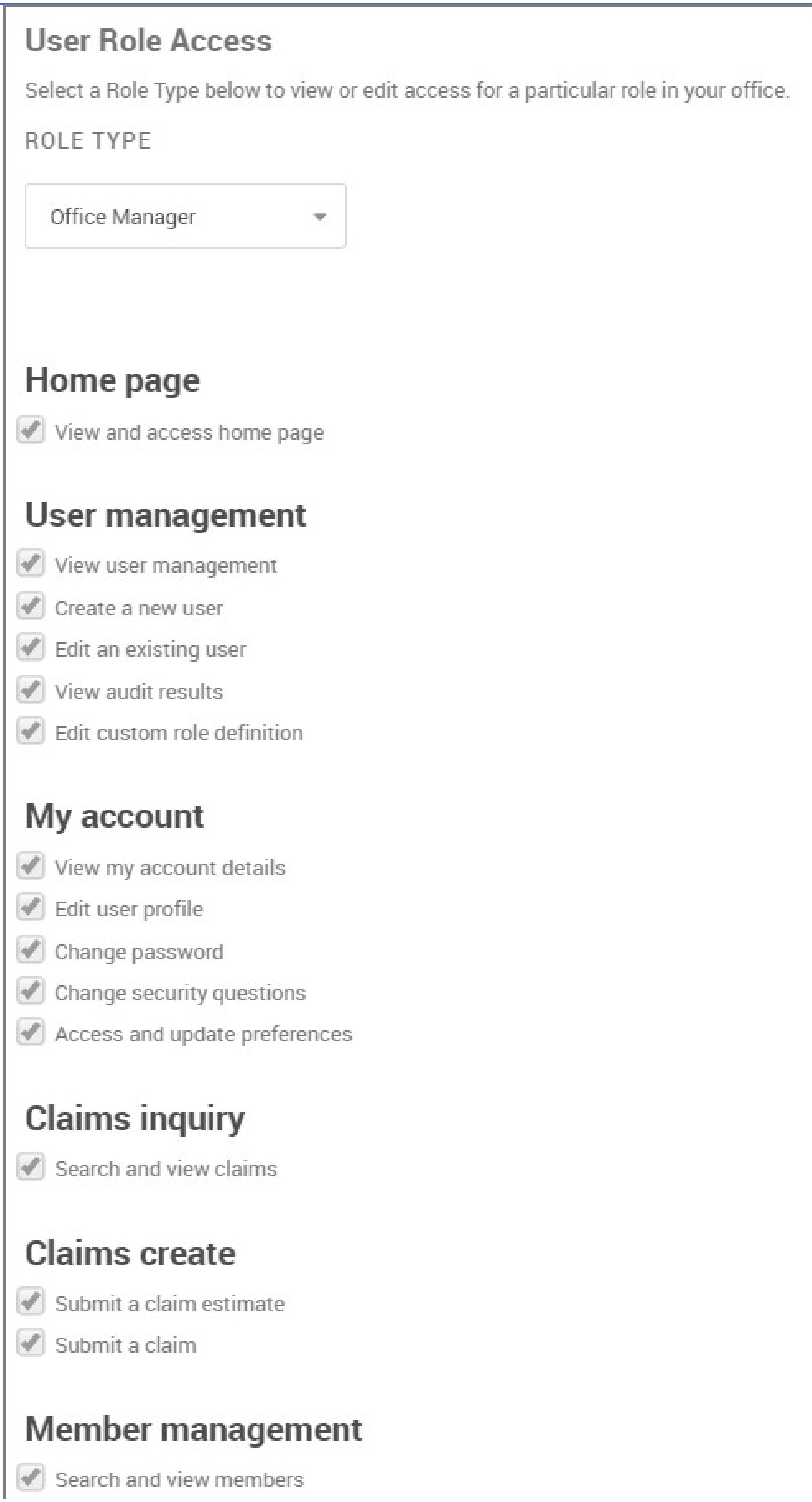
View or Edit User Role Access

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

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

Clerk Level 3

Home page

- [x] 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

- [x] View my account details
- [x] Edit user profile
- [x] Change password
- [x] Change security questions
- [x] Access and update preferences

Claims inquiry

- [ ] Search and view claims

Claims create

- [ ] Submit a claim estimate
- [ ] Submit a claim

Member management

- [x] Search and view members

- [x] Run a PCP roster
- [ ] Export a PCP roster

Eligibility

- [x] View member benefit information
- [x] Validate referrals and authorizations

Message center

- [ ] View only access to messages and message details
- [ ] Write access to messages (create, reply and forward)

Additional links

- [x] 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

- [x] View and access FAQs
- [x] Access Contact Us

Content management

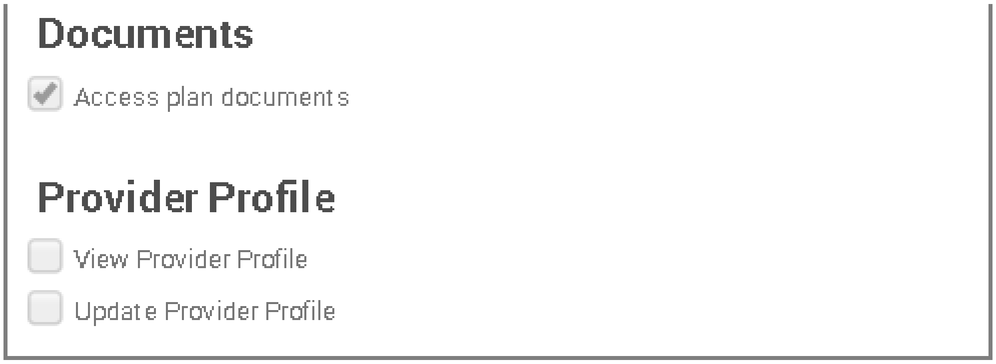
- [x] View and access content in containers

Notifications

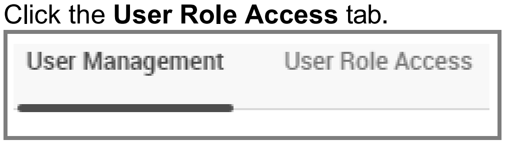
- [ ] View and access system generated notifications

Provider search

- [x] Perform a provider search



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.

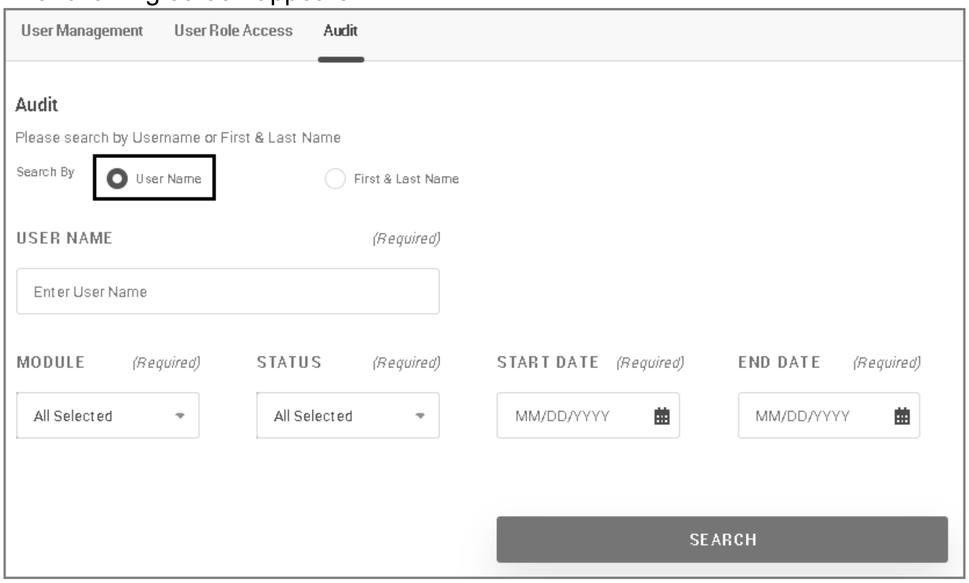
   The screen changes to reflect the role option selected. See the role examples above for the default roles types available.
4. Do either of the following:
   - *To view a role type*, select it from the list. See the role examples above for the default roles types available.
   - *To define custom roles*, 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.

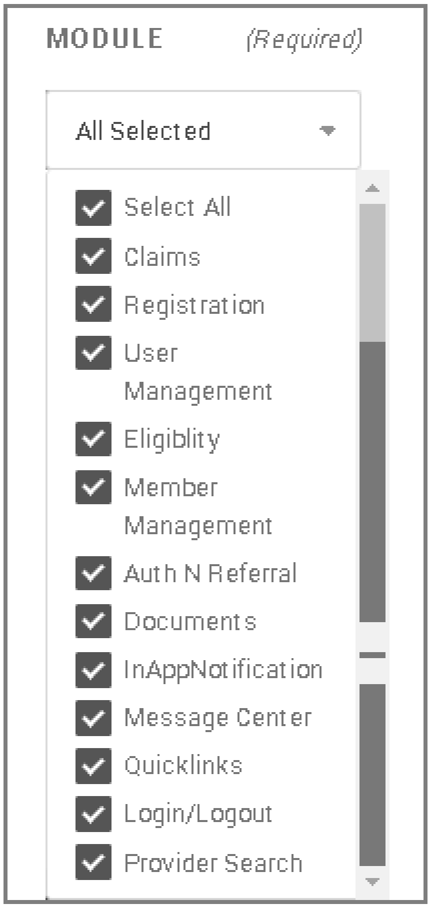


3. Search by either method:

   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.

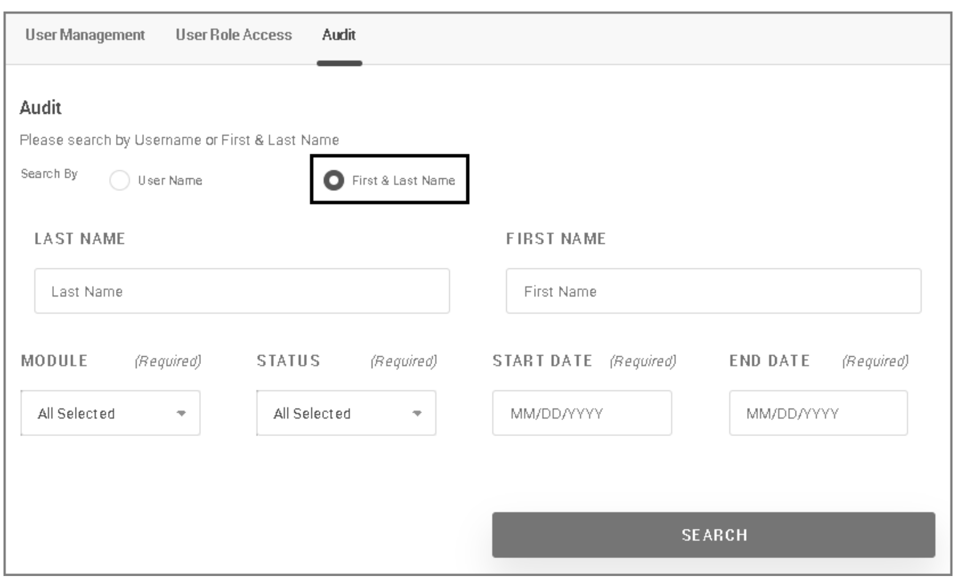
      Choices are:



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.

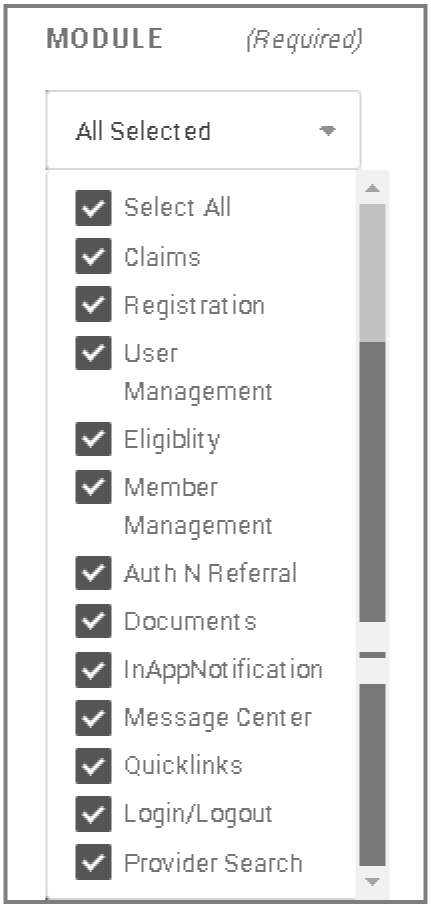
First & Last Name



a. **Search By**: Select **First & Last Name**.

b. **MODULE**: Select the module from the list.

Choices are:



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

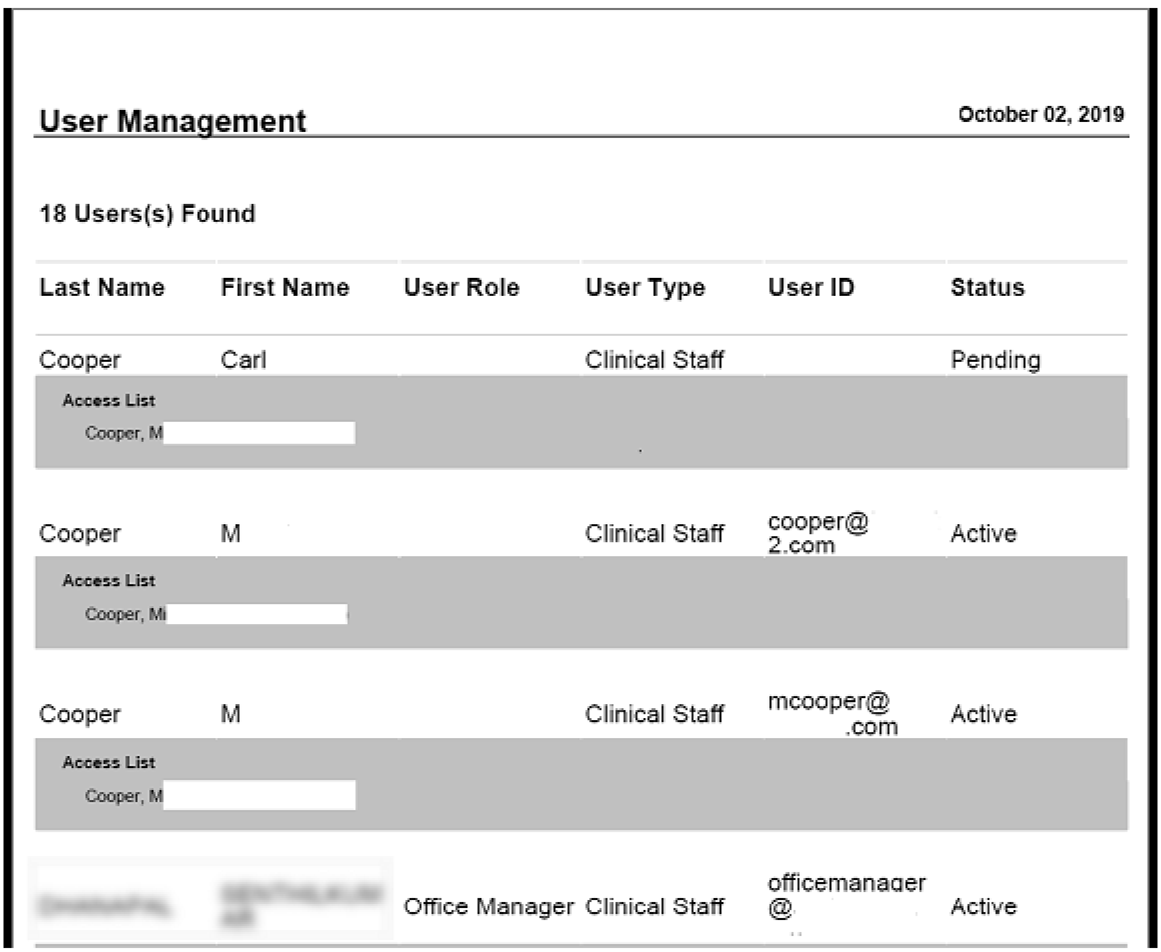
Printing or Downloading a PDF of User Details

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					
Cooper	M		Clinical Staff	cooper@ 2.com	Active
Access List Cooper, Mi					
Cooper	M		Clinical Staff	mcooper@ .com	Active
Access List Cooper, M					
		Office Manager	Clinical Staff	officemanager @	Active

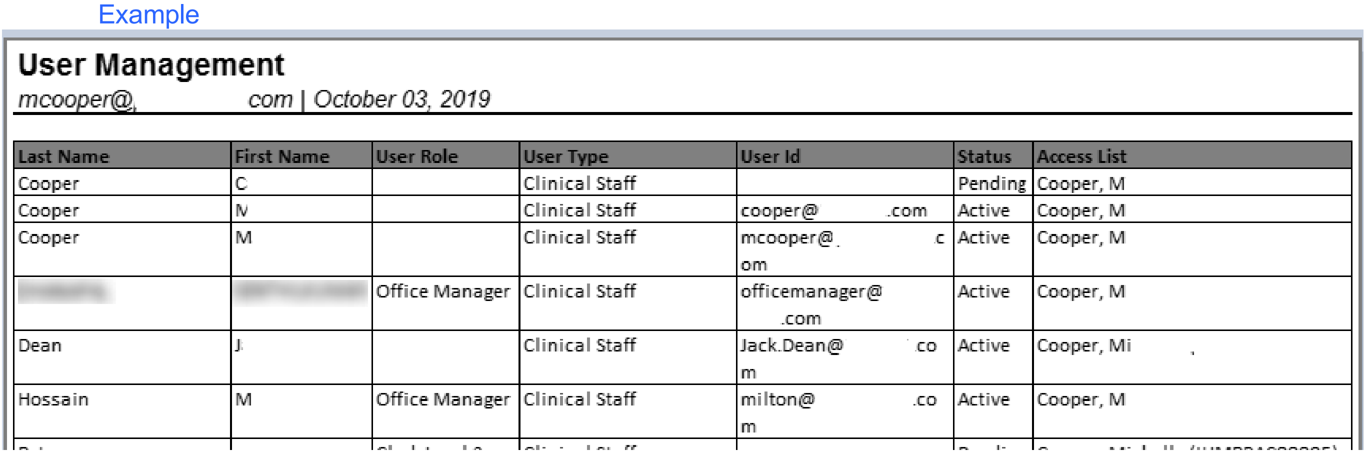
Exporting User Details to Excel

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

mcooper@, com | October 03, 2019

Last Name	First Name	User Role	User Type	User Id	Status	Access List
Cooper	C		Clinical Staff		Pending	Cooper, M
Cooper	M		Clinical Staff	cooper@ .com	Active	Cooper, M
Cooper	M		Clinical Staff	mcooper@ .com	Active	Cooper, M
[illegible]	[illegible]	Office Manager	Clinical Staff	officemanager@ .com	Active	Cooper, M
Dean	J		Clinical Staff	Jack.Dean@ .com	Active	Cooper, Mi
Hossain	M	Office Manager	Clinical Staff	milton@ .com	Active	Cooper, M