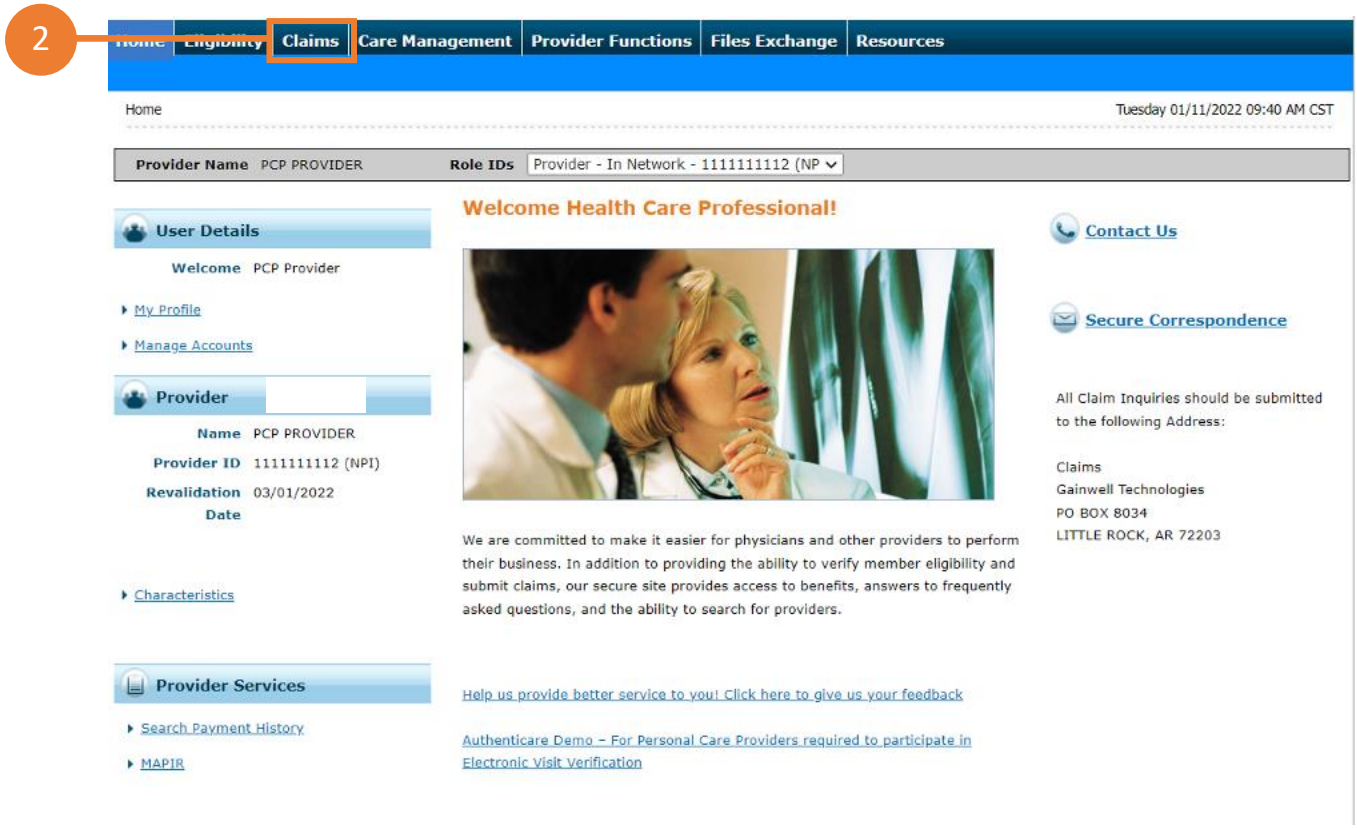
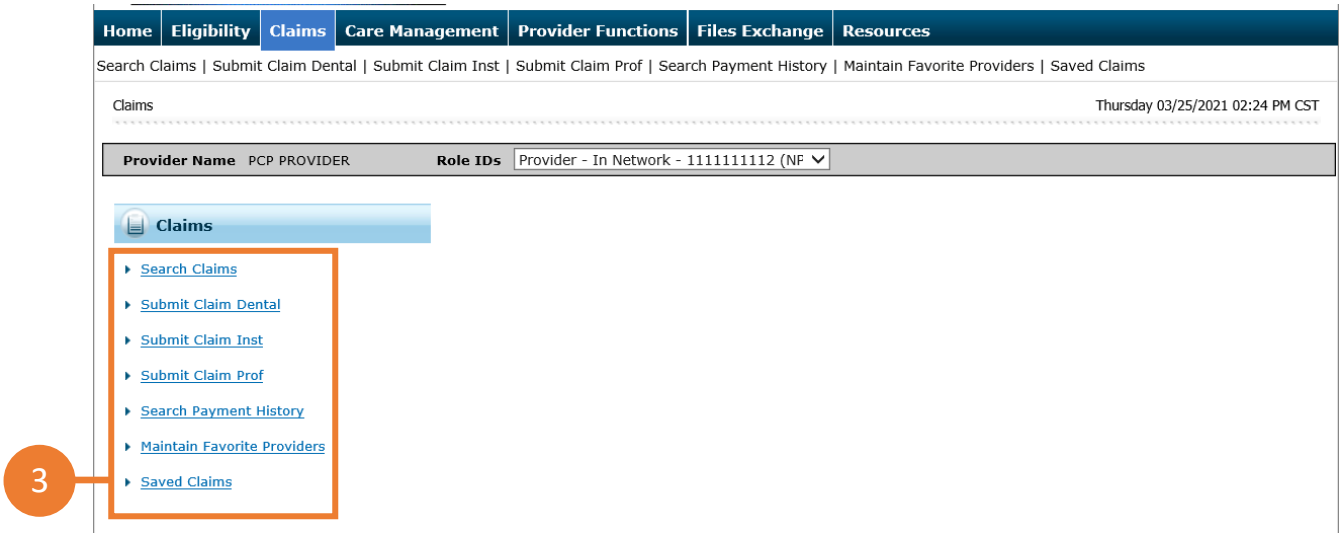
Provider Portal: Submitting and Reviewing a Claim

1. Go to the portal landing page and log in with the **User ID** and **password** previously created. If you do not have a User ID and password, click **Register Now** or see the JOB+AID "**Registering on the Portal**."

   If you have already logged in, skip to step 2.



2. From the "Welcome Health Care Professional" **Home** page, select the **Claims** tab.



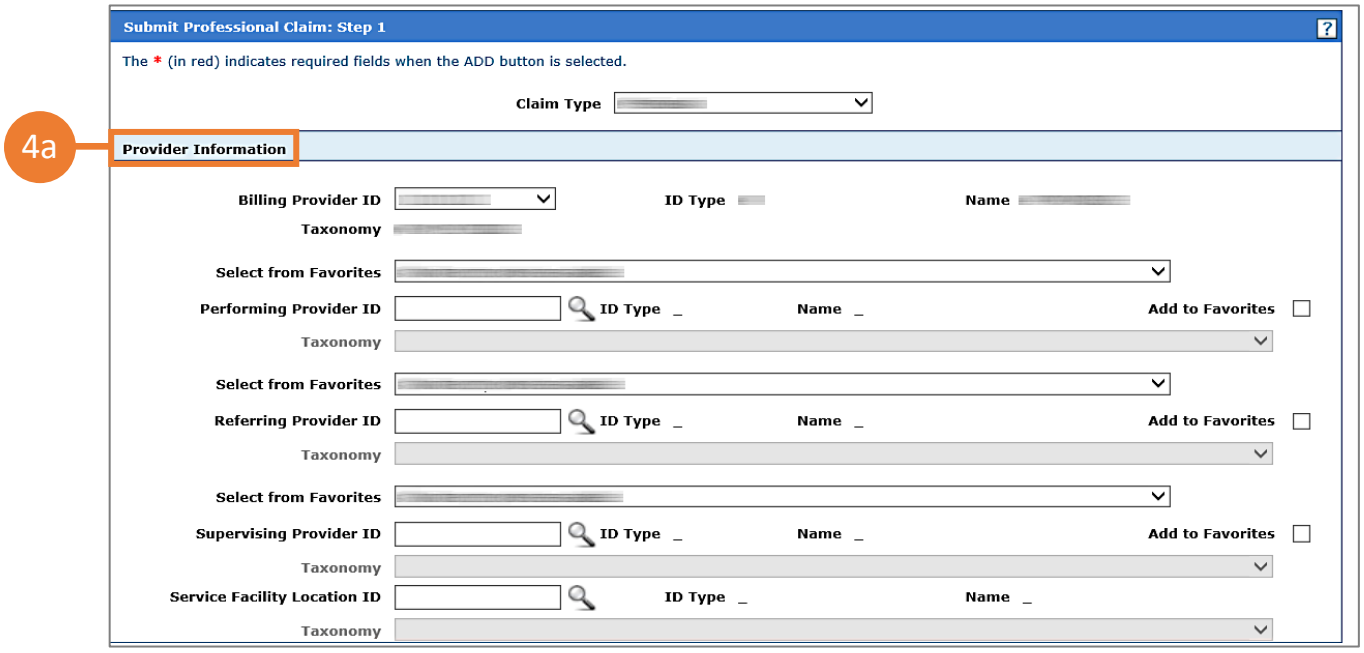
3. Select the type of claim form the data will be entered for: **Submit Claim Dental, Submit Claim Inst** (Institutional) **or Submit Claim Prof** (Professional).

You can also click **Search Claims** to search through claims you have previously submitted, or **Search Payment History** to search through your submitted claims that have already been paid.

NOTE: To find a claim that was previously entered, use the ICN or use the Member ID and DOS options.

Maintain Favorite Providers: The providers on this list will be available for selection as the Facility or Servicing provider when you are creating a claim. Up to 20 providers can be stored on your favorites list.

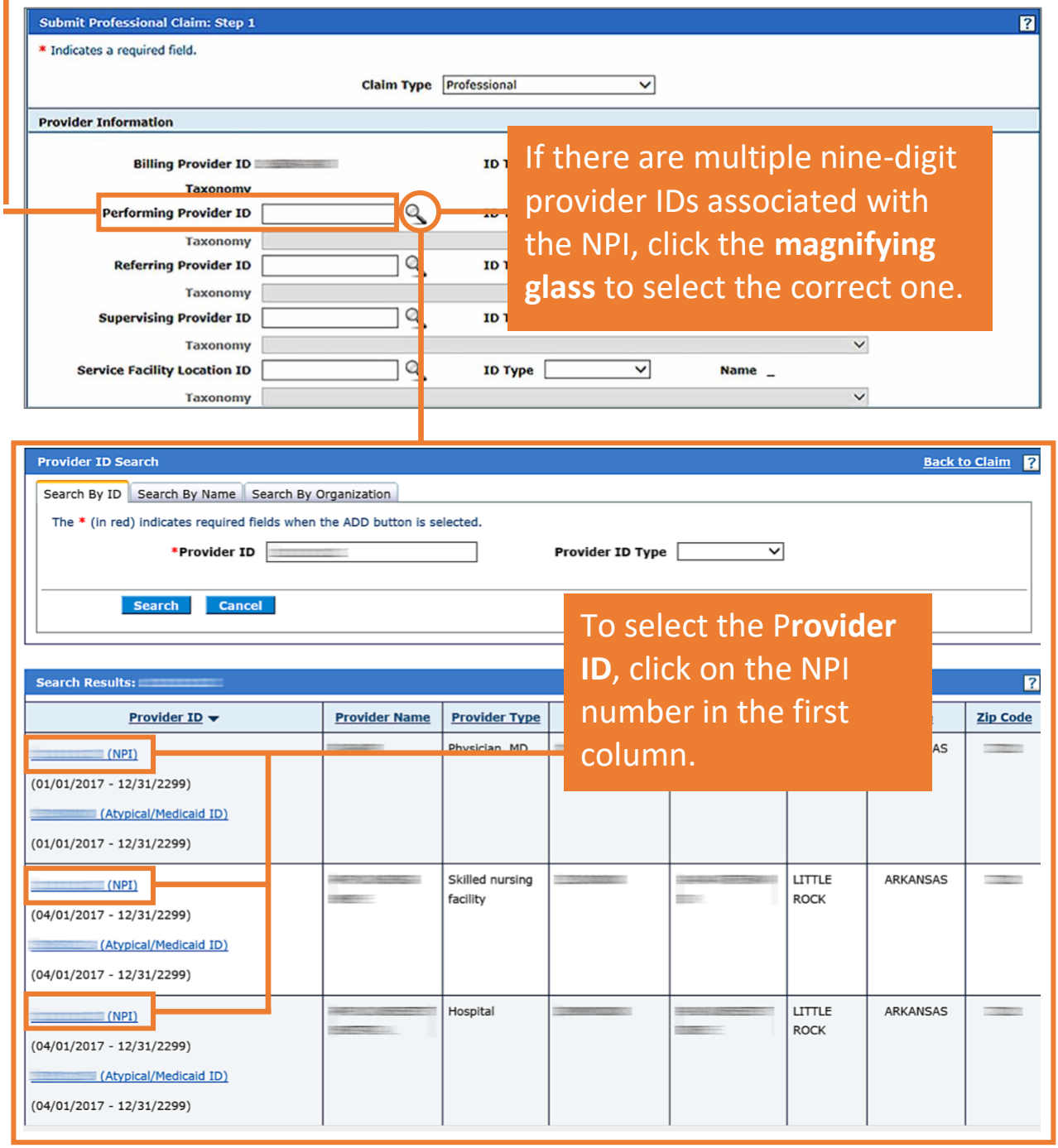
Save Claims: This function allows you to save a claim for later and resume where you left off. The claim will be saved for 90 days.



4a. • After selecting your claim type, enter the following information for **Step 1** as shown on the **Submit a Claim** screen. *Please note that all three claim options will lead to the following screens: for the purpose of this job aid, we will walk through a professional claim, which is the most common type of claim:*

- **Provider Information** (enter at least one of the following):
  Performing Provider ID and **ID Type, Referring Provider ID** and **ID Type, Supervising Provider ID** and **ID Type, Service Facility Location ID** and **ID Type**

NOTE: Performing providers *(also known as Rendering providers)* must enter their PIN or NPI number in the **Performing Provider ID** field.



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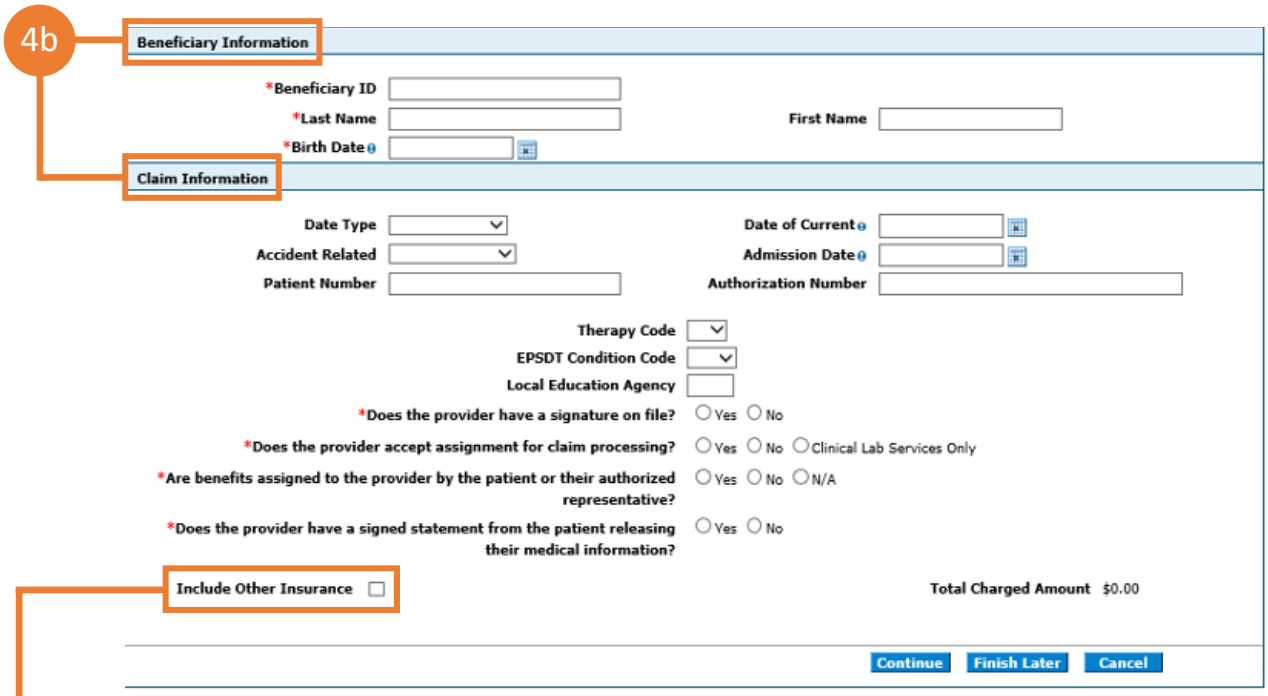


4b. • **Beneficiary Information**: Beneficiary ID, Last Name, First Name, Birth Date

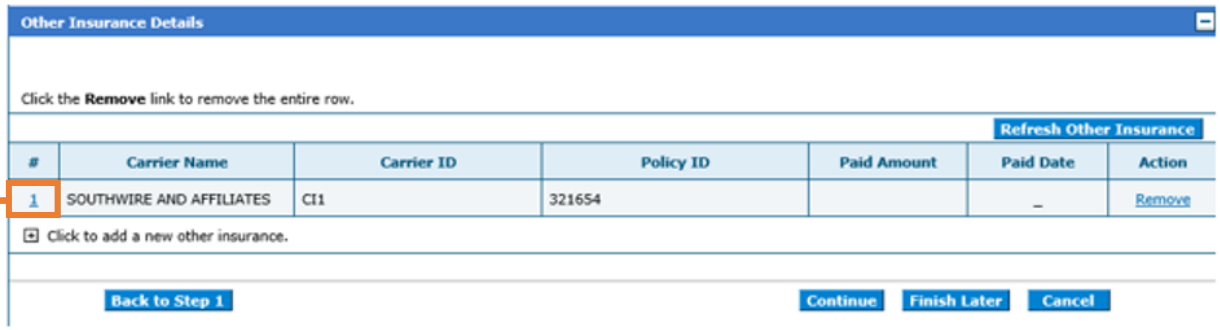
• **Claim Information** (enter all applicable information available): **Date Type, Date of Current, Accident Related, Admission Date, Patient Number, Authorization Number**, four "yes/no" questions

Note: If the beneficiary has other insurance, check this box before clicking **Continue.** If there is no other insurance to enter, click **Continue** to complete this step.

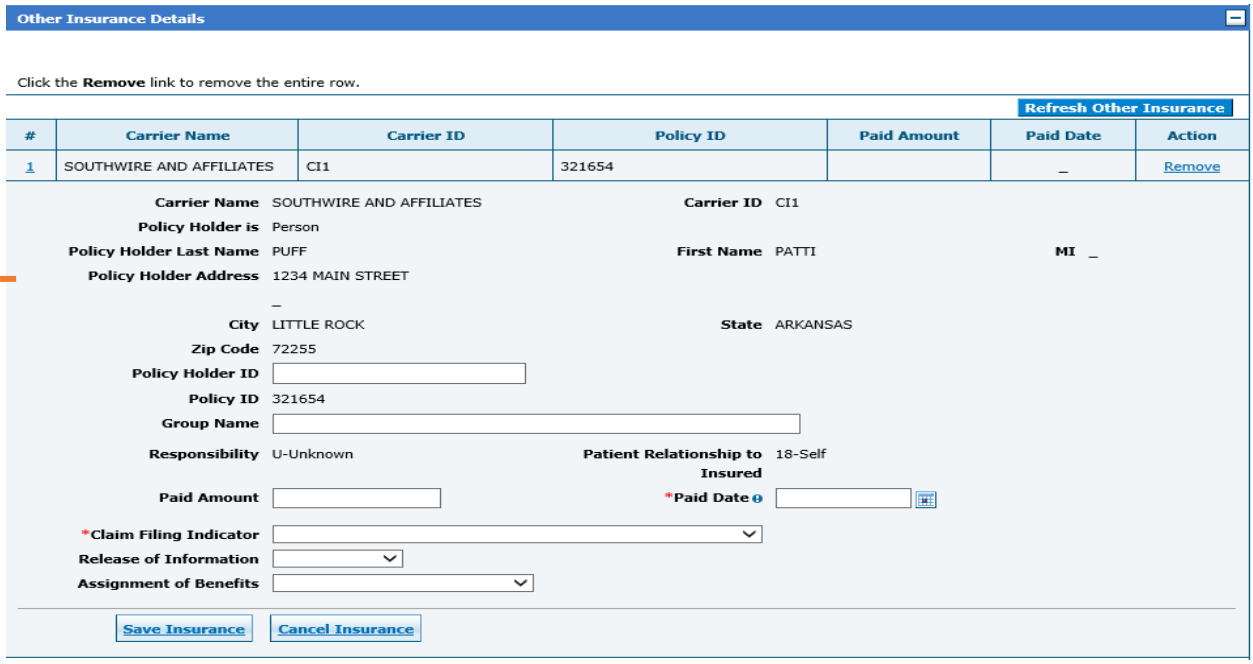
Fields marked with a red asterisk are required.

If you choose the “Include Other Insurance” option and select “Continue” on Step 1, it will bring you to the bottom of Step 2 in which it shows the panel for “Other Insurance Details.”

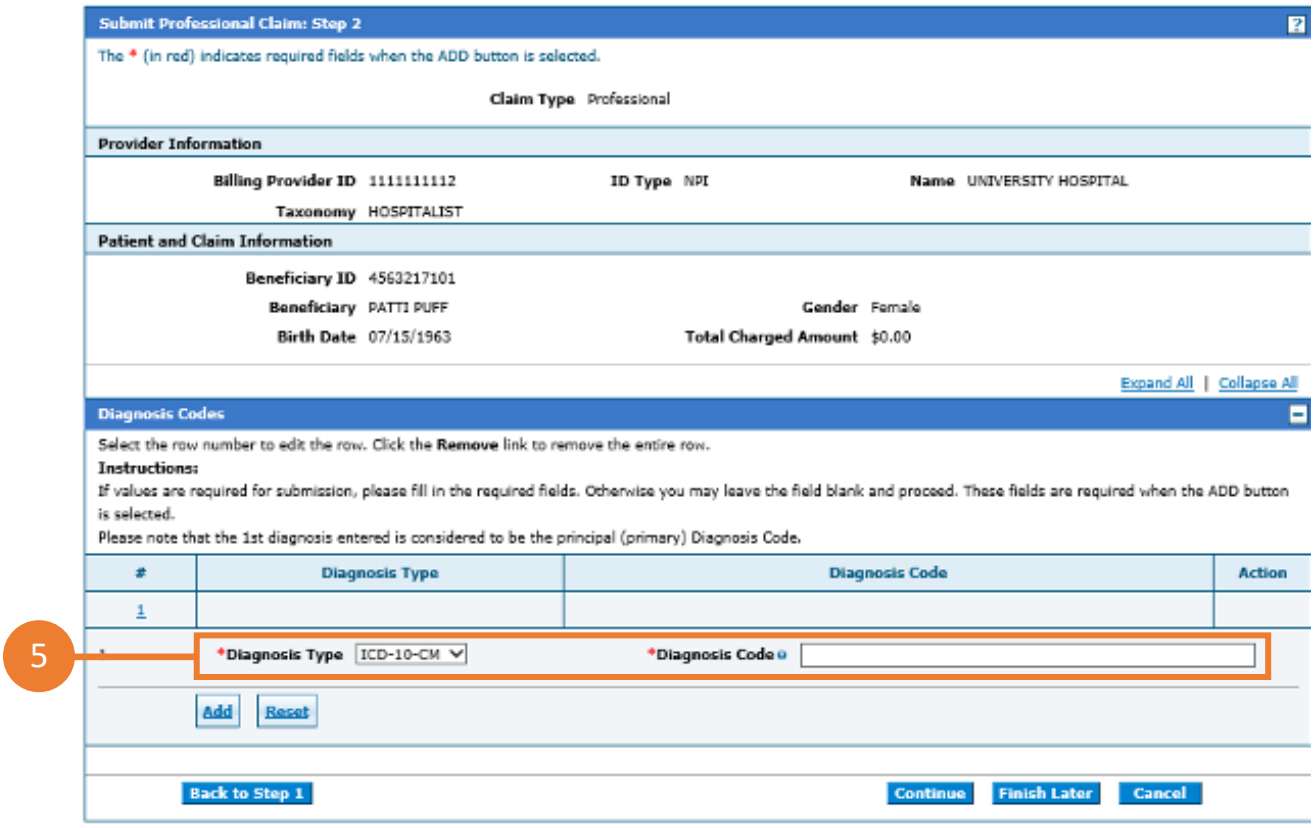
If not applicable, proceed to Step #5.



Click on the number next to the correct primary payor to enter all of the other insurance information. If you do not see the correct carrier listed, simply click the **+** to add the appropriate carrier and other insurance details.



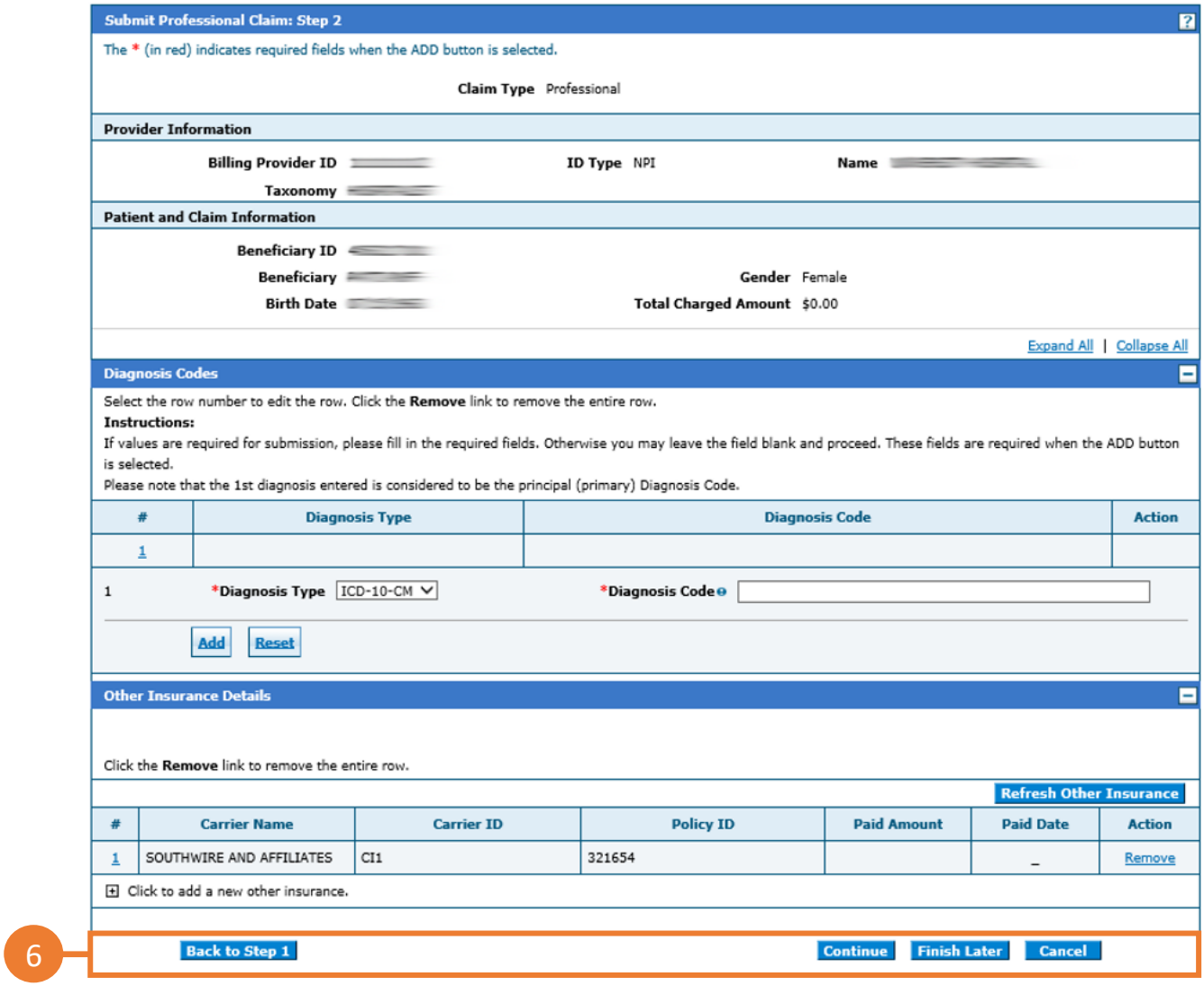
Once the information has been entered and all questions have been answered, select **Save Insurance**.



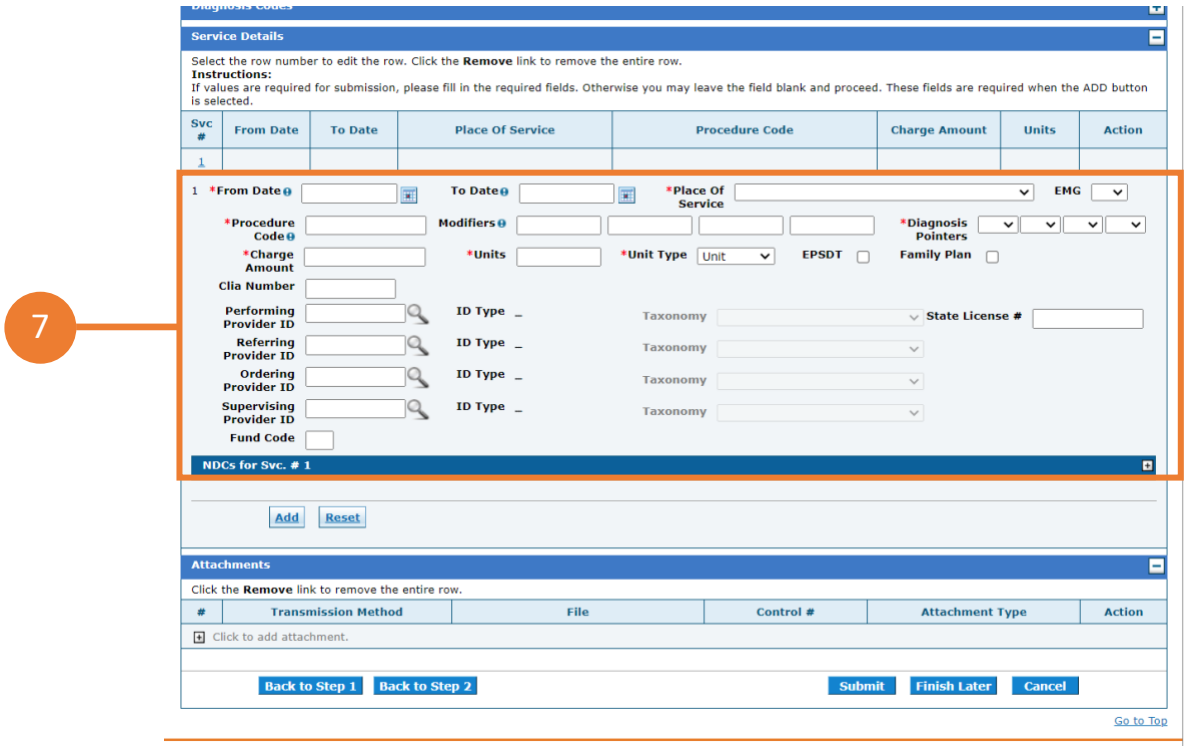
5. Continue filling out claim information for **Step 2** as shown on the **Submit a Claim** screen (information at the top of the screen will auto-populate based on what you entered in Step 1):

- **Diagnosis Codes:** Select **Diagnosis Type** (required) and enter a **Diagnosis Code** (required).

- Once the Diagnosis fields have been populated, click **Add**. Click **Reset** to remove diagnosis codes and start over.



6. Click **Continue** to advance to Step 3. Click **Finish Later** if you want to save your claim. Click **Cancel** to cancel the claim or **Back to Step 1** to return to the first step.



7. Continue filling out claim information for **Step 3** as shown on the **Submit a Claim** screen (information at the top of the screen will auto-populate based on what you entered in steps 1 and 2). NOTE: Not all fields are required; complete only those that are applicable:

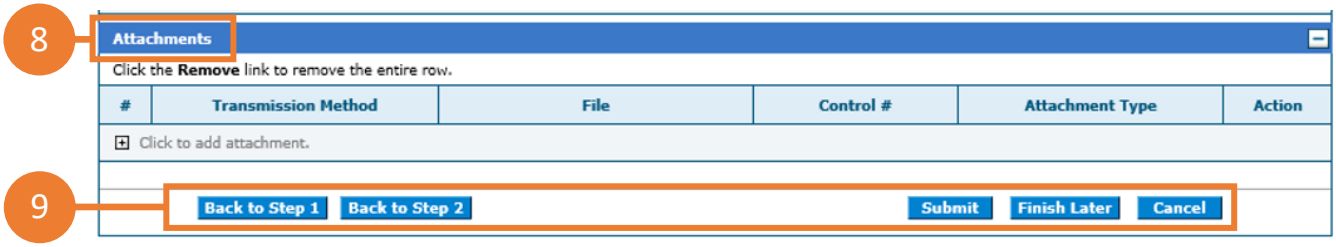
- **Service Details:** Use this screen to add, edit, or remove services rendered to the beneficiary. To edit information previously entered, click on the numbered link appearing in the **Svc #** column. To remove information previously entered, click **Remove** in the action column.

  To add a detail, click **Add** and populate any data that applies for the following fields: **From Date**; **To Date**; **Place of Service**; **EMG (Emergency)**; **Procedure Code**; **Modifiers**; **Diagnosis Pointers**; **Charge Amount**; **Units**, **Unit Type**; **EPSDT** or **Family Plan**; **CLIA Number**; **Rendering Provider ID**, **ID Type** and **State License #**; **Referring Provider ID "Ordering Provider ID"** and **ID Type**.

  Please Note: The Ordering Provider field should only be completed when the following services have been delivered: Audiology, Hearing, Laboratory, Radiology, or Therapy (OT PT, Speech).

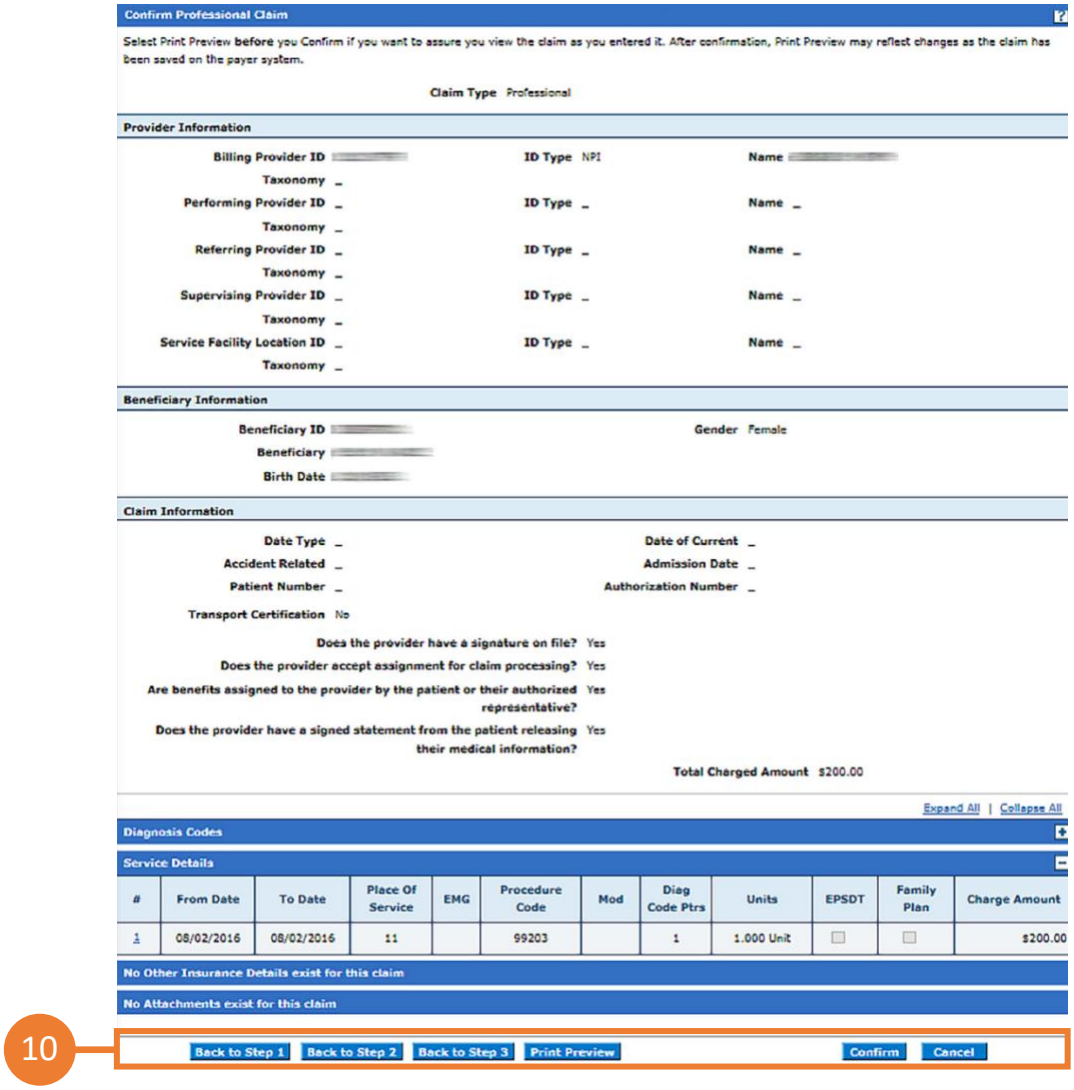
  To remove data populated for a detail, but not yet added, click **Reset**.

- **NDCs for Svc. -**NDC for service panel should be used only when an injection and/or drug that requires a NDC number to be entered. You will need to click on the + sign to the right to expand the panel.



8. **Attachments:** Click the **+** to upload any attachments/documents that apply to the claim. Skip this step if there are no attachments.

9. Click **Submit** to move to the next step of the claim submission process. Click **Back to Step 1** or **Back to Step 2** to revisit previous steps.
   Click **Finish Later** if you want to save your claim.
   Click **Cancel** to cancel the claim submission process.



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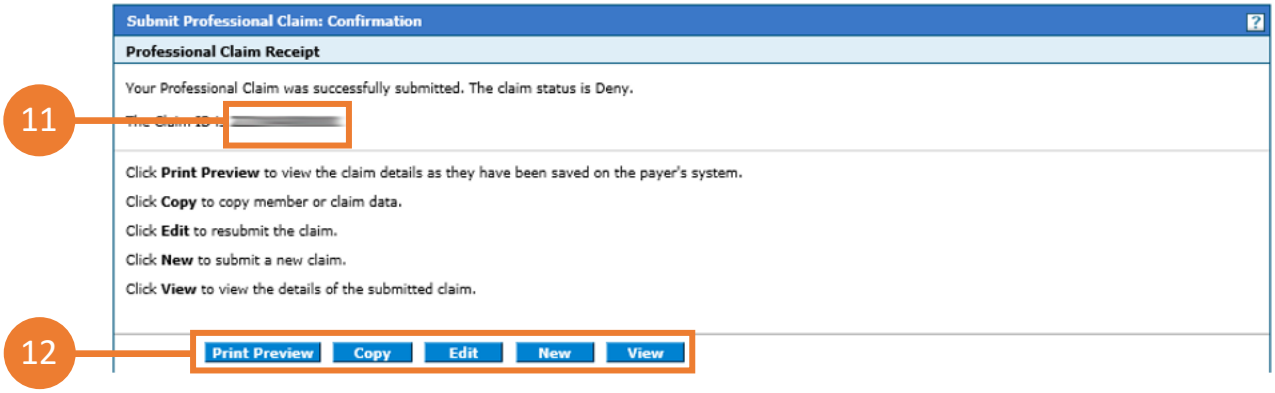
10. Review the information that has been keyed/submitted. Click **Back to Step 1**, **Back to Step 2** or **Back to Step 3 to** correct or add any additional information. Click **Print Preview** to preview the claim details entered. Click **Confirm** to submit your claim. Click **Cancel** to cancel the claim submission process.



11. Once a claim is confirmed/submitted, the system will provide a claim receipt along with a 13-digit Claim ID.

12. Click **Print Preview** to preview the claim details entered. Click **Copy** to copy claim. Click **Edit** to edit denied claim. Click **New** to submit a new claim. Click **View** to view the details of your submitted claim.