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# Provider Portal User Guide

Version 0.1

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## Revision History

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## 1.0 Chapter 1 - Registration Process

### 1.1 Completing the Registration Process

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

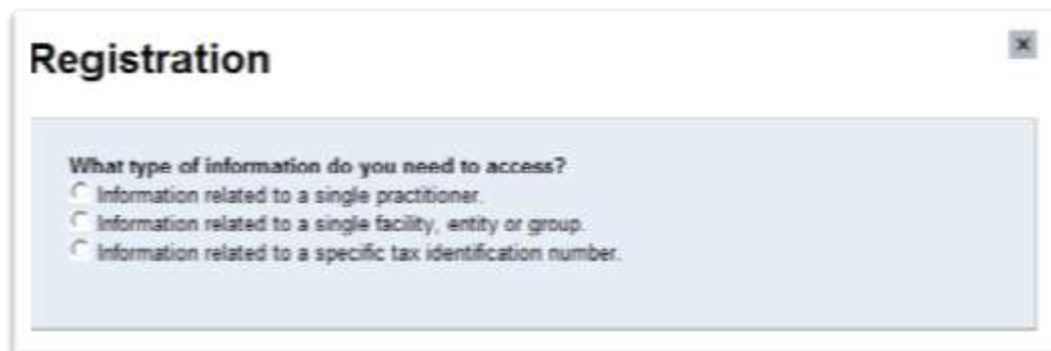
#### Steps

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



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

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



The screenshot shows a 'Registration' window with a close button in the top right corner. The main content area contains the question 'What type of information do you need to access?' followed by three radio button options:

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

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

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

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

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

### 3a (Single Practitioner)

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

**Which organization best describes you?**

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

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

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

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

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

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

### 3b (Single Facility, Entity or Group)

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

**Which organization best describes you?**

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

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

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

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

### 3c (Specific Tax Identification Number)

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

**Which organization best describes you?**

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

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

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

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

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

**Provider Information**

<input type="text"/> * NPI (10 digits)	<input type="text"/> * Tax ID (9 digits)	<input type="text"/> * Remittance Zip Code (5 digits)
--	--	---

- If Role chosen is **Non-Medical Service Provider**:

**Provider Information**

\* Tax ID (9 digits)

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

5. Click **Continue Registration**
6. Depending on the previous selections, enter the requested **Portal Information** and **User Information**, if applicable.
  - If Role chosen is **Provider Organization, Non-Medical Service Provider or Billing Organization**:

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

**Provider Information**

\* First Name      \* Last Name      Business Name      \* Email

**User Information**

\* First Name      \* Last Name      \* Email

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

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

**User Information**

\* First Name      \* Last Name      \* Email

7. Click **Continue Registration**
8. Enter a **Password** and reenter it to confirm. Password requirements are:
  - Must contain 8-20 characters



- Must contain at least one uppercase letter, number and special character: \_ . ! @ \$ \* = - ?

**NOTE:** Passwords expire every 90 days

9. Select a question from the **Security Question** list, and then enter the answer in the **Answer** text box.

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

Password requirements:

- Length between 8 and 20.
- At least one digit, one special character and an uppercase letter.

\* Password  \* Verify Password

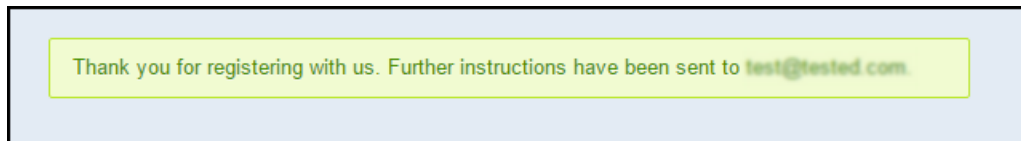
**Security Question**

\* Please Select

\* Answer

10. Click **Continue Registration**

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



11. Go to your email application, open the email message, and click the link specified in the email.
12. Accept the *Terms of Use* displayed.
13. Log in to the Provider Portal using your email address and password.

---

## 2.0 Chapter 2 – Getting Started

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

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

### 2.1 Signing In

Use the following steps to sign in to the application.

#### Steps

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

A screenshot of a web application's sign-in page. The page has a light blue header with the text "Sign In" in bold. Below the header are two input fields: "Email Address" and "Password". Below the "Password" field is a blue button labeled "Sign In". At the bottom of the form area, there are two links: "Create Account" with a person icon and "Forgot Password" with a key icon.

**NOTE:** If you forgot your password or need to change it, refer to “Forgot Your Password” on page 11.

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

3. Click **Sign In**.

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

The Provider Portal Home page displays:

Home Eligibility Claims Provider Education

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

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

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

**Your Portal Features Include:**

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

**Quick Links**

Quick access links for you, selected by you.

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

**Need Assistance?**

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

## 2.2 Signing Out

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

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

## 2.3 Forgot Your Password

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


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

### Steps

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



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

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

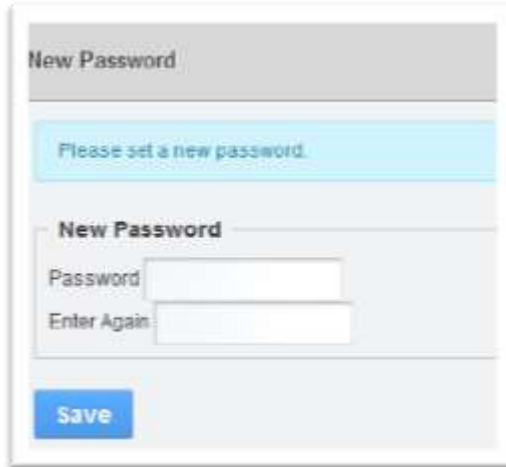


The image shows a 'Forgot Password' form. It has an 'Email Address (Required)' field. Below it is a gray box containing a security code '6026' and a refresh icon. Below the code box is a 'Text Verification (Required)' field. At the bottom of the form is a blue 'Next' button. At the very bottom, there are links for 'Sign In' and 'Create Account'.

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

**NOTE:** The Answer field is case sensitive and must exactly match the Answer you entered during registration.
4. Click **Send Password Reset link**. A password reset link is sent to the email address entered.
5. Go to your email application, open the email message, and click the link specified in the email.

6. On the New Password window, enter a new password in both the **Password** and **Enter Again** boxes, and then click **Save**. Password requirements are:
  - a. Must contain 8-20 characters
  - b. Must contain at least one each of the following: upper case letter, number and special character: `_ . ! @ $ * = - ?`

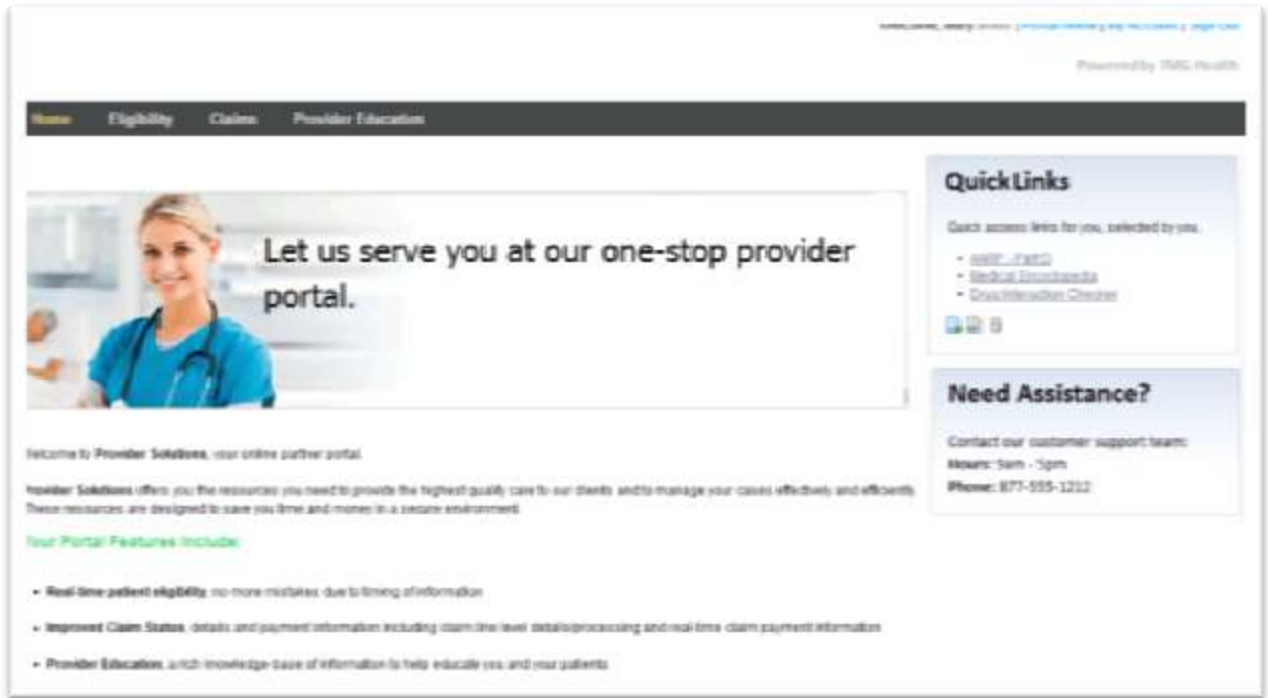


## 2.4 Documentation Conventions

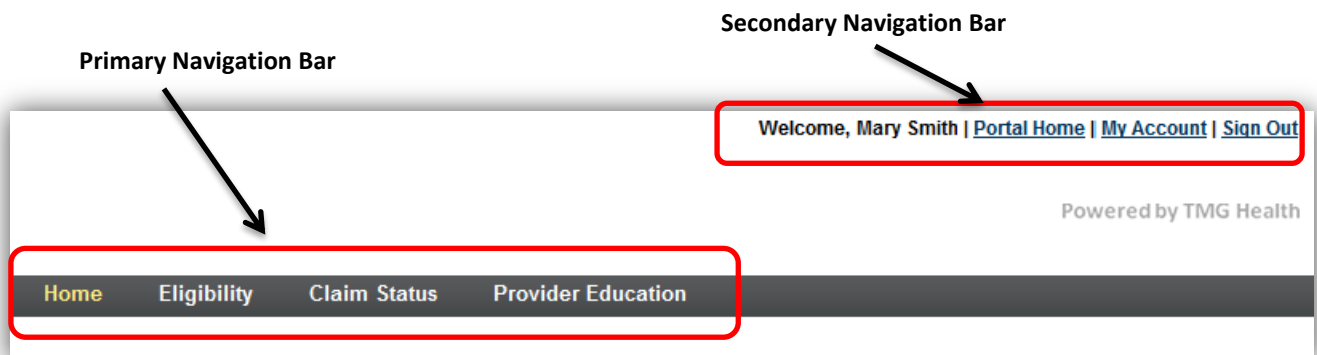
- This user guide contains all of the procedures that can be performed in the Provider Portal. Access to functionality is based on your user role, therefore, you may or may not have access to all of the procedures in this guide. Refer to “*About User Roles*” on **page 6** for more information.
- The user guide contains example screens that are to be used as general guidelines. They may not exactly reflect the information on your monitor.

### 3.0 Chapter 3 – Navigation

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



The areas at the **top** of the application include:



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

- **Home-** Used to return to the Provider Portal Home page
- **Eligibility-** Used to look up the eligibility information for a member

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

**Secondary Navigation Bar** – This menu bar is in the top right portion of the application. It contains your username and links to the Provider Portal Home page, to your account information (see “*My Account*” on **page 16**) and to properly sign out of the system (see “Signing In and Out” on page 10).

## 4.0 Chapter 4 – My Account

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

### Steps

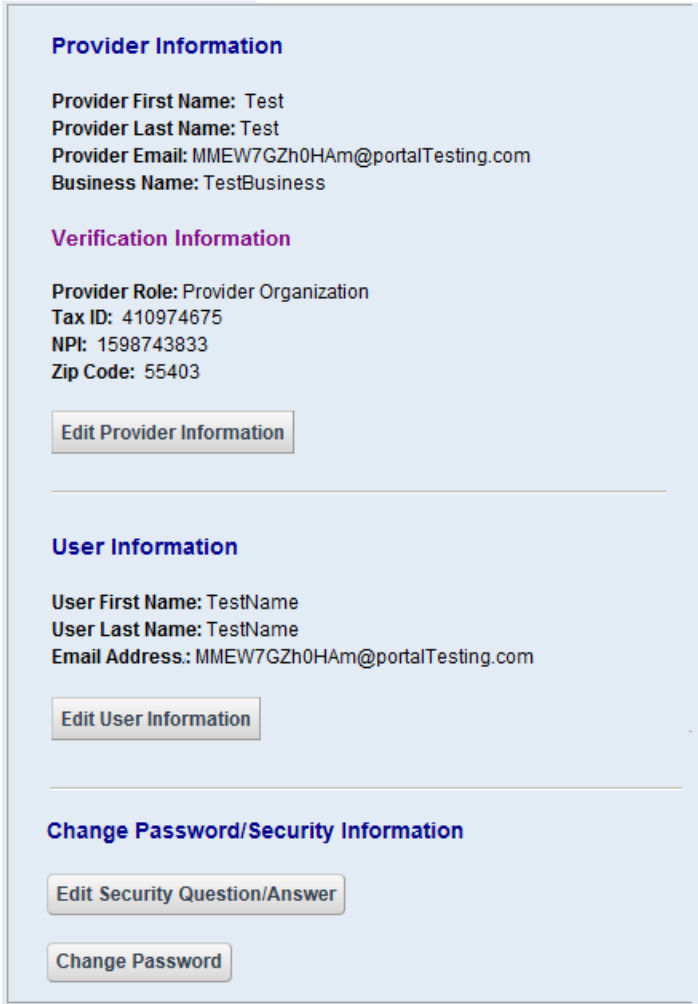
1. Click **My Account** located in the *secondary navigation bar* in the **top right** portion of the application.



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

The **My Account** page displays

### My Account



**Provider Information**

Provider First Name: Test  
Provider Last Name: Test  
Provider Email: MMEW7GZh0HAm@portalTesting.com  
Business Name: TestBusiness

**Verification Information**

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

[Edit Provider Information](#)

---

**User Information**

User First Name: TestName  
User Last Name: TestName  
Email Address: MMEW7GZh0HAm@portalTesting.com

[Edit User Information](#)

---

**Change Password/Security Information**

[Edit Security Question/Answer](#)

[Change Password](#)

2. To modify Provider information, complete the following:



- a. Click **Edit Provider Information**
  - b. Update the necessary fields. The Provider Role and Tax ID fields cannot be modified. To make changes to these fields, contact Customer Support for assistance.
  - c. Click **Submit** to save the changes or **Cancel** to erase them.
3. *To modify User information, complete the following:*
- a. Click **Edit User Information**
  - b. Update the necessary fields. The Email Address cannot be modified. To change this field, contact Customer Support for assistance.
  - c. Click **Submit** to save the changes or **Cancel** to erase them.
4. *To modify the Security Question, complete the following:*
- a. Click **Edit Security Questions/Answer**.
  - b. Select a new Question from the list.
  - c. Type the **Answer**. The Answer field is case sensitive. If you use the Forgot Password link in the future, the text in the Answer field must exactly match the text that you added here.
  - d. Click **Submit** to save the changes or **Cancel** to erase them.
5. *To modify the Password, complete the following:*
- a. Click **Change Password**.
  - b. Enter the new Password. It must contain 8-20 characters and at least one each of the following: uppercase letter, number, and special character \_ . ! @ \$ \* = - ?
  - c. Reenter the Password to confirm it.
  - d. Click **Submit** to save the changes or **Cancel** to erase them.

## 5.0 Chapter 5 – Using Quick Links


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



### 5.1 Adding a Quick Link

Use the steps below to add a Quick Link.

#### Steps

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

The screenshot shows a dialog box titled "Quick Links" with the subtitle "Add Quick Link Name and URL:". It contains two input fields: "Name:" and "URL:". The "URL:" field contains the text "http://". At the bottom of the dialog box are two buttons: "Add" and "Cancel".

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

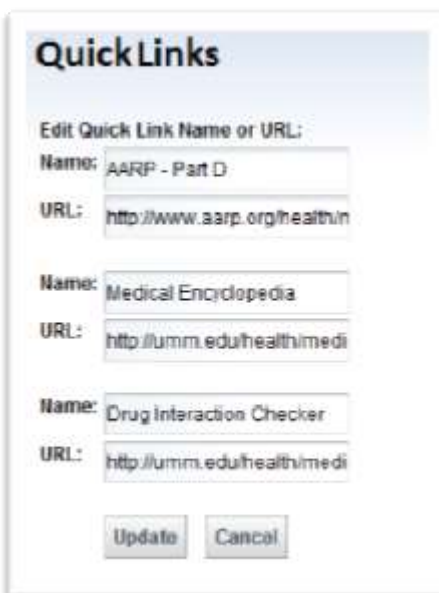
**NOTE:** If any invalid URL is entered, the browser will not be able to display any web page or an alternative web page may display in the error.
4. Click **Add**.

## 5.2 Editing a Quick Link

Use the steps below to edit any Quick Link.

### Steps

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



**Quick Links**

Edit Quick Link Name or URL:

Name: AARP - Part D  
URL: http://www.aarp.org/health/n

Name: Medical Encyclopedia  
URL: http://umm.edu/health/medi

Name: Drug Interaction Checker  
URL: http://umm.edu/health/medi

Update Cancel


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

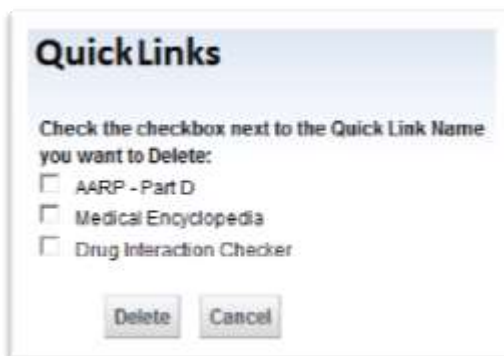
3. Click **Update**.

## 5.3 Deleting a Quick Link

Use the steps below to delete any Quick Link.

### Steps

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



3. Click **Delete**.

## 6.0 Chapter 6 – Reviewing Eligibility

Use the Eligibility option to look up the eligibility information for a member. Information can include the products and plans, summary of benefits, and start and end dates for eligibility.

### Steps:

1. Click **Eligibility** in the menu bar.
2. Enter information in all of the required fields: Subscriber ID, First Name, Last Name, and Date of Birth (MM/DD/YYYY).

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

**Eligibility Inquiry**

\* Denotes a required field

To view eligibility information, enter the following Subscriber information:

\*Subscriber ID

\*First Name

\*Last Name

\*Date of Birth (MM/DD/YYYY)

Submit

The Eligibility Results page displays information pertaining to the member's eligibility for the last two (2) years, if applicable.

The top portion of the page contains Member Information, while the bottom portion contains Eligibility Status information for the applicable products and plans.

## Eligibility Inquiry Results

**Member Information**


Member ID:  County:  PCP Of Record:   
 First Name:  Mailing address:  [View Medicare Eligibility for this member](#)  
 Middle Initial:   
 Last Name:  Phone number:   
 Birth Date:

**Eligibility Status**

Product	Plan Description	Member Group	Eligible	Begins	Ends
<input type="text"/>	<input type="text"/> 	<input type="text"/>	Yes	05/01/2017	12/31/2199
<input type="text"/>	<input type="text"/>	<input type="text"/>	No	09/01/2016	09/30/2016

**Link**

You can do the following on this page:

- Click the **link** (if available) in the Plan Description column to view the plan's summary of benefit details.
- Click the *Search for Member Eligibility* link to return to the Eligibility Inquiry page to lookup another member.
- Click the *View Claims for this Member* link to go to the Claims Inquiry page to review claims for this member.
- Use the arrows  next to a column heading to sort the column in ascending or descending order.
- Use the controls below the table to determine if there are multiple pages of information and to move between them.

 1/2  2 per page 

## 7.0 Chapter 7 – Reviewing Claims

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

- Subscriber ID
- Claim ID
- Check number

### 7.1 Reviewing Claims by Subscriber ID

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

#### Steps:

3. Click **Claims** in the menu bar.
4. Select **By Subscriber** as the Search Method.

\* Search Method

By Subscriber

By Claim

By Check

### Claims Inquiry by Subscriber

\* Denotes a required field

To view claim information, enter the following Subscriber information:

\* Subscriber ID

\* First Name

\* Last Name

\* Date of Birth (MM/DD/YYYY)

\* Claim Date Range

Past 12 Months  Custom Date Range

Submit

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

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

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

7. Click **Submit**.

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

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

### Claim Inquiry Results

**Member Information**

Member ID: [REDACTED]	County: [REDACTED]	PCP Of Record:
First Name: [REDACTED]	Mailing address:	<a href="#">View Eligibility for this member</a>
Middle Initial:	[REDACTED]	
Last Name: [REDACTED]	Phone number: [REDACTED]	
Birth Date: [REDACTED]		

**Claims Summary**

Status	Claim ID	Mem. ID	Received	From	To	Tot. Charge	Issue(Paid) Date	Tot. Payable
Accepted: Batch Complete	[REDACTED]	[REDACTED]	08/22/2014	06/24/2014	06/24/2014	\$172.25	08/31/2014	\$127.03
Accepted: Batch Complete	[REDACTED]	[REDACTED]	10/14/2014	09/23/2014	09/23/2014	\$172.25	10/19/2014	\$127.03
Accepted: Batch Complete	[REDACTED]	[REDACTED]	04/22/2014	04/17/2014	04/17/2014	\$102.00	04/27/2014	\$84.38
Accepted: Batch Complete	[REDACTED]	[REDACTED]	04/22/2014	03/11/2014	03/11/2014	\$162.25	04/27/2014	\$124.03
Accepted: Batch Complete	[REDACTED]	[REDACTED]	08/22/2014	07/03/2014	07/03/2014	\$122.00	08/31/2014	\$87.38
Accepted: Batch Complete	[REDACTED]	[REDACTED]	08/22/2014	08/12/2014	08/12/2014	\$172.25	08/31/2014	\$127.03

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

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


**CLAIM SPECIFIC INFORMATION**

Claim ID: [REDACTED]	Total Charges: \$175.00	Total Deductible Amount: \$0.00
Payee: [REDACTED]	Total Payable: \$0.00	Total Copay Amount: \$0.00
Provider ID: [REDACTED]	Interest: \$0.00	Total Coinsurance Amount: \$0.00
Provider Name: [REDACTED]	Net Payment: \$0.00	Total Patient Responsibility: \$0.00
Payment/Remit Address:	Check # [REDACTED]	Total Disallowed Amount: \$175.00
[REDACTED]	Check Date: [REDACTED]	Total Withhold Amount: \$0.00
	Check Amount: \$325.35	Reference ID: [REDACTED]
		Status: Accepted: Batch Complete
		Billing From Date: 04/08/2015
		Billing To Date: 04/08/2015
		Claims Received
		Date: 04/08/2015
		Denial Reason: Please submit claim to prim insr carle



SERVICE LINE 1 INFORMATION		
Date From: 01/23/2016	Procedure: 99284 - Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s)	Deductible Amount: \$0.00
Date To: 01/23/2016	Diagnosis: F3181	Copy Amount: \$0.00
Place of Service: 23 - Emergency Room - Hospital	Charges: \$434.70	Coinsurance Amount: \$0.00
	Payable Amount: \$33.15	Patient Responsibility: \$0.00
		Disallowed Amount: \$401.55
		Withhold Amount: \$0.00
Status: Allowed		
SERVICE LINE 2 INFORMATION		
Date From: 01/23/2016	Procedure: G8785 - Blood pressure reading not documented, reason not given	Deductible Amount: \$0.00
Date To: 01/23/2016	Diagnosis: F3181	Copy Amount: \$0.00
Place of Service: 23 - Emergency Room - Hospital	Charges: \$0.01	Coinsurance Amount: \$0.00
	Payable Amount: \$0.00	Patient Responsibility: \$0.00
		Disallowed Amount: \$0.01
		Withhold Amount: \$0.00
Status: Disallowed		
Explanation Code(s): COB Disallow - (P) Used for reporting purposes only		

**10.** Do any of the following on this page:

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



## 7.2 Reviewing Claims by Claim ID or Claim Status and Date Range

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

**Steps:**

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

\*Search Method  
 By Subscriber  
 **By Claim**  
 By Check

### Claims Inquiry by Subscriber x

\* Denotes a required field

To view claim information, enter the following Subscriber information:

\*Subscriber ID

\*First Name

\*Last Name

\*Date of Birth  (MM/DD/YYYY)

\*Claim Date Range  
 Past 12 Months  Custom Date Range

3. Use one of the following options to retrieve claims information:

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

\*Search Method  
 By Subscriber  
 **By Claim**  
 By Check

### Claims Inquiry by Claim x

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

\* Denotes a required field

\*Inquiry By  
 Claim ID  Claim Status and Date Range

\* Claim ID

#### 4. Click **Submit**.

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

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

CLAIM SPECIFIC INFORMATION			
Claim ID: [REDACTED]	Total Charges: \$175.00	Total Deductible Amount: \$0.00	Status: Accepted; Batch Complete
Payee: [REDACTED]	Total Payable: \$0.00	Total Copay Amount: \$0.00	Billing From Date: 04/00/2015
Provider ID: [REDACTED]	Interest: \$0.00	Total Coinsurance Amount: \$0.00	Billing To Date: 04/00/2015
Provider Name: [REDACTED]	Net Payment: \$0.00	Total Patient Responsibility: \$0.00	Claims Received Date: 04/00/2015
Payment/Remit Address: [REDACTED]	Check # [REDACTED]	Total Disallowed Amount: \$175.00	Denial Reason: Please submit claim to prim insr carle
	Check Date: [REDACTED]	Total Withhold Amount: \$0.00	
	Check Amount: \$325.35	Reference ID: [REDACTED]	

SERVICE LINE 1 INFORMATION		
Date From: 01/23/2016	Procedure: 99284 - Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s)	Deductible Amount: \$0.00
Date To: 01/23/2016	Diagnosis: F3101	Copay Amount: \$0.00
Place of Service: 23 - Emergency Room - Hospital	Charges: \$434.70	Coinsurance Amount: \$0.00
	Payable Amount: \$33.15	Patient Responsibility: \$0.00
		Disallowed Amount: \$401.55
		Withhold Amount: \$0.00
<b>Status: Allowed</b>		

SERVICE LINE 2 INFORMATION		
Date From: 01/23/2016	Procedure: G8785 - Blood pressure reading not documented, reason not given	Deductible Amount: \$0.00
Date To: 01/23/2016	Diagnosis: F3101	Copay Amount: \$0.00
Place of Service: 23 - Emergency Room - Hospital	Charges: \$0.01	Coinsurance Amount: \$0.00
	Payable Amount: \$0.00	Patient Responsibility: \$0.00
		Disallowed Amount: \$0.01
		Withhold Amount: \$0.00
<b>Status: Disallowed</b>		
Explanation Code(s): COB Disallow - (P) Used for reporting purposes only		

#### 6. Do any of the following on this page:

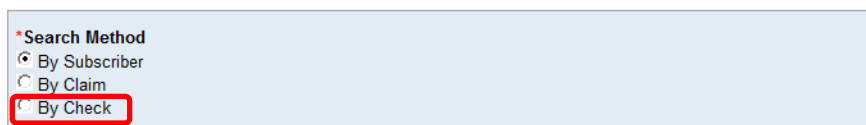
- Click the *Search for Member Claim* link to return to the Claim Inquiry page to lookup another claim.
- Click the *View Eligibility for this Member* link to go to the Eligibility Inquiry page to review eligibility information for this member.
- Click the **Export Claims** link to export Claims in a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

## 7.3 Reviewing Claims by Check Number

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

### Steps:

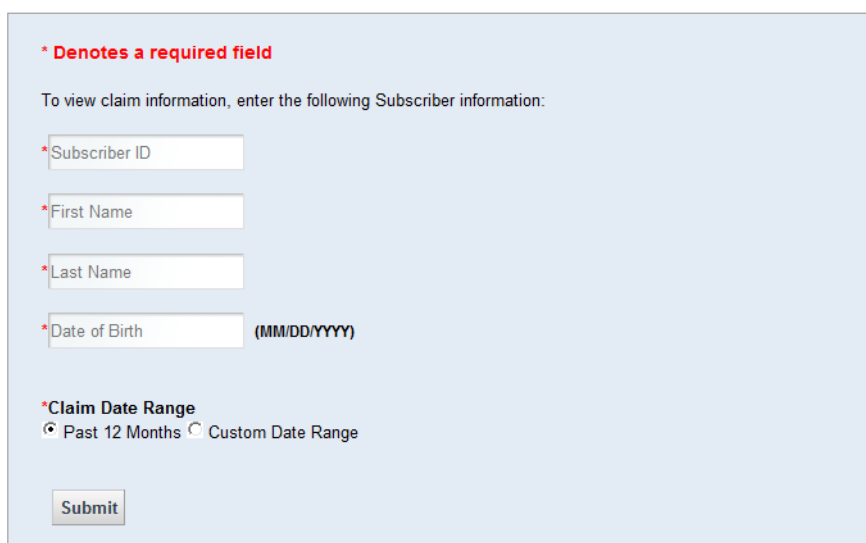
1. Click **Claims** in the menu bar.
2. Select **By Check** as the Search Method.



\*Search Method

- By Subscriber
- By Claim
- By Check

### Claims Inquiry by Subscriber ✕



\* Denotes a required field

To view claim information, enter the following Subscriber information:

\*Subscriber ID

\*First Name

\*Last Name

\*Date of Birth  (MM/DD/YYYY)

\*Claim Date Range

Past 12 Months  Custom Date Range

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

**\*Search Method**

By Subscriber

By Claim

By Check

## Claims Inquiry by Check ✕

To view claims information, enter a valid Check #.

**\* Denotes a required field**

\*Check #

REVIEWING CLAIMS

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

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

CLAIM SPECIFIC INFORMATION			
Claim ID: [REDACTED]	Total Charges: \$175.00	Total Deductible Amount: \$0.00	Status: Accepted, Batch Complete
Payee: [REDACTED]	Total Payable: \$0.00	Total Copay Amount: \$0.00	Billing From Date: 04/08/2015
Provider ID: [REDACTED]	Interest: \$0.00	Total Coinsurance Amount: \$0.00	Billing To Date: 04/08/2015
Provider Name: [REDACTED]	Net Payment: \$0.00	Total Patient Responsibility: \$0.00	Claims Received Date: 04/08/2015
Payment/Remit Address: [REDACTED]	Check # [REDACTED]	Total Disallowed Amount: \$175.00	Denial Reason: Please submit claim to primary care
	Check Date: [REDACTED]	Total Withhold Amount: \$0.00	
	Check Amount: \$325.36	Reference ID: [REDACTED]	

SERVICE LINE 1 INFORMATION		
Date From: 01/23/2016	Procedure: 99284 - Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s)	Deductible Amount: \$0.00
Date To: 01/23/2016	Diagnosis: F3181	Copay Amount: \$0.00
Place of Service: 23 - Emergency Room - Hospital	Charges: \$434.70	Coinsurance Amount: \$0.00
	Payable Amount: \$33.15	Patient Responsibility: \$0.00
		Disallowed Amount: \$401.55
		Withhold Amount: \$0.00
<b>Status: Allowed</b>		

SERVICE LINE 2 INFORMATION		
Date From: 01/23/2016	Procedure: G8785 - Blood pressure reading not documented, reason not given	Deductible Amount: \$0.00
Date To: 01/23/2016	Diagnosis: F3181	Copay Amount: \$0.00
Place of Service: 23 - Emergency Room - Hospital	Charges: \$0.01	Coinsurance Amount: \$0.00
	Payable Amount: \$0.00	Patient Responsibility: \$0.00
		Disallowed Amount: \$0.01
		Withhold Amount: \$0.00
<b>Status: Disallowed</b>		
Explanation Code(s): COB Disallow - (P) Used for reporting purposes only		

6. Do any of the following on this page:

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



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## 8.0 Chapter 8 – Reviewing Provider Education

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

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

### Steps:

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

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## 9.0 Appendix

### 9.1 Glossary

Term:	Definition:



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## 10.0 Document Approvals

### 10.1 Signatures

Approver	Department	Signature	Date