Secure Provider Portal Overview

Login and Create Claim
Last updated: February 2024

Provider Portal Registration & Login

Portal Registration: provider.carolinacompletehealth.com

Tip: add no-reply@mail.entrykeyid.com **to your email contacts**

Log In

Username (Email)

LOG IN

Create New Account

single password   reliable security

EntryKeyID

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Create Your Account

Let's get started - creating an account is quick and easy.

Email

First Name

Last Name

Language Preference

English

Password

Passwords must be at least 8 characters and include three of the four items below:

- One uppercase letter
- One lowercase letter
- One number
- One special character (For example: &, $, !, *)

CREATE ACCOUNT

CANCEL

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Portal Login

Portal Banner

Health Plan / Product Logo

Portal Functionalities

Secure Messaging

User's Name / Menu Options

Eligibility · Patients · Authorizations · Claims · Messaging

Viewing Dashboard For :

TIN
4449 ▼

Plan Type
Medicaid ▼

GO

TIN(s) Listing

Plan Type Option(s)

👆 **Tips**

- Portal functionality / access is based on the user's permissions
- **Plan Type** drop-down options are automatically assigned based on how the TIN is set-up in our systems, and the products offered by the Health Plan

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Portal Home Page – Verified Portal Account
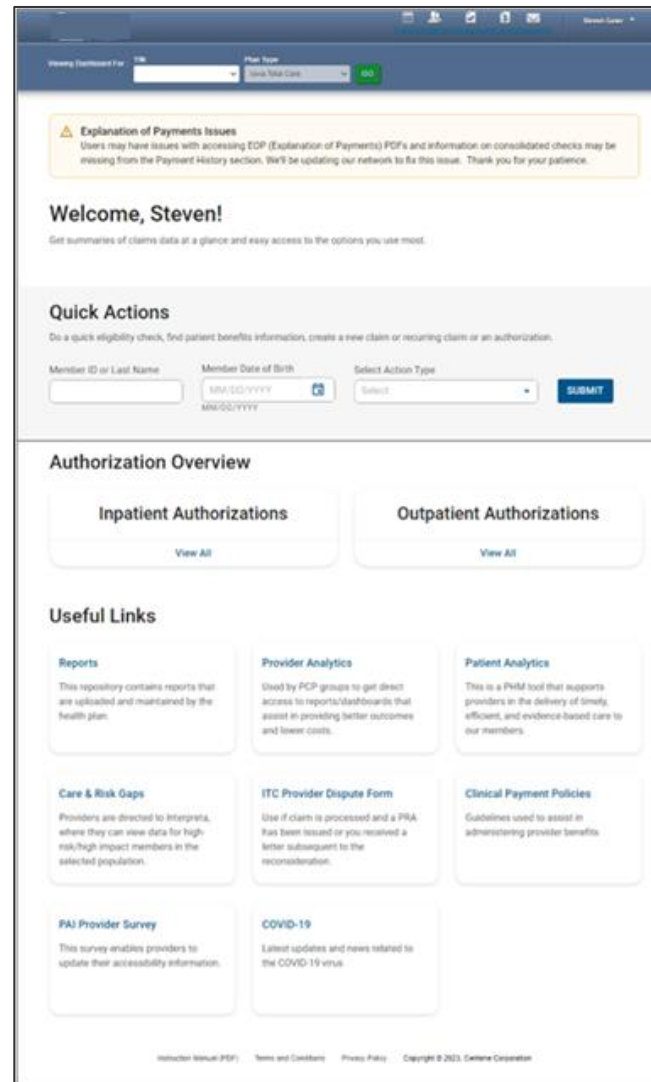
Portal Registration & Login Tips

- Registration is required for access to the portal

  o Carolina Complete Health is responsible for verifying and setting up the original user/registrant for your TIN. This is your Account Manager. Reach out to your Provider Engagement Administrator for support setting up the Account Manager.

- Portal accounts cannot be shared

  o Each person within a provider organization who needs access to the portal, must compete the portal registration

- For a portal user to register, their TIN must be loaded in our systems

  o Allow at least two business days for portal to reflect updates in back-end systems

- There is no limit on the number of TINs a portal user can add to their portal account

- Portal users must log into the portal every 90 days to prevent their account from being locked due to inactivity

- The Forgot Password / Unlock Account link on the Secure Provider Portal login page, cannot be used to unlock a portal account, that is locked due to inactivity

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Portal Functionality: Claims

Claims

Providers are able to use the portal to:
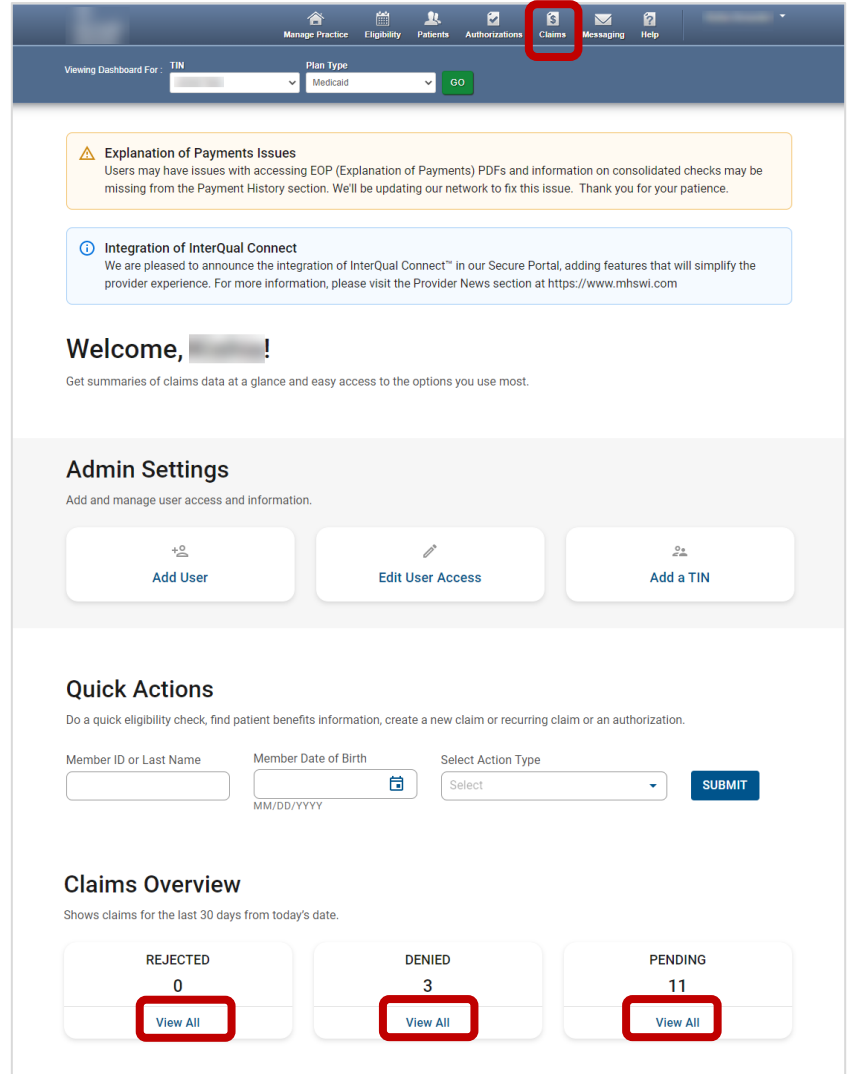
- Access up to 24 months of claims-related history
- Submit new claim
- Correct claims
- Batch claims

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Accessing Claims

To access all claim-related information, click **Claims** in the portal toolbar.

Under Claims Overview, to access claims in the associated status count, click **View All**.

Tip: Navigating to Rejected, Denied, and/or Pending claims, [each] will open in a new tab or window. Once you are finished reviewing the selected information, close the tab or window to prevent system performance issues.

Claims Dashboard

- The new Claims Dashboard provides an easy view and access to claims / claims-related information:

  o   Claims Tiles by status

  o   Claim Search options

  o   Claim Submission Methods

  o   Managing Finances (i.e., EOPs, Paid Claims, etc.)

  o   Claim Audit Tool, *where available*

  o   Resources

Claims Dashboard – Change Dates

- Informational text displays immediately under the date fields providing required date format.

- Dates can be manually entered or pasted in the From / To boxes.

- Calendar pop-up makes it easier to change dates.

- Once a date is selected, informational text displays in red to provide guidance.

Claims Dashboard – Change Dates Calendar Options

There are two ways to change the date range.

Manually

1. Type desired date range in **From** and **To** fields.
2. Click **CHANGE DATES**. The page will refresh to display Rejected, Denied, and Pending counts for the new date range.

Calendar Pop-Up

1. Click Calendar icon. The calendar pop-up displays.
2. Use the arrows to view and select desired date in **From** and **To** fields.
3. Click **CHANGE DATES**. The page will refresh to display Rejected, Denied, and Pending counts for the new date range.

Tips:
- Portal users can access up to 24 months of claim history. The key is the first DOS in the claim must be within the last 24 months from the current date.
- Date Range is limited to a 30-day span at a time.

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Claims Dashboard – Claim Status Tiles

- The Claims Status Tiles displays the count for the respective status.

- Informational note displays advising 30-day default display.

- Portal users click **View All** to access claims based on status.

Claims Dashboard – Search for Claims

- Claims search options from the claims dashboard.

- Portal users can search up to 10 claims at once, by adding a comma, after each Claim Number, but no space following the comma(s).

- Search button, replaced with a hyperlink, and renamed Advanced Search.

Claims Dashboard – Claims Search Options

In the portal, there are three ways to search for claims:
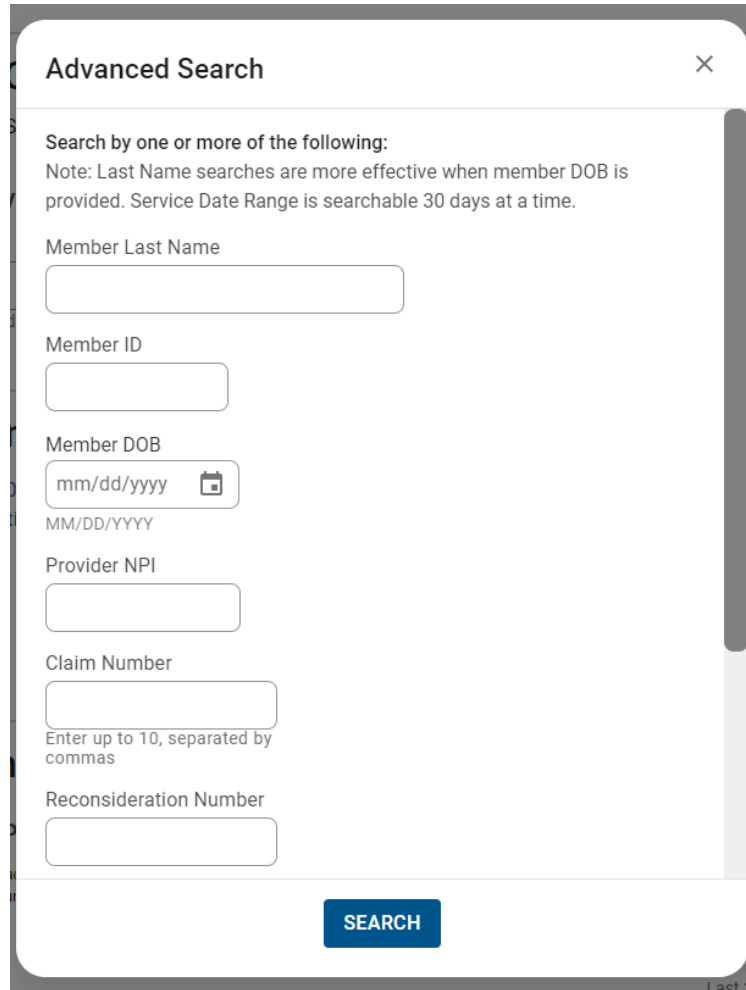
1. Complete the **Check Status by Claim Number**

2. Complete the **Search by Member Info**, or

3. Use the **Advanced Search**

Tip: In the Check Status by Claim Number, enter up to 10 Claim Numbers separated by commas, but no spaces. For example, you would enter V290XXP00010,V300XXE07468,V305XXE01234 (no space after the comma and upper-case letters).

Claims Dashboard – Advanced Search

- Search pop-up renamed "Advanced Search".

- Right scrollbar added, to view available options.

- Can search up to 10 Claim Numbers by separating them by a comma, but no spaces.

- Portal users can search by Total Charged Amount.

- Field errors provide data and/or format guidance.

Claims Dashboard – Advanced Search Onscreen Errors

Onscreen errors provide guidance on acceptable format and/or data.

Claims Dashboard – Create Claims

- From the landing page, scroll down to Create Claim options.

- Replaced Create Claim button, with "Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim".

- Member Eligibility check added and required to create an Institutional or Professional claim.

- Easy access to Draft Claims, Recurring (*where available*), and Upload EDI / Batch.

Claims Dashboard – Manage Finances

- From Claims Dashboard, scroll to 'Manage Finances'

- "View all EOPs" links to existing Payment History tab and information

- Batch Claims Reports link provides quick access to EDI Response Report (i.e., 999, TA1, etc.).

- Claim Audit Tool (*where available*) changed from a tab to a link.

Claims Dashboard – Resources Links

- From claims dashboard, scroll to Resources

Create Claim

Create Claim

- On the Claims Dashboard, web claim creation options grouped in Create Claims section.

- Create Claim button replaced with a link and renamed, Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim.

- Recurring Claim link (*where available*), directs to legacy recurring claim creation page.

- Upload EDI button replaced with a link and renamed, Upload EDI / Batch.

Create Claim – Individual Web Claim

To begin an individual web claim:

- Click **Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim.** The Check Member Eligibility pop-up displays.

- Enter **Member ID or Last Name**.

- Enter Member's **Date of Birth (DOB).**

- Click **Search**. If the Member is found, the legacy Choose Claim Type page displays.

- Click **Professional Claim** or **Institutional Claim**.

Tip: In the Check Member Eligibility pop-up, if the Member is not found by Member Last Name and DOB, use the Member's Medicaid ID and DOB.

Create Claim – Recurring Claim

Where available, to begin a Recurring Claim, click **Recurring Claim.** The legacy Recurring, Get Started page displays.

Create Claim – Upload EDI / Batch

Click **Upload EDI / Batch** to upload an EDI Batch (837I / 837P). The legacy Batch Claims Upload page displays. Follow onscreen instructions.

Tip: Provider organization must have software to create HIPAA-compliant EDI Batch files.

Submitting Attachments to Pending Claims

Claims Attachment (post claims submission)

Step 1: Locate the claim on the Claims Status Page
Step 2: Navigate to the Pending claim details and select upload document

Claims Attachment (post claims submission)

Step 3: Add documents via drag and drop or by selecting a file.
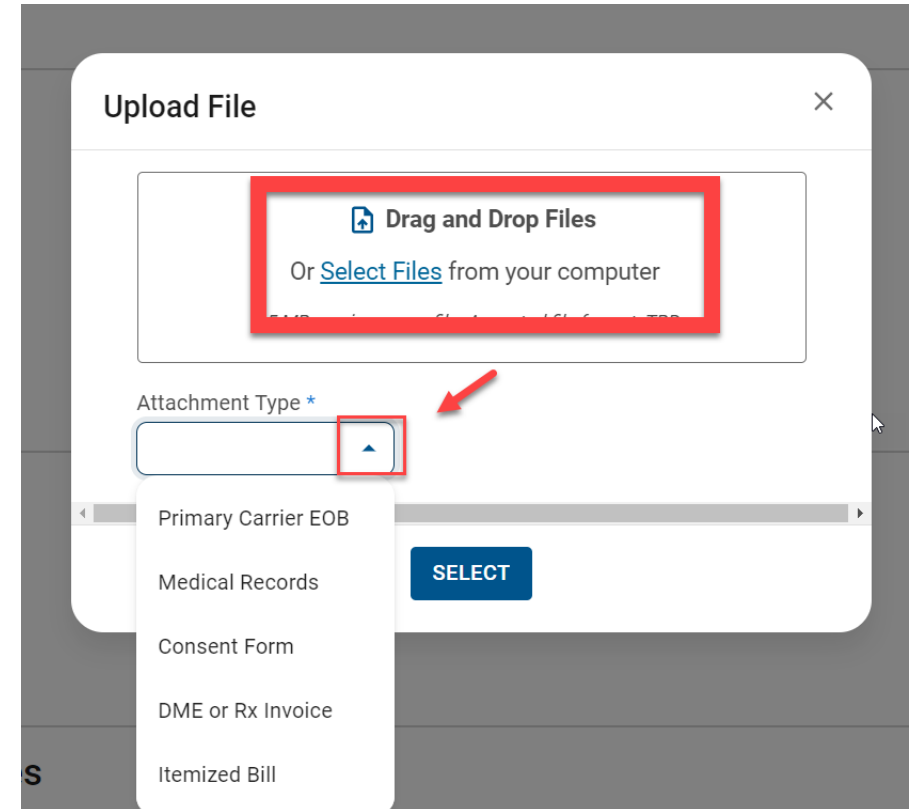
Claims Attachment (post claims submission)

Step 4: Use trash can to delete upload if needed or click submit.

Claims Attachment (post claims submission)

Step 5: Confirmation appears at the top of the screen; document is immediately available to see.

Portal Functionality:
Claim Tips

Claims – Submission Tips

- Always check the member's eligibility before submitting a claim
    - If a member is ineligible, claims can be submitted for DOS the member was eligible
- Hover mouse over tabs in the right margin for field-level help on web claims
- To submit a secondary web claim you must complete the Add Coordination of Benefits section on the Diagnosis Codes page and the Primary Insurance fields on the Service Lines page
- On the Service Lines page, always click Save/Update when creating or editing service line(s)
- NPI and Taxonomy should be entered on every claim, except some Atypical Providers
- Portal users can attach up to five (5) separate documents to their web claim submissions (first-time and corrected claims)

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Claims – Submission Tips (Continued)

- Organizations that upload EDI Batches (i.e. 837P / 837I) via the portal, must monitor the **Claims → Batch** for EDI response reports (i.e. 999, Audit File, etc.)

- Regardless of submission method, all claims go through the EDI claims process, and are:
  - Accepted and loaded for adjudication, **or**
  - Rejected and will not be processed any further (i.e. front-end EDI rejection)

- Once a web claim goes through the EDI process, the claim number will display on the **Claims → Submitted**, under the Claim Number column (4th column from the left)
  - If the web claim was accepted, use the Claim # to track status on the Individual tab

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Claims – Tracking / Status Tips

- Voided claims will not display in the portal

- When looking up a claim, the From Date must be on or before the first date of service (DOS) in the claim

- Portal users can access up to 24 months (from the current date) of claims history using the Filter buttons to change the date range
  - Date range is limited to one-month (at a time)

Claims – Date Range Criteria Tips

- The Date Range criteria varies by Claims tab:
  - **Individual** tab is by Date of Service
  - **Submitted** tab is by Date Submitted
  - **Batch** is by Submitted Date
  - **Payment History** is by Check Date

Benefits of Portal Utilization

- Portal available 24/7

- Cost savings, portal free to submit claims and authorizations

- Better management of patient's care, i.e. care gaps

- Efficiency of electronic authorizations and claim submissions

- Ability to view both patient and provider history/data

- Ability to correct claims

Thank you!