



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



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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

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

Portal Login

Log In

Username (Email)

Email@email.com

LOG IN

[Create New Account](#)



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This is a detailed screenshot of the login page, enclosed in a pink border. At the top right is the "carolina complete health" logo. The main heading "Log In" is centered. Below it, the "Username (Email)" field contains "Email@email.com". The "Password" field is empty and has a toggle icon on the right. A blue link "Trouble Logging In?" is positioned below the password field. A blue "LOG IN" button is at the bottom of the form. At the bottom of the page, the "EntryKeyID" logo is centered, with "single password" and "reliable security" on either side. Below the logo are links for "Help", "Privacy Policy", and "Terms of Use", followed by "© 2021 Centene".

Portal Banner

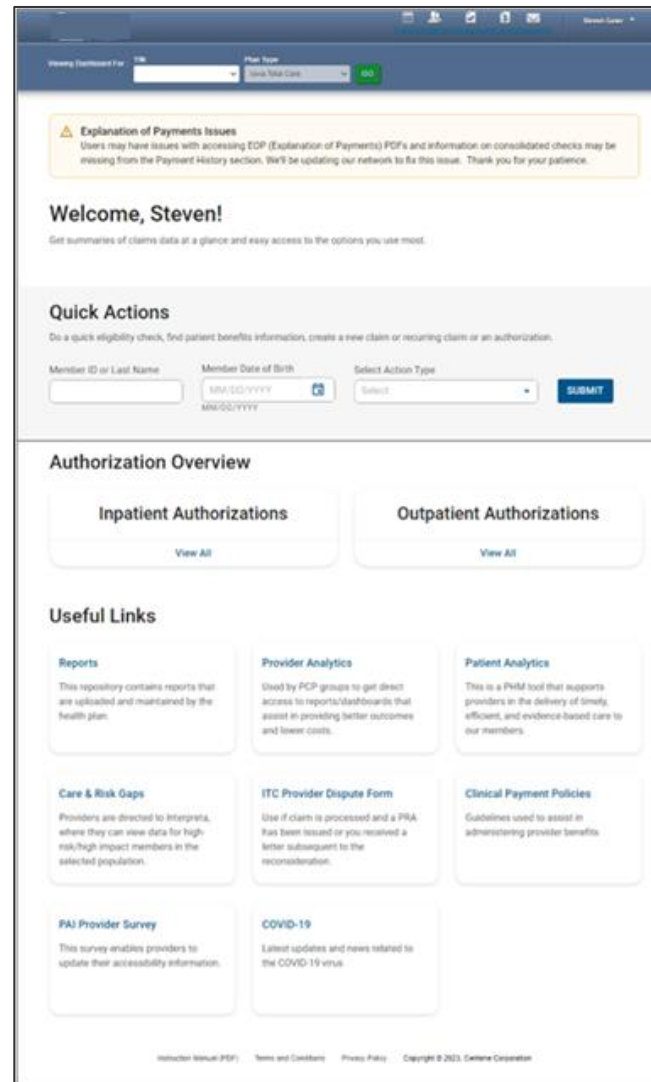
The screenshot shows a dark blue portal banner. At the top left is a blurred area for the Health Plan / Product Logo. To its right is a row of icons for Portal Functionalities: Eligibility (calendar), Patients (person), Authorizations (checkmark), Claims (dollar sign), and Messaging (envelope). Further right is a blurred area for the User's Name / Menu Options. Below this is a section for 'Viewing Dashboard For:' with a TIN dropdown menu showing '4449' and a Plan Type dropdown menu showing 'Medicaid', followed by a green 'GO' button. Callouts with dashed lines point to these elements: 'Health Plan / Product Logo' points to the top left; 'Portal Functionalities' points to the row of icons; 'Secure Messaging' points to the envelope icon; 'User's Name / Menu Options' points to the top right; 'TIN(s) Listing' points to the TIN dropdown; and 'Plan Type Option(s)' points to the Plan Type dropdown.



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

Portal Home Page – Verified Portal Account



Portal Registration & Login Tips

- Registration is required for access to the portal
 - 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
 - Each person within a provider organization who needs access to the portal, must complete the portal registration
- For a portal user to register, their TIN must be loaded in our systems
 - 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

Portal Functionality: Claims

Claims


Providers are able to use the portal to:

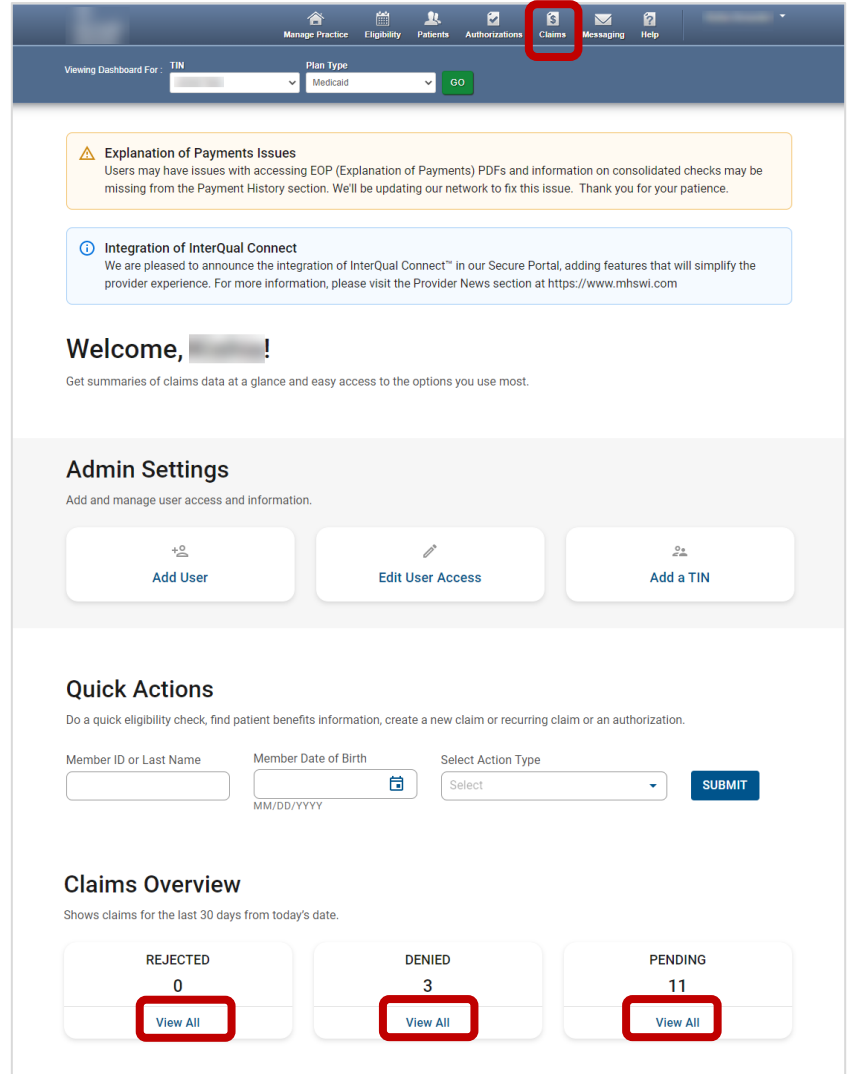
- Access up to 24 months of claims-related history
- Submit new claim
- Correct claims
- Batch claims

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.



The screenshot shows the Claims portal interface. The top navigation bar includes links for Manage Practice, Eligibility, Patients, Authorizations, **Claims** (highlighted with a red box), Messaging, and Help. Below the navigation bar, there are dropdown menus for TIN and Plan Type (Medicaid) with a GO button. The main content area features several sections:

- Explanation of Payments Issues:** A warning message about missing PDFs and consolidated checks.
- Integration of InterQual Connect:** A blue informational message about new features.
- Welcome, [User Name]!** A greeting with a sub-message: "Get summaries of claims data at a glance and easy access to the options you use most."
- Admin Settings:** A section for adding and managing user access, containing buttons for "Add User", "Edit User Access", and "Add a TIN".
- Quick Actions:** A section for performing quick eligibility checks, with input fields for Member ID or Last Name, Member Date of Birth (MM/DD/YYYY), and a dropdown for Select Action Type, followed by a SUBMIT button.
- Claims Overview:** A section showing claims for the last 30 days, with three status categories: REJECTED (0), DENIED (3), and PENDING (11). Each category has a "View All" button highlighted with a red box.

Claims Dashboard

The screenshot displays the Claims Dashboard interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, a filter section shows 'Viewing Claims For: TIN' and 'Plan Type: Medicaid' with a 'GO' button. The main content area is titled 'Claims' and features a date range selector for 'From' (01/19/2023) and 'To' (02/18/2023), with a 'CHANGE DATES' button. Three summary tiles are shown: 'REJECTED 0', 'DENIED 125', and 'PENDING 656', each with a 'View All' link. Below these is a 'Search for Claims' section with an 'ADVANCED SEARCH' link. It includes a 'Check Status by Claim Number' field with a 'CHECK' button and a 'Search by Member Info' section with fields for 'Enter Last Name or Member ID' and 'Date of Birth' (mm/dd/yyyy), with a 'SEARCH' button. The 'Create Claims' section offers options to 'Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim' and 'Upload EDI / Batch', along with a 'DRAFT CLAIMS 0' tile. The 'Manage Finances' section includes an 'Explanation of Payment (EOP)' section with a 'View all EOP' link, a 'Reports & Tools' section with links for 'Batch Claims Report' and 'Claim Audit Tool', and a 'PAID CLAIMS 672' tile. The 'Resources' section lists links for 'Updated Instruction Manual (PDF)', 'EDI Guide (PDF)', 'CMS-1500 Claim Form (PDF)', and 'CMS-UB-04 Claim Form'. The footer contains links for 'Instruction Manual (PDF)', 'Terms and Conditions', 'Privacy Policy', and 'Copyright © 2023, Centene Corporation'.

- The new Claims Dashboard provides an easy view and access to claims / claims-related information:
 - Claims Tiles by status
 - Claim Search options
 - Claim Submission Methods
 - Managing Finances (i.e., EOPs, Paid Claims, etc.)
 - Claim Audit Tool, *where available*
 - Resources

Claims Dashboard – Change Dates

The screenshot displays the Claims Dashboard interface. At the top, there are navigation tabs for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, a header shows 'Viewing Claims For' with a TIN dropdown and 'Plan Type' set to Medicaid, with a GO button. The main section is titled 'Claims' and features a date range selector with 'From' (01/19/2023) and 'To' (02/18/2023) fields, each with a calendar icon, and a 'CHANGE DATES' button. Below the date selector are three summary cards: REJECTED (0), DENIED (125), and PENDING (656), each with a 'View All' link. A note indicates 'Shows claims for the last 30 days, from today's date.' The 'Search for Claims' section includes an 'ADVANCED SEARCH' link and a note that data is limited to the last 30 days. It offers two search methods: 'Check Status by Claim Number' (with a 'CHECK' button) and 'Search by Member Info' (with a 'SEARCH' button). The 'Create Claims' section has two options: 'Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim' and 'Upload EDI / Batch', with a 'DRAFT CLAIMS' card showing 0 and a 'View All' link. The 'Manage Finances' section includes 'Explanation of Payment (EOP)', 'Reports & Tools' (with links for 'Batch Claims Report' and 'Claim Audit Tool'), and a 'PAID CLAIMS' card showing 672 and a 'View All' link. The 'Resources' section lists links for 'Updated Instruction Manual (PDF)', 'CMS-1500 Claim Form (PDF)', 'CMS-UB-04 Claim Form', and 'EDI Guide (PDF)'. The footer contains links for 'Instruction Manual (PDF)', 'Terms and Conditions', 'Privacy Policy', and 'Copyright © 2023, Centene Corporation'.

- 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

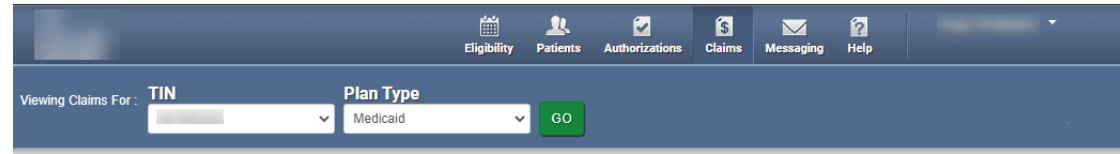
There are two ways to change the date range.

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.



Claims

From: 10/09/2022 To: 11/08/2022 **CHANGE DATES**

MM/DD/YYYY MM/DD/YYYY

October 2022 **< >** DENIED 44 [View All](#)

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

October 2022

2012	2013	2014	2015
2016	2017	2018	2019
2020	2021	2022	2023
2024	2025	2026	2027
2028	2029	2030	2031



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.

Claims Dashboard – Claim Status Tiles

The screenshot displays the Claims Dashboard interface. At the top, there are navigation tabs for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, a header shows 'Viewing Claims For: TIN' and 'Plan Type: Medicaid'. The main section is titled 'Claims' and includes a date range filter from 01/19/2023 to 02/18/2023. A red box highlights three status tiles: REJECTED (0), DENIED (125), and PENDING (656). Below these are search options for 'Check Status by Claim Number' and 'Search by Member Info'. The 'Create Claims' section offers options to start a CMS 1500 claim or upload EDI. The 'Manage Finances' section includes links for EOP and Reports & Tools. A red box highlights two more status tiles: DRAFT CLAIMS (0) and PAID CLAIMS (672). The footer contains links to various manuals and policies.

Status	Count
REJECTED	0
DENIED	125
PENDING	656
DRAFT CLAIMS	0
PAID CLAIMS	672

- 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

The screenshot displays the Claims Dashboard interface. At the top, there are navigation tabs for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, a header section allows users to filter claims by TIN and Plan Type (Medicaid). The main content area is divided into several sections:

- Claims Summary:** Shows filters for From (01/19/2023) and To (02/18/2023) dates, with a 'CHANGE DATES' button. It displays counts for REJECTED (0), DENIED (125), and PENDING (656) claims, each with a 'View All' link.
- Search for Claims:** This section is highlighted with a red border. It includes an 'ADVANCED SEARCH' link and a note: 'The data available for Search by Member Info is limited to the last 30 days. For specific date range search, please use the advanced search.' It features two search options: 'Check Status by Claim Number' with a 'CHECK' button, and 'Search by Member Info' with fields for 'Enter Last Name or Member ID' and 'Date of Birth' (mm/dd/yyyy), and a 'SEARCH' button.
- Create Claims:** Offers options to 'Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim' or 'Upload EDI / Batch'. It shows 'DRAFT CLAIMS' with a count of 0 and a 'View All' link.
- Manage Finances:** Includes 'Explanation of Payment (EOP)' with a 'View all EOP' link, and 'Reports & Tools' with links for 'Batch Claims Report' and 'Claim Audit Tool'. It shows 'PAID CLAIMS' with a count of 672 and a 'View All' link.
- Resources:** Lists links for 'Updated Instruction Manual (PDF)', 'EDI Guide (PDF)', 'CMS-1500 Claim Form (PDF)', and 'CMS-UB-04 Claim Form'.

At the bottom, there are links for 'Instruction Manual (PDF)', 'Terms and Conditions', 'Privacy Policy', and 'Copyright © 2023, Centene Corporation'.

- 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:

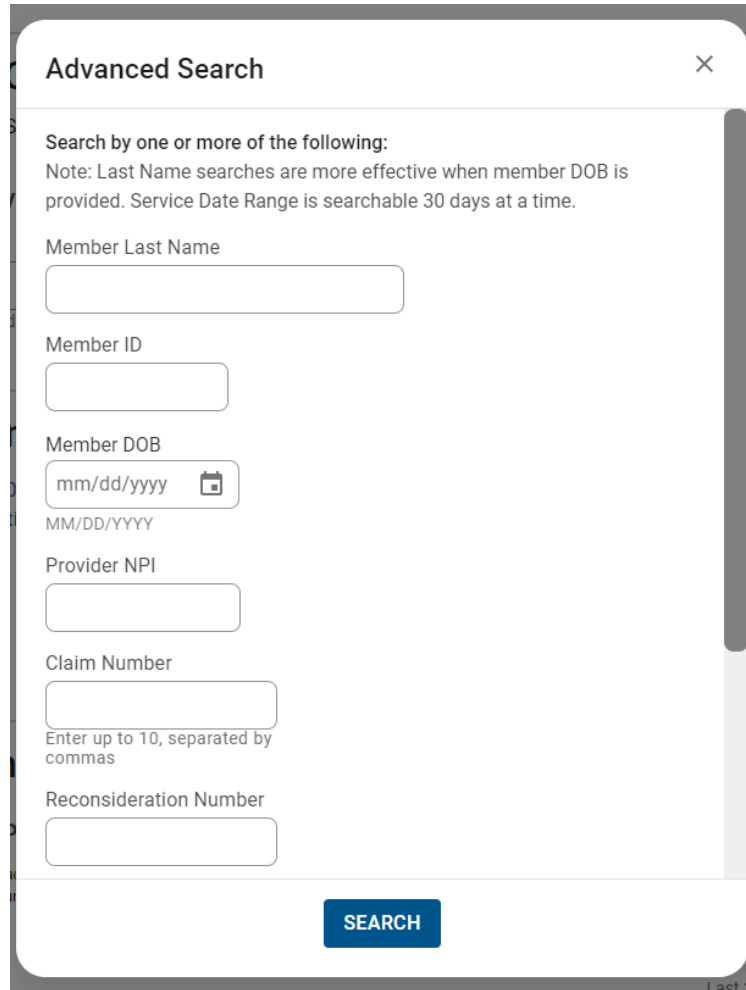
1. Complete the **Check Status by Claim Number**
2. Complete the **Search by Member Info**, or
3. Use the **Advanced Search**

The screenshot displays the Claims Dashboard interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help, along with a user profile for Bruce Provider. Below the navigation bar, there are filters for 'Viewing Claims For:' with a TIN dropdown set to '12345678' and a Plan Type dropdown set to 'Iowa Total Care', followed by a green 'GO' button. The main section is titled 'Claims' and features a date range selector with 'From' (03/29/2022) and 'To' (04/28/2022) fields, each with a calendar icon, and a 'CHANGE DATES' button. Below this, three summary cards are shown: 'REJECTED' with a count of 08, 'DENIED' with a count of 23, and 'PENDING' with a count of 58. Each card has a 'View All' link. A note below the cards states 'Shows claims for the last 30 days, from today's date.' At the bottom, there are two search sections. The 'Search for Claims' section includes a 'Check Status by Claim Number' sub-section with an 'Enter Claim Number' input field and a 'CHECK' button. The 'Search by Member Info' section includes an 'Enter Last Name or Member ID' input field, a 'Date of Birth' input field with a calendar icon, and a 'SEARCH' button. An 'ADVANCED SEARCH' link is also visible in the top right of the search area. Red boxes highlight the 'Search for Claims' and 'Search by Member Info' sections.



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




Advanced Search ×

Search by one or more of the following:
Note: Last Name searches are more effective when member DOB is provided. Service Date Range is searchable 30 days at a time.

Member Last Name

Member ID

Member DOB
 
MM/DD/YYYY

Provider NPI

Claim Number

Enter up to 10, separated by commas

Reconsideration Number

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.

Advanced Search [X]

Search by one or more of the following:
Note: Last Name searches are more effective when member DOB is provided.

Member Last Name
Smith9 [v]
Only enter letters, apostrophe, and hyphen in this field

Member ID
& [v]
Special characters are not accepted in this field

Member DOB
[calendar icon]
MM/DD/YYYY

Provider NPI
98765432A [v]
Only enter numbers in this field

Claim Number
& [v]
Special characters are not accepted in this field

Reconsideration Number
& [v]
Special characters are not accepted in this field

Service Date Range
From To
01/10/2022 01/01/2022 [v]
Enter date prior to To date Enter date after From date

Total Charged Amount
Greater than Less than
[input] [input]

[SEARCH]

Advanced Search [X]

Search by one or more of the following:
Note: Last Name searches are more effective when member DOB is provided.

Member Last Name
Smith9 [v]

Member ID
[input]
Only enter letters and a hyphen in this field

Member DOB
[calendar icon]
MM/DD/YYYY

Provider NPI
98765432A [v]
Only enter numbers in this field

Claim Number
& [v]
Special characters are not accepted in this field

Reconsideration Number
& [v]
Special characters are not accepted in this field

Service Date Range
From To
01/10/2023 01/31/2023 [v]
Date cannot be in the future Date cannot be in the future

Total Charged Amount
Greater than Less than
[input] [input]

[SEARCH]

Advanced Search [X]

Search by one or more of the following:
Note: Last Name searches are more effective when member DOB is provided.

Member Last Name
Smith9 [v]

Member ID
[input]
Only enter letters and a hyphen in this field

Member DOB
[calendar icon]
MM/DD/YYYY

Provider NPI
98765432A [v]
Only enter numbers in this field

Claim Number
& [v]
Special characters are not accepted in this field

Reconsideration Number
& [v]
Special characters are not accepted in this field

Service Date Range
From To
01/10/2022 [input]
MM/DD/YYYY Enter a date

Total Charged Amount
Greater than Less than
[input] [input]

[SEARCH]

Claims Dashboard – Create Claims

The screenshot displays the Claims Dashboard interface. At the top, there are navigation tabs for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, a filter bar shows 'Viewing Claims For: TIN' and 'Plan Type: Medicaid'. The main content area is divided into several sections:

- Claims:** A date range selector (From: 01/19/2023, To: 02/18/2023) and three status cards: REJECTED (0), DENIED (125), and PENDING (656). Each card has a 'View All' link.
- Search for Claims:** Includes an 'ADVANCED SEARCH' link and a note that data is limited to the last 30 days.
- Check Status by Claim Number:** A form to enter a claim number and a 'CHECK' button.
- Search by Member Info:** A form to enter a last name or member ID and a date of birth, with a 'SEARCH' button.
- Create Claims:** This section is highlighted with a red border. It contains two links: 'Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim' and 'Upload EDI / Batch'. It also features a 'DRAFT CLAIMS' card showing 0 claims and a 'View All' link.
- Manage Finances:** Includes an 'Explanation of Payment (EOP)' section with a 'View all EOP' link, a 'Reports & Tools' section with links for 'Batch Claims Report' and 'Claim Audit Tool', and a 'PAID CLAIMS' card showing 672 claims and a 'View All' link.
- Resources:** A list of links for 'Updated Instruction Manual (PDF)', 'CMS-1500 Claim Form (PDF)', 'CMS-UB-04 Claim Form', and 'EDI Guide (PDF)'.

At the bottom of the dashboard, there are links for 'Instruction Manual (PDF)', 'Terms and Conditions', 'Privacy Policy', and 'Copyright © 2023, Centene Corporation'.

- 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

The screenshot shows the 'Claims' dashboard interface. At the top, there are navigation tabs for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, there are filters for 'Viewing Claims For' (TIN) and 'Plan Type' (Medicaid). The main section is titled 'Claims' and includes a date range selector (From: 01/19/2023, To: 02/18/2023) and a 'CHANGE DATES' button. Three summary cards are displayed: 'REJECTED 0', 'DENIED 125', and 'PENDING 656', each with a 'View All' link. Below this is a 'Search for Claims' section with an 'ADVANCED SEARCH' link and a note about search limitations. It includes two search methods: 'Check Status by Claim Number' and 'Search by Member Info'. The 'Create Claims' section offers options to start a CMS 1500 claim or upload EDI/batch claims, with a 'DRAFT CLAIMS 0' card. The 'Manage Finances' section, highlighted with a red box, includes an 'Explanation of Payment (EOP)' card with a 'View all EOP' link, a 'Reports & Tools' section with links for 'Batch Claims Report' and 'Claim Audit Tool', and a 'PAID CLAIMS 672' card with a 'View All' link. The 'Resources' section at the bottom provides links to various manuals and forms. The footer contains copyright information for Centene Corporation.

- 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

The screenshot displays the Claims Dashboard interface. At the top, there are navigation tabs for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, a header section allows filtering by TIN and Plan Type (Medicaid). The main content area is divided into several sections:

- Claims:** A summary section with date filters (From: 01/19/2023, To: 02/18/2023) and three status cards: REJECTED (0), DENIED (125), and PENDING (656). Each card has a "View All" link.
- Search for Claims:** Includes a note about 30-day data availability and an "ADVANCED SEARCH" link. It offers two search methods: "Check Status by Claim Number" and "Search by Member Info".
- Create Claims:** Provides links for starting a CMS 1500 claim, uploading EDI/batch files, and viewing draft claims (0).
- Manage Finances:** Includes links for Explanation of Payment (EOP), Reports & Tools (Batch Claims Report, Claim Audit Tool), and viewing paid claims (672).
- Resources:** A section highlighted with a red border, containing links to "Updated Instruction Manual (PDF)", "CMS-1500 Claim Form (PDF)", "CMS-UB-04 Claim Form", and "EDI Guide (PDF)".

At the bottom, there is a footer with links for "Instruction Manual (PDF)", "Terms and Conditions", "Privacy Policy", and "Copyright © 2023, Centene Corporation".

- From claims dashboard, scroll to Resources

Create Claim

Create Claim

The screenshot shows the Claims Dashboard interface. At the top, there are navigation tabs for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, there are filters for 'Viewing Claims For: TIN' and 'Plan Type: Medicaid' with a 'GO' button. The main section is titled 'Claims' and includes a date range selector (From: 01/19/2023, To: 02/18/2023) and a 'CHANGE DATES' button. Below the date range, there are three summary cards: 'REJECTED 0', 'DENIED 125', and 'PENDING 656', each with a 'View All' link. A note states 'Shows claims for the last 30 days, from today's date.' Below this is a 'Search for Claims' section with an 'ADVANCED SEARCH' link. It includes a note: 'The data available for Search by Member Info is limited to the last 30 days. For specific date range search, please use the advanced search.' There are two search options: 'Check Status by Claim Number' with an input field and a 'CHECK' button, and 'Search by Member Info' with input fields for 'Enter Last Name or Member ID' and 'Date of Birth' (mm/dd/yyyy) and a 'SEARCH' button. Below the search section is the 'Create Claims' section, which is highlighted with a red border. It contains two links: 'Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim' and 'Upload EDI / Batch'. To the right of these links is a 'DRAFT CLAIMS 0' counter with a 'View All' link. Below this is a 'Manage Finances' section with 'Explanation of Payment (EOP)' and 'Reports & Tools' (Batch Claims Report, Claim Audit Tool) and a 'PAID CLAIMS 672' counter with a 'View All' link. At the bottom, there is a 'Resources' section with links to 'Updated Instruction Manual (PDF)', 'EDI Guide (PDF)', 'CMS-1500 Claim Form (PDF)', and 'CMS-UB-04 Claim Form'. The footer contains links for 'Instruction Manual (PDF)', 'Terms and Conditions', 'Privacy Policy', and 'Copyright © 2023, Centene Corporation'.

- 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**.

The screenshot illustrates the process of creating a claim. It shows the 'Create Claims' page with a red box highlighting the 'Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim' button. A red arrow points from this button to the 'Check Member Eligibility' pop-up window. The pop-up contains a 'Member Search' section with input fields for 'Member ID or Last Name' and 'Date of Birth' (MM/DD/YYYY), and a 'SEARCH' button. Another red arrow points from the 'SEARCH' button to the 'Choose Claim Type' page. This page displays two options: 'CMS 1500 Professional Claim' and 'CMS UB-04 Institutional Claim', each with a green button and a right-pointing arrow. A 'DRAFT CLAIMS' badge in the top right corner shows '12' and a 'View All' link. The top navigation bar includes 'Eligibility', 'Patients', 'Authorizations', 'Claims', and 'Messaging'.



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.

The screenshot displays the 'Create Claims' interface. On the left, a sidebar menu titled 'Create Claims' includes options: 'Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim', 'Recurring Claim' (highlighted with a red box), and 'Upload EDI / Batch'. The main dashboard area features a navigation bar with icons for 'Manage Practice', 'Eligibility', 'Patients', 'Authorizations', 'Claims', and 'Messaging'. Below this, there are filters for 'Viewing Dashboard For : TIN' and 'Plan Type' (set to 'Medicaid') with a 'GO' button. A 'Claims' section contains tabs for 'Individual', 'Saved', 'Submitted', 'Batch', 'Recurring' (selected), 'Payment History', and 'Claims Audit Tool'. Below the tabs, there is a 'Get Started' section with the note 'Used only by LTC and ADC Providers.' and a 'Your Progress' indicator with three arrows. At the bottom, there is a 'Claim Type:' dropdown menu, a document icon, and the text 'Select a Template to Start Your Claim' with the subtext 'Our preset templates help speed up the claims process.'

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.

Create Claims

- Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim
- Recurring Claim
- Upload EDI / Batch**

Batch Claims Upload

Viewing Dashboard For: TIN [] Plan Type: Medicaid [] GO

1. Check your codes: ISA05 = ZZ, ISA06 = WebBatch or WEBBATCH, ISA07 = 30, ISA08 = 421406317, GS02 = WebBatch or WEBBATCH, GS03 = 421406317. For additional EDI information, please refer to Resources.
2. File Type: 837I 837P
Please choose a file format of .dat, .edi, or .txt no larger than 25 MB containing less than 5,000 claims
3. Upload File: Choose File No file chosen
File name should be 50 chars or less and should not contain any of the following special characters: -!@#%&*'()/?\|,.; and be 50 characters or less.
4. Submit →

Resources

Please note that we currently accept formatted 837 claims files only. We apply HIPAA level 5 edits. If you are not familiar with generating or submitting an 837 file, please use a clearinghouse or our single claims submission module. We are continually developing new claims submission tools to allow you other formats by which to submit claims to use directly both individually and in bulk.

- Companion Guides >
- Batch Claims FAQs >



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

Claim: T350MOE12346
Status: PENDING

Member		Type and Dates	
Member Name	-----	Type	CMS 1500
Date of Birth	12/09/2002	Service Dates	10/11/2022 - 10/11/2022
Member ID	9543155610	Submit Date	11/15/2022
Medicaid ID			
Plan Type	Medicaid		

Payment			
Billed	\$12,000,909.00	Check # / EFT	091232415
Paid	\$8,250,000.00	Check Date	11/13/2022
Payment Date	11/15/2022	Total Check Amount	\$11,775,045.55


[+ COPY](#) [+ VOID / RECOUP](#) [DISPUTE](#)

Claim Info

Original Claim	T350MOE12346
Status	Pending
Type	CMS 1500
Service Dates	10/11/2022 - 10/11/2022
Submit Date	11/15/2022

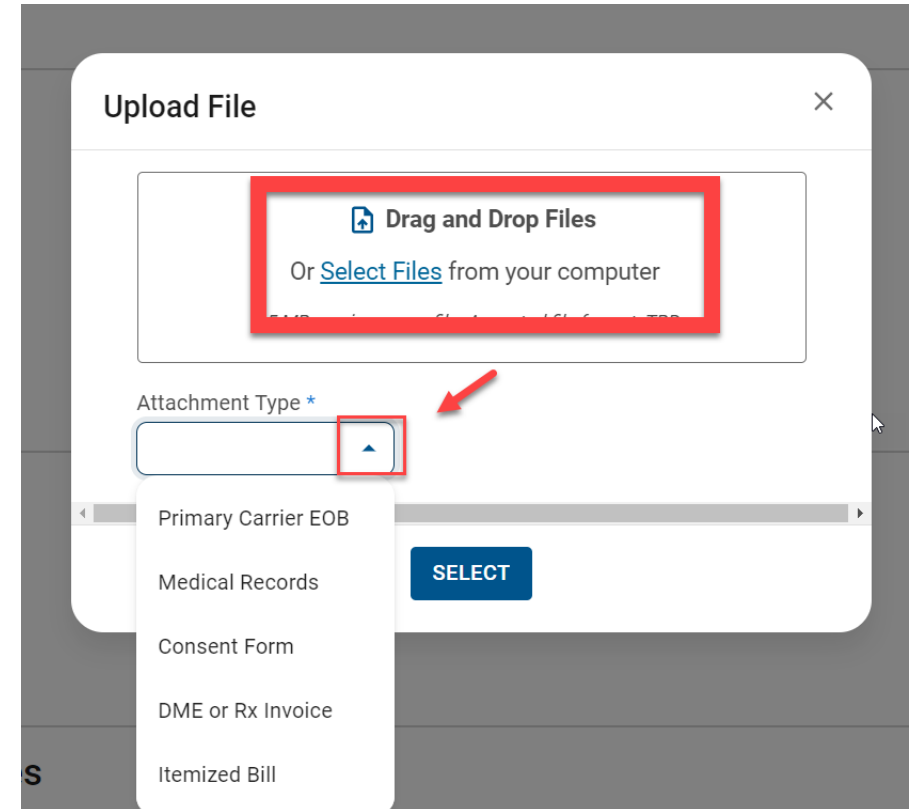
Associated Documents

[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.

The screenshot shows a modal window titled "Upload File" with a close button (X) in the top right corner. Inside the modal, there is a large box with a file icon and the text "Drag and Drop Files" and "Or [Select Files](#) from your computer". Below this, it says "5 MB maximum per file. Accepted file format: TBD". Underneath is a dropdown menu for "Attachment Type *" with "Itemized Bill" selected. A file named "Test Attachment.pdf" is listed with a document icon, a green checkmark, and a trash can icon. A red box highlights the trash can icon, with a red arrow pointing to it. At the bottom of the modal, there is a blue "SUBMIT" button, also highlighted with a red box and a red arrow.

Claims Attachment (post claims submission)

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

✓ Your file was submitted successfully. ×

Claim: T350MOE12346
Status: PENDING

Claim Submitted T350MOE12346 Denied Reconsideration Submitted V444INW11129

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)

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

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!