

# Secure Provider Portal Enhancements

June, 2023



# Coming Soon: Secure Provider Portal Enhancements!



Carolina Complete Health and Ambetter of NC Inc. will implement enhancements to the Secure Provider Portal, beginning June 2023



These improvements focus on new ways of getting to existing functionality faster, while cleaning up the overall look and feel.



The first enhancement will focus on the Provider Portal Landing Page!



# Overall Look and Feel

## Legacy Provider Portal

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
\$	05/15/2020		T136
\$	05/18/2020		T139
\$	05/18/2020		T139
\$	04/23/2020		T114
\$	04/21/2020		T112



- No existing functionality will be lost with this release
- Focuses on new ways of getting to existing functionality faster, while cleaning up the landing page

## New Release

Explanation of Payments Issues

Welcome, Steven!

Quick Actions

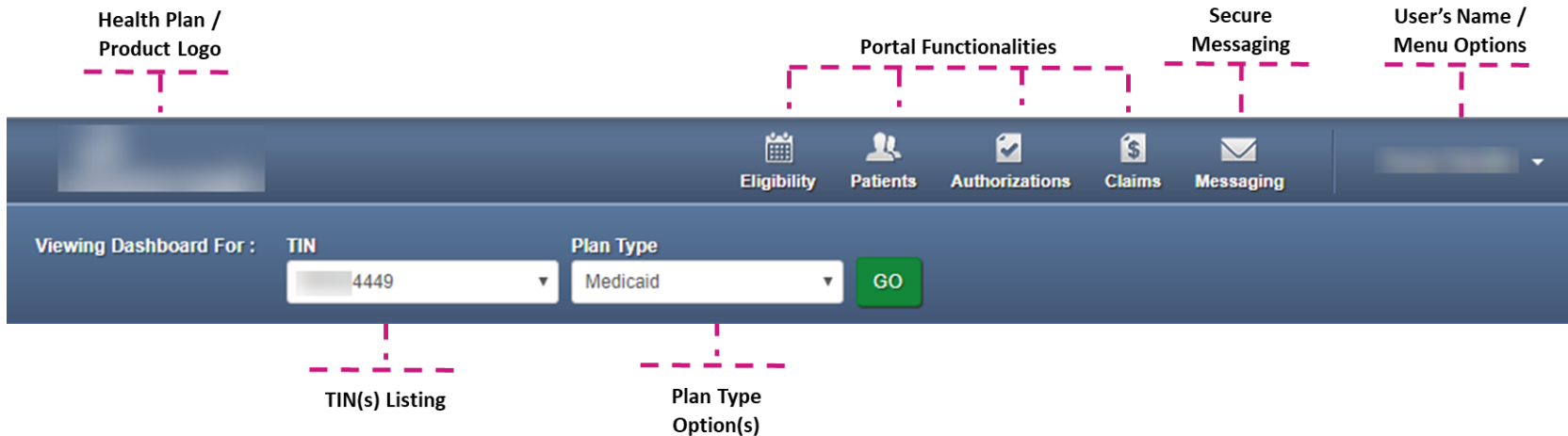
Authorization Overview

Useful Links



# Header Information

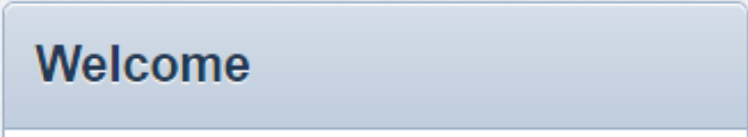
The header remains the same to ensure providers can navigate to legacy functionality if they do not prefer the new layout changes





# Welcome Greeting

## Legacy



**Welcome**

The existing “Welcome” was generic and static.

## New Release



**Welcome, Martha!**

Get familiar with the dashboard, here are some ways to get started.

*The update includes a personalized welcome message with the ability to update messages as new releases become available.*



# Provider Notifications

## Legacy

Note: Users may have issues with accessing EOP (Explanation of Payments) PDFs and information on consolidated checks may be missing from the Payment History section. We'll be updating our network to fix this issue. Thank you for your patience as we improve our web sites to serve you better.

### Iowa Total Care Secure Provider Portal InterQual Connect™ Integration

Iowa Total Care values the relationships we have with our provider partners, and our Secure Provider Portal is a key component, enabling providers to conduct business with Iowa Total Care from the convenience of their desktops.

To that end, we are pleased to announce effective 07/01/22, the integration of an exciting new tool, InterQual Connect™ in our Secure Provider Portal, adding features that will simplify the provider experience, and offers several new capabilities.

For more information, we encourage you to visit the Provider News section of Iowa Total Care website at <https://www.iowatotalcare.com>

Alerts and notifications are stacked without a net size limit or cohesive color scheme

## New Release

### ❗ EOP Issues

Users may have issues with accessing EOP (Explanation of Payments) PDFs and information on consolidated checks may be missing from the Payment History section. We'll be updating our network to fix this issue. Thank you for your patience as we improve our web sites to serve you better.

### ⚠️ This is how the title will look with a limit of 60 character

This is how the notification will look with a limit of 250 characters. As you can see the space allows you to write some information but not a whole lot of words. It really depends on how much information you want to spell out in a limited amount of

### 🕒 Network Upgrade Scheduled

We will be updating our network from Dec 30th at 11:00pm until Jan 3rd at 7:00am (Central Time). Some features may not be available during this time. We apologize for any inconvenience this may cause. Thank you for your patience as we improve our web sites to serve you better.

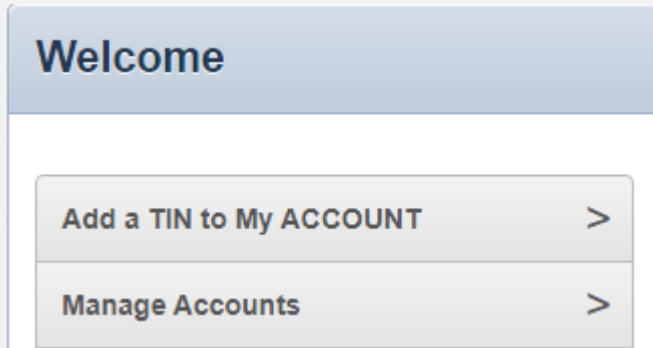
*Time based options for notifications to disappear on a pre-set basis along with a 250-character limit to make messages clearer to the user. Includes a well-defined color scheme based on urgency of the message (Critical, Warning, Info).*



# Admin Settings

Around 20% of portal users are in the Administrator Role

## Legacy

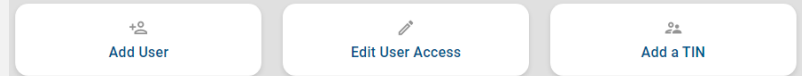


It takes multiple clicks and drop-down menus to reach Admin Functions.

## New Release

### Admin Settings

Add and manage user access and information.



*To address accessibility issues with dropdown lists, admin functions are now easily visible and clickable to the user.*



# Quick Actions: Check Eligibility, Submit Auths, and Create Claims

Iowa total care  
la health network  
Hewlett

Viewing Dashboard For: TIN 421487967 Plan Type Iowa Total Care GO

**Explanation of Payments Issues**  
Users may have issues with accessing EOP (Explanation of Payments) PDFs and information on consolidated checks may be missing from the Payment History section. We'll be updating our network to fix this issue. Thank you for your patience.

**Welcome, Steven!**  
Get summaries of claims data at a glance and easy access to the options you use most.

**Quick Actions**  
Do a quick eligibility check, find patient benefits information, create a new claim or recurring claim or an authorization.

Member ID or Last Name  
Member Date of Birth MM/DD/YYYY  
Select Action Type  
SUBMIT

With two data points:

1. Member ID / Last Name
2. Date of Birth

Providers are now able:

1. Check Eligibility
2. Create a New Claim
3. Create a Recurring Claim
4. Create an Authorization

Select Action Type

Select

View Eligibility & Patient Information

Create New Claim

Create Recurring Claim

Create Authorization



# Quick Actions: Create Claim

Legacy

The Legacy system flow starts with a menu bar containing 'Claims' (highlighted with a red box), 'Messaging', and an icon. Below the menu is a bar with 'Upload EDI' and 'Create Claim' (highlighted with a red box). An arrow points to a search screen with a menu bar containing 'Authorizations', 'Claims', and 'Messaging'. Below this is a search form with 'Member ID or Last Name' (containing 'U1234567M1') and 'Birthdate' (containing '07/19/1963'), both highlighted with red boxes, and a 'Find' button. An arrow points to a 'Choose a Claim Type' screen with two buttons: 'CMS 1500 Professional Claim' and 'CMS UB-04 Institutional Claim'. A note at the bottom states: 'UPDATE: In order to be compliant with ICD-10 regulations, we will require claims with discharge dates or service dates on or after October 1, 2015, be coded with ICD-10 codes. This change applies to the date of service on the claim, not the submission date.'

New  
Release

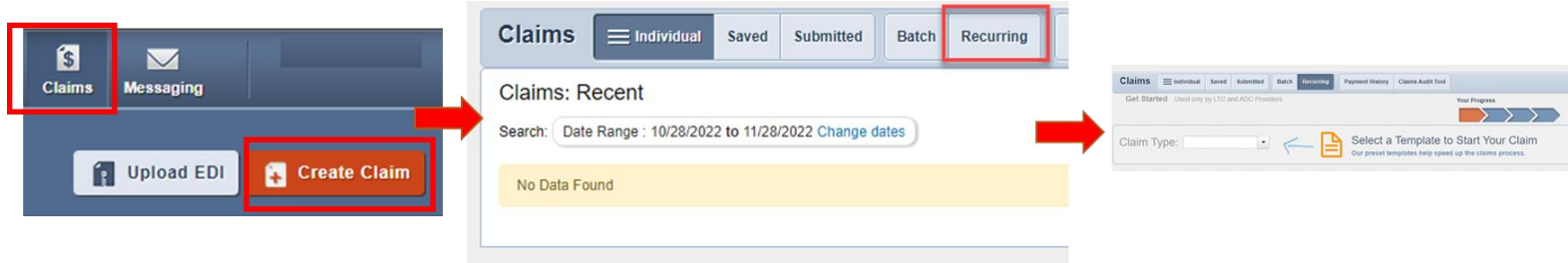
The New Release system flow starts with a 'Quick Actions' screen. It has a heading 'Quick Actions' and a sub-heading 'Do a quick eligibility check, find patient benefits information, create a new claim or recurring claim or an authorization.' Below this are three input fields: 'Member ID or Last Name', 'Member Date of Birth' (with a calendar icon), and 'Select Action Type' (a dropdown menu). A 'SUBMIT' button is to the right. An arrow points to a 'Choose a Claim Type' screen, which is identical to the one in the Legacy system, showing 'CMS 1500 Professional Claim' and 'CMS UB-04 Institutional Claim' buttons, and the same ICD-10 update note.

*By providing the member information first, the system can direct the member directly to the claim type selection legacy page avoiding several unnecessary clicks and screen loads.*



# View and Create: Create Reoccurring Claims

Legacy



New Release

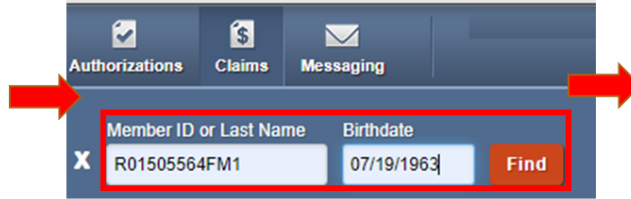
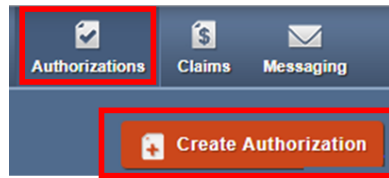


*By providing the member information first, the system can direct the member directly to the reoccurring legacy page avoiding several unnecessary clicks and screen loads.*



# View and Create: Create Authorization

Legacy



**Authorization For**  
Again000349, Performance DOB: 02/13/1977 | Member NBR: U9076006301

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours. ✕

Inpatient notifications or requests will need to be provided telephonically. Please contact us at 877-687-1189. ✕

Post-acute facility (SNF, IRF, and LTAC) prior authorizations need to be verified by CareCentrix ; Fax 877-250-5290

New  
Release

## Quick Actions

Do a quick eligibility check, find patient benefits information, create a new claim or recurring claim or an authorization.

Member ID or Last Name

Member Date of Birth

Select Action Type



**Authorization For**  
Again000349, Performance DOB: 02/13/1977 | Member NBR: U9076006301

By checking the Urgent Request box, I certify that this is an urgent request for a medically necessary treatment for an injury, illness, or another type of condition (usually not life threatening), which must be treated within 48 hours. ✕

Inpatient notifications or requests will need to be provided telephonically. Please contact us at 877-687-1189. ✕

Post-acute facility (SNF, IRF, and LTAC) prior authorizations need to be verified by CareCentrix ; Fax 877-250-5290

*By providing the member information first, the system can direct the member directly to the authorization creation legacy page avoiding several unnecessary clicks and screen loads.*



# Legacy

*New  
Release*

*By providing the member information first, the system can direct the member directly to the eligibility legacy page avoiding several unnecessary clicks and screen loads.*



# Authorizations

Legacy

Patients

Authorizations

Claims

Authorizations

Processed

Errors

Checkname

Filter

Date Range

From MM/DD/YYYY

to MM/DD/YYYY

Member

Last Name

First Name

Date of Birth MM/DD/YYYY

Member ID

Authorization

Authorization #

Confirmation #

Authorization Details

Status

Select

Auth type

INPATIENT

Get

Clear

Authorizations

Processed

Errors

Checkname

Filter

Please call the health plan for questions regarding voided authorization submissions. The authorization page is updated every 24 hours.

New  
Release

## Authorization Overview

Inpatient Authorizations

View All

Outpatient Authorizations

View All

Authorizations

Processed

Errors

Checkname

Filter

Please call the health plan for questions regarding voided authorization submissions. The authorization page is updated every 24 hours.

STATUS	AUTH ID	MEMBER	FROM DATE	TO DATE	DIAGNOSIS	AUTH TYPE	SERVICE
PEND	IP		04/12/2022	04/13/2022	R68.89	INPATIENT	Medical
PEND	IP		04/12/2022	04/13/2022	R68.89	INPATIENT	Medical
PEND	IP		04/12/2022	04/13/2022	R68.89	INPATIENT	Medical
PEND	IP		01/03/2022	01/04/2022	R68.89	INPATIENT	Medical
PEND	IP		01/03/2022	01/04/2022	R68.89	INPATIENT	Medical

The user is directed to legacy page with pre-defined filter already applied.



# Quick Links

## Legacy

**Quick Links**

[ITC Provider Dispute Form](#)

[Clinical Payment Policies](#)

[PAI Provider Survey](#)

Stagnant links are grouped together.

## New Release

### Useful Links

#### PAI Provider Survey

This survey enables providers to update their accessibility information.

#### High Risk Medications

List of medications identified as having the potential to cause adverse drug events in older adults, and their alternatives.

#### Vendor Affiliates

This link provides information for our vendor affiliates that manage additional health plan benefits.

*New descriptions of links provide context to the user.*



# Reports and Analytics

## Legacy

Reports	>
Patient Analytics	>
Provider Analytics	>
Care and Risk Gaps - Daily View	>

Links to some third-party affiliated sites

## New Release

### Useful Links

#### Reports

This repository contains reports that are uploaded and maintained by the health plan.

#### Provider Analytics

Used by PCP groups to get direct access to reports/dashboards that assist in providing better outcomes and lower costs.

#### Patient Analytics

This is a PHM tool that supports providers in the delivery of timely, efficient, and evidence-based care to our members.

#### Care & Risk Gaps

Providers are directed to Interpretia, where they can view data for high-risk/high impact members in the selected population.

#### ITC Provider Dispute Form

Use if claim is processed and a PRA has been issued or you received a letter subsequent to the reconsideration.

#### Clinical Payment Policies

Guidelines used to assist in administering provider benefits

*Moved together with legacy Quick Links to make up the new Useful Links section with detailed information about what the link is used for. All links still perform the same legacy functions when clicked.*



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# Portal Claims Redesign

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# Agenda

- Introduction
- Portal Claims Redesign Overview
- Portal Claims Redesign Summary of Changes
- Claims Dashboard Walkthrough
- Claims Status Pages
- Claim Details
- Claim Creation Options
- Q&A



# Portal Claims Redesign Overview

The Portal Claims Redesign enhances, and completely changes the look and feel of the Claims portion of our Health Plan's Secure Provider Portal (all Lines of Business). The Portal Claims Redesign enhancements include:

- Newly created Claims Dashboard enables quick access to most relevant claims information on one page.
- All-New Claims Status Tiles and Pages, with filter, row count, and pagination capabilities.
- Ability to search for claims by Claim Number, up to 10 claims at once, from Claims Dashboard and Advanced Search.
- Expanded Claim Details page displays all reference numbers associated to a claim (i.e., Reconsideration Number, Appeal Number, etc.).
- Modernized design with intuitive information and features.



# Portal Claims Redesign – Summary of Changes

The new Claims Dashboard provides user-friendly, intuitive access to all claim-related information, and contains buttons and/or links to:

- Rejected, Pending, and Denied Claims Status Tiles and Pages
- Search for Claims
- Create Claims
  - Professional or Institutional
  - Recurring, *where available*
  - Upload EDI / Batch
  - Draft Claims Tile
- Manage Finances
  - Explanation of Payment (EOP)
  - Batch Claims Report
  - Claim Audit Tool, *where available*
  - Paid Claims Tile
- Resources



# Claims

Portal users can access up to 24 months of claims-related history, as well as submit new claims, correct claims, upload EDI Batch claims, and much more.



# 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's a section for 'Explanation of Payments Issues' and 'Integration of InterQual Connect'. The main content area is titled 'Welcome, [User Name]!' and includes an 'Admin Settings' section with buttons for 'Add User', 'Edit User Access', and 'Add a TIN'. The 'Quick Actions' section allows for a quick eligibility check. The 'Claims Overview' section shows counts for 'REJECTED' (0), 'DENIED' (3), and 'PENDING' (11). Each count has a 'View All' button highlighted with a red box.

REJECTED	DENIED	PENDING
0	3	11
<a href="#">View All</a>	<a href="#">View All</a>	<a href="#">View All</a>



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# Claims Dashboard

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# Claims Dashboard

## Current State

Claims for patients who are former WellCare members (for dates prior to 06/01/2021) can be found on the WellCare Provider Portal.

Claims: Recent

Search: Date Range: 06/01/2021 to 06/01/2022 Change date

CLAIM NO.	CLAIM TYPE	MEMBER NAME	SERVICE DATE(S)	BILL/INVOICE	CLAIM STATUS
112A	CHS-1500	[REDACTED]	05/17/2022 - 05/17/2022	\$462.00 / 0104.78	Paid
112B	CHS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$408.00 / 1237.82	Paid
112C	CHS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$4362.00 / 1237.82	Paid
112D	CHS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$408.00 / 1237.82	Paid
112E	CHS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$1,788.00 / 1237.82	Denied
112F	CHS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$408.00 / 1237.82	Paid
112G	CHS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$408.00 / 1237.82	Paid
112H	CHS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$408.00 / 1237.82	Pending
112I	CHS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$408.00 / 1237.82	Paid

## New Experience

Viewing Claims For: TIN [REDACTED] Plan Type: Medicaid [GO]

Claims

From: 01/19/2023 To: 02/18/2023 CHANGE DATES

MM/DD/YYYY MM/DD/YYYY

REJECTED 0 View All

DENIED 125 View All

PENDING 656 View All

Shows claims for the last 30 days, from today's date.

Search for Claims ADVANCED SEARCH

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.

Check Status by Claim Number

Enter Claim Number [REDACTED] CHECK

Search by Member Info

Enter Last Name or Member ID [REDACTED] Date of Birth: mm/dd/yyyy [REDACTED] SEARCH

Enter up to 10, separated by commas

Create Claims

Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim [GO] Upload EDI / Batch: [GO]

DRAFT CLAIMS 0 View All

Last 30 days, from today's date.

Manage Finances

Explanation of Payment (EOP) View all recent payment transactions, including downloadable EOPs, check numbers, dates and payment amounts. View all EOP [GO]

Reports & Tools

Batch Claims Report [GO] Claim Audit Tool [GO]

PAID CLAIMS 672 View All

Last 30 days, from today's date.

Resources

Updated Instruction Manual (PDF) CMS-1500 Claim Form (PDF) CMS-UB-04 Claim Form [GO] EDI Guide (PDF) [GO]

Instruction Manual (PDF) Terms and Conditions Privacy Policy Copyright © 2023, Centene Corporation

## What's Changed

- 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

## Current State

CLAIM NO.	CLAIM TYPE	MEMBER NAME	SERVICE DATE(S)	BILL/INVOICE	CLAIM STATUS
112A	CHS-1500	[REDACTED]	05/17/2022 - 05/17/2022	\$462.00 / 0104.78	PAID
112B	CHS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$408.00 / 1237.52	PAID
112C	CHS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$4362.00 / 1237.52	PAID
112D	CHS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$408.00 / 1237.52	PAID
112E	CHS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$1,788.00 / 00.00	Denied
112F	CHS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$408.00 / 1237.52	PAID
112G	CHS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$887.00 / 1237.52	PAID
112H	CHS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$4,008.00 / 12,100.45	Pending
112I	CHS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$1,008.00 / 12,100.45	PAID

## New Experience

**Claims**

From: 01/19/2023 To: 02/18/2023 [CHANGE DATES](#)

REJECTED 0 DENIED 125 PENDING 656

**Search for Claims**

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.

**Check Status by Claim Number**

Enter Claim Number  [CHECK](#)

**Search by Member Info**

Enter Last Name or Member ID  Date of Birth  [SEARCH](#)

**Create Claims**

[Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim](#) [Upload EDI / Batch](#) **DRAFT CLAIMS 0** [View All](#)

**Manage Finances**

**Explanation of Payment (EOP)**

View all recent payment transactions, including downloadable EOPs, check numbers, dates and payment amounts. [View all EOP](#)

**Reports & Tools**

[Batch Claims Report](#) [Claim Audit Tool \*\*PAID CLAIMS 672\*\* \[View All\]\(#\)](#)

**Resources**

[Updated Instruction Manual \(PDF\)](#) [CMS-1500 Claim Form \(PDF\)](#) [CMS-UB-04 Claim Form](#) [EDI Guide \(PDF\)](#)

Instruction Manual (PDF) Terms and Conditions Privacy Policy Copyright © 2023, Centene Corporation

## What's Changed

- 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.

The screenshot shows the top navigation bar of the Claims Dashboard. It includes tabs for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below the tabs, there are filters for 'Viewing Claims For:' (TIN) and 'Plan Type' (Medicaid), with a green 'GO' button.

## Claims

The screenshot shows the 'Claims' section with 'From' and 'To' date fields. The 'From' field is set to 10/09/2022 and the 'To' field is set to 11/08/2022. A 'CHANGE DATES' button is next to the 'To' field. A calendar pop-up is displayed, showing the month of October 2022. The calendar has arrows for navigation and a 'View All' link. A red arrow points from the 'To' field to the calendar pop-up.



### 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

## Current State

No Current User  
Experience Available

## New Experience

The screenshot shows the 'Claims' dashboard for a user with TIN and Plan Type 'Medicaid'. The interface includes a top navigation bar with links for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. The main content area is titled 'Claims' and features a date range selector (From: 01/19/2023, To: 02/18/2023) and a 'CHANGE DATES' button. Below this, three status tiles are displayed: 'REJECTED' (0), 'DENIED' (125), and 'PENDING' (656). Each tile has a 'View All' link. A red box highlights these tiles. Below the tiles is a 'Search for Claims' section with an 'ADVANCED SEARCH' link. The search section includes two tabs: 'Check Status by Claim Number' and 'Search by Member Info'. The 'Check Status by Claim Number' tab has a 'CHECK' button. The 'Search by Member Info' tab has a 'SEARCH' button. Below the search section is a 'Create Claims' section with two options: 'Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim' and 'Upload EDI / Batch'. A red box highlights the 'DRAFT CLAIMS' tile (0) with a 'View All' link. Below this is a 'Manage Finances' section with two tabs: 'Explanation of Payment (EOP)' and 'Reports & Tools'. The 'Explanation of Payment (EOP)' tab has a 'View all EOP' link. The 'Reports & Tools' tab has a 'Batch Claims Report' link. A red box highlights the 'PAID CLAIMS' tile (672) with a 'View All' link. At the bottom is a 'Resources' section with links to 'Updated Instruction Manual (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'.

## What's Changed

- The new 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

## Current State

Claims for patients who are former WellCare members (for dates prior to 06/01/2021) can be found on the WellCare Provider Portal.

Claims: Recent

Search: Date Range: 01/19/2023 to 02/18/2023 [Change dates](#)

CLAIM NO.	CLAIM TYPE	MEMBER NAME	SERVICE DATE(S)	BILLING CODE	CLAIM STATUS
112A	CHS-1500	[REDACTED]	01/19/2023 - 01/19/2023	9402.00 / 0104.78	PAID
112B	CHS-1500	[REDACTED]	01/19/2023 - 01/19/2023	9408.00 / 0207.02	PAID
112C	CHS-1500	[REDACTED]	01/19/2023 - 01/19/2023	9408.00 / 0207.02	PAID
112D	CHS-1500	[REDACTED]	01/19/2023 - 01/19/2023	9408.00 / 0207.02	PAID
112E	CHS-1500	[REDACTED]	01/19/2023 - 01/19/2023	9408.00 / 0207.02	PAID
112F	CHS-1500	[REDACTED]	01/19/2023 - 01/19/2023	9408.00 / 0207.02	PAID
112G	CHS-1500	[REDACTED]	01/19/2023 - 01/19/2023	9408.00 / 0207.02	PAID
112H	CHS-1500	[REDACTED]	01/19/2023 - 01/19/2023	9408.00 / 0207.02	PAID
112I	CHS-1500	[REDACTED]	01/19/2023 - 01/19/2023	9408.00 / 0207.02	PAID
112J	CHS-1500	[REDACTED]	01/19/2023 - 01/19/2023	9408.00 / 0207.02	PAID
112K	CHS-1500	[REDACTED]	01/19/2023 - 01/19/2023	9408.00 / 0207.02	PAID
112L	CHS-1500	[REDACTED]	01/19/2023 - 01/19/2023	9408.00 / 0207.02	PAID
112M	CHS-1500	[REDACTED]	01/19/2023 - 01/19/2023	9408.00 / 0207.02	PAID
112N	CHS-1500	[REDACTED]	01/19/2023 - 01/19/2023	9408.00 / 0207.02	PAID
112O	CHS-1500	[REDACTED]	01/19/2023 - 01/19/2023	9408.00 / 0207.02	PAID
112P	CHS-1500	[REDACTED]	01/19/2023 - 01/19/2023	9408.00 / 0207.02	PAID
112Q	CHS-1500	[REDACTED]	01/19/2023 - 01/19/2023	9408.00 / 0207.02	PAID
112R	CHS-1500	[REDACTED]	01/19/2023 - 01/19/2023	9408.00 / 0207.02	PAID
112S	CHS-1500	[REDACTED]	01/19/2023 - 01/19/2023	9408.00 / 0207.02	PAID
112T	CHS-1500	[REDACTED]	01/19/2023 - 01/19/2023	9408.00 / 0207.02	PAID
112U	CHS-1500	[REDACTED]	01/19/2023 - 01/19/2023	9408.00 / 0207.02	PAID
112V	CHS-1500	[REDACTED]	01/19/2023 - 01/19/2023	9408.00 / 0207.02	PAID
112W	CHS-1500	[REDACTED]	01/19/2023 - 01/19/2023	9408.00 / 0207.02	PAID
112X	CHS-1500	[REDACTED]	01/19/2023 - 01/19/2023	9408.00 / 0207.02	PAID
112Y	CHS-1500	[REDACTED]	01/19/2023 - 01/19/2023	9408.00 / 0207.02	PAID
112Z	CHS-1500	[REDACTED]	01/19/2023 - 01/19/2023	9408.00 / 0207.02	PAID

## New Experience

Viewing Claims For: TIN [REDACTED] Plan Type: Medicaid [GO]

Claims

From: 01/19/2023 To: 02/18/2023 [CHANGE DATES](#)

MM/DD/YYYY MM/DD/YYYY

REJECTED 0 DENIED 125 PENDING 656

View All View All View All

Shows claims for the last 30 days, from today's date.

Search for Claims [ADVANCED SEARCH](#)

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.

Check Status by Claim Number

Enter Claim Number  [CHECK](#)

Search by Member Info

Enter Last Name or Member ID  Date of Birth  [SEARCH](#)

Enter up to 10, separated by commas

mm/dd/yyyy MM/DD/YYYY

Create Claims

Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim [Upload EDI / Batch](#)

DRAFT CLAIMS 0

View All

Last 30 days, from today's date.

Manage Finances

Explanation of Payment (EOP)

View all recent payment transactions, including downloadable EOPs, check numbers, dates and payment amounts.

View all EOP

Reports & Tools

Batch Claims Report Claim Audit Tool

PAID CLAIMS 672

View All

Last 30 days, from today's date.

Resources

Updated Instruction Manual (PDF) CMS-1500 Claim Form (PDF) CMS-UB-04 Claim Form

EDI Guide (PDF)

Instruction Manual (PDF) Terms and Conditions Privacy Policy Copyright © 2023, Centene Corporation

## What's Changed

- New location of the claims search options.
- 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's a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help, along with a user profile 'Bruce Provider'. Below this, a section 'Viewing Claims For:' includes a TIN dropdown (12345678) and a Plan Type dropdown (Iowa Total Care), with a green 'GO' button. The main section is titled 'Claims' and shows filters for 'From' (03/29/2022) and 'To' (04/28/2022) dates, with a 'CHANGE DATES' button. Below the filters, three boxes show claim counts: 'REJECTED 08', 'DENIED 23', and 'PENDING 58', each with a 'View All' link. A note states 'Shows claims for the last 30 days, from today's date.' At the bottom, there are three search sections: 'Search for Claims' (highlighted with a red box), 'Check Status by Claim Number' (highlighted with a red box), and 'Search by Member Info' (highlighted with a red box). The 'Check Status by Claim Number' section has an input field for 'Enter Claim Number' (with a note 'Enter up to 10, separated by commas') and a 'CHECK' button. The 'Search by Member Info' section has input fields for 'Enter Last Name or Member ID' and 'Date of Birth' (with a calendar icon and a note 'MM/DD/YYYY'), and a 'SEARCH' button. An 'ADVANCED SEARCH' link is also present.

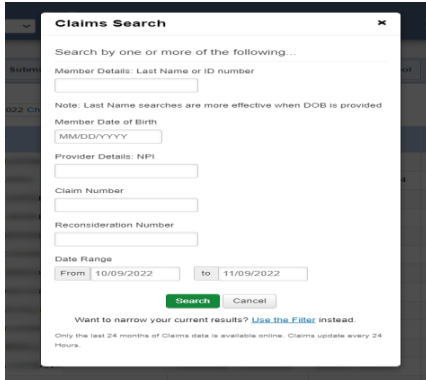


**Tip:** In the Check Status by Claim Number, enter up to 10 Claim Numbers separated by commas, but no spaces. For example, you would enter V290XPP00010,V300XXE07468,V305XXE01234 (no space after the comma and upper-case letters).



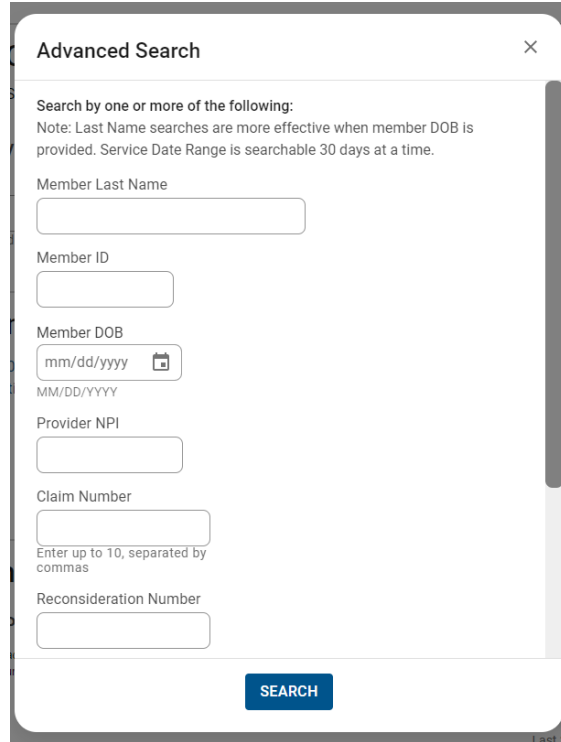
# Claims Dashboard – Advanced Search

## Current State



The 'Claims Search' pop-up window features a title bar with a close button. Below the title, it prompts the user to 'Search by one or more of the following...'. The search criteria include: Member Details (Last Name or ID number), Member Date of Birth (MM/DD/YYYY), Provider Details (NPI), Claim Number, Reconsideration Number, and Date Range (From 10/05/2022 to 11/05/2022). A 'Search' button and a 'Cancel' button are at the bottom. A note at the bottom states: 'Want to narrow your current results? Use the Filter instead. Only the last 24 months of Claims data is available online. Claims update every 24 Hours.'

## New Experience



The 'Advanced Search' pop-up window has a title bar with a close button. It prompts the user to 'Search by one or more of the following:'. A note states: 'Note: Last Name searches are more effective when member DOB is provided. Service Date Range is searchable 30 days at a time.' The search criteria include: Member Last Name, Member ID, Member DOB (mm/dd/yyyy with a calendar icon and MM/DD/YYYY format), Provider NPI, Claim Number (with a note: 'Enter up to 10, separated by commas'), and Reconsideration Number. A blue 'SEARCH' button is at the bottom right.

## What's Changed

- 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

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

Member Last Name  
Smith9

Only enter letters, apostrophe, and hyphen in this field

Member ID  
&

Special characters are not accepted in this field

Member DOB  
MM/DD/YYYY

Provider NPI  
98765432A

Only enter numbers in this field

Claim Number  
&

Special characters are not accepted in this field

Reconsideration Number  
&

Special characters are not accepted in this field

Service Date Range  
From To  
01/10/2022 01/01/2022

Enter date prior to To date Enter date after From date

Total Charged Amount  
Greater than Less than

SEARCH

Advanced Search

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

Member Last Name  
Smith9

Only enter letters and a hyphen in this field

Member ID

Member DOB  
MM/DD/YYYY

Provider NPI  
98765432A

Only enter numbers in this field

Claim Number  
&

Special characters are not accepted in this field

Reconsideration Number  
&

Special characters are not accepted in this field

Service Date Range  
From To  
01/10/2023 01/31/2023

Date cannot be in the future Date cannot be in the future

Total Charged Amount  
Greater than Less than

SEARCH

Advanced Search

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

Member Last Name  
Smith9

Only enter letters and a hyphen in this field

Member ID

Member DOB  
MM/DD/YYYY

Provider NPI  
98765432A

Only enter numbers in this field

Claim Number  
&

Special characters are not accepted in this field

Reconsideration Number  
&

Special characters are not accepted in this field

Service Date Range  
From To  
01/10/2022

Enter a date

Total Charged Amount  
Greater than Less than

SEARCH



# Claims Dashboard – Create Claims

## Current State

The screenshot shows the 'Current State' Claims Dashboard. At the top, there are tabs for 'Eligibility', 'Patients', 'Authorizations', 'Claims', 'Messaging', and 'Help'. Below these, there's a 'Viewing Claims For' dropdown set to 'IN' and a 'Plan Type' dropdown set to 'Medicaid'. A red box highlights the 'Upload EDI' and 'Create Claim' buttons. Below this, there's a 'Claims' section with tabs for 'Individual', 'Submitted', 'Batch', 'Payment History', and 'Claims Audit Trail'. A message states: 'Claims for patients who are former WellCare members (for dates prior to 06/01/2021) can be found on the WellCare Provider Portal.' Below this, there's a 'Claims: Recent' section with a search bar and a table of claims.

CLAIM NO.	CLAIM TYPE	MEMBER NAME	SERVICE DATE(S)	BILLING/PAID	CLAIM STATUS
112A	CHS-1500	[REDACTED]	05/17/2022 - 05/17/2022	\$402.00 / \$104.78	PAID
112B	CHS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$408.00 / \$207.52	PAID
112C	CHS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$4362.00 / \$2387.50	PAID
112D	CHS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$408.00 / \$207.52	PAID
112E	CHS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$1,788.00 / \$0.00	Denied
112F	CHS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$408.00 / \$207.52	PAID
112G	CHS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$807.00 / \$207.52	PAID
112H	CHS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$408.00 / \$2,100.45	Pending
112I	CHS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$1,038.00 / \$2,100.45	PAID

## New Experience

The screenshot shows the 'New Experience' Claims Dashboard. At the top, there are tabs for 'Eligibility', 'Patients', 'Authorizations', 'Claims', 'Messaging', and 'Help'. Below these, there's a 'Viewing Claims For' dropdown set to 'TIN' and a 'Plan Type' dropdown set to 'Medicaid'. The 'Claims' section has a 'From' date of 01/19/2023 and a 'To' date of 02/18/2023, with a 'CHANGE DATES' button. Below this, there are three boxes: 'REJECTED 0 View All', 'DENIED 125 View All', and 'PENDING 656 View All'. Below these, there's a 'Search for Claims' section with a search bar and a 'SEARCH' button. Below this, there's a 'Check Status by Claim Number' section with a search bar and a 'CHECK' button. Below this, there's a 'Create Claims' section with a red box around it. The 'Create Claims' section has a 'Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim' button and an 'Upload EDI / Batch' button. Below these, there's a 'DRAFT CLAIMS 0 View All' box. Below this, there's a 'Manage Finances' section with a 'View all EOP' button. Below this, there's a 'Resources' section with links to 'Updated Instruction Manual (PDF)', 'CMS-1500 Claim Form (PDF)', 'CMS-UB-04 Claim Form', and 'EDI Guide (PDF)'. At the bottom, there are links to 'Instruction Manual (PDF)', 'Terms and Conditions', 'Privacy Policy', and 'Copyright © 2023, Centene Corporation'.

## What's Changed

- New location of 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

## Current State

No Current User  
Experience Available

## New Experience

The screenshot shows a web application for managing claims. At the top, there's a navigation bar with links 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' with filters for date range and counts for Rejected (0), Denied (125), and Pending (656) claims; 'Search for Claims' with options for search by claim number or member info; 'Create Claims' with links for CMS forms and EDI/Batch uploads; and 'Manage Finances' (highlighted with a red box) which includes 'Explanation of Payment (EOP)' and 'Reports & Tools' (Batch Claims Report, Claim Audit Tool). Below 'Manage Finances' is a 'Resources' section with links to manuals and forms. The footer contains links for the instruction manual, terms, privacy policy, and copyright information.

Viewing Claims For **TIN** Plan Type **Medicaid** **GO**

**Claims**

From  To  **CHANGE DATES**

MM/DD/YYYY MM/DD/YYYY

**REJECTED**  
0  
[View All](#)

**DENIED**  
125  
[View All](#)

**PENDING**  
656  
[View All](#)

Shows claims for the last 30 days, from today's date.

**Search for Claims** [ADVANCED SEARCH](#)

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.

**Check Status by Claim Number**

Enter Claim Number  **CHECK**

Enter up to 10, separated by commas

**Search by Member Info**

Enter Last Name or Member ID  Date of Birth  **SEARCH**

MM/DD/YYYY

**Create Claims**

[Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim](#) [Upload EDI / Batch](#)

**DRAFT CLAIMS**  
0  
[View All](#)

Last 30 days, from today's date.

**Manage Finances**

**Explanation of Payment (EOP)**  
[View all recent payment transactions, including downloadable EOPs, check numbers, dates and payment amounts.](#)  
[View all EOP](#)

**Reports & Tools**  
[Batch Claims Report](#)  
[Claim Audit Tool](#)

**PAID CLAIMS**  
672  
[View All](#)

Last 30 days, from today's date.

**Resources**

[Updated Instruction Manual \(PDF\)](#) [CMS-1500 Claim Form \(PDF\)](#) [CMS-UB-04 Claim Form](#)  
[EDI Guide \(PDF\)](#)

Instruction Manual (PDF) Terms and Conditions Privacy Policy Copyright © 2023, Centene Corporation

## What's Changed

- New location and categorization of claim-related financials.
- “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

## Current State

**No Current User  
Experience Available**

## New Experience

The screenshot shows a modern web application for managing claims. At the top, there's a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, a header section allows filtering by 'Viewing Claims For' (TIN) and 'Plan Type' (Medicaid). The main content area is titled 'Claims' and includes a date range selector (From 01/19/2023 to 02/18/2023) and a 'CHANGE DATES' button. It displays three summary cards: '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. The search section is divided into 'Check Status by Claim Number' and 'Search by Member Info'. The 'Create Claims' section offers options to 'Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim' or 'Upload EDI / Batch', with a 'DRAFT CLAIMS 0' summary card. The 'Manage Finances' section includes 'Explanation of Payment (EOP)' and 'Reports & Tools' (Batch Claims Report, Claim Audit Tool), with a 'PAID CLAIMS 672' summary card. At the bottom, a 'Resources' section is highlighted with a red box, containing links to the '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'.

## What's Changed

- Newly added claim-related Resources.
- Link to [Portal] Instruction Manual.
- Link to EDI Guide (Medicare Claims Processing Manual).
- Link to CMS 1500 Claim Form (image for reference only).
- Link to CMS UB-04 information.



# Claims Dashboard – Resources: Instruction Manual

Click the **Updated Instruction Manual (PDF)** link under Resources to access the updated manual, which includes Portal Claims Redesign information.

The manual will open in a new tab or window.

The screenshot displays the 'Claims' dashboard. At the top, there's a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, a 'Viewing Claims For' section shows 'TIN' and 'Plan Type' (Medicaid). The main content area includes a 'Claims' summary with 'REJECTED' (0) and 'DENIED' (125) counts, each with a 'View All' link. Below this is a 'Search for Claims' section with a date range filter (01/19/2023 to 02/18/2023) and a 'CHANGE DATES' button. The 'Search for Claims' section also includes a 'Check Status by Claim Number' and a 'Search by Member Info' section. The 'Create Claims' section has links for 'Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim' and 'Upload EDI / Batch'. The 'Manage Finances' section includes 'Explanation of Payment (EOP)' and 'Reports & Tools'. The 'Resources' section at the bottom lists 'Updated Instruction Manual (PDF)', 'CMS-1500 Claim Form (PDF)', and 'EDI Guide (PDF)'. A purple arrow points from the 'Updated Instruction Manual (PDF)' link to an overlay window on the right. The overlay window is titled 'Secure Provider Portal Quick Start Guide' and includes the text 'USING THE SECURE PROVIDER PORTAL' and 'Last Updated: January 13, 2023'. The footer of the dashboard contains links for 'Instruction Manual (PDF)', 'Terms and Conditions', 'Privacy Policy', and 'Copyright © 2023, Centene Corporation'.



**Tip:** The Instruction Manual (PDF) link in the footer of the portal, does not contain Portal Claims Redesign information.



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# Navigating Managing Finances

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# Claims Dashboard – Manage Finances: View all EOPs

To access Explanation of Payment (EOP) information, under Manage Finances, click **View all EOPs**. The legacy Payment History tab displays.

Click **Claims** at the top of any page to return to Claims Dashboard.



Claims Dashboard header showing navigation tabs: Eligibility, Patients, Authorizations, Claims, Messaging, Help. Below the tabs are filters for 'Viewing Claims For' (TIN) and 'Plan Type' (Medicaid) with a 'GO' button.

## Claims

From: 01/19/2023 To: 02/18/2023  
MM/DD/YYYY MM/DD/YYYY [CHANGE DATES](#)

REJECTED  
0  
[View All](#)

DENIED  
125  
[View All](#)

PENDING  
656  
[View All](#)

Shows claims for the last 30 days, from today's date.

## Search for Claims

The data available for Search by Member Info is limited to the last 30 days. For specific date ranges, search.

### Check Status by Claim Number

Enter Claim Number  
  
Enter up to 10, separated by commas [CHECK](#)

### Search by Member Info

Enter Last Name or Member ID  
  
Date   
MM/DD/YYYY

## Create Claims

Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim [Upload EDI / Batch](#)

## Manage Finances

### Explanation of Payment (EOP)

View all recent payment transactions, including disbursement EOPs, check numbers, dates and payment amounts.

[View all EOP](#)

### Reports & Tools

[Batch Claims Report](#)

[Claim Audit Tool](#)

## Resources

[Updated Instruction Manual \(PDF\)](#)

[CMS-1500 Claim Form \(PDF\)](#)

[CMS-UB-04 Claim Form](#)

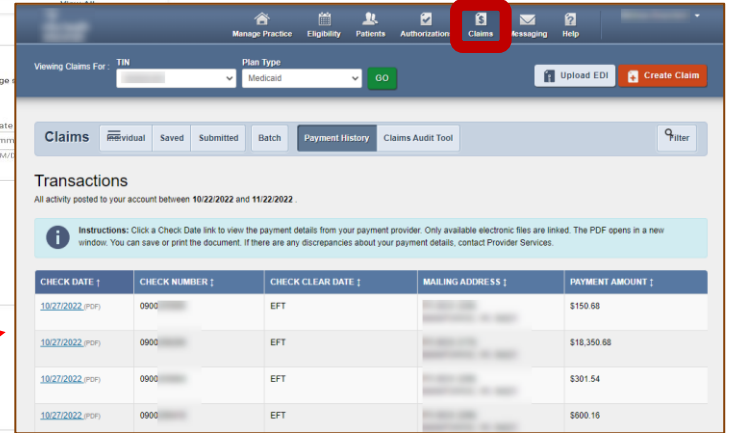
[EDI Guide \(PDF\)](#)

[Instruction Manual \(PDF\)](#)

[Terms and Conditions](#)

[Privacy Policy](#)

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Claims Dashboard Transactions table showing payment history. The 'Claims' tab is highlighted in the top navigation bar. The table lists transactions with columns: CHECK DATE, CHECK NUMBER, CHECK CLEAR DATE, MAILING ADDRESS, and PAYMENT AMOUNT.

CHECK DATE	CHECK NUMBER	CHECK CLEAR DATE	MAILING ADDRESS	PAYMENT AMOUNT
10/27/2022	0900	EFT		\$150.68
10/27/2022	0900	EFT		\$18,350.68
10/27/2022	0900	EFT		\$301.54
10/27/2022	0900	EFT		\$600.16



**Tip:** You can access up to 18 months of payment history. The key is the Check Date must be within the last 18 months from the current date.



# Claims Dashboard – Manage Finances: Batch Claims Reports

To access EDI Batch Responses (i.e., 999, TA1, etc.), under Reports & Tools, click **Batch Claims Report**. The legacy Batch tab displays.

Click **Claims** at the top of any page to return to Claims Dashboard.



Viewing Claims For: TIN [redacted] Plan Type: Medicaid [GO]

## Claims

From: 01/19/2023 To: 02/18/2023 [CHANGE DATES]  
MM/DD/YYYY MM/DD/YYYY

REJECTED  
0  
View All

DENIED  
125  
View All

PENDING  
656

Shows claims for the last 30 days, from today's date.

## Search for Claims

The data available for Search by Member Info is limited to the last 30 days. For specific date range search.

### Check Status by Claim Number

Enter Claim Number  
[input field]  
Enter up to 10, separated by commas [CHECK]

### Search by Member Info

Enter Last Name or Member ID [input field] Date [mm/DD/YYYY]

## Create Claims

Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim

Upload EDI / Batch

## Manage Finances

### Explanation of Payment (EOP)

View all recent payment transactions, including domestic EOPs, check numbers, dates and payment amounts.

View all EOP

### Reports & Tools

Batch Claims Report  
Claim Audit Tool

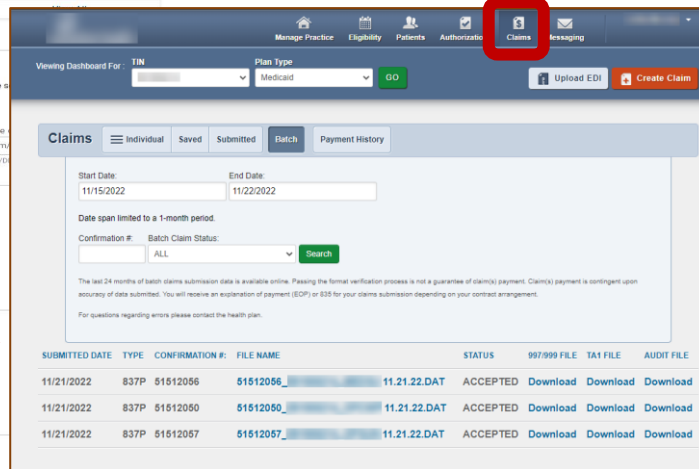
## Resources

Updated Instruction Manual (PDF)

EDI Guide (PDF)

CMS-1500 Claim Form (PDF)

CMS-UB-04 Claim Form



Viewing Dashboard For: TIN [redacted] Plan Type: Medicaid [GO] [Upload EDI] [Create Claim]

Claims [Individual] [Saved] [Submitted] [Batch] [Payment History]

Start Date: 11/15/2022 End Date: 11/22/2022  
Date span limited to a 1-month period.

Confirmation #: [input field] Batch Claim Status: ALL [Search]

The last 24 months of batch status submission data is available online. Passing the format verification process is not a guarantee of claim(s) payment. Claim(s) payment is contingent upon accuracy of data submitted. You will receive an explanation of payment (EOP) or 999 for your claim submission depending on your contract arrangement.  
For questions regarding errors please contact the health plan.

SUBMITTED DATE	TYPE	CONFIRMATION #	FILE NAME	STATUS	997/999 FILE	TA1 FILE	AUDIT FILE
11/21/2022	837P	51512056	51512056_11.21.22.DAT	ACCEPTED	Download	Download	Download
11/21/2022	837P	51512050	51512050_11.21.22.DAT	ACCEPTED	Download	Download	Download
11/21/2022	837P	51512057	51512057_11.21.22.DAT	ACCEPTED	Download	Download	Download



**Tip:** Batch Claims Reports are only applicable to organizations, who upload EDI Claim Batches (i.e., 837P / 837I) via the Secure Provider Portal.



# Claims Dashboard – Manage Finances: Claim Audit Tool

To access the Claim Audit Tool (where available), under Reports & Tools, click **Claim Audit Tool**. The legacy Pass-Through Terms and Conditions displays in a new tab or window.

Close the new tab or window to return to the Claim Dashboard.



Viewing Claims For: TIN [dropdown] Plan Type: Medicaid [dropdown] GO

## Claims

From: 01/19/2023 To: 02/18/2023  
MM/DD/YYYY MM/DD/YYYY CHANGE DATES

REJECTED  
0  
View All

DENIED  
125  
View All

PENDING  
656

Shows claims for the last 30 days, from today's date.

## Search for Claims

The data available for Search by Member Info is limited to the last 30 days. For specific date range search.

### Check Status by Claim Number

Enter Claim Number  
Enter up to 10, separated by commas CHECK

### Search by Member Info

Enter Last Name or Member ID Date  
mm/dd/yyyy

## Create Claims

Start a CMS 1500 / Professional or  
CMS UB-04 / Institutional Claim

Upload EDI / Batch

## Manage Finances

### Explanation of Payment (EOP)

View all recent payment transactions, including  
domestic EOPs, check numbers, dates and payment  
amounts.

View all EOP

### Reports & Tools

Batch Claims Report  
Claim Audit Tool

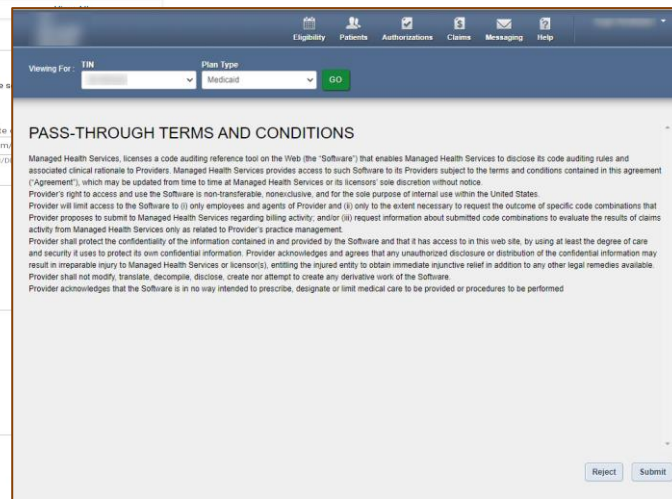
## Resources

Updated Instruction Manual (PDF)

CMS-1500 Claim Form (PDF)

EDI Guide (PDF)

Instruction Manual (PDF) Terms and Conditions Privacy Policy Copyright © 2023, Centene Corporation



PASS-THROUGH TERMS AND CONDITIONS

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Provider acknowledges that the Software is in no way intended to prescribe, designate or limit medical care to be provided or procedures to be performed.

Reject Submit



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# Claim Status Pages

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# Claim Status Tiles

The Rejected, Denied, Pending, Draft Claims, and Paid Claim Status Tiles, display on the Claims Dashboard, and provides the claim count for each status. Please note:

- Initial default count for each status, are for claims where the first Date of Service (DOS) is within the last 30 days, from the current date.
- The Rejected tile, is only applicable to individual web claims submitted via the portal, which received a front-end EDI rejection. If your Provider organization does not submit individual web claims via the portal or does not have any rejected web claims, the Rejected tile, will be zero (0).
- The Draft Claims tile, is only applicable to individual web claims started in the portal, but not submitted.

The screenshot displays the 'Claims' dashboard with a top navigation bar containing links for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below the navigation bar, there are filters for 'Viewing Claims For' (TIN) and 'Plan Type' (Medicaid), followed by 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 this, there are three status tiles: 'REJECTED' (0), 'DENIED' (125), and 'PENDING' (656). Each tile has a 'View All' link. A red box highlights these three tiles. Below the tiles, there is a 'Search for Claims' section with an 'ADVANCED SEARCH' link. The search section 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), followed by a 'SEARCH' button. Below the search section, there is a 'Create Claims' section with links for 'Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim' and 'Upload EDI / Batch'. A red box highlights a 'DRAFT CLAIMS' tile showing 0 claims. Below this, there is a 'Manage Finances' section with links for 'Explanation of Payment (EOP)', 'Reports & Tools' (Batch Claims Report, Claim Audit Tool), and 'View All EOP'. A red box highlights a 'PAID CLAIMS' tile showing 672 claims. At the bottom, there is a 'Resources' section with 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'.

Status	Count	View All
REJECTED	0	<a href="#">View All</a>
DENIED	125	<a href="#">View All</a>
PENDING	656	<a href="#">View All</a>

Shows claims for the last 30 days, from today's date.

**Search for Claims** [ADVANCED SEARCH](#)

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.

**Check Status by Claim Number**

Enter Claim Number  [CHECK](#)

Enter up to 10, separated by commas

**Search by Member Info**

Enter Last Name or Member ID  Date of Birth  [SEARCH](#)

mm/dd/yyyy MM/DD/YYYY

**Create Claims**

[Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim](#) [Upload EDI / Batch](#)

**DRAFT CLAIMS**

0

[View All](#)

Last 30 days, from today's date.

**Manage Finances**

**Explanation of Payment (EOP)**

View all recent payment transactions, including downloadable EOPs, check numbers, dates and payment amounts.

[View All EOP](#)

**Reports & Tools**

[Batch Claims Report](#) [Claim Audit Tool](#)

**PAID CLAIMS**

672

[View All](#)

Last 30 days, from today's date.

**Resources**

[Updated Instruction Manual \(PDF\)](#) [CMS-1500 Claim Form \(PDF\)](#) [CMS-UB-04 Claim Form](#) [EDI Guide \(PDF\)](#)

[Instruction Manual \(PDF\)](#) [Terms and Conditions](#) [Privacy Policy](#) [Copyright © 2023, Centene Corporation](#)



# Accessing Claim Status Pages

To access a Claim Status page, click **View All**. The respective page displays.

The screenshot displays the 'Claims' management interface. At the top, there are navigation tabs: Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below these, filters for 'Viewing Claims For' (TIN) and 'Plan Type' (Medicaid) are shown, along 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. Three summary boxes are highlighted with red rectangles: '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. The 'Check Status by Claim Number' section has a 'CHECK' button. The 'Search by Member Info' section has a 'SEARCH' button. The 'Create Claims' section has links for 'Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim' and 'Upload EDI / Batch'. The 'Manage Finances' section has links for 'Explanation of Payment (EOP)', 'Reports & Tools', and 'View all EOP'. The 'Resources' section has links for 'Updated Instruction Manual (PDF)', 'CMS-1500 Claim Form (PDF)', 'CMS-UB-04 Claim Form', and 'EDI Guide (PDF)'. The 'Draft Claims' (0) and 'Paid Claims' (672) boxes are also highlighted with red rectangles.

**Claims**

Viewing Claims For: TIN [dropdown] Plan Type: Medicaid [dropdown] GO

From: 01/19/2023 To: 02/18/2023 CHANGE DATES

**REJECTED**  
0  
View All

**DENIED**  
125  
View All

**PENDING**  
656  
View All

Shows claims for the last 30 days, from today's date.

**Search for Claims** [ADVANCED SEARCH](#)

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.

**Check Status by Claim Number**

Enter Claim Number [input] CHECK

Enter up to 10, separated by commas

**Search by Member Info**

Enter Last Name or Member ID [input] Date of Birth [input] SEARCH

mm/dd/yyyy MM/DD/YYYY

**Create Claims**

[Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim](#) [Upload EDI / Batch](#)

**DRAFT CLAIMS**  
0  
View All

Last 30 days, from today's date.

**Manage Finances**

**Explanation of Payment (EOP)**  
View all recent payment transactions, including downloadable EOPs, check numbers, date and payment amounts.  
[View all EOP](#)

**Reports & Tools**  
[Batch Claims Report](#)  
[Claim Audit Tool](#)

**PAID CLAIMS**  
672  
View All

Last 30 days, from today's date.

**Resources**

[Updated Instruction Manual \(PDF\)](#) [CMS-1500 Claim Form \(PDF\)](#) [CMS-UB-04 Claim Form](#) [EDI Guide \(PDF\)](#)

Instruction Manual (PDF) Terms and Conditions Privacy Policy Copyright © 2023, Centene Corporation



# Claim Status Pages – Layout

The Claim Status Pages layout are all the same. Please note, the Claims Display and Options may vary, based on the status of the claim.



**Tip:** Claims Display and Options may vary, based on the status of the claim.

**Claim Status Page**

**Claim Status Options**

**Date Range**

**Claims Display & Options**

**Row Count Options**

**Filter**

**Pagination**

Claim Number	Claim Type	Claim Submission Date	Member Name	Member ID	Service Dates	Total Charges	Status
T123	Professional CMS-1500	01/01/2022			01/01/2022-01/02/2022	\$234.09	Denied
T123	Professional CMS-1500	01/01/2022			01/01/2022-01/02/2022	\$456.98	Denied
T123	Professional CMS-1500	01/12/2022			01/01/2022-01/02/2022	\$32.25	Denied
T123	Professional CMS-1500	01/01/2022			01/01/2022-01/02/2022	\$976.55	Denied
T123	Professional CMS-1500	01/10/2022			01/01/2022-01/02/2022	\$90.45	Denied
T123	Institutional CMS UB-04	01/19/2022			01/01/2022-01/02/2022	\$875.65	Denied
T123	Institutional CMS UB-04	01/18/2022			01/01/2022-01/02/2022	\$45.00	Denied
T123	Professional CMS-1500	01/21/2022			01/01/2022-01/02/2022	\$321.33	Denied
T123	Professional CMS-1500	01/21/2022			01/01/2022-01/02/2022	\$55.65	Denied
T123	Professional CMS-1500	01/15/2022			01/01/2022-01/02/2022	\$125.90	Denied



# Claim Status Pages – General Navigation

General navigation on the Rejected, Denied, Pending, Draft Claims, and Paid Claim Status pages is the same.



## Tips:

- You can access up to 24 months of claim history, but the first DOS in a claim must be within 24 months of the current date.
- Date Range is limited to a 30-day span at a time.

The screenshot shows the 'Pending Claims' page with various navigation elements and a table of claims. Red dashed lines and text boxes provide instructions on how to use these elements.

**Annotations:**

- Click drop-down arrow to select/change status (points to the 'Claim Status' dropdown).
- Click **GO** to navigate to selection (points to the 'GO' button next to the 'Claim Status' dropdown).
- Click Calendar icon, or manually type desired date(s) (points to the 'From' and 'To' date fields).
- Click **CHANGE DATES** to view selected date range (points to the 'CHANGE DATES' button).
- Click **Filter** to filter claims (points to the 'Filter' button).
- Click to change row count (points to the 'Rows per page' dropdown).
- Use pagination to navigate list (points to the pagination controls).

**Table Data:**

Claim Number	Claim Type	Claim Submission Date	Member Name	Member ID	Service Dates	Total Charges	Status
T123	Professional CMS-1500	01/01/2022			01/01/2022 - 01/02/2022	\$234.09	Pending
T123	Professional CMS-1500	01/01/2022			01/01/2022 - 01/02/2022	\$456.98	Pending
T123	Professional CMS-1500	01/12/2022			01/01/2022 - 01/02/2022	\$32.25	Pending
T123	Professional CMS-1500	01/01/2022			01/01/2022 - 01/02/2022	\$976.55	Pending
T123	Professional CMS-1500	01/10/2022			01/01/2022 - 01/02/2022	\$90.45	Pending
T123	Institutional CMS UB-04	01/19/2022			01/01/2022 - 01/02/2022	\$875.65	Pending
T123	Institutional CMS UB-04	01/18/2022			01/01/2022 - 01/02/2022	\$45.00	Pending
T123	Professional CMS-1500	01/21/2022			01/01/2022 - 01/02/2022	\$321.33	Pending
T123	Professional CMS-1500	01/21/2022			01/01/2022 - 01/02/2022	\$55.65	Pending
T123	Professional CMS-1500	01/15/2022			01/01/2022 - 01/02/2022	\$125.90	Pending



# Claim Status Pages – Navigating Rejected Claims

Rejected Claims is only applicable to individual web claims (i.e., new, corrected, reconsider, etc.) submitted via the portal, which received a front-end EDI rejection.

Click arrow to view / hide reject reason

Viewing Dashboard For: TIM Plan Type: Medicaid GO

### Rejected Claims

Claim Status: Rejected Claims GO

From: 10/23/2022 To: 11/22/2022 CHANGE DATES Filter

Web# / Ref#	Claim Submission Date	Claim Type	Member Name	Member ID	Total Charges	Status	
800307863	11/16/2022	Professional CMS-1500			\$132.66	Rejected	Fix
800307845	11/16/2022	Institutional CMS UB-04			\$132.66	Rejected	Fix
800306987	11/02/2022	Professional CMS-1500			\$100.50	Rejected	Fix
800306958	11/02/2022	Professional CMS-1500			\$132.66	Rejected	Fix
Claim Number: [REDACTED] Rejected Reason: 09 - Mbr not valid at DOS							
800306942	11/02/2022	Professional CMS-1500			\$120.00	Rejected	Fix
800306946	11/02/2022	Professional CMS-1500			\$100.50	Rejected	Fix
800306905	11/02/2022	Professional CMS-1500			\$100.50	Rejected	Fix
800306913	11/02/2022	Institutional CMS UB-04			\$132.66	Rejected	Fix
800306875	11/02/2022	Institutional CMS UB-04			\$132.66	Rejected	Fix
800306811	11/01/2022	Professional CMS-1500			\$132.66	Rejected	Fix

Rows per page: 10 1-10 of 17

Click Fix to resolve the reason for the rejection and resubmit claim



## Tips:

- Front-end EDI rejections will not be processed any further, therefore, rejected claims will not be adjudicated.
- You can access up to 24 months of web claim rejection history, but the Submission Date must be within 24 months of the current date.
- Date Range is limited to a 30-day span at a time.



# Claim Status Pages – Navigating Denied, Pending, and Paid Claims

Regardless of submission method, claims on file under the TIN in a denied, pending, or paid status, will display on the respective Claims Status Page.

Click a Claim Number to view claim details

Viewing Claims For: TIN: 12345678 PLAN TYPE: Medicaid GO

### Denied Claims

Claim Status: Denied Claims GO

From: 01/01/2022 To: 01/31/2022 CHANGE DATES Filter

Claim Number	Claim Type	Claim Submission Date	Member Name	Member ID	Service Dates	Total Charges	Status
T123	Professional CMS-1500	01/01/2022			01/01/2022-01/02/2022	\$234.09	Denied
T123	Professional CMS-1500	01/01/2022			01/01/2022-01/02/2022	\$456.98	Denied
T123	Professional CMS-1500	01/12/2022			01/01/2022-01/02/2022	\$32.25	Denied
T123	Professional CMS-1500	01/01/2022			01/01/2022-01/02/2022	\$976.55	Denied
T123	Professional CMS-1500	01/10/2022			01/01/2022-01/02/2022	\$90.45	Denied
T123	Institutional CMS UB-04	01/19/2022			01/01/2022-01/02/2022	\$875.65	Denied
T123	Institutional CMS UB-04	01/18/2022			01/01/2022-01/02/2022	\$45.00	Denied
T123	Professional CMS-1500	01/21/2022			01/01/2022-01/02/2022	\$321.33	Denied
T123	Professional CMS-1500	01/21/2022			01/01/2022-01/02/2022	\$55.65	Denied
T123	Professional CMS-1500	01/15/2022			01/01/2022-01/02/2022	\$125.90	Denied

Rows per page: 10 1-10 of 90 < > >>



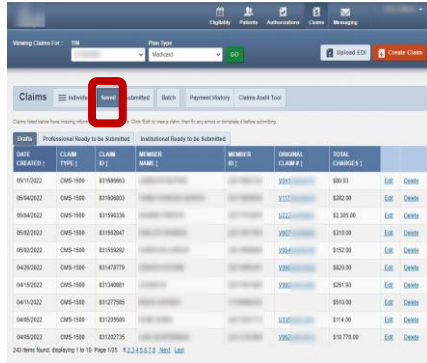
## Tips:

- You can access up to 24 months of claim history, but the first DOS in a claim must be within 24 months of the current date.
- Date Range is limited to a 30-day span at a time.



# Claims Status – Draft Claims

## Current State



Claims Status Interface (Current State)

Navigation: Eligibility, Patients, Authorizations, Claims, Messaging

Viewing Claims For: TIN, Plan Type: Medicaid, Download, Upload EDI, Create Claim

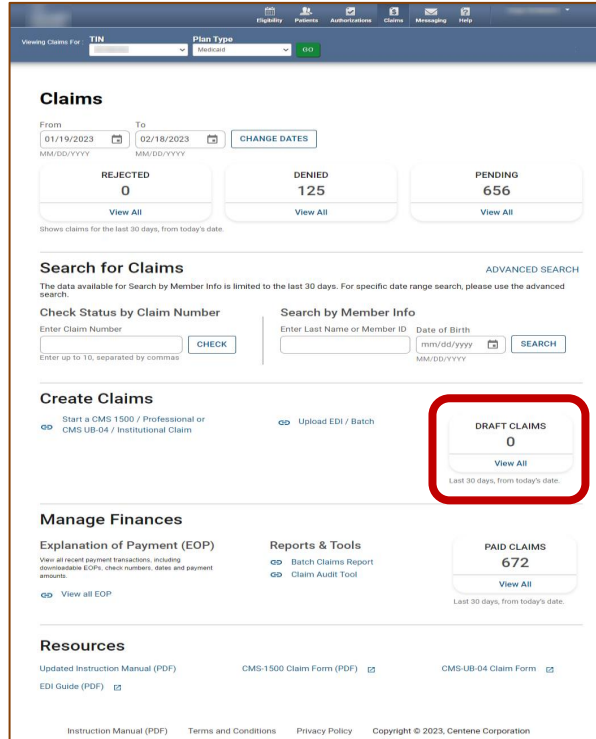
Claims: Drafts, Submitted, Batch, Payment History, Claims Audit Tool

Claims listed below are ready to be submitted. Click on a claim to view details or to create a claim. Click on a claim to view details or to create a claim. Click on a claim to view details or to create a claim.

DATE	CLAIM TYPE	CLAIM #	MEMBER NAME	MEMBER ID	ORIGINAL CLAIM #	TOTAL CHARGE	STATUS
05/11/2022	CMS-1500	83189803	[REDACTED]	[REDACTED]	83189803	\$80.00	DR
05/04/2022	CMS-1500	83189803	[REDACTED]	[REDACTED]	83189803	\$320.00	DR
05/04/2022	CMS-1500	83189803	[REDACTED]	[REDACTED]	83189803	\$2,300.00	DR
05/02/2022	CMS-1500	83189804	[REDACTED]	[REDACTED]	83189804	\$310.00	DR
05/02/2022	CMS-1500	83189802	[REDACTED]	[REDACTED]	83189802	\$150.00	DR
04/26/2022	CMS-1500	83147179	[REDACTED]	[REDACTED]	83147179	\$800.00	DR
04/15/2022	CMS-1500	83149001	[REDACTED]	[REDACTED]	83149001	\$201.00	DR
04/11/2022	CMS-1500	83127595	[REDACTED]	[REDACTED]	83127595	\$910.00	DR
04/09/2022	CMS-1500	83129580	[REDACTED]	[REDACTED]	83129580	\$174.00	DR
04/05/2022	CMS-1500	83128735	[REDACTED]	[REDACTED]	83128735	\$10,770.00	DR

240 items found displaying 10 of 10 Page 1/21 12345678910

## New Experience



Claims Status Interface (New Experience)

Navigation: Eligibility, Patients, Authorizations, Claims, Messaging, Help

Viewing Claims For: TIN, Plan Type: Medicaid, Download, Upload EDI, Create Claim

### Claims

From: 01/19/2023 To: 02/18/2023 CHANGE DATES

MM/DD/YYYY MM/DD/YYYY

REJECTED  
0  
View All

DENIED  
125  
View All

PENDING  
656  
View All

Shows claims for the last 30 days, from today's date.

### Search for Claims

ADVANCED SEARCH

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.

#### Check Status by Claim Number

Enter Claim Number

Enter up to 10, separated by commas

#### Search by Member Info

Enter Last Name or Member ID

Date of Birth

MM/DD/YYYY

### Create Claims

Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim

Upload EDI / Batch

**DRAFT CLAIMS**  
0  
View All  
Last 30 days, from today's date.

### Manage Finances

#### Explanation of Payment (EOP)

View all recent payment transactions, including downloadable EOPs, claim numbers, dates and payment amounts.

#### Reports & Tools

**PAID CLAIMS**  
672  
View All  
Last 30 days, from today's date.

### Resources

Updated Instruction Manual (PDF) CMS-1500 Claim Form (PDF) CMS-UB-04 Claim Form

EDI Guide (PDF)

Instruction Manual (PDF) Terms and Conditions Privacy Policy Copyright © 2023, Centene Corporation

## What's Changed

- Saved tab changed to Draft Claims Tile.
- Removed Professional Ready to be Submitted and Institutional Ready to be Submitted tabs.
- Claim drafts created in the last 30 days from current date, display regardless where the claim was exited without submitting it.



# Claim Status Pages – Navigating Draft Claims

A claim draft is automatically created and saved, for any individual web claim started, but not submitted. This includes correct and reconsider claim drafts, and where available, void/recoup and/or appeal drafts.



**Tip:** A Claim Number in the **Original Claim Number** column, identifies correct, reconsider, void/recoup, or appeal claim drafts.

Click Pencil icon to resume, complete, and submit web claim

Click Trashcan icon to delete the web claim draft



---

# Claim Details

---



# Accessing Claim Details – Denied, Pending, and Paid Claims

Regardless of claims submission method, claims on file under the TIN in a denied, pending, or paid status, will display on the respective Claims Status Page.

When you click a Claim Number, the Claim Details page displays.

Click a Claim Number to view claim details

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

Pending Claims

Claim Status: Pending Claims [GO]

From: 06/01/2022 To: 06/30/2022 [CHANGE DATES]

MM/DD/YYYY MM/DD/YYYY

Claim Number	Claim Type	Claim Submission Date	Member Name	Member ID	Service Dates	Total Charges	Status
V206	Institutional CMS UB-04	07/25/2022	[REDACTED]	[REDACTED]	06/24/2022 - 06/24/2022	\$480.00	Pending
V201	Institutional CMS UB-04	07/20/2022	[REDACTED]	[REDACTED]	06/19/2022 - 06/28/2022	\$96,611.48	Pending
V235	Institutional CMS UB-04	08/23/2022	[REDACTED]	[REDACTED]	06/13/2022 - 06/13/2022	\$828.00	Pending
V257	Professional CMS-1500	09/14/2022	[REDACTED]	[REDACTED]	06/10/2022 - 06/10/2022	\$37.00	Pending
V263	Professional CMS-1500	09/20/2022	[REDACTED]	[REDACTED]	06/10/2022 - 06/10/2022	\$37.00	Pending
V265	Professional CMS-1500	09/22/2022	[REDACTED]	[REDACTED]	06/10/2022 - 06/10/2022	\$253.00	Pending
V265	Professional CMS-1500	09/22/2022	[REDACTED]	[REDACTED]	06/10/2022 - 06/10/2022	\$253.00	Pending
V257	Professional CMS-1500	09/14/2022	[REDACTED]	[REDACTED]	06/10/2022 - 06/10/2022	\$253.00	Pending
V263	Professional CMS-1500	09/20/2022	[REDACTED]	[REDACTED]	06/10/2022 - 06/10/2022	\$37.00	Pending
V265	Professional CMS-1500	09/22/2022	[REDACTED]	[REDACTED]	06/10/2022 - 06/10/2022	\$37.00	Pending

Rows per page: 10 1-10 of 32 < >



## Tips:

- You can access up to 24 months of claim history, but the first DOS in a claim must be within 24 months of the current date.
- Date Range is limited to a 30-day span at a time.



# Claims Details

## Current State

**Claim #140 - Paid**

Claim Accepted → In Process → Paid

Member	Provider	Claims	Most Recent Payment
Member Name: [REDACTED] Member ID: [REDACTED] Member DOB: [REDACTED]	Provider Name: [REDACTED] Provider ID: [REDACTED] Provider NPI: [REDACTED]	Claim Range: 05/15/2021 - 05/15/2021 Received Date: 05/05/2021 Check Date: 05/05/2021 Check Amount: \$1,000.00	Payment Date: 05/05/2021 Paid Claim Amount: \$1,000

Line	DSB	Proc	Diag	Mod	Place of Service	Charged	Paid	Payment Date	Status	Payment Codes
1	05/15/2021	S0014	23			\$2.50	\$0.00	05/05/2021	PAID	A1
2	05/15/2021	S0014	23			\$0.00	\$0.00	05/05/2021	PAID	V,AT
3	05/15/2021	S0014	23			\$1,071.25	\$0.00	05/05/2021	PAID	1E

**Payment Description**

Payment Code	Description
A1	PACKAGED SERVICE IS APPLIED
1E	FULL PAYMENT APPLIED
V1	PAY REIMBURSEMENT INCLUDED IN GLOBAL FEE

## New Experience

**Claim: U145 - Status: DENIED**

Submitted → Denied

Member	Type and Dates
Member Name: [REDACTED] Date of Birth: [REDACTED] Member ID: [REDACTED] Medicaid ID: [REDACTED] Plan Type: Medicaid	CMS-1500 Type: Service Dates Submit Date: 05/16/2021 CMS-1500 Service Dates: 05/09/2021 - 05/09/2021 Submit Date: 05/17/2021

Payment	Check # / EFT	Check Date	Total Check Amount
Billed: \$53.00 Paid: \$0.00 Payment Date: 06/09/2021	Check # / EFT: 090000000000 Check Date: 06/09/2021 Total Check Amount: \$0.00		

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

**Claim Info**

Original Claim	U145
Status: Denied	
Type: CMS-1500	
Service Dates: 05/16/2021 - 05/16/2021	
Submit Date: 05/16/2021	

**Provider**

Ref/Account #	Billing Provider	Billing NPI	TIN
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**Service Lines**

Line	Date of Service	Proc	Diag	Mod	Place of Service	Charged	Paid	Check #	Payment Codes	Status
1	05/09/2021	S0125	R09		LC12	\$53.00	\$0.00	090000000000	A1	Denied

ADJ: Adjustment Rows per page: 10 3 of 1

**Payment Codes Description**

Payment Code	Description
A1	DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED

**Reference Numbers**

Reference Type	Reference Number
Referral	[REDACTED]
Prior Authorization	[REDACTED]
Original Claim Number	U145

## What's Changed

- Claim Status Tracker will display current claim status and include Reconsideration and Appeal information, when applicable.
- Member Name is a hyperlink for quick access to the Patient Record.
- Claim Type displays under Type and Dates.
- On finalized claims, in the Payment section, Billed [Claim Amount], Check # / EFT, and Total Check Amount displays.
- Copy Claim button replaced with link and renamed +Copy.
- Void/Recoup Claim button replaced with link and renamed +Void/Recoup.
- Dispute button added with additional claim action capabilities.
- Claim Info will display Claim # and additional information on associated submitted reconsideration and/or appeal requests.
- In the newly added Reference Numbers section, on claims with submitted reconsideration and/or appeal requests, the associated reference number(s) display.



# Claim Details Overview

The Claim Details page provides a wholistic view of a claim.

Please note, the following only displays on finalized claims (i.e., Paid, Denied, etc.):

- Payment Information
- Dispute Button
- Payment Codes & Description

Claim # and Status

Member & Date(s)

Payment Info

Claim Action Option(s)

Reference Numbers

The screenshot shows a web application interface for claim details. Red boxes highlight the following sections:

- Claim # and Status:** Claim: U145, Status: DENIED.
- Claim Status Tracker:** A progress bar showing 'Submitted' (green checkmark) and 'Denied' (red X).
- Member & Date(s):** Member details (Name, Date of Birth, Member ID, Medicaid ID, Plan Type) and Type and Dates (Type: CMS-1500, Service Dates: 05/09/2021 - 05/09/2021, Submit Date: 05/17/2021).
- Payment Info:** Payment details (Billed: \$53.00, Paid: \$0.00, Payment Date: 06/09/2021) and Check # / EFT (0900000000000, Check Date: 06/08/2021, Total Check Amount: \$0.00).
- Claim Action Option(s):** Buttons for '+ COPY', 'VOID/RECoup', and 'DISPUTE'.
- Claim & Provider Information:** Claim Info (Original Claim: U145, Status: Denied, Type: CMS-1500, Service Dates: 05/10/2021 - 05/10/2021, Submit Date: 05/18/2021) and Provider details (Ref/Account #, Billing Provider, Billing NPI, TIN).
- Claim Service Lines:** A table with columns: Line, Date of Service, PLOC, Diag, Mod, Place of Service, Charged, Paid, Check #, Payment Codes, Status. Row 1: 1, 05/09/2021, S5125, Rep, LC12, \$53.00, \$0.00, 0900000000000, A1, Denied.
- Payment Codes & Descriptions:** A1, DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED.
- Reference Numbers:** Reference Type: Referral, Reference Number: U145.



## Claim Details

[illegible]

**Tip:** Payment information only displays on finalized claims.



# Claim Details, *continued*

Claim: V005  
Status: DENIED

Member  
Member Name: [REDACTED]  
Date of Birth: [REDACTED]  
Member ID: [REDACTED]  
Medicaid ID: [REDACTED]  
Plan Type: [REDACTED]

Type and Dates  
Type: [REDACTED]  
Service Dates: 12/30/2021 - 12/30/2021  
Received Date: 01/05/2022

Payment  
Amount: \$710.00  
Paid: \$0.00  
Payment Date: 01/05/2022

Class: 0197  
Class Date: 01/05/2022  
Plan: [REDACTED]

Claim Info

Reconsider  
V242 [REDACTED]  
Status: Resolved-completed  
Type: Reconsideration  
Created Date: 08/30/2022

Reconsider  
V242 [REDACTED]  
Status: Open  
Type: Reconsideration  
Created Date: 08/30/2022

Original Claim  
V005 [REDACTED]  
Status: Denied  
Type: UB-04  
Service Dates: 12/30/2021 - 12/30/2021  
Received Date: 01/05/2022

Provider  
Ref/Account # [REDACTED]  
Billing Provider [REDACTED]  
Billing NPI [REDACTED]  
TIN [REDACTED]

Service Lines

Line	Code	Desc	Unit	Rate	Charged	Cost	Class	Contract	Status
1	123456789	123456789	123456789	123456789	123456789	123456789	123456789	123456789	123456789
2	123456789	123456789	123456789	123456789	123456789	123456789	123456789	123456789	123456789

Payment Code Description  
14 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789

Reference Numbers  
System: [REDACTED]  
Reference Number: [REDACTED]  
Original Claim Number: [REDACTED]

Claim Info

Reconsider  
V242 [REDACTED]  
Status: Resolved-completed  
Type: Reconsideration  
Created Date: 09/06/2022

Reconsider  
V242 [REDACTED]  
Status: Open  
Type: Reconsideration  
Created Date: 08/30/2022

Original Claim  
V005 [REDACTED]  
Status: Denied  
Type: UB-04  
Service Dates: 12/30/2021 - 12/30/2021  
Received Date: 01/05/2022

Provider  
Ref/Account # [REDACTED]  
Billing Provider [REDACTED]  
Billing NPI [REDACTED]  
TIN [REDACTED]



# Claim Details, continued

Claim: V005  
Status: DENIED

Member: [REDACTED]  
Type and Dates: [REDACTED]

Payment: [REDACTED]

Claim Info: [REDACTED]

Original Claim: [REDACTED]

Provider: [REDACTED]

**Service Lines**

Line	Date of Service	Proc	Diag	Mod	Place of Service	Charged	Paid	Check #	Payment Codes	Status
1	12/29/2021	80053	E119		LC22	\$92.00	\$0.00	040000000000	L6	Denied
2	12/29/2021	36415	E119		LC22	\$32.00	\$0.00	040000000000	L6	Denied

**Payment Codes Description**

L6 DENY: BILL PRIMARY INSURER 1ST. RESUBMIT W EOB OR INSURANCE EXPLAIN CODE

**Reference Numbers**

Reference Type: Referral  
Prior Authorization  
Original Claim Number: V005 [REDACTED]

## Service Lines

Line	Date of Service	Proc	Diag	Mod	Place of Service	Charged	Paid	Check #	Payment Codes	Status
1	12/29/2021	80053	E119		LC22	\$92.00	\$0.00	040000000000	L6	Denied
2	12/29/2021	36415	E119		LC22	\$32.00	\$0.00	040000000000	L6	Denied

ADJ: Adjustment

Rows per page 10 1-2 of 2 |< < > >|

## Payment Codes Description

L6 DENY: BILL PRIMARY INSURER 1ST. RESUBMIT W EOB OR INSURANCE EXPLAIN CODE

## Reference Numbers

Reference Type: Referral  
Prior Authorization  
Original Claim Number: V005 [REDACTED]



**Tip:** Payment Codes and Payment Codes Description only display on finalized claims.



# Claim Details: Service Lines With Adjustments

When an adjustment occurs on a claim or Service Line(s), the adjustment will appear as a child line item detailing the changes. The child line items are identified by ADJ, which means adjustment. Please note:

- On the lines without “ADJ” the Paid, Payment Codes, and Status columns reflect the finalized adjustment. However, the Check # is the original Check #.
- ADJ lines are read from the top, down.
- ADJ 1.1, 2.1 (i.e., X.1), contains the finalized adjustment Check #. This will be the Check # displayed in the Payment section of the Claim Details page.

Service Lines										
Line	Date of Service	Proc	Diag	Mod	Place of Service	Charged	Paid	Check #	Payment Codes	Status
1	12/29/2022	E2365	Q897	NU,R B	LC12	\$327.90	\$		56,92	Paid
ADJ 1.0	12/29/2022	E2365	Q897	NU,R B	LC12	\$327.90	\$0.00		0B	Denied
ADJ 1.1	12/29/2022	E2365	Q897	NU,R B	LC12	(\$327.90)	(\$)		JU,92	Paid
ADJ 1.2	12/29/2022	E2365	Q897	NU,R B	LC12	\$327.90	\$		56,92	Paid
2	12/29/2022	E2365	Q897	NU,R B	LC12	\$327.90	\$0.00		yo	Denied
ADJ 2.0	12/29/2022	E2365	Q897	NU,R B	LC12	\$327.90	\$0.00		0B	Denied
ADJ 2.1	12/29/2022	E2365	Q897	NU,R B	LC12	(\$327.90)	\$0.00		JU	Paid
ADJ 2.2	12/29/2022	E2365	Q897	NU,R B	LC12	\$327.90	\$0.00		yo	Denied
3	12/29/2022	E2386	Q897	NU,R	LC12	\$126.85	\$0.00		35	Denied



# Claim Details – Claim Action Buttons: + Copy

Click **+ Copy**, to create an exact duplicate of the claim. All the information within the claim can be edited, allowing you to simply change the needed information (i.e., Date(s) of Service, Diagnosis Code(s), Procedure Code(s), etc.) to submit a new claim.

Once it is submitted, it is considered a new claim submission and will be processed as a first-time claim.

The screenshot displays a web application interface for claim management. At the top, it shows 'Claim: V0051' and 'Status: DENIED'. Below this is a progress bar with three steps: 'Submitted' (green checkmark), 'Paid' (red X), and 'Completed' (green checkmark). The main section contains details for the 'Member' (Name, ID, DOB, Gender, Plan Type), 'Type and Dates' (Type, Effective Date, Renewal Date), 'Payment' (Amount, Date, Check #, Check Date, Total Claim Amount), and 'Original Claim' (Status, Type, Service Dates, Renewal Date). A red rectangular box highlights the '+ COPY' button located below the 'Payment' section. To the right of the main interface, a callout box provides a magnified view of the action buttons: '+ COPY' (highlighted with a red border), '+ VOID/RECOUP', and 'DISPUTE'.



# Claim Details – Claim Action Buttons: + Copy Workflow

Manage Practice Eligibility Patients Authorizations Claims Messaging

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

Most Recent Payment details do not show final claim status until a payment date is available. Check back before your timely filing deadline.

**Claim: V005**  
Status: DENIED

Submitted V005 Denied V005 Reconsideration Completed V242

**Member**  
Member Name [redacted]  
Date of Birth [redacted]  
Member ID [redacted]  
Medicaid ID [redacted]  
Plan Type Medicaid

**Type and Dates**  
Type UB-04  
Service Dates 12/29/2021 - 12/29/2021  
Received Date 01/04/2022

**Payment**  
Billed \$124.00  
Paid \$0.00  
Payment Date 04/11/2022  
Check # / EFT 040000000000  
Check Date 04/21/2022  
Total Check Amount \$0.00

+ COPY + VOID/RECoup DISPUTE

**Claim Info**  
Reconsider V242  
Status Resolved-completed  
Type Reconsideration  
Created Date 09/06/2022

Click +Copy  
to create  
copied claim

Manage Practice Eligibility Patients Authorizations Claims Messaging

Viewing Claims For: TIN [redacted] Plan Type: Medicaid GO Upload EDI Create Claim

**Professional Claim for [redacted]** Your Progress [Progress Bar]

THIS SECTION:  
**General Info**  
Information about the dates of the claim.

Next →

\* Required fields

Patient's Account Number\* [redacted] 26

Statement Dates\* From 11/14/2022 To 11/14/2022

Date of current illness. Select Type... MM/DD/YYYY 14



## Claim Details – Claim Action Buttons: + Void/Recoup

Where available, click **+ Void/Recoup** to request to void claim, and full recoupment of payment, if applicable.

[illegible]

+ COPY    + VOID/RECOUP    DISPUTE



# Claim Details – Claim Action Buttons: + Void/Recoup Workflow

Click +Void/Recoup to  
submit void/recoup  
claim request

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

Most Recent Payment details do not show final claim status until a payment date is available. Check back before your timely filing deadline.

**Claim: V005**  
Status: DENIED

Submitted (V005) Denied (V005) Reconsideration Completed (V242)

**Member**  
Member Name: [redacted]  
Date of Birth: [redacted]  
Member ID: [redacted]  
Medicaid ID: [redacted]  
Plan Type: Medicaid

**Type and Dates**  
Type: UB-04  
Service Dates: 12/29/2021 - 12/29/2021  
Received Date: 01/04/2022

**Payment**  
Billed: \$124.00  
Paid: \$0.00  
Payment Date: 04/21/2022  
Check # / EFT: 040000000000  
Check Date: 04/21/2022  
Total Check Amount: \$0.00

+ COPY + VOID/RECOUP DISPUTE

**Claim Info**  
Reconsider: V242  
Status: Resolved-completed  
Type: Reconsideration  
Created Date: 09/06/2022

Viewing Claims For: TIN [redacted] Plan Type: Medicaid GO Upload EDI Create Claim

**Professional Claim for** [redacted] Your Progress [Progress Bar]

THIS SECTION:  
**Review**  
Please review your claim and submit.  
You are voiding a claim for V320.

**Almost done!**  
You can go back to review your claim or submit now.

Warning: Using the Void/Recoup function will void the original claim and result in a full recoupment of payment. Please use the correct claim function instead if you are attempting to correct billing on the original claim.

**Claim Id: 834238764**  
Member Record Number: [redacted]  
Member Claim Amount Paid: [redacted]  
Patient's Account Number: [redacted]


**General Info**  
Statement From Date: 11/14/2022  
Statement To Date: 11/14/2022  
Date of current illness, injury, pregnancy (LMP): [redacted]



## Claim Details – Claim Action Buttons: Dispute

The Dispute button only displays on finalized claims (i.e., Paid, Denied, etc.).

When applicable, click **Dispute** to view options.

[illegible]

A screenshot of a web interface showing a button labeled "DISPUTE" in blue text, which is highlighted with a red rectangular box. To the left of the "DISPUTE" button are two other buttons: "+ COPY" and "+ VOID/RECOUP", both in blue text. The buttons are located within a white rectangular area with a thin grey border. The background of the entire image is a light grey gradient.



**Tip:** Dispute Button only displays on finalized claims.



# Claim Details – Claim Action Buttons: Dispute, continued

Claim: V005  
Status: DENIED

Member  
Member ID: [REDACTED]  
Date of Birth: [REDACTED]  
Member ID: [REDACTED]  
Plan Type: [REDACTED]

Payment  
Check # [REDACTED]  
Check # [REDACTED]  
Check # [REDACTED]

+ COPY + VOID/RECoup + DISPUTE

Reconsider  
V005  
Status: [REDACTED]  
Type: [REDACTED]  
Created Date: [REDACTED]

Reconsider  
V005  
Status: [REDACTED]  
Type: [REDACTED]  
Created Date: [REDACTED]

Original Claim  
V005  
Status: [REDACTED]  
Type: [REDACTED]  
Service Dates: [REDACTED]  
Revised Date: [REDACTED]

Provider  
Address: [REDACTED]  
Billing Address: [REDACTED]  
NPI: [REDACTED]

Service Lines

Line	Product	Code	Qty	Unit	Price	Amount	Est	Est/Unit	Actual	Status
1	1000000000	10000	1	UNIT	\$0.00	\$0.00	\$0.00	\$0.00	1000000000	OK
2	1000000000	10000	1	UNIT	\$0.00	\$0.00	\$0.00	\$0.00	1000000000	OK

Payment Codes Description  
OK

Reference Numbers  
Reference Type: [REDACTED]  
Reference Number: [REDACTED]  
Original Claim Number: [REDACTED]

+ COPY + VOID/RECoup + DISPUTE

Dispute Claim: W086

SELECT Option 1: Correct the Claim  
Most providers use this option when there is a mistake on the submitted claim

SELECT Option 2: Informally Dispute the Claim  
A dispute is an informal review performed by the claims department

- A response will be issued within **30 calendar days** of submission.
- You will still have the option to select **Option 3: Appeal the claim** if the decision is upheld.
- You should **Not** use this option if an authorization is not obtained and/or need to review for medical necessity.
- Please refer to the [Provider Manual](#) on filling a necessity medical appeal.

SELECT Option 3: Appeal the claim  
An appeal is a formal review of your claim

- Appeal responses will be issue in writing within **30 calendar days** of submission in accordance with 405 IAC 1-1-6
- Your appeal will be review by a panel of one or more individual who are knowledgeable in the policy, legal, and/or clinical issues in the matter subject of the appeal.
- The panel was not involved in any previous consideration of the matter of the appeal.
- Please refer to the [Provider Manual](#) for more information.



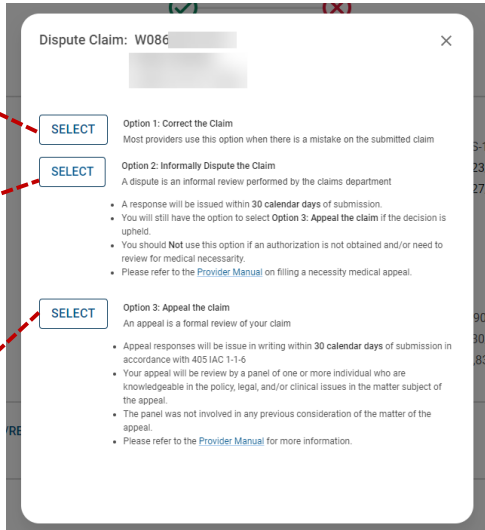
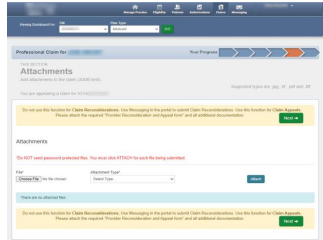
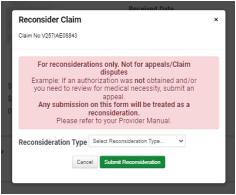
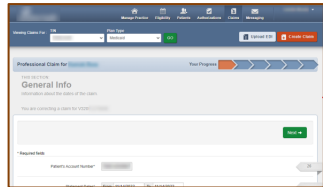
Tip: Follow onscreen instructions.

\*Example only- verbiage and definitions may vary depending on Health Plan specifications



# Claim Details – Claim Action Buttons: Dispute Workflows

When you click **Select**, if there are no errors, the applicable legacy screen displays.



**Dispute Claim: W086**

**SELECT** Option 1: Correct the Claim  
Most providers use this option when there is a mistake on the submitted claim.

**SELECT** Option 2: Informally Dispute the Claim  
A dispute is an informal review performed by the claims department.

- A response will be issued within 30 calendar days of submission.
- You will still have the option to select Option 3: Appeal the claim if the decision is upheld.
- You should **Not** use this option if an authorization is not obtained and/or need to review for medical necessity.
- Please refer to the [Provider Manual](#) on filing a necessity medical appeal.

**SELECT** Option 3: Appeal the claim  
An appeal is a formal review of your claim.

- Appeal responses will be issue in writing within 30 calendar days of submission in accordance with 405 IAC 1-1-6
- Your appeal will be review by a panel of one or more individual who are knowledgeable in the policy, legal, and/or clinical issues in the matter subject of the appeal.
- The panel was not involved in any previous consideration of the matter of the appeal.
- Please refer to the [Provider Manual](#) for more information.

\*Example only- verbiage and definitions may vary depending on Health Plan specifications



**Tip:** Dispute options may vary by Health Plan.



# Claim Details – Dispute Claim: Legacy Submission

## Option 1: Correct the Claim

Viewing Claims For: TN Plan Type: Medicaid GO Upload EDI Create Claim

Professional Claim for: [Name] Your Progress: [Progress Bar]

THIS SECTION: General Info  
Information about the dates of the claim.

You are correcting a claim for V320 [ID]

Next →

\* Required fields

Patient's Account Number\* [Field]

28

## Option 2: Informally Dispute the Claim

Reconsider Claim

Claim No: V257IAE08943

For reconsiderations only. Not for appeals/Claim disputes  
Example: If an authorization was not obtained and/or you need to review for medical necessity, submit an appeal.  
Any submission on this form will be treated as a reconsideration.  
Please refer to your Provider Manual.

Reconsideration Type: Select Reconsideration Type...

Cancel Submit Reconsideration

## Option 3: Appeal the Claim

Viewing Dashboard For: TN Plan Type: Medicaid GO

Professional Claim for: [Name] Your Progress: [Progress Bar]

THIS SECTION: Attachments  
Add attachments to the claim (30MB limit). Supported types are .jpg, .tif, .pdf and .tiff

You are appealing a claim for V514 [ID]

Do not use this function for Claim Reconsiderations. Use Messaging in the portal to submit Claim Reconsiderations. Use this function for Claim Appeals. Please attach the required "Provider Reconsideration and Appeal form" and all additional documentation. Next →

Attachments

\*Do NOT send password protected files. You must click ATTACH for each file being submitted.

File: [Choose File] No file chosen Attachment Type: [Select Type] Attach

There are no attached files.

Do not use this function for Claim Reconsiderations. Use Messaging in the portal to submit Claim Reconsiderations. Use this function for Claim Appeals. Please attach the required "Provider Reconsideration and Appeal form" and all additional documentation. Next →



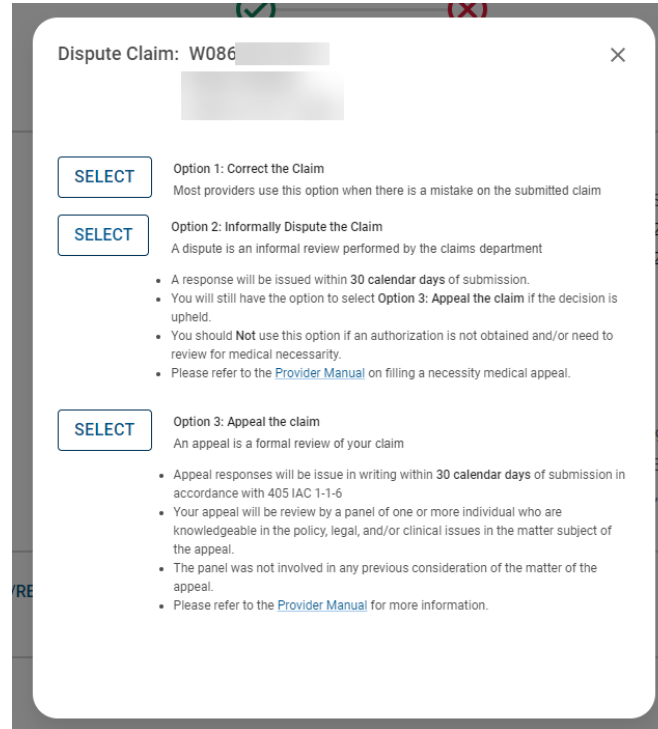
Tip: Dispute options may vary by Health Plan and/or LOB.



# Claim Details – Claim Action Buttons: Dispute Claim Errors

When you click **Select**, and there is a dispute claim draft, the Claim Details page will display an error message, “This Claim has an Adjusted Claim that is not yet submitted.” To resolve:

1. Click **Claims** (at the top of any page). The Claims Dashboard displays.
2. Click **Draft Claims**. The Draft Claims Status Page displays. On the Draft Claims page, a Claim Number in the Original Claim Number column identifies correct, reconsider, claim drafts, and where available, void/recoup and/or appeal claim drafts.
3. Locate the claim, and click:
  - a) **Pencil icon**, to resume claim, complete and submit, or
  - b) **Trashcan icon** to delete claim draft.



Dispute Claim: W086 [redacted]

**SELECT** Option 1: Correct the Claim  
Most providers use this option when there is a mistake on the submitted claim

**SELECT** Option 2: Informally Dispute the Claim  
A dispute is an informal review performed by the claims department

- A response will be issued within **30 calendar days** of submission.
- You will still have the option to select **Option 3: Appeal the claim** if the decision is upheld.
- You should **Not** use this option if an authorization is not obtained and/or need to review for medical necessity.
- Please refer to the [Provider Manual](#) on filing a necessity medical appeal.

**SELECT** Option 3: Appeal the claim  
An appeal is a formal review of your claim

- Appeal responses will be issue in writing within **30 calendar days** of submission in accordance with 405 IAC 1-1-6
- Your appeal will be review by a panel of one or more individual who are knowledgeable in the policy, legal, and/or clinical issues in the matter subject of the appeal.
- The panel was not involved in any previous consideration of the matter of the appeal.
- Please refer to the [Provider Manual](#) for more information.

\*Example only- verbiage and definitions may vary depending on Health Plan specifications



# Claim Details – Claim Action Buttons: Dispute Claim Errors, continued

When a disputed web claim is exited from the **Review** page, without a submission, the claim draft is only accessible on the legacy **Professional Ready to be Submitted** or **Institutional Ready to be Submitted** tab. To access/resolve:

1. Click **Claims** (at the top of any page). The Claims Dashboard displays.
2. Under Manage Finances, click **View all EOPs**. The legacy Payment History [tab] displays.
3. Click **Saved**. The Saved tab displays.
4. Based on the claim draft, click **Professional Ready to be Submitted** or **Institutional Ready to be Submitted**.
5. Locate claim draft with the Claim Number (being disputed) in the Original Claim Number column.
6. Click:
  - a) **Edit**, to resume claim, complete and submit, or
  - b) **Delete** to delete claim draft.

The screenshot shows the Claims Dashboard interface. At the top, there are navigation tabs: Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below these, there are filters for 'Viewing Claims For' (TIN) and 'Plan Type' (Wellcare by Allwell), with a 'GO' button. On the right, there are buttons for 'Upload EDI' and 'Create Claim'.

The main section has a 'Claims' header with a sub-header 'Individual' and a 'Saved' tab highlighted with a red box. Other tabs include 'Submitted', 'Batch', and 'Payment History'.

Below the tabs, a message states: 'Claims listed below have missing information or contain errors. Click 'Edit' to view a claim, then fix any errors or complete it before submitting.'

The table below shows a list of claim drafts. The 'Professional Ready to be Submitted' and 'Institutional Ready to be Submitted' tabs are highlighted with a red box. The table has columns: SELECT ALL, DATE CREATED, CLAIM TYPE, CLAIM ID, MEMBER NAME, MEMBER ID, ORIGINAL CLAIM #, TOTAL CHARGES, and actions (Edit, Delete).

SELECT ALL	DATE CREATED ↑	CLAIM TYPE ↑	CLAIM ID ↑	MEMBER NAME ↑	MEMBER ID ↑	ORIGINAL CLAIM # ↑	TOTAL CHARGES ↑	
<input type="checkbox"/>	02/09/2023	Institutional	835165921			V306	\$904.01	<a href="#">Edit</a> <a href="#">Delete</a>

One item found. Page 1/1 1

At the bottom right, there is a green 'Submit' button with a right arrow.



---

# Create Claim

---



# Create Claim

## Current State

The screenshot shows the 'Current State' Claims Dashboard. At the top, there are tabs for 'Eligibility', 'Patients', 'Authorizations', 'Claims', 'Messaging', and 'Help'. Below these, there's a 'Viewing Claims For' section with a dropdown for 'TIN' and a 'Plan Type' dropdown set to 'Medicaid'. A 'GO' button is next to it. To the right, there's an 'Upload EDI' button and a 'Create Claim' button, which is highlighted with a red box. Below this, there's a 'Claims' section with tabs for 'Individual', 'Batch', 'Recurring', 'Payment History', and 'Claims Audit Trail'. The 'Individual' tab is selected, showing a table of claims with columns for 'SUBMITTED STATUS', 'DATE', 'SUBMITTED REF #', 'CLAIM NUMBER', 'CLAIM TYPE', 'MEMBER NAME', 'MEMBER ID', 'ORIGINAL CLAIM #', and 'TOTAL CHARGES'. The table contains several rows of data.

## New Experience

The screenshot shows the 'New Experience' Claims Dashboard. At the top, there are tabs for 'Eligibility', 'Patients', 'Authorizations', 'Claims', 'Messaging', and 'Help'. Below these, there's a 'Viewing Claims For' section with a dropdown for 'TIN' and a 'Plan Type' dropdown set to 'Medicaid'. A 'GO' button is next to it. The main section is titled 'Claims' and has a date range selector for 'From' (01/19/2023) and 'To' (02/18/2023). Below this, there are three boxes: 'REJECTED 0', 'DENIED 125', and 'PENDING 656', each with a 'View All' link. Below these, there's a 'Search for Claims' section with a date range selector and a 'CHANGE DATES' button. Below this, there's a 'Check Status by Claim Number' section with a 'CHECK' button. Below this, there's a 'Search by Member Info' section with a 'SEARCH' button. Below these, there's a 'Create Claims' section, which is highlighted with a red box. It contains a 'Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim' button, an 'Upload EDI / Batch' button, and a 'DRAFT CLAIMS 0' box with a 'View All' link. Below this, there's a 'Manage Finances' section with a 'View all EOP' button. Below this, there's a 'Resources' section with links to 'Updated Instruction Manual (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'.

## What's Changed

- 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. 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 shows two options: 'CMS 1500 Professional Claim' and 'CMS UB-04 Institutional Claim', both with green arrows indicating selection. A 'DRAFT CLAIMS' box in the top right corner shows '12' claims and a 'View All' link. The bottom of the page features a navigation bar with links for Eligibility, Patients, Authorizations, Claims, and Messaging, along with buttons for 'Upload EDI' and 'Create 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

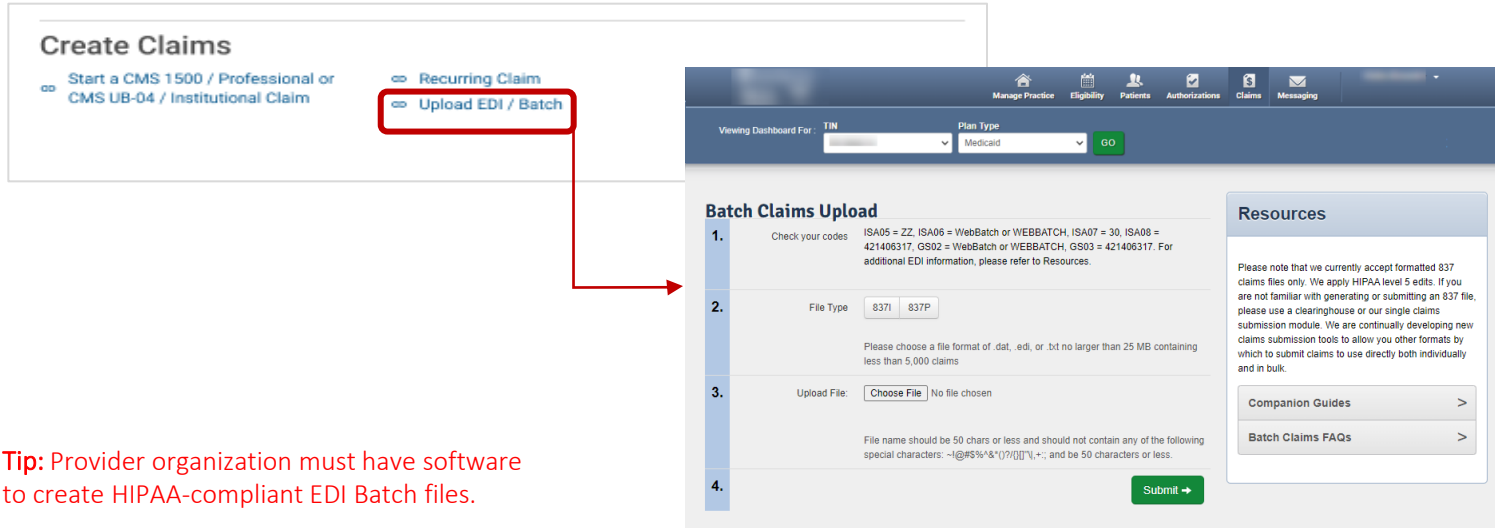
Where available, to begin a Recurring Claim, click **Recurring Claim**. The legacy Recurring, Get Started page displays.

The image shows a software interface for creating claims. On the left, a 'Create Claims' panel lists options: 'Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim' and 'Recurring Claim' (highlighted with a red box). Below it is 'Upload EDI / Batch'. A red arrow points from the 'Recurring Claim' button to the 'Recurring' tab in the 'Claims' section of the main dashboard. The dashboard includes a top navigation bar with 'Manage Practice', 'Eligibility', 'Patients', 'Authorizations', 'Claims', and 'Messaging'. Below this is a 'Viewing Dashboard For' section with 'TIN' and 'Plan Type' dropdowns, and a 'GO' button. The 'Claims' section has tabs for 'Individual', 'Saved', 'Submitted', 'Batch', 'Recurring' (selected), 'Payment History', and 'Claims Audit Tool'. Under the 'Recurring' tab, there is a 'Get Started' link and a note 'Used only by LTC and ADC Providers.' To the right is a 'Your Progress' indicator with three arrows. At the bottom, there is a 'Claim Type' dropdown, a blue arrow pointing left, a document icon, and the text 'Select a Template to Start Your Claim' with a sub-note '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**

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.



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# Submitting Attachments to Pending Claims

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# 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**



Claim Submitted  
T350MOE12346

Denied

Reconsideration Submitted  
V4448NW11129

<b>Member</b>	<b>Type and Dates</b>
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	

<b>Payment</b>		
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**

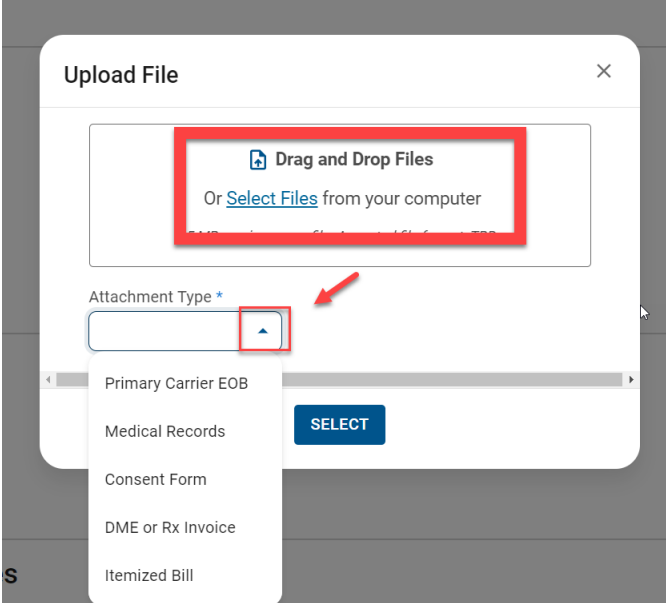
Original Claim	T350MOE12346
Status	Pending
Type	CMS 1500
Service Dates	10/11/2022 - 10/11/2022
Submit Date	11/15/2022

**Associated Documents**  
[UPLOAD DOCUMENT](#)



# Claims Attachment (post claims submission)

Step 3: Add documents via drag and drop or by selecting a file.



The screenshot shows a web interface for uploading a file. At the top is a dialog box titled "Upload File" with a close button (X) in the top right corner. Inside the dialog, there is a large rectangular area with a red border containing the text "Drag and Drop Files" and "Or [Select Files](#) from your computer". Below this area is a label "Attachment Type \*" followed by a dropdown menu. The dropdown menu is open, showing a list of options: "Primary Carrier EOB", "Medical Records", "Consent Form", "DME or Rx Invoice", and "Itemized Bill". A red arrow points to the dropdown menu. To the right of the dropdown menu is a blue button labeled "SELECT".



# Claims Attachment (post claims submission)

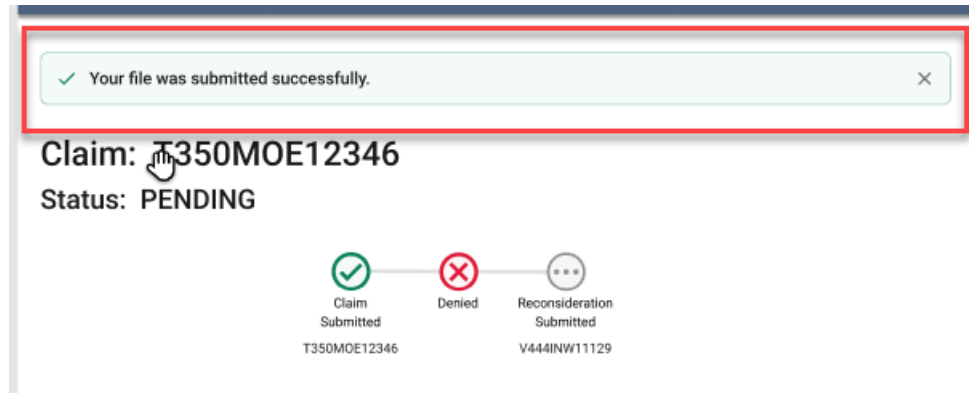
Step 4: Use trash can to delete upload if needed or click submit.

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 section for uploading files with the text "Drag and Drop Files" and "Or [Select Files](#) from your computer". Below this, it states "5 MB maximum per file. Accepted file format: TBD". There is a dropdown menu for "Attachment Type \*" currently set to "Itemized Bill". Below the dropdown, a file named "Test Attachment.pdf" is listed with a green checkmark and a trash can icon. A red box highlights the trash can icon, with a red arrow pointing to it. Another red box highlights the "SUBMIT" button at the bottom of the modal, with a red arrow pointing to it.



# Claims Attachment (post claims submission)

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





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# Claims: Known Challenges

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# Claims – Known Challenges, Being Researched

- Portal user cannot: view claim reconsideration responses, view document(s) submitted with/for claim reconsiderations; or attach additional documentation to a pending claim reconsideration.
- When a portal user disputes a claim and exits from the Review page, the claim draft is not on the Draft Claims Status Page. It can only be accessed via the legacy Claims → Saved → Professional Ready to be Submitted or Institutional Ready to be Submitted [tab].



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# Claims: Best Practice Tips

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# Claims – Web Claim Submission Tips

- 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)
- Taxonomy and \*NPI should be entered on every claim
- Portal users can attach up to five (5) separate documents to their web claim submissions (i.e., new, correct, appeal, etc.)

\*NPI is not required for some Atypical Providers



## Claims – Web Claim Submission Tips, continued

- 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)
- Accepted web claims can be tracked on the Claim Status Pages (i.e., Pending, Denied, Paid, etc.)



# Claims – Tracking / Status Tips

- Claims voided in our adjudication system, will not display in the portal
- When searching for 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 by changing the date range.
  - Date range is limited to a 30-day span (at a time)

\* For TINs who contracted with the Health Plan less than 24 months (from current date), portal users should be able to access claim history back to initial claim submission.



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Questions?

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THANK YOU

