carolina complete health

carolina complete health network

ambetter. of North Carolina Inc.

Secure Provider Portal Enhancements

June, 2023

Coming Soon: Secure Provider Portal Enhancements!

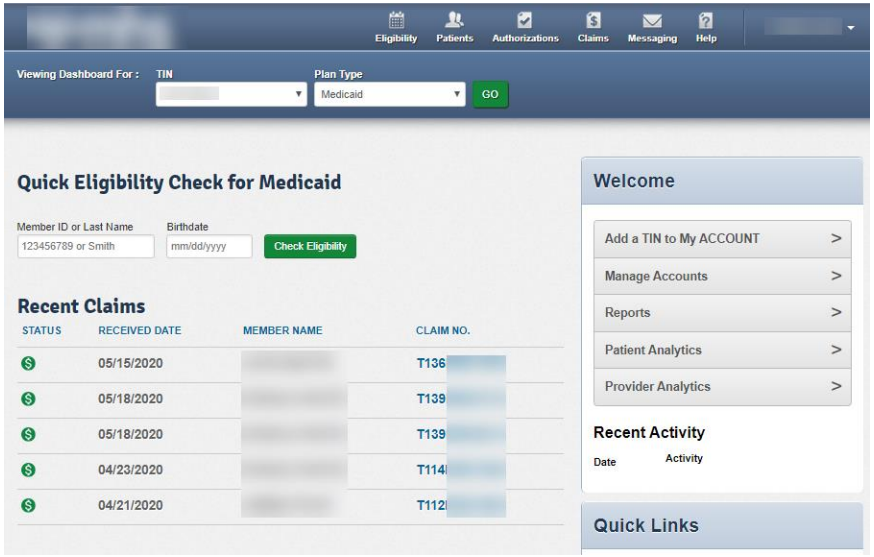
Carolina Complete Health and Ambetter of NC Inc. will implement enhancements to the Secure Provider Portal, beginning June 2023

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!

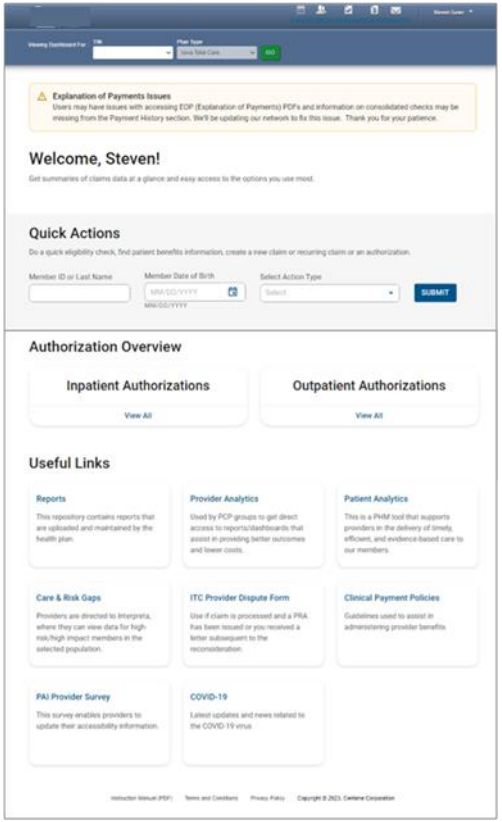
Overall Look and Feel

Legacy Provider Portal



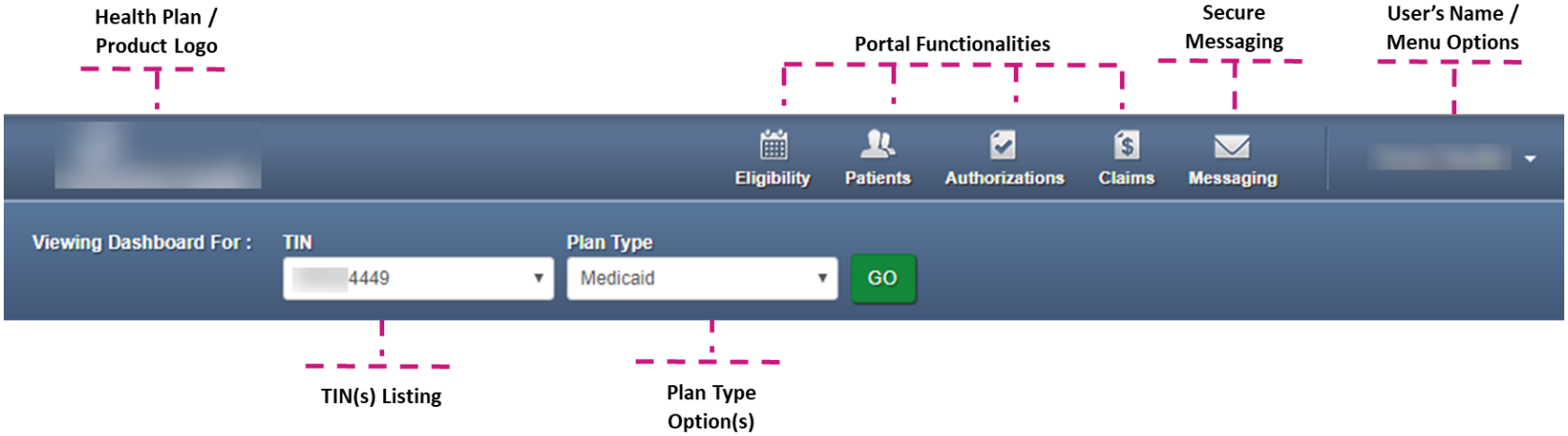
- *No existing functionality will be lost with this release*
- *Focuses on new ways of getting to existing functionality faster, while cleaning up the landing page*

New Release



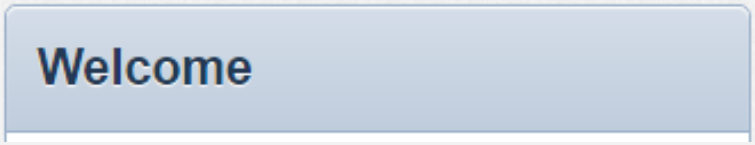
Header Information

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



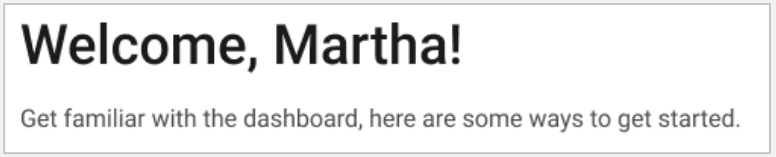
Welcome Greeting

Legacy



The existing “Welcome” was generic and static.

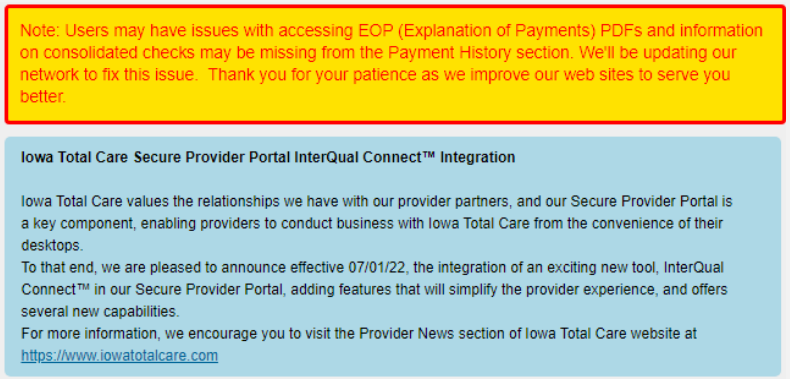
New Release



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

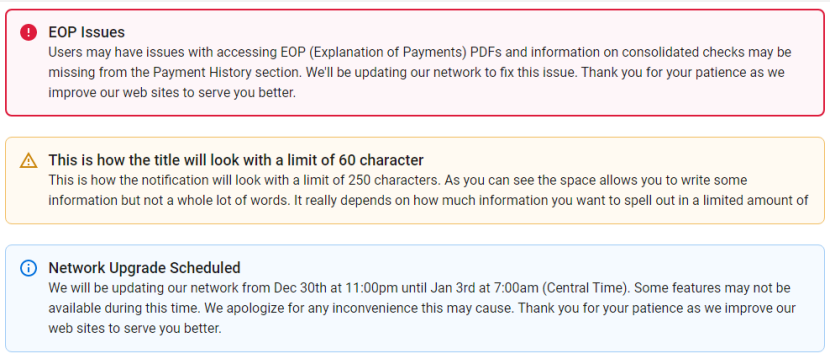
Provider Notifications

Legacy



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

New Release

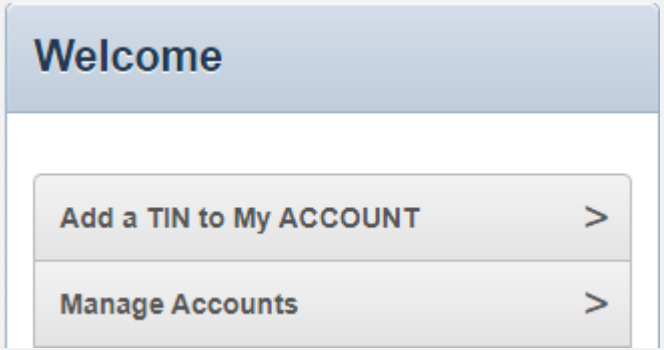


Time based options for notifications to disappear on a pre-set basis along with a 250-character limit to make messages clearer to the user. Includes a well-defined color scheme based on urgency of the message (Critical, Warning, Info).

Admin Settings

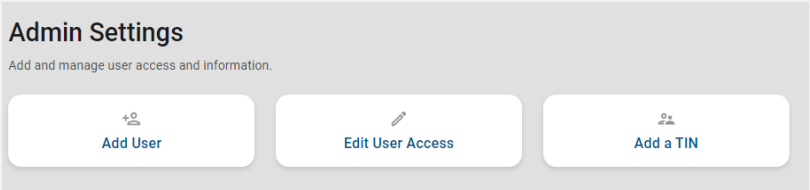
Around 20% of portal users are in the Administrator Role

Legacy



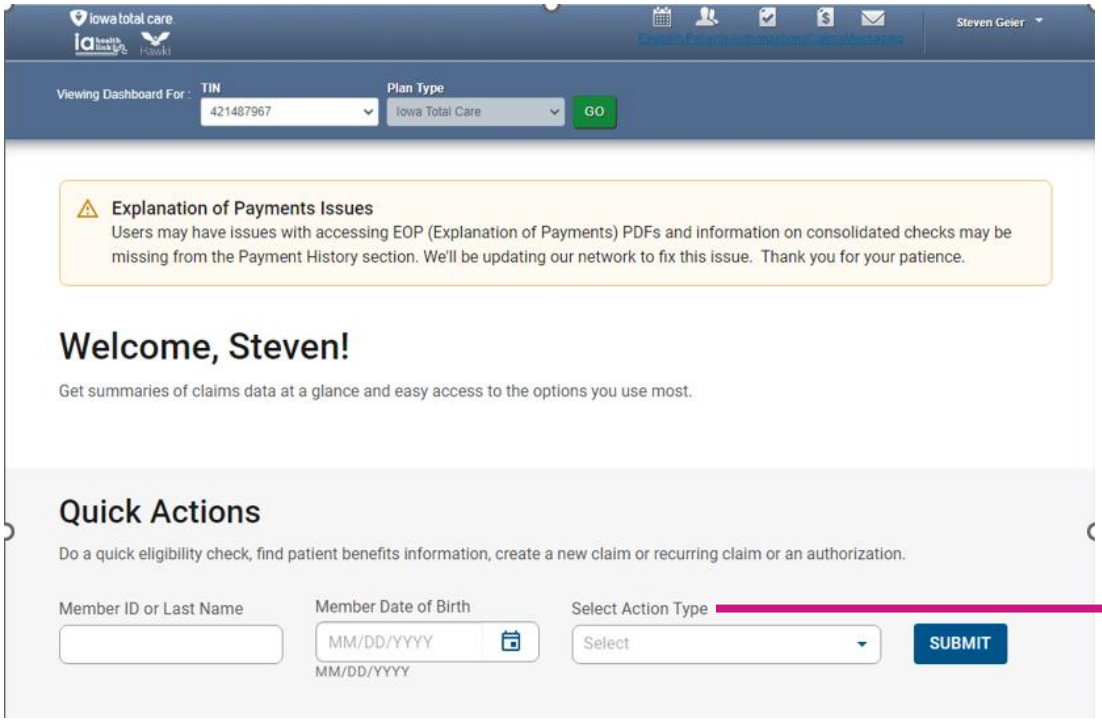
It takes multiple clicks and drop-down menus to reach Admin Functions.

New Release



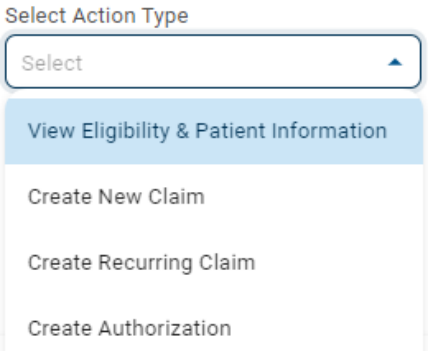
To address accessibility issues with dropdown lists, admin functions are now easily visible and clickable to the user.

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



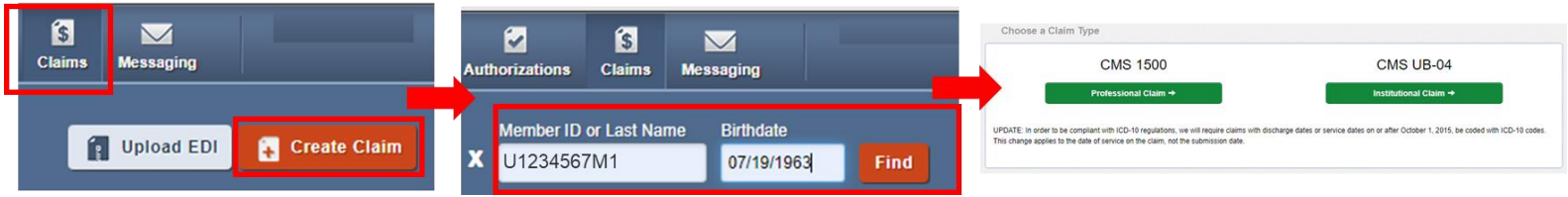
With two data points:
1. Member ID / Last Name
2. Date of Birth

Providers are now able:
1. *Check Eligibility*
2. *Create a New Claim*
3. *Create a Recurring Claim*
4. *Create an Authorization*



Quick Actions: Create Claim

Legacy

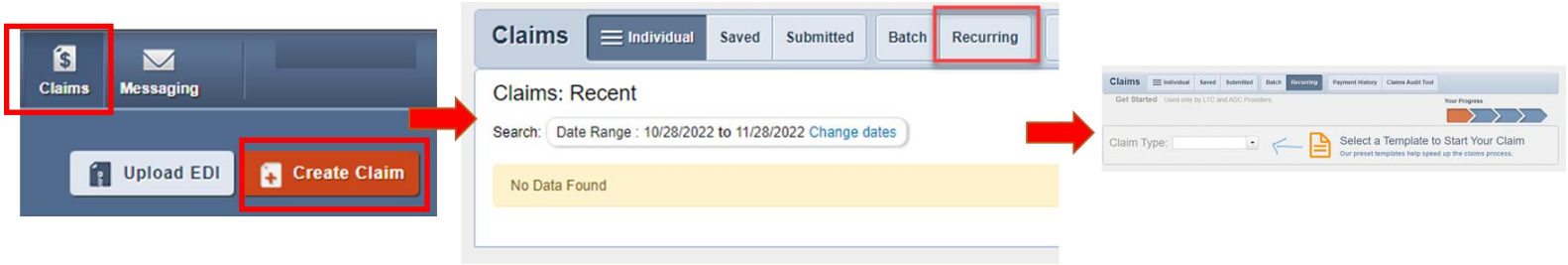


New Release

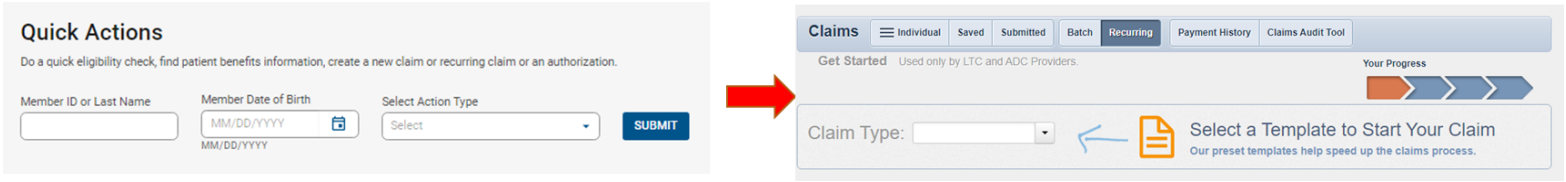
By providing the member information first, the system can direct the member directly to the claim type selection legacy page avoiding several unnecessary clicks and screen loads.

View and Create: Create Reoccurring Claims

Legacy



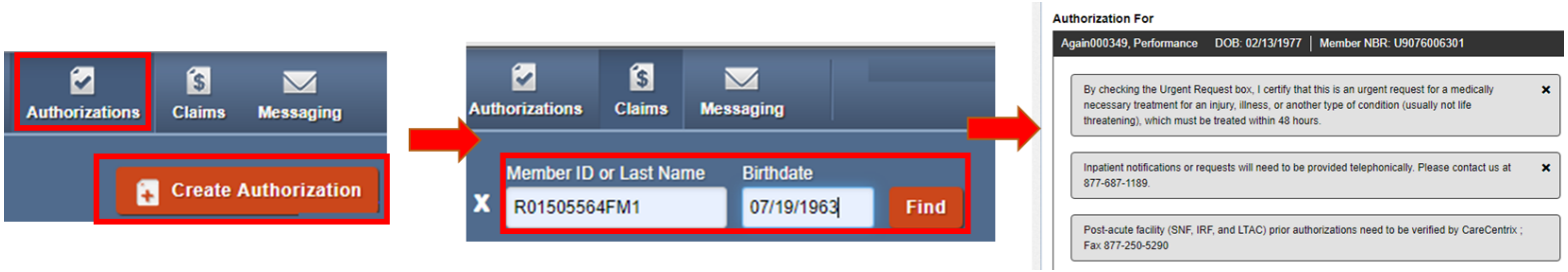
New Release



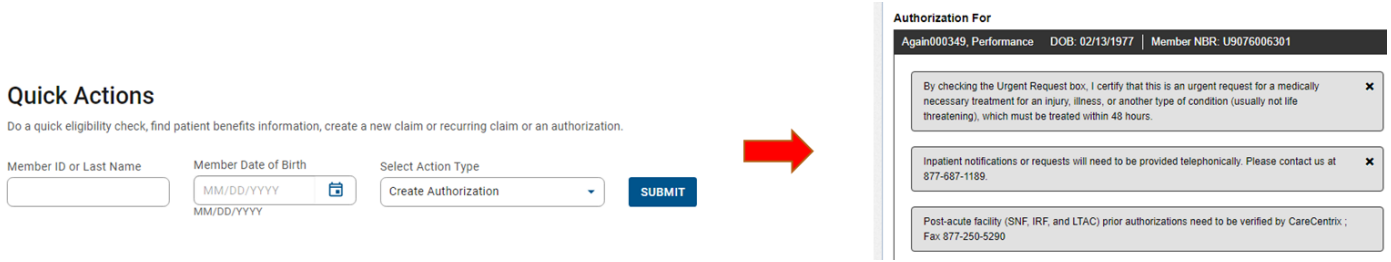
By providing the member information first, the system can direct the member directly to the reoccurring legacy page avoiding several unnecessary clicks and screen loads.

View and Create: Create Authorization

Legacy



New Release



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.

View and Create: View Eligibility

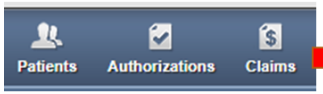
Legacy

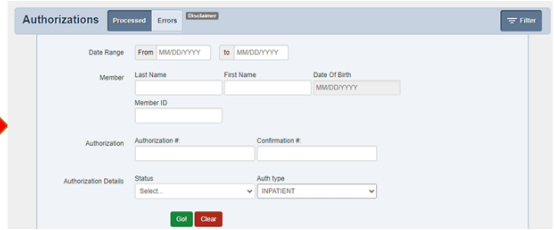
New Release

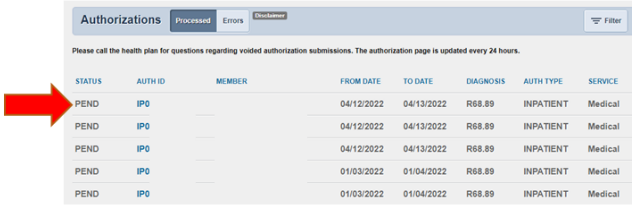
By providing the member information first, the system can direct the member directly to the eligibility legacy page avoiding several unnecessary clicks and screen loads.

Authorizations

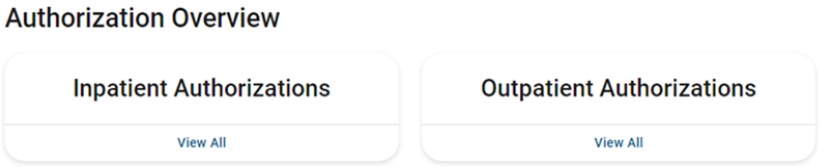
Legacy

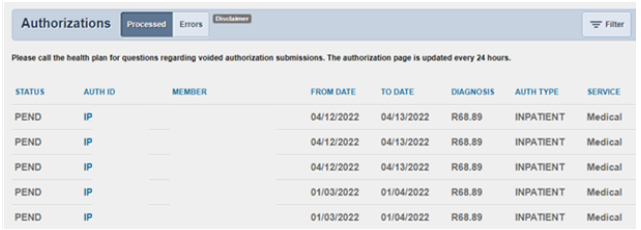






New Release

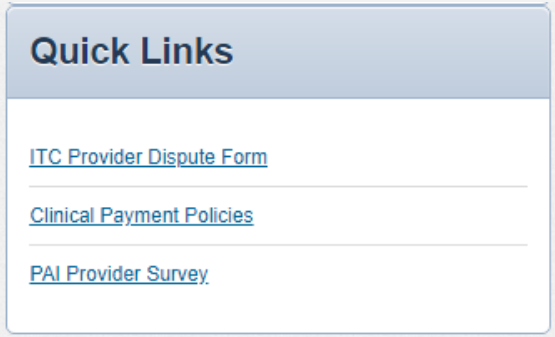




The user is directed to legacy page with pre-defined filter already applied.

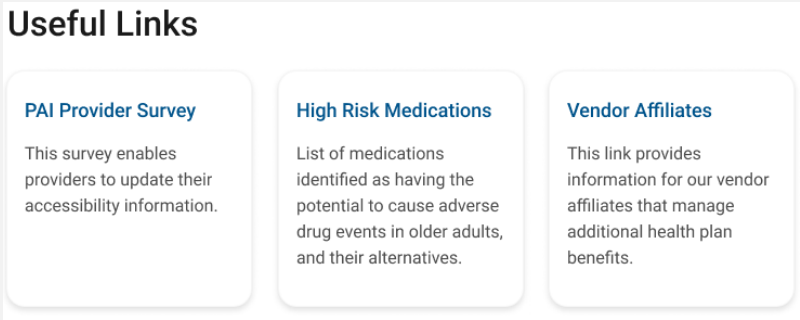
Quick Links

Legacy



Stagnant links are grouped together.

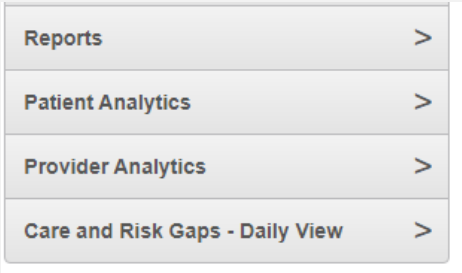
New Release



New descriptions of links provide context to the user.

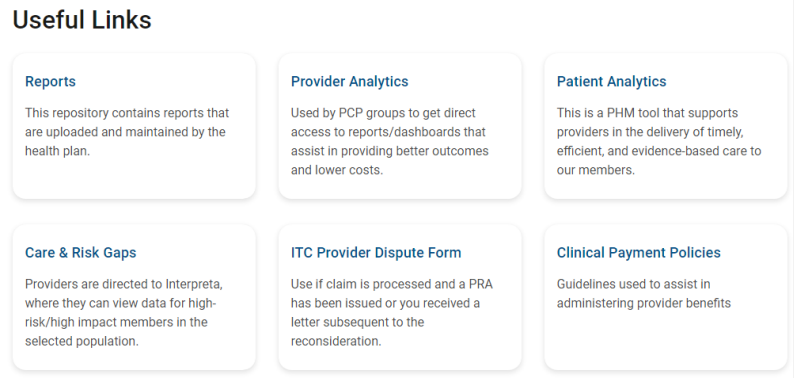
Reports and Analytics

Legacy



Links to some third-party affiliated sites

New Release



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.

Portal Claims Redesign

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

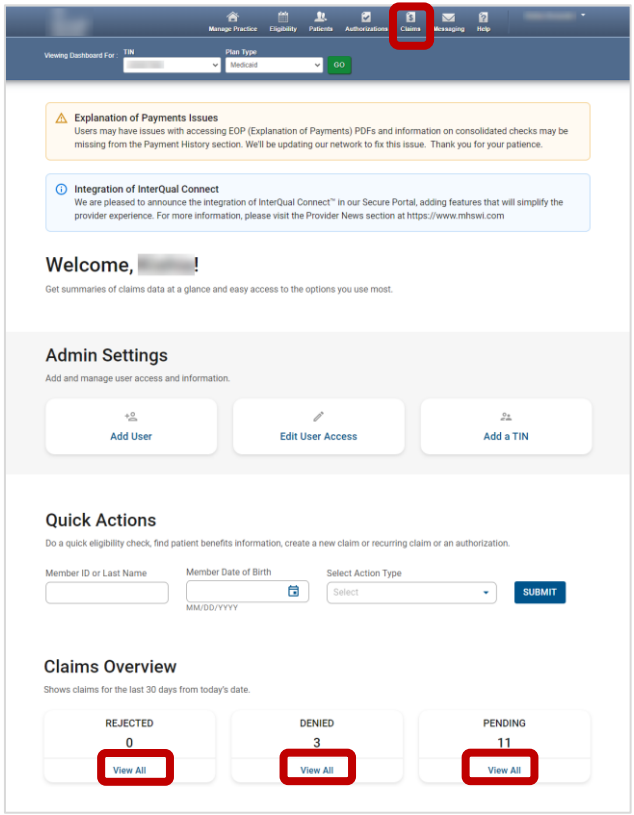
Claims

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**.

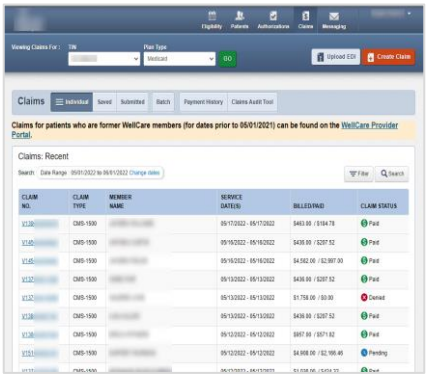


Tip: Navigating to Rejected, Denied, and/or Pending claims, [each] will open in a new tab or window. Once you are finished reviewing the selected information, close the tab or window to prevent system performance issues.

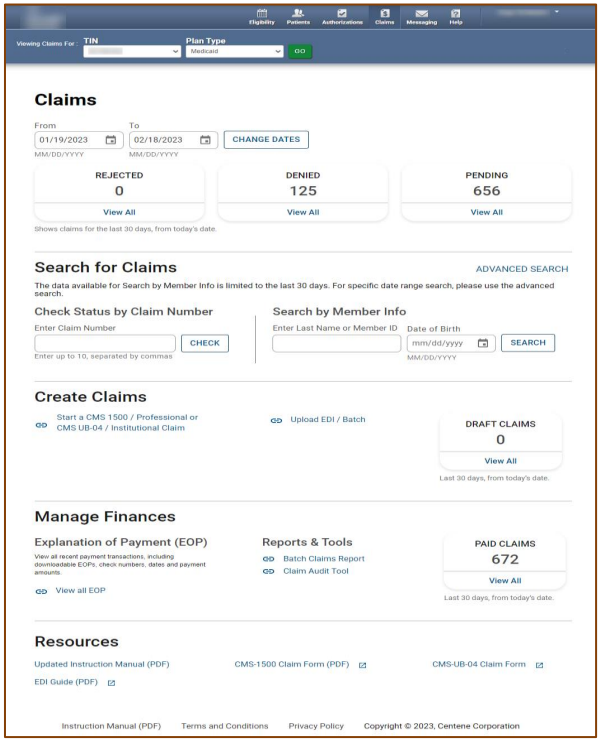
Claims Dashboard

Claims Dashboard

Current State



New Experience

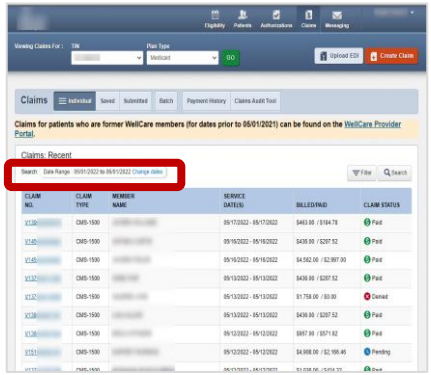


What's Changed

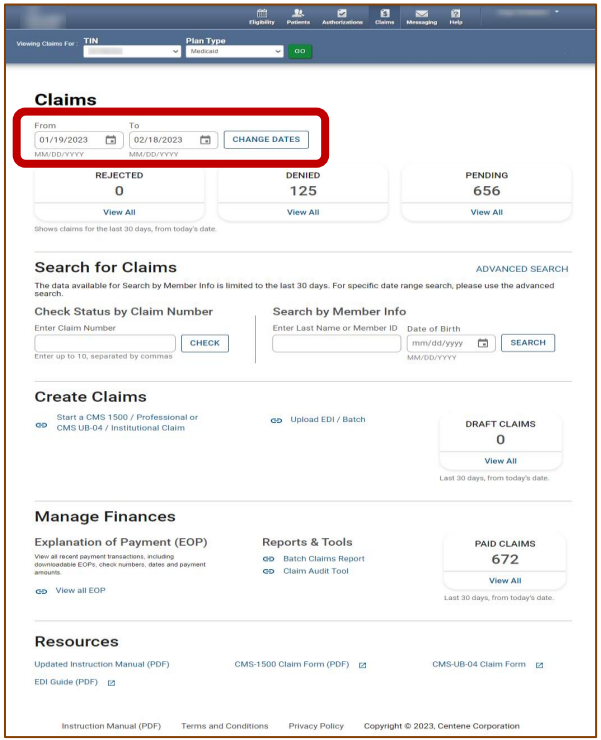
- The new Claims Dashboard provides an easy view and access to claims / claims-related information:
  - Claims Tiles by status
  - Claim Search options
  - Claim Submission Methods
  - Managing Finances (i.e., EOPs, Paid Claims, etc.)
  - Claim Audit Tool, *where available*
  - Resources

Claims Dashboard – Change Dates

Current State



New Experience

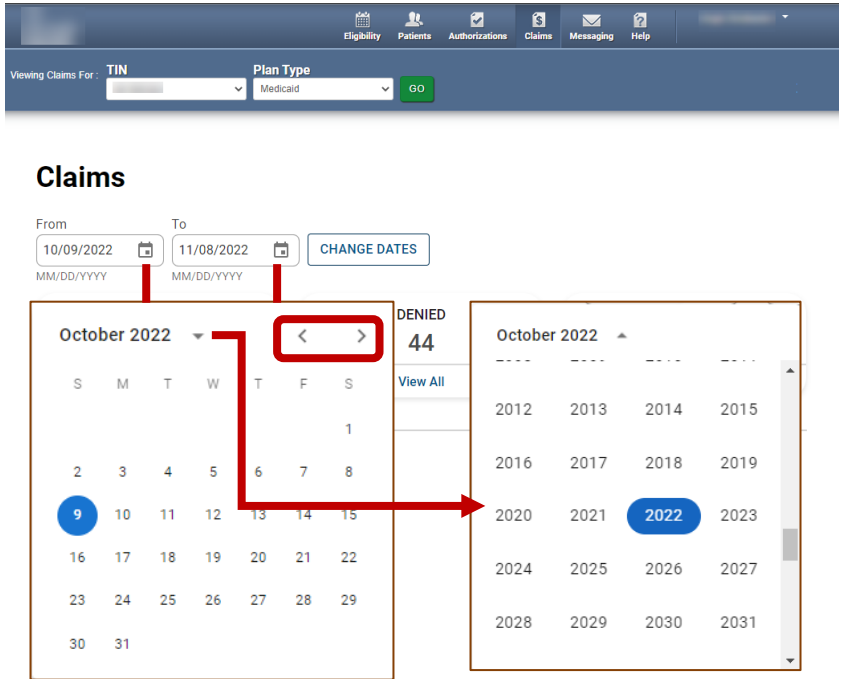


What's Changed

- 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.

Tips:

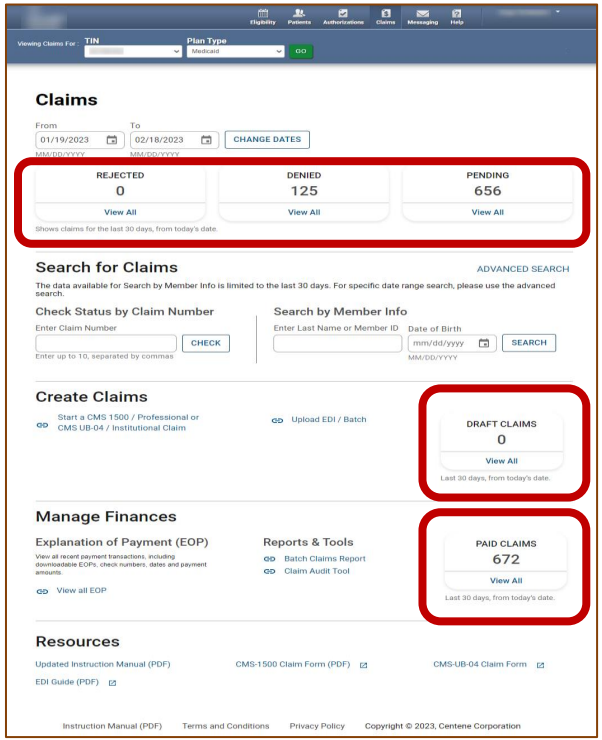
- Portal users can access up to 24 months of claim history. The key is the first DOS in the claim must be within the last 24 months from the current date.
- Date Range is limited to a 30-day span at a time.

Claims Dashboard – Claim Status Tiles

Current State

No Current User Experience Available

New Experience

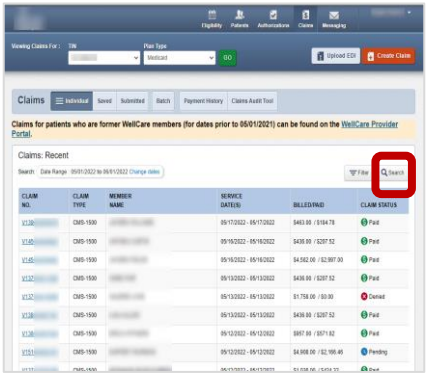


What's Changed

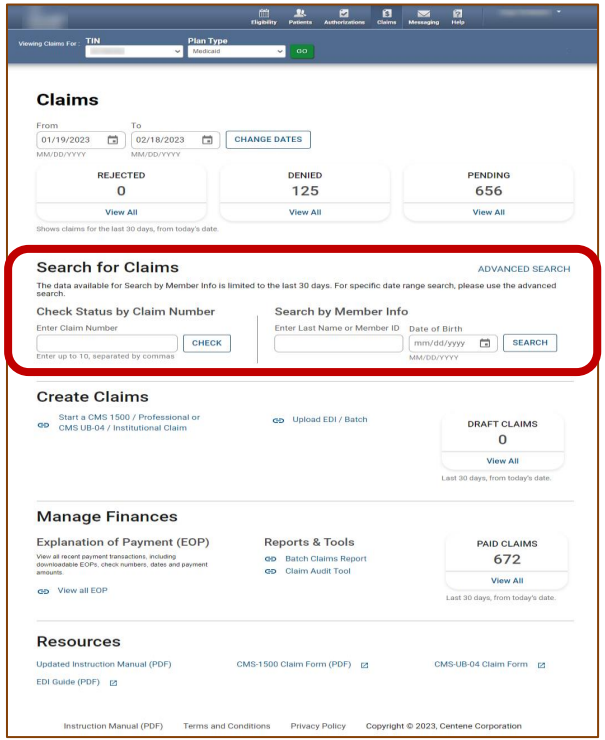
- The new Claims Status Tiles displays the count for the respective status.
- Informational note displays advising 30-day default display.
- Portal users click **View All** to access claims based on status.

Claims Dashboard – Search for Claims

Current State



New Experience



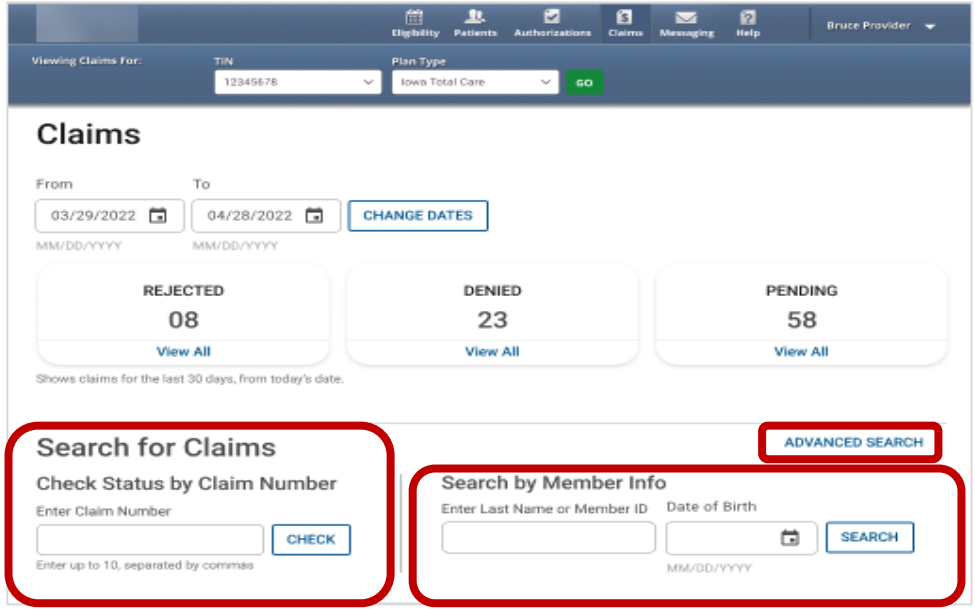
What's Changed

- 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:

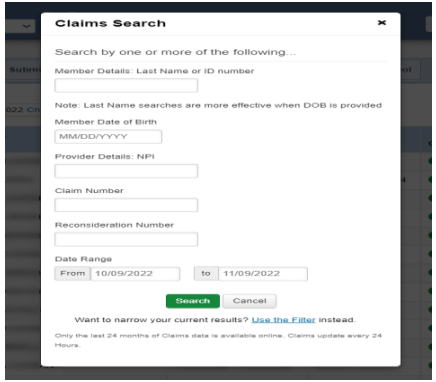
1. Complete the **Check Status by Claim Number**
2. Complete the **Search by Member Info**, or
3. Use the **Advanced Search**



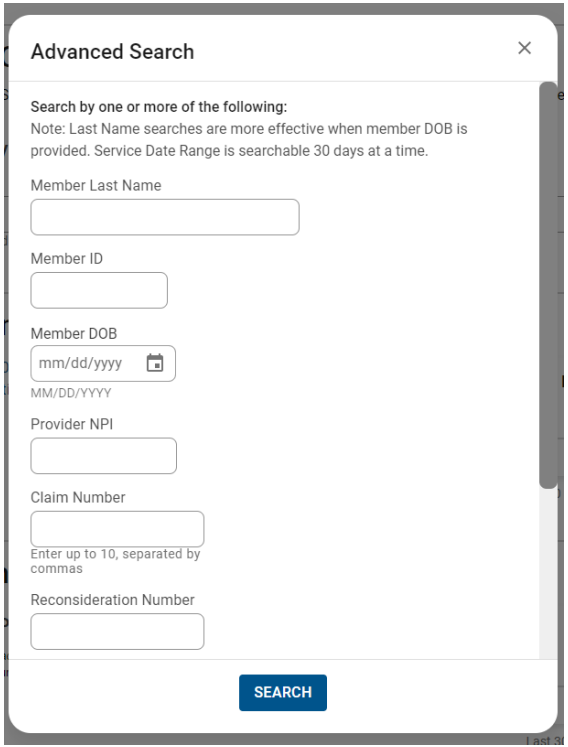
Tip: In the Check Status by Claim Number, enter up to 10 Claim Numbers separated by commas, but no spaces. For example, you would enter V290XXP00010,V300XXE07468,V305XXE01234 (no space after the comma and upper-case letters).

Claims Dashboard – Advanced Search

Current State



New Experience

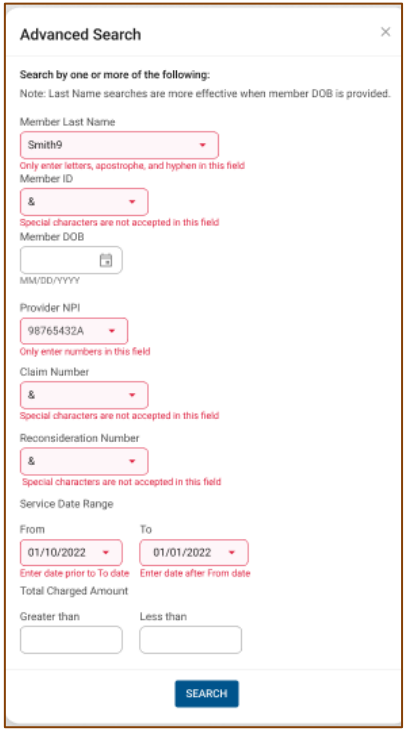


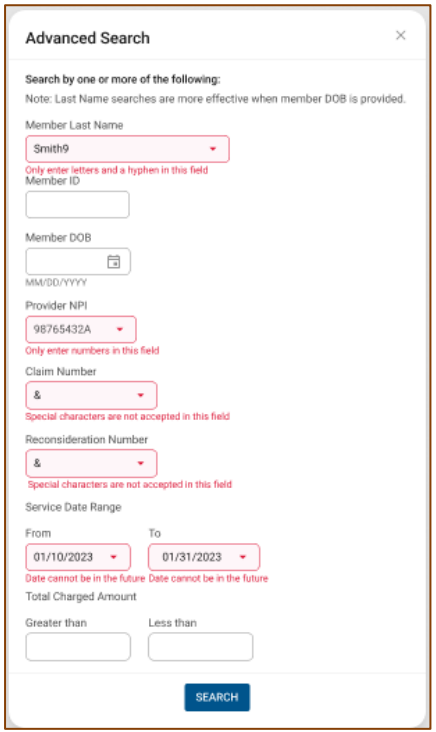
What's Changed

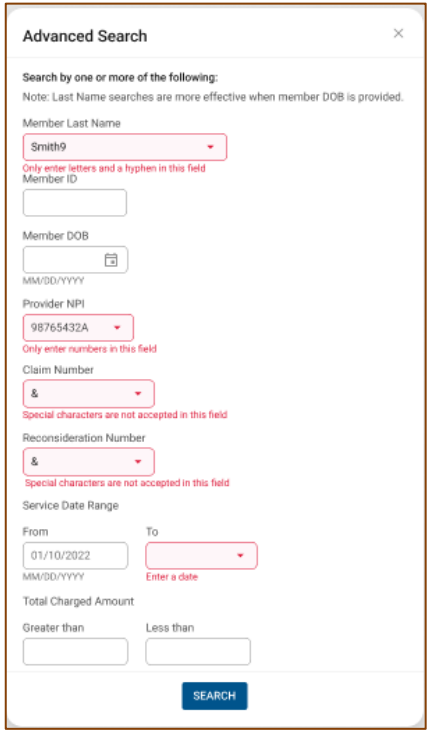
- Search pop-up renamed "Advanced Search".
- Right scrollbar added, to view available options.
- Can search up to 10 Claim Numbers by separating them by a comma, but no spaces.
- Portal users can search by Total Charged Amount.
- Field errors provide data and/or format guidance.

Claims Dashboard – Advanced Search Onscreen Errors

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

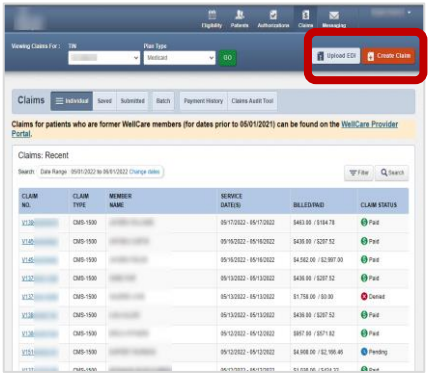




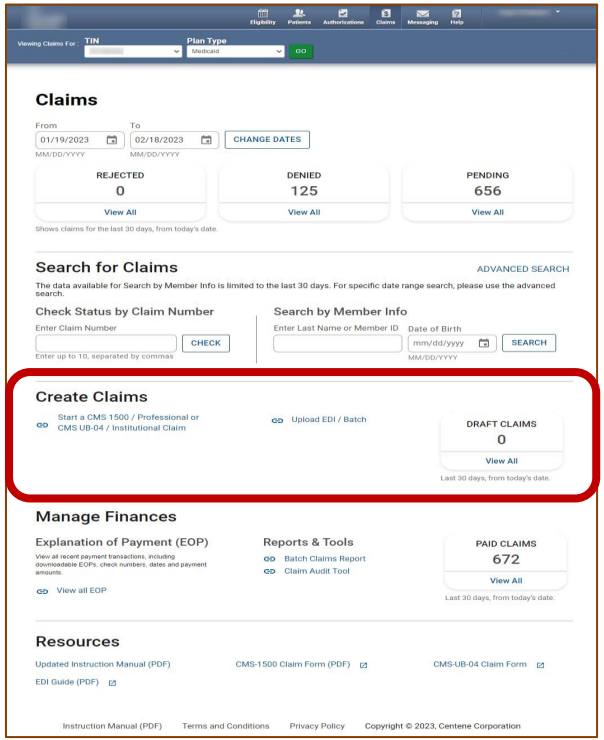


Claims Dashboard – Create Claims

Current State



New Experience



What's Changed

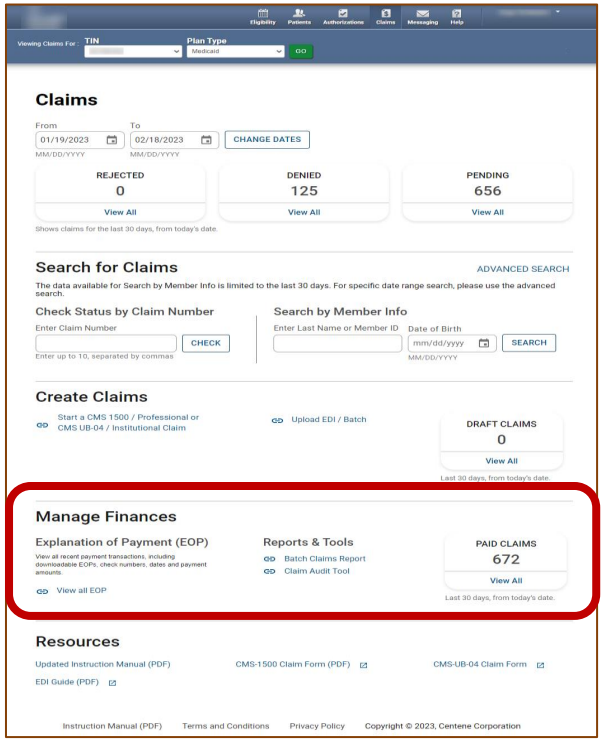
- New location of Create Claim options.
- Replaced Create Claim button, with "Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim".
- Member Eligibility check added and required to create an Institutional or Professional claim.
- Easy access to Draft Claims, Recurring (*where available*), and Upload EDI / Batch.

Claims Dashboard – Manage Finances

Current State

No Current User Experience Available

New Experience



What's Changed

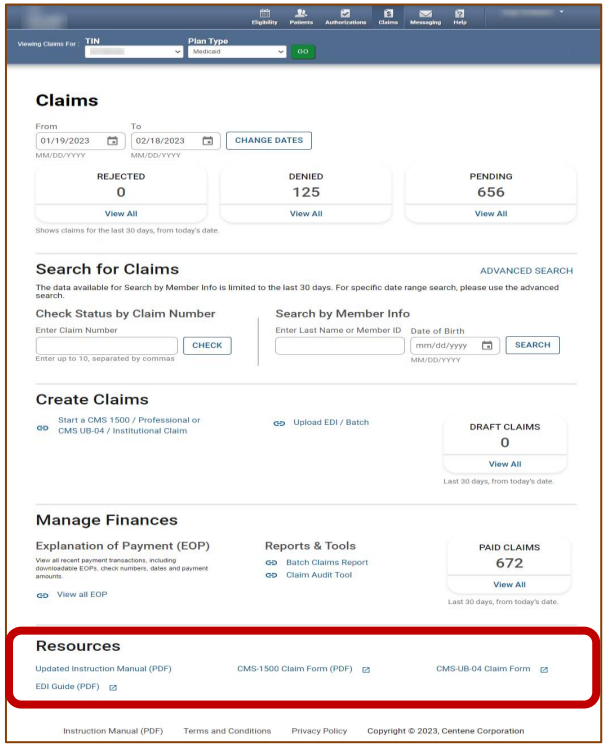
- New location and categorization of claim-related financials.
- "View all EOPs" links to existing Payment History tab and information
- Batch Claims Reports link provides quick access to EDI Response Report (i.e., 999, TA1, etc.).
- Claim Audit Tool (*where available*) changed from a tab to a link.

Claims Dashboard – Resources Links

Current State

No Current User Experience Available

New Experience



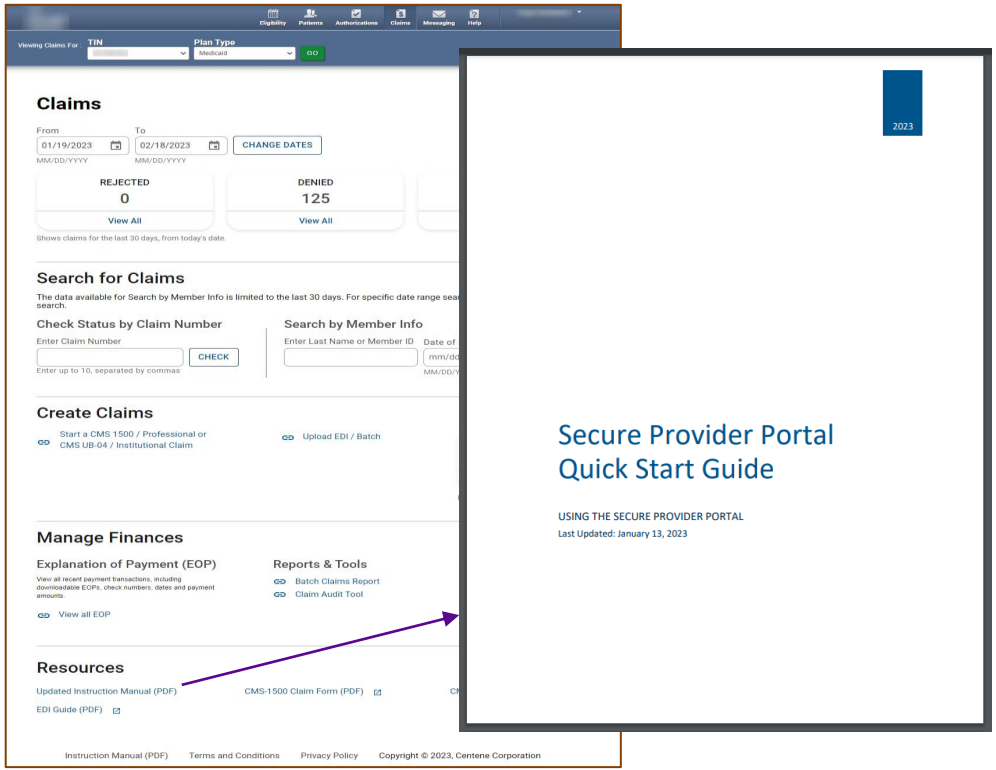
What's Changed

- 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.



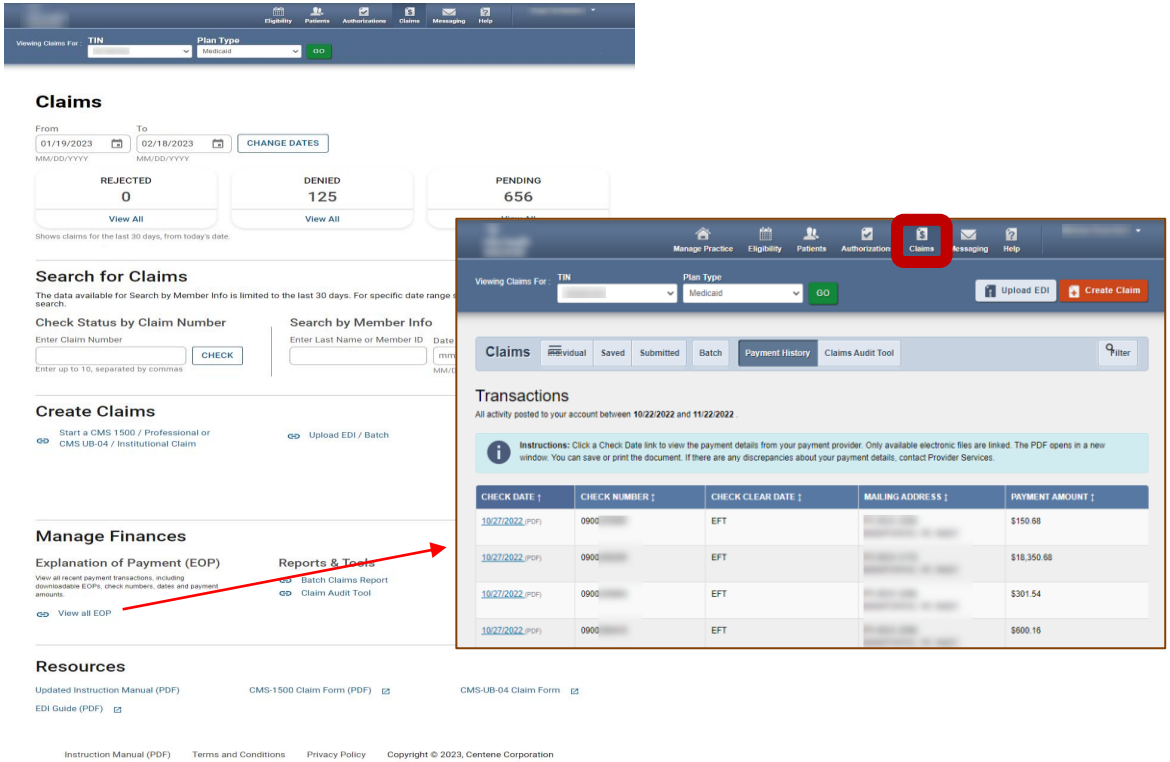
Tip: The Instruction Manual (PDF) link in the footer of the portal, does not contain Portal Claims Redesign information.

Navigating Managing Finances

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.

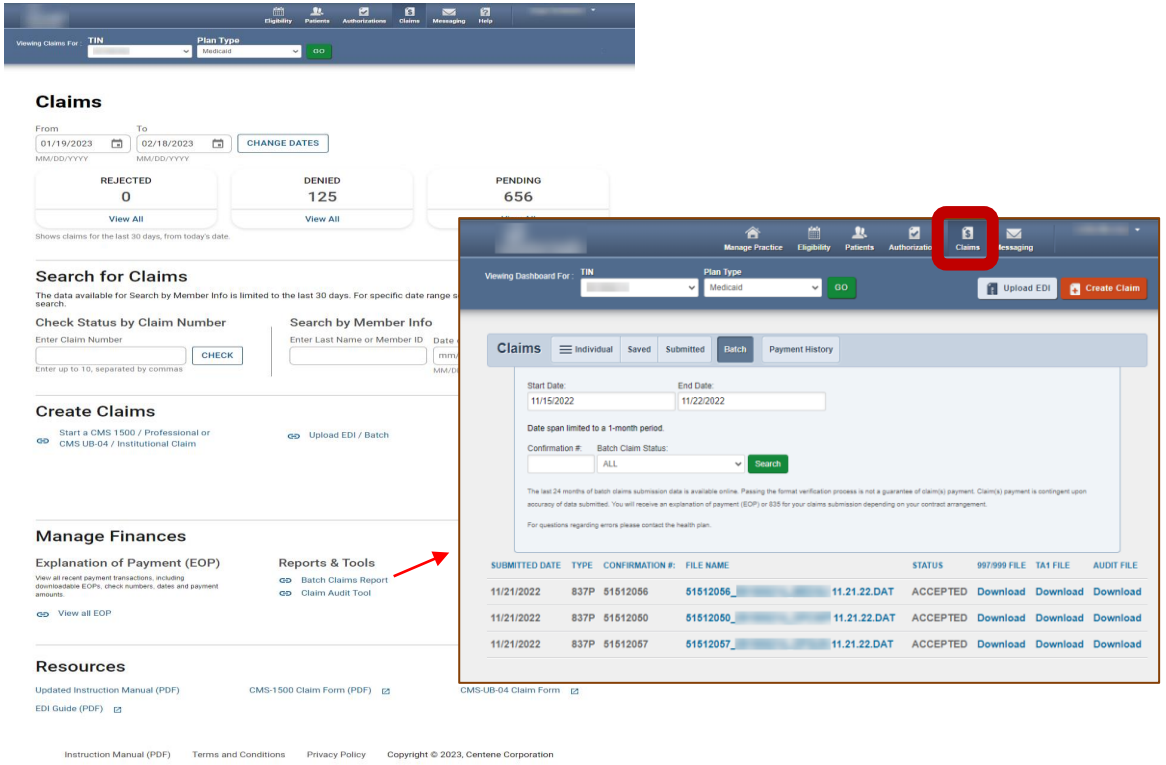


Tip: You can access up to 18 months of payment history. The key is the Check Date must be within the last 18 months from the current date.

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.

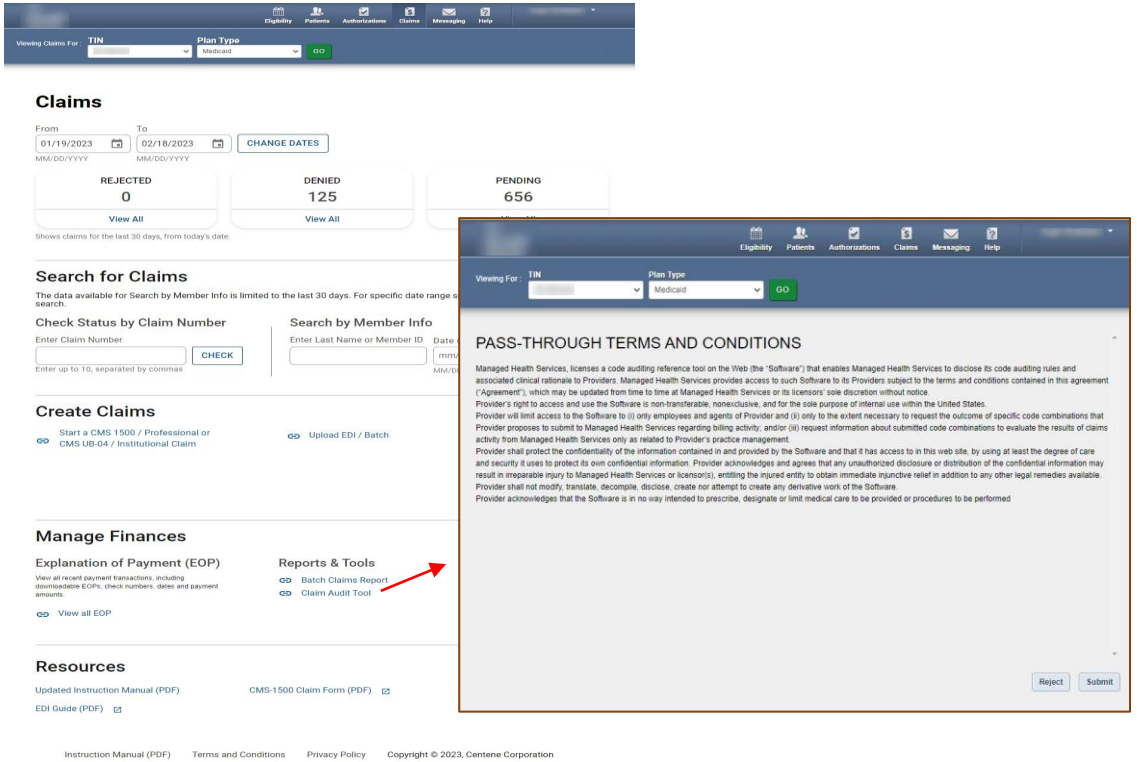


Tip: Batch Claims Reports are only applicable to organizations, who upload EDI Claim Batches (i.e., 837P / 837I) via the Secure Provider Portal.

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.

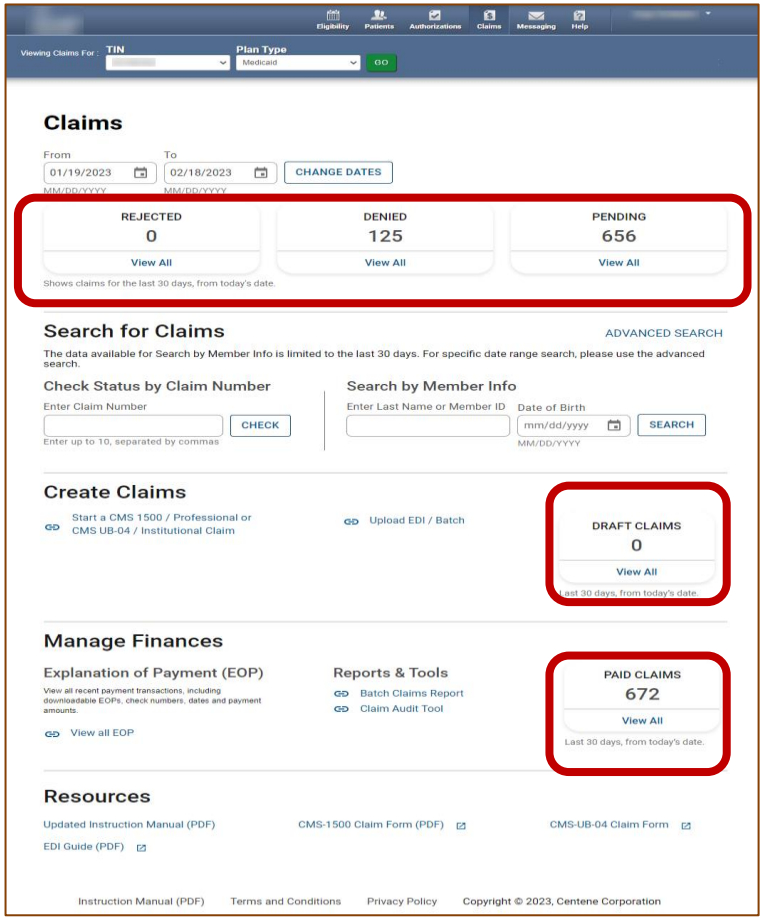


Claim Status Pages

Claim Status Tiles

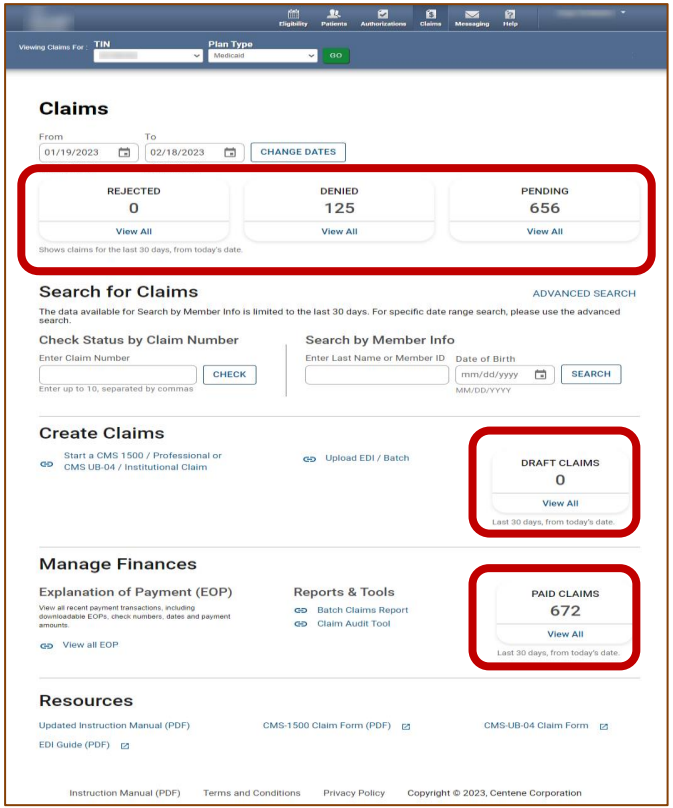
The Rejected, Denied, Pending, Draft Claims, and Paid Claim Status Tiles, display on the Claims Dashboard, and provides the claim count for each status. Please note:

- 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.



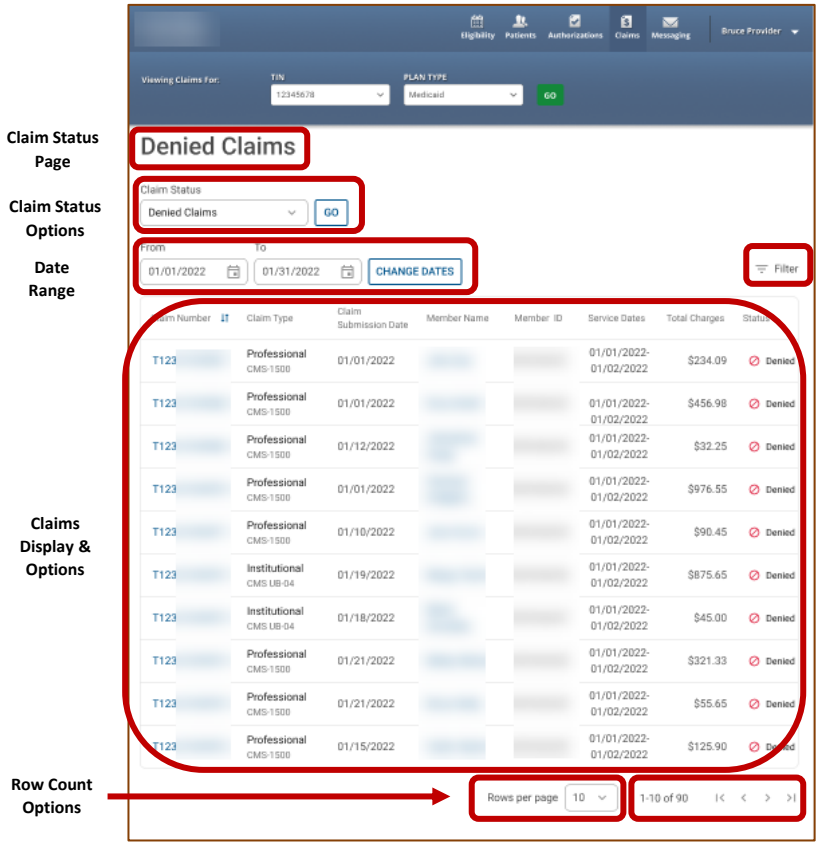
Accessing Claim Status Pages

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



Claim Status Pages – Layout

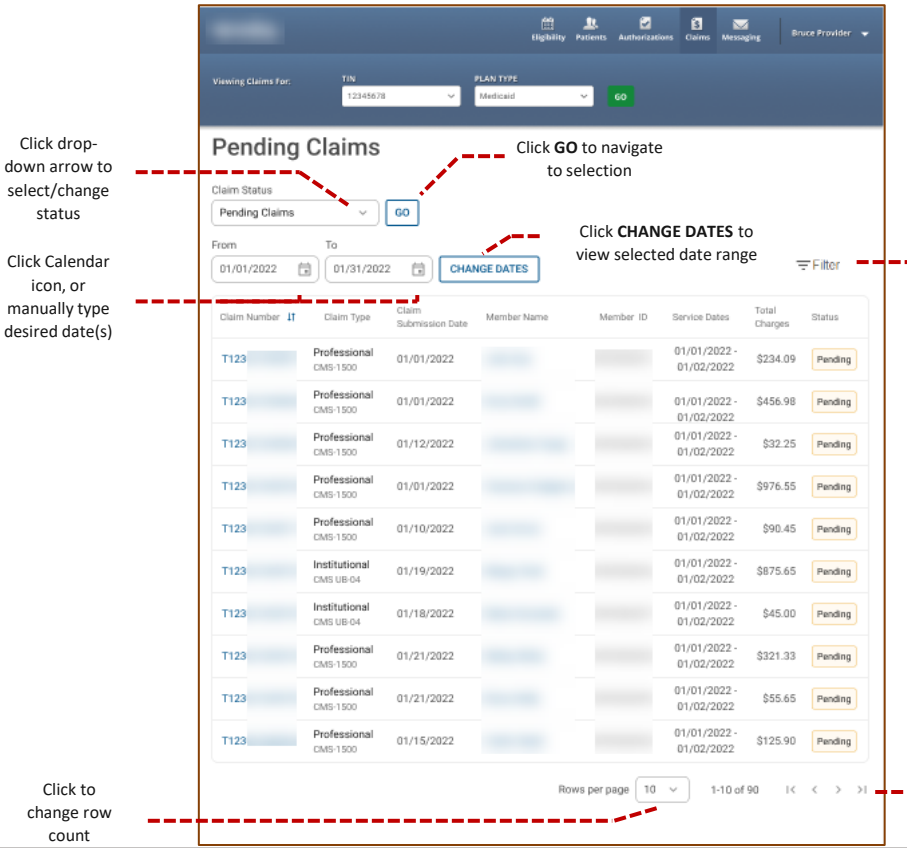
The Claim Status Pages layout are all the same. Please note, the Claims Display and Options may vary, based on the status of the claim.



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

Claim Status Pages – General Navigation

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



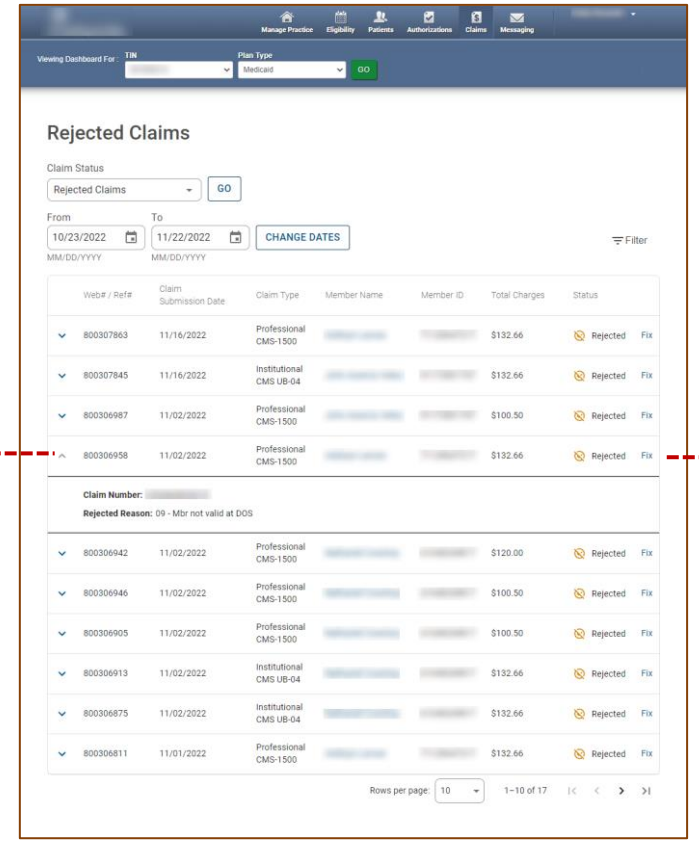
Tips:

- 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.

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



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

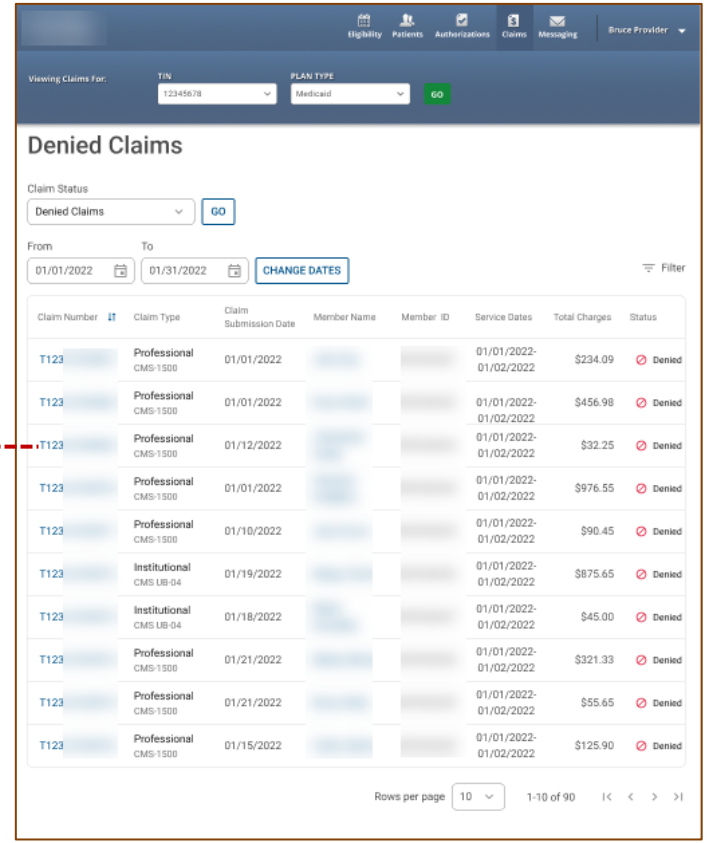
Tips:

- 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

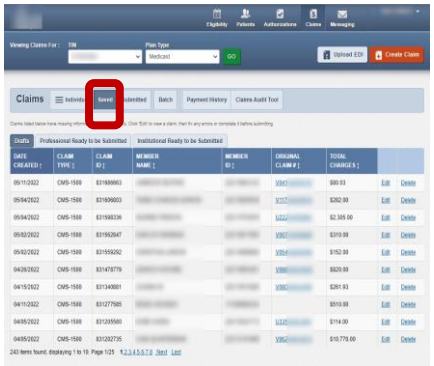


Tips:

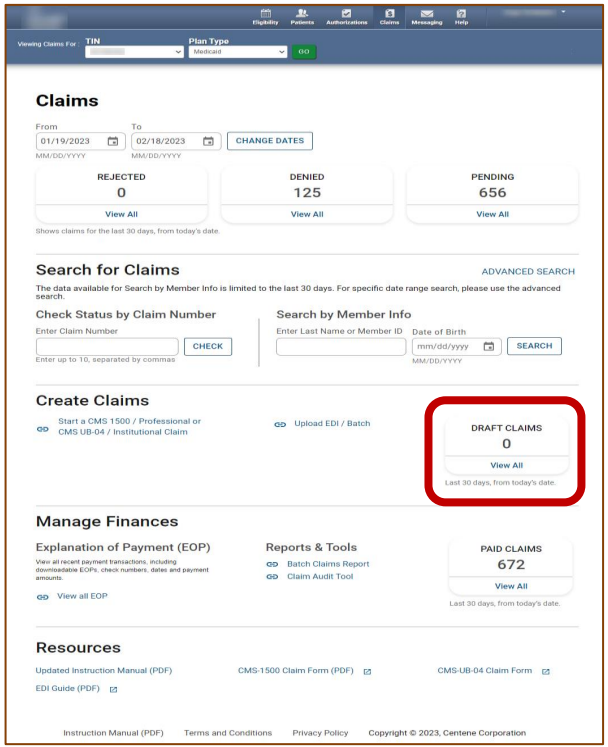
- You can access up to 24 months of claim history, but the first DOS in a claim must be within 24 months of the current date.
- Date Range is limited to a 30-day span at a time.

Claims Status – Draft Claims

Current State



New Experience

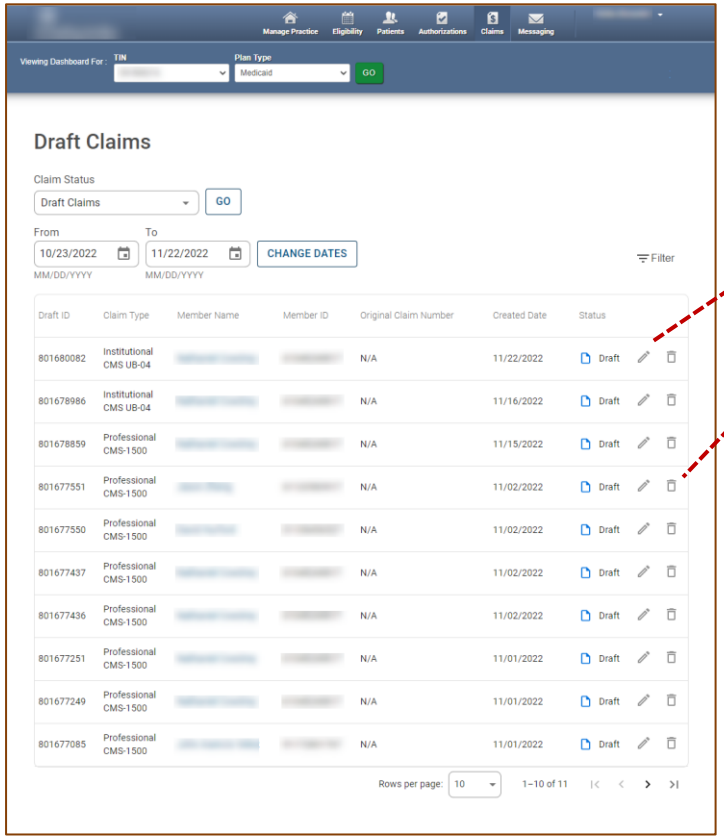


What's Changed

- 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.



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

Click Trashcan icon to delete the web claim draft

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

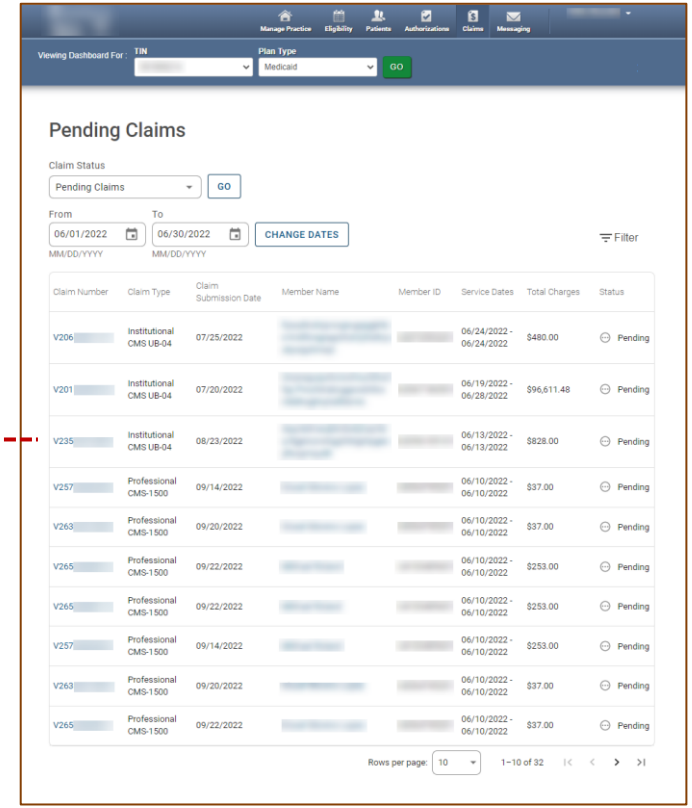
Claim Details

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

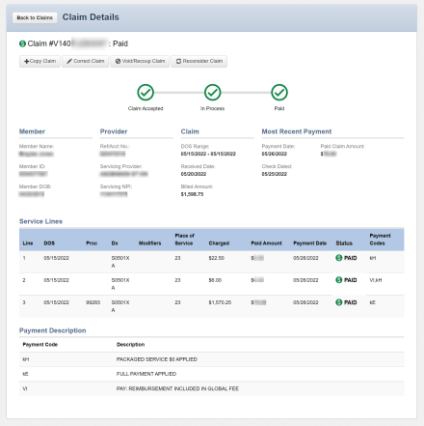


Tips:

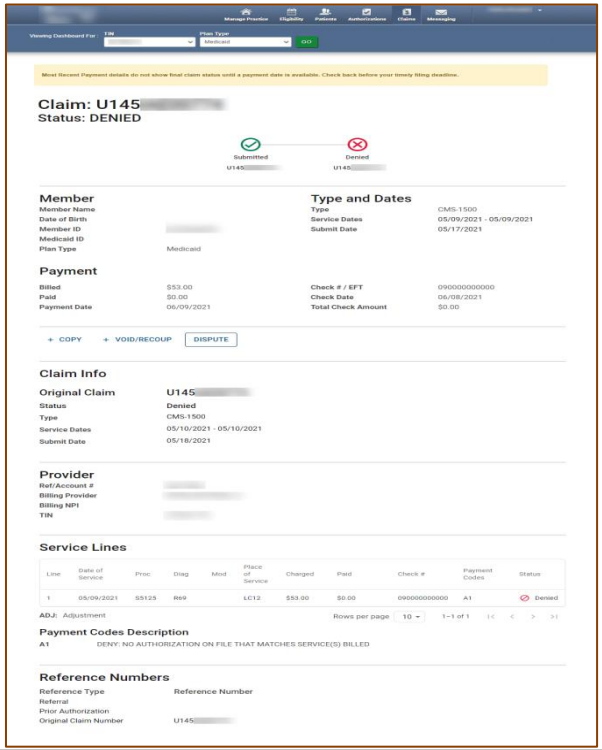
- You can access up to 24 months of claim history, but the first DOS in a claim must be within 24 months of the current date.
- Date Range is limited to a 30-day span at a time.

Claims Details

Current State



New Experience



What's Changed

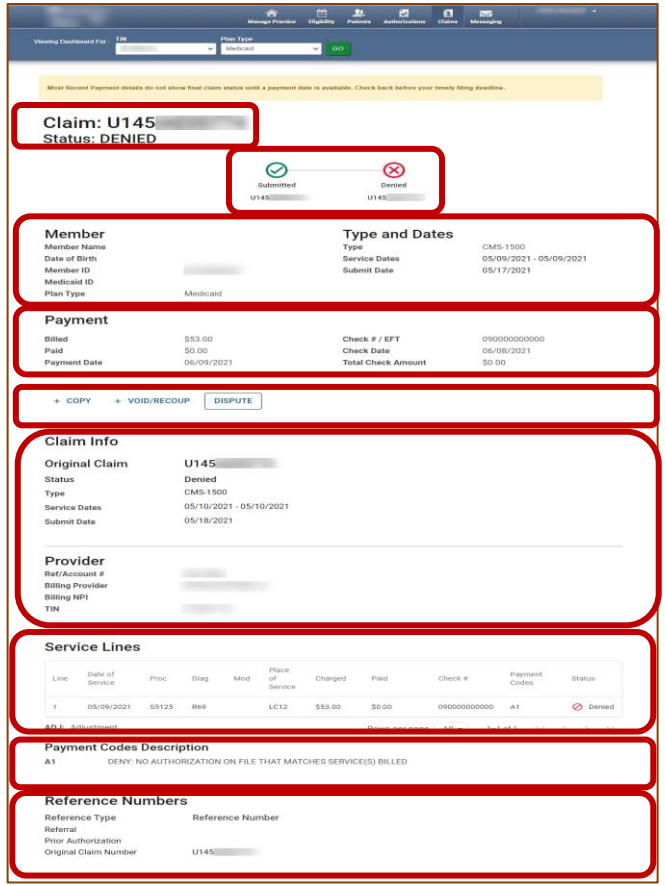
- Claim Status Tracker will display current claim status and include Reconsideration and Appeal information, when applicable.
- Member Name is a hyperlink for quick access to the Patient Record.
- Claim Type displays under Type and Dates.
- On finalized claims, in the Payment section, Billed [Claim Amount], 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

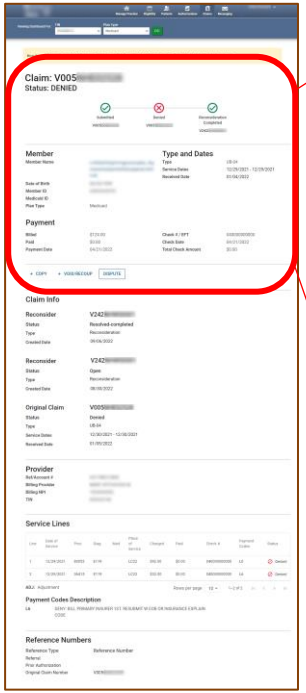
The Claim Details page provides a wholistic view of a claim.

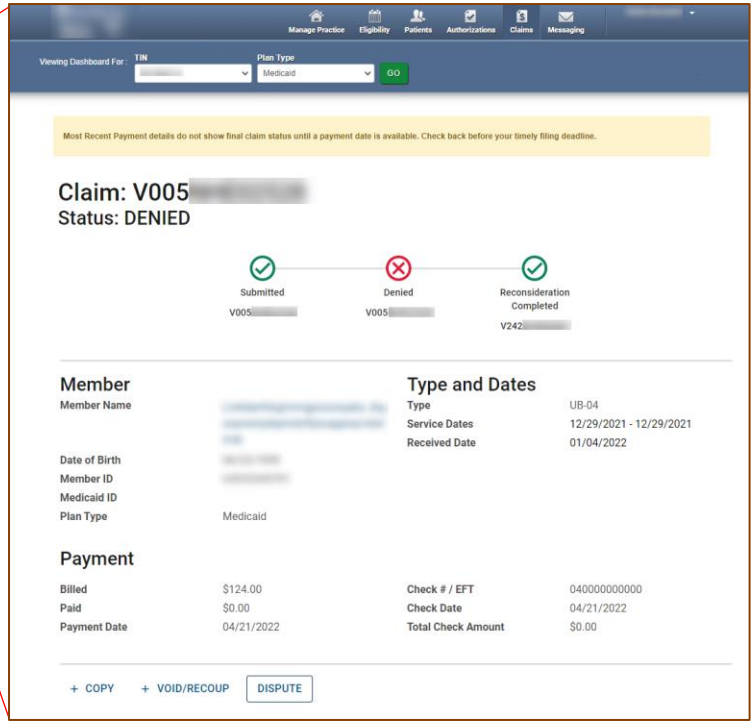
Please note, the following only displays on finalized claims (i.e., Paid, Denied, etc.):

- Payment Information
- Dispute Button
- Payment Codes & Description



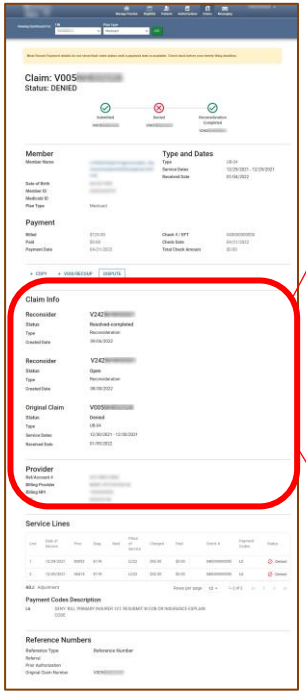
Claim Details

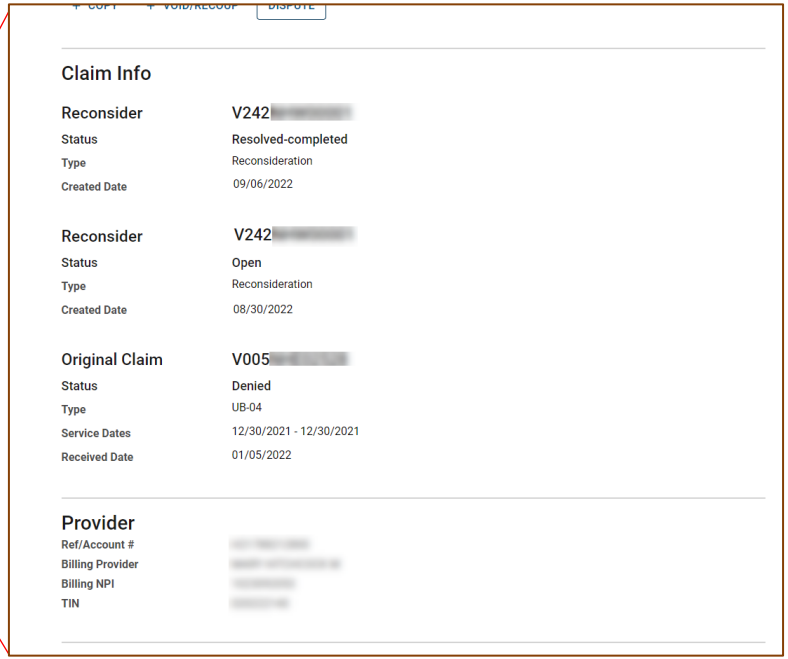




Tip: Payment information only displays on finalized claims.

Claim Details, *continued*





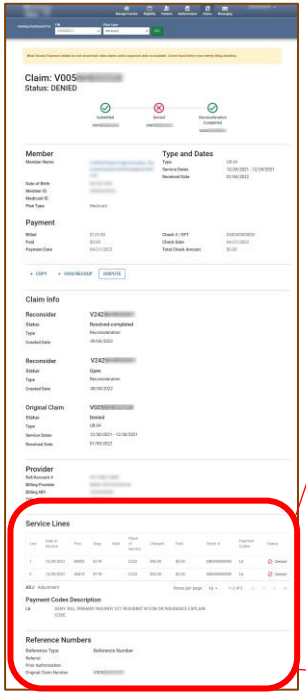
Claim Info

Reconsider	**V242**
Status	Resolved-completed
Type	Reconsideration
Created Date	09/06/2022
Reconsider	**V242**
Status	Open
Type	Reconsideration
Created Date	08/30/2022
Original Claim	**V005**
Status	Denied
Type	UB-04
Service Dates	12/30/2021 - 12/30/2021
Received Date	01/05/2022

Provider

Ref/Account #	
Billing Provider	
Billing NPI	
TIN	

Claim Details, *continued*



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

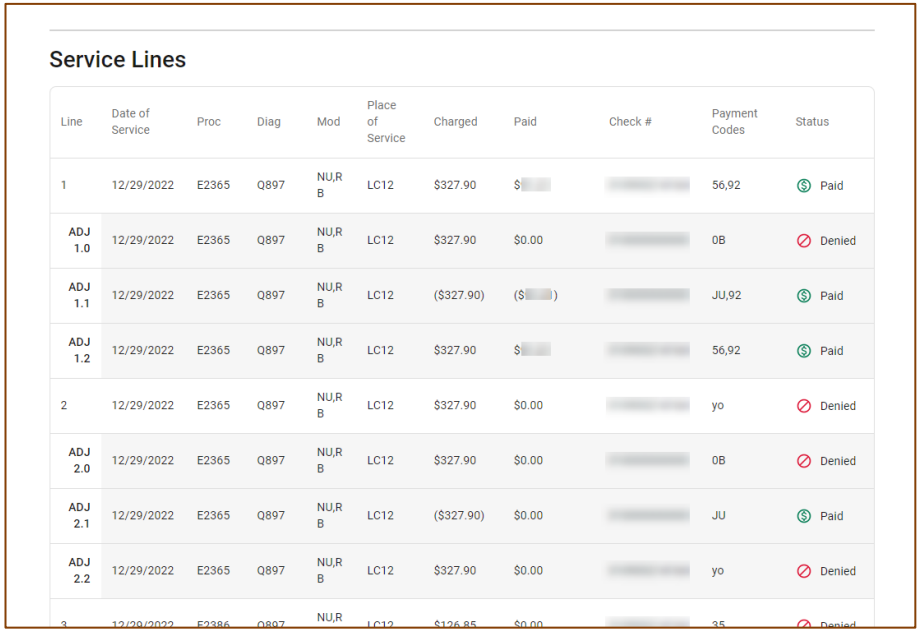
Reference Type	Reference Number
Referral	
Prior Authorization	
Original Claim Number	V005

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.



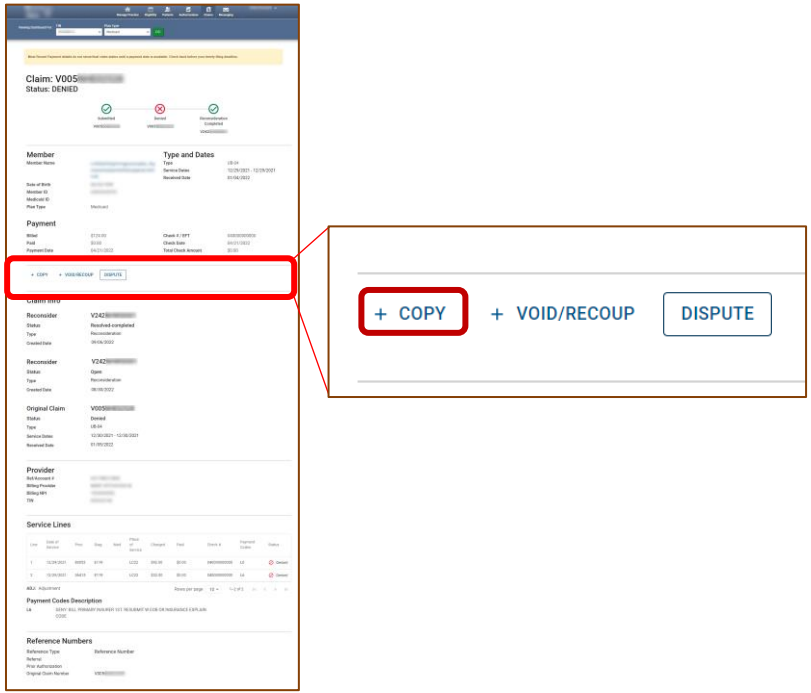
Service Lines

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

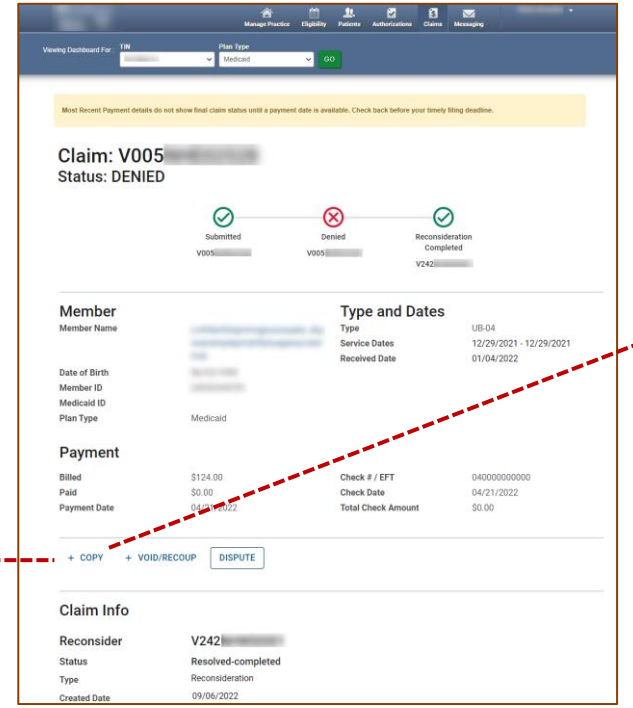
Click **+ Copy**, to create an exact duplicate of the claim. All the information within the claim can be edited, allowing you to simply change the needed information (i.e., Date(s) of Service, Diagnosis Code(s), Procedure Code(s), etc.) to submit a new claim.

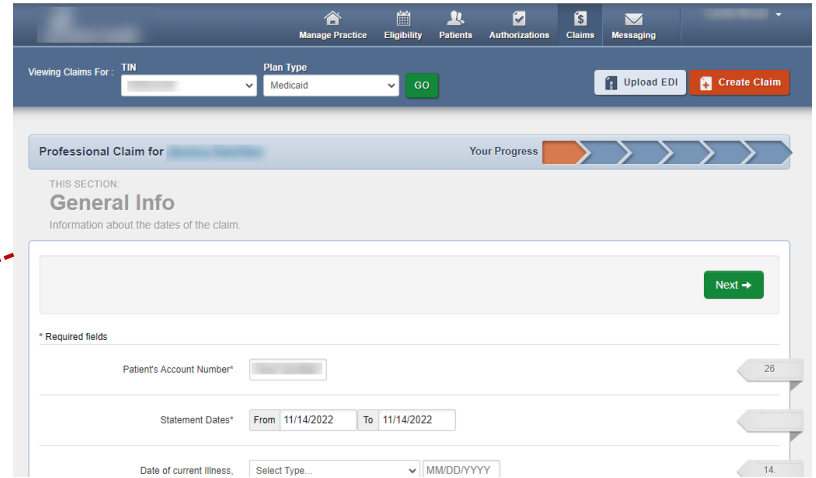
Once it is submitted, it is considered a new claim submission and will be processed as a first-time claim.



Claim Details – Claim Action Buttons: + Copy Workflow

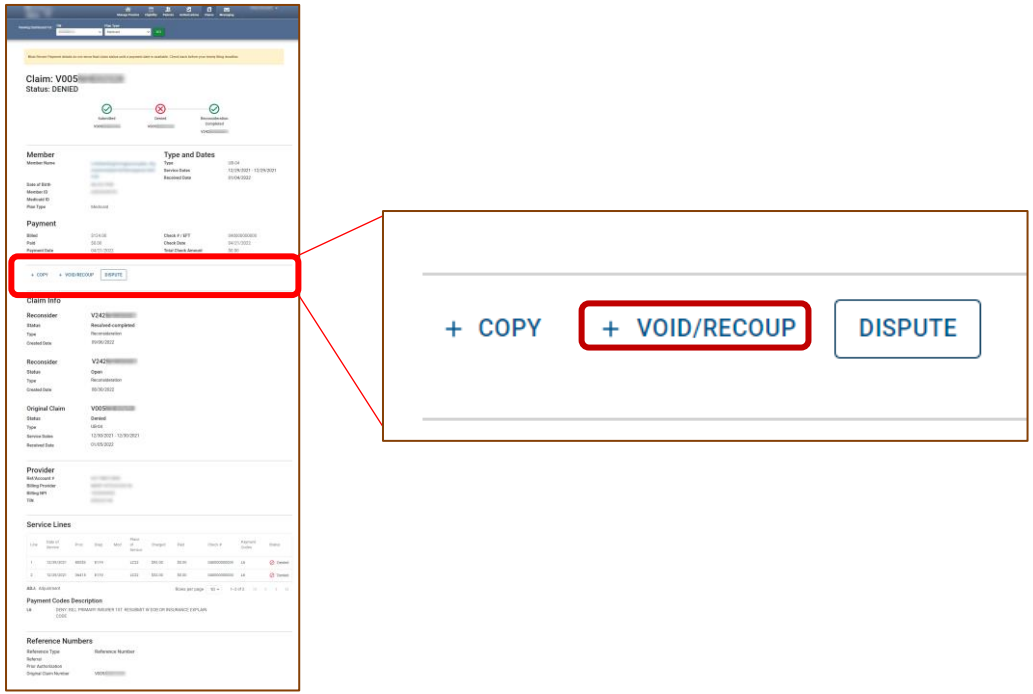
Click **+Copy** to create copied claim





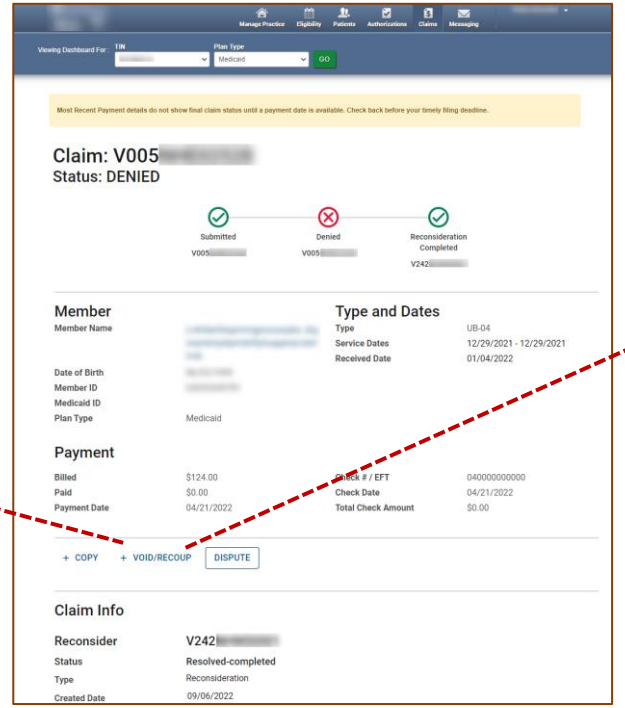
Claim Details – Claim Action Buttons: + Void/Recoup

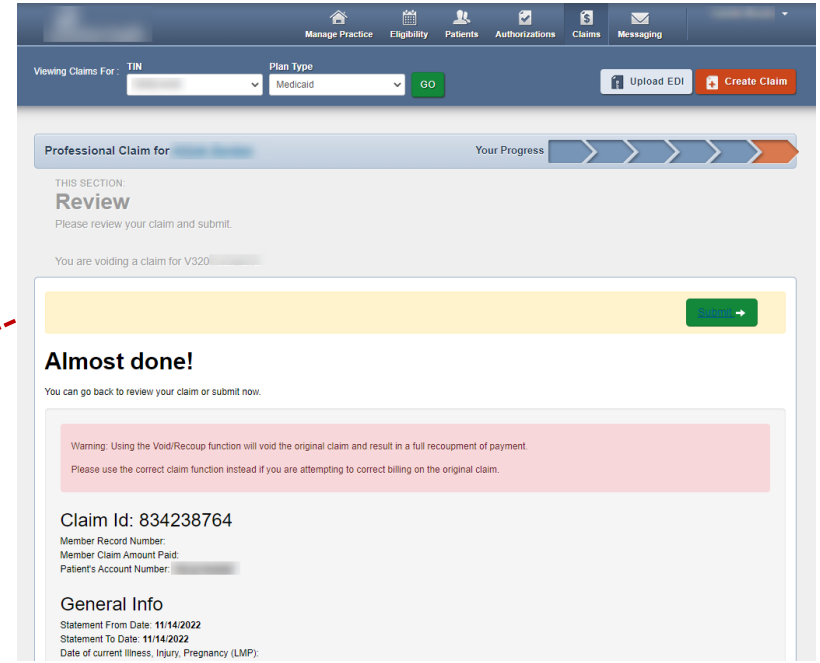
Where available, click **+ Void/Recoup** to request to void claim, and full recoupment of payment, if applicable.



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

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

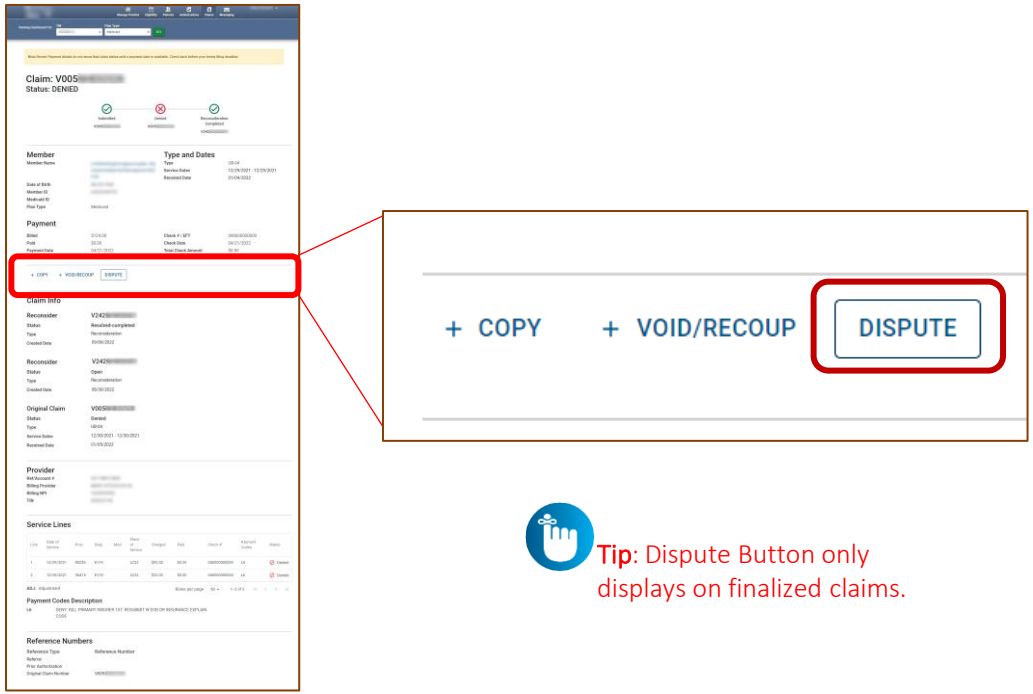




Claim Details – Claim Action Buttons: Dispute

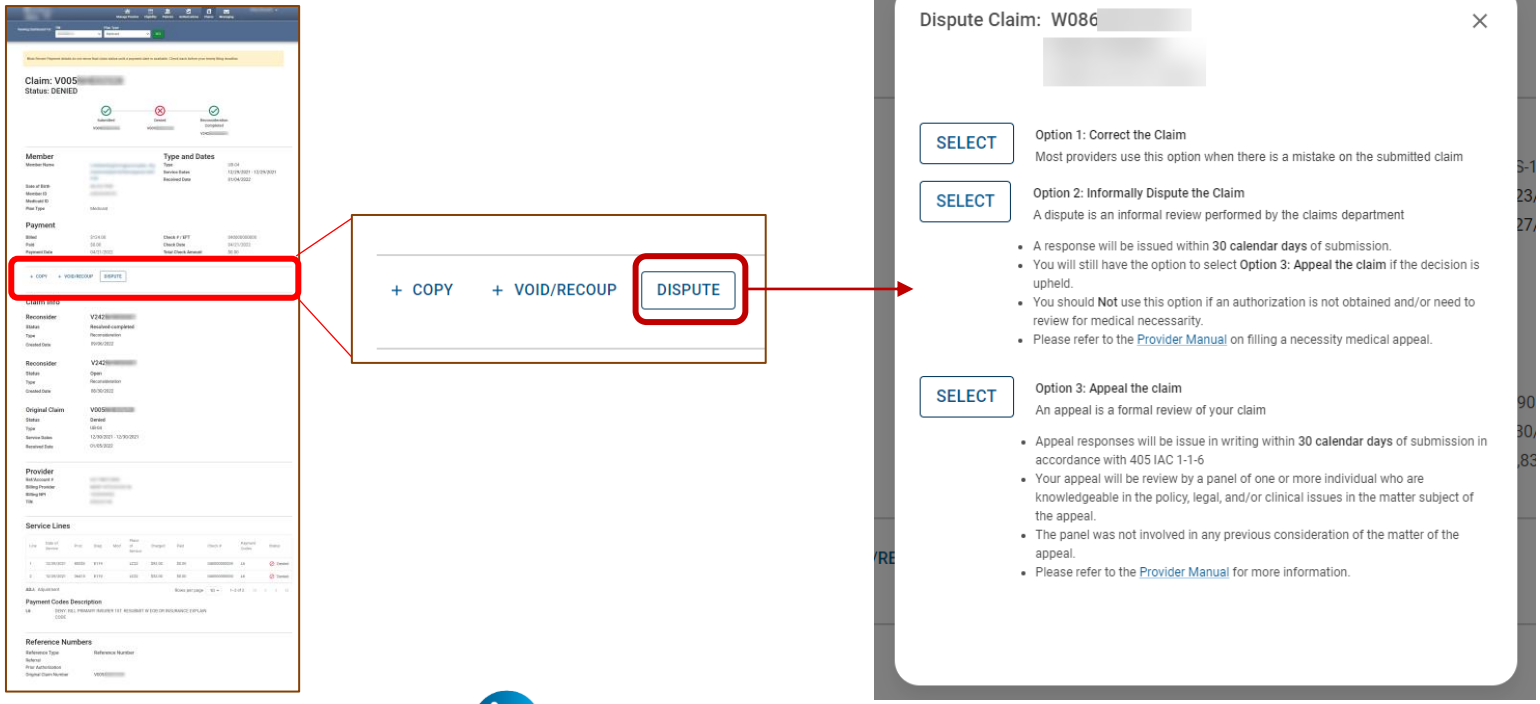
The Dispute button only displays on finalized claims (i.e., Paid, Denied, etc.).

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



Tip: Dispute Button only displays on finalized claims.

Claim Details – Claim Action Buttons: Dispute, continued

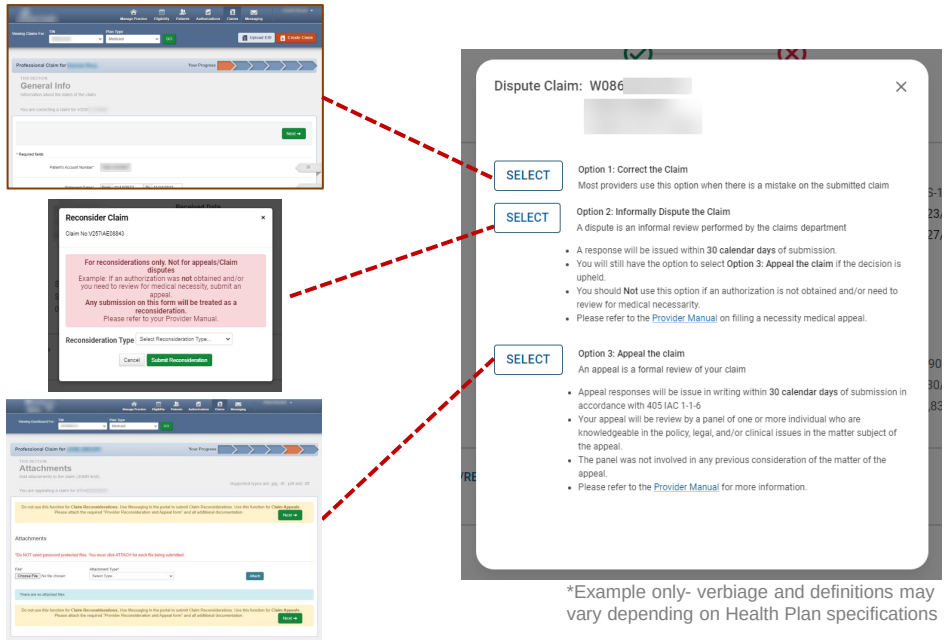


Tip: Follow onscreen instructions.

*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.

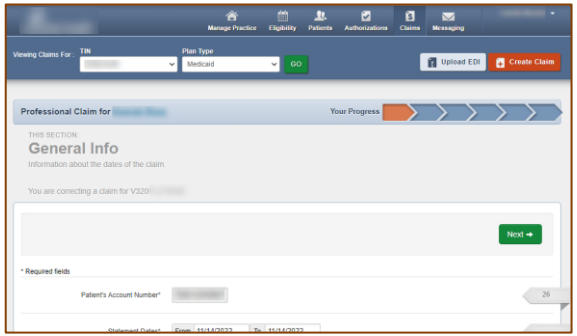


*Example only- verbiage and definitions may vary depending on Health Plan specifications

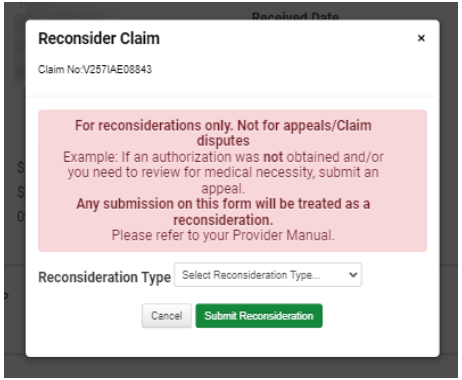
Tip: Dispute options may vary by Health Plan.

Claim Details – Dispute Claim: Legacy Submission

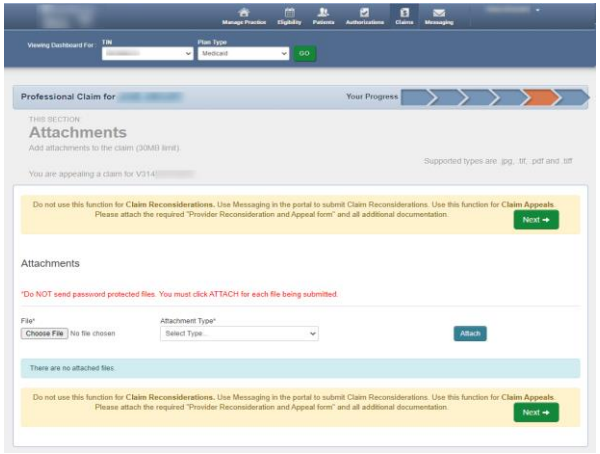
Option 1: Correct the Claim



Option 2: Informally Dispute the Claim



Option 3: Appeal the Claim

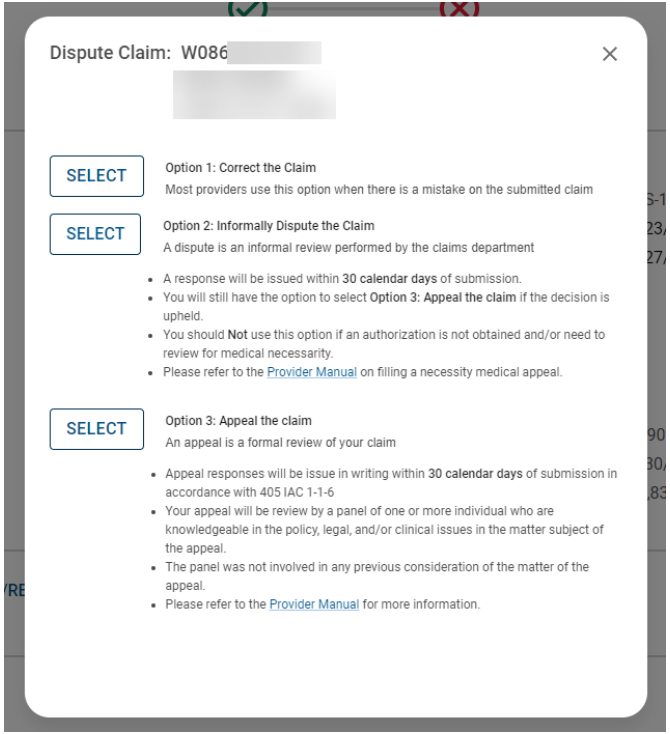


Tip: Dispute options may vary by Health Plan and/or LOB.

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.

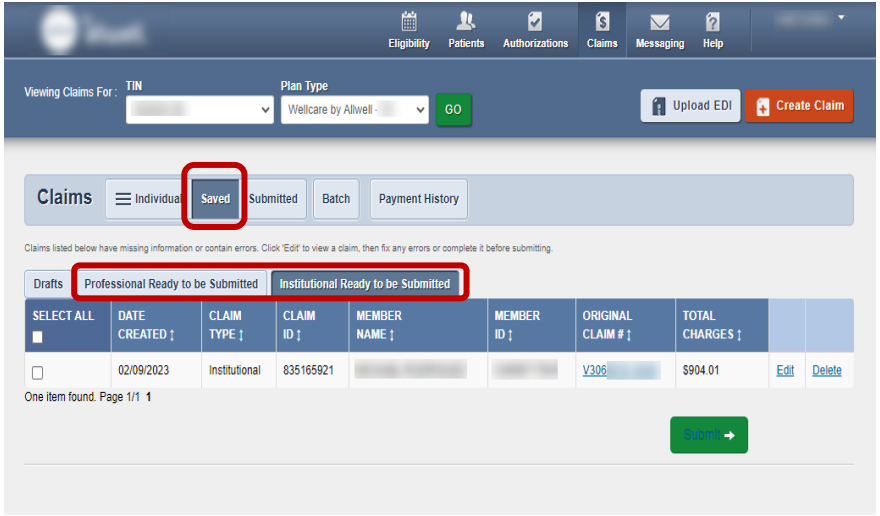


*Example only- verbiage and definitions may vary depending on Health Plan specifications

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:

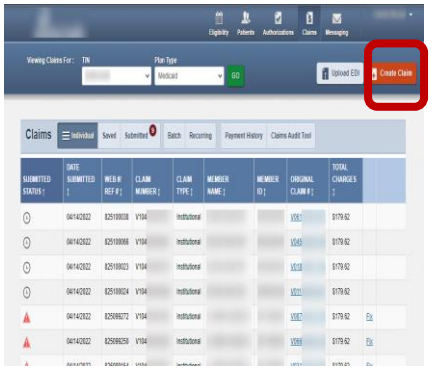
1. Click **Claims** (at the top of any page). The Claims Dashboard displays.
2. Under Manage Finances, click **View all EOPs**. The legacy Payment History [tab] displays.
3. Click Saved. The Saved tab displays.
4. Based on the claim draft, click Professional Ready to be Submitted or Institutional Ready 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.



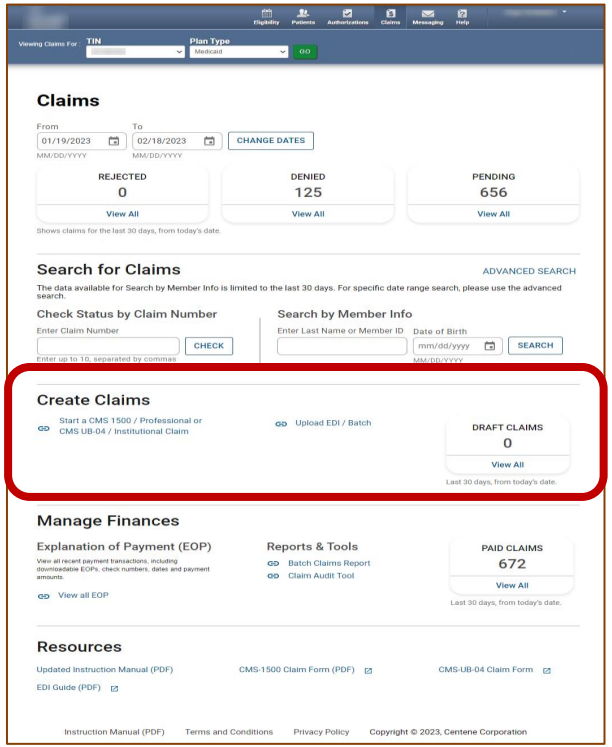
Create Claim

Create Claim

Current State



New Experience



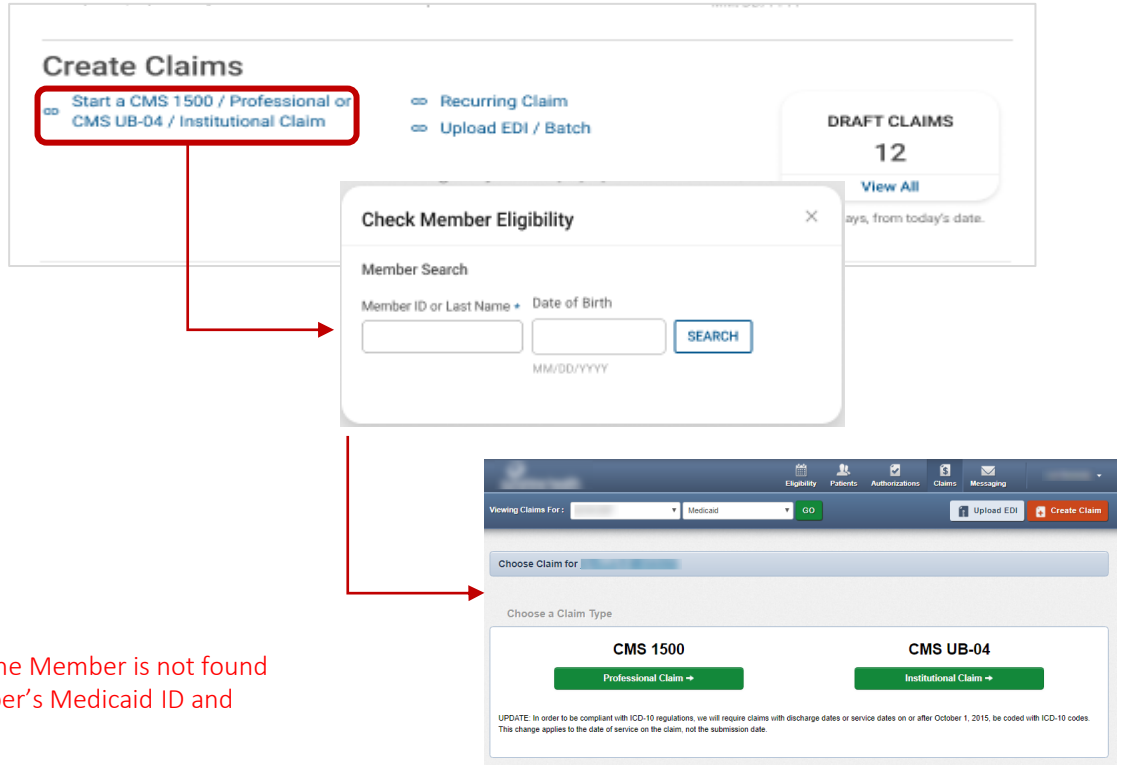
What's Changed

- 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:

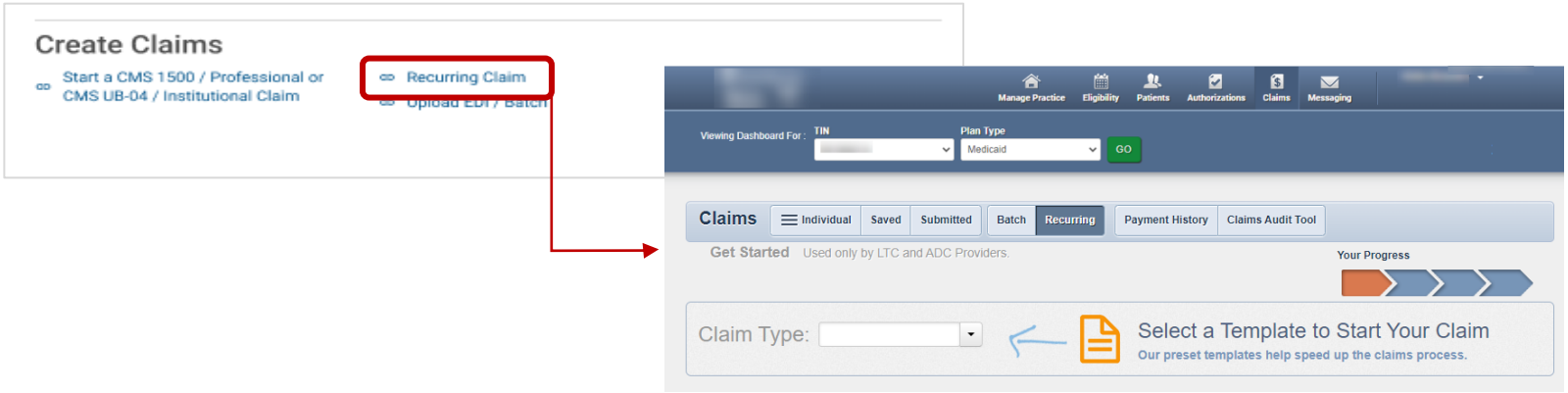
- Click **Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim.** The Check Member Eligibility pop-up displays.
- Enter **Member ID or Last Name**.
- Enter Member's **Date of Birth** (DOB).
- Click **Search**. If the Member is found, the legacy Choose Claim Type page displays.
- Click **Professional Claim** or **Institutional Claim**.



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

Create Claim – Recurring Claim

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



Create Claim – Upload EDI / Batch

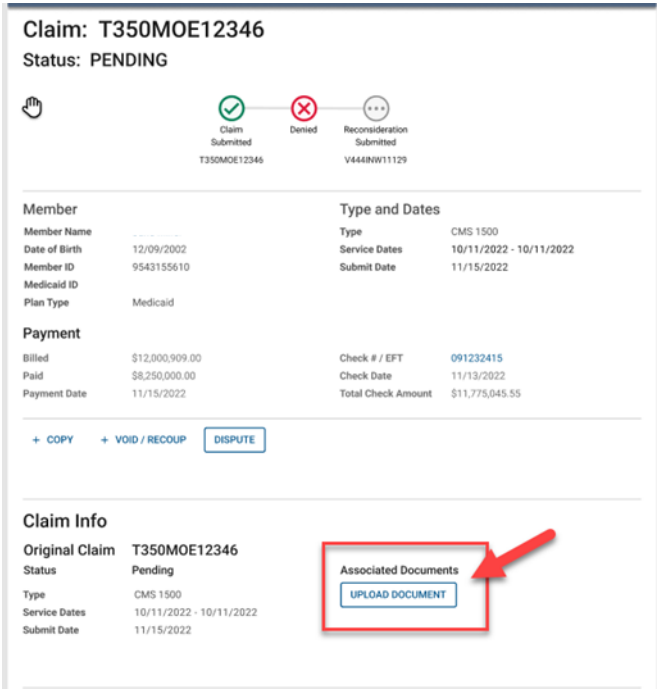
Click **Upload EDI / Batch** to upload an EDI Batch (837I / 837P). The legacy Batch Claims Upload page displays. Follow onscreen instructions.

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

Submitting Attachments to Pending Claims

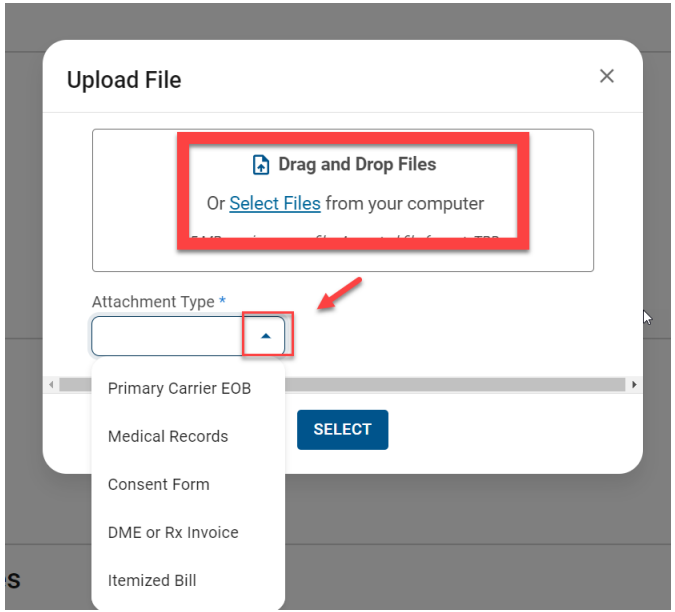
Claims Attachment (post claims submission)

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



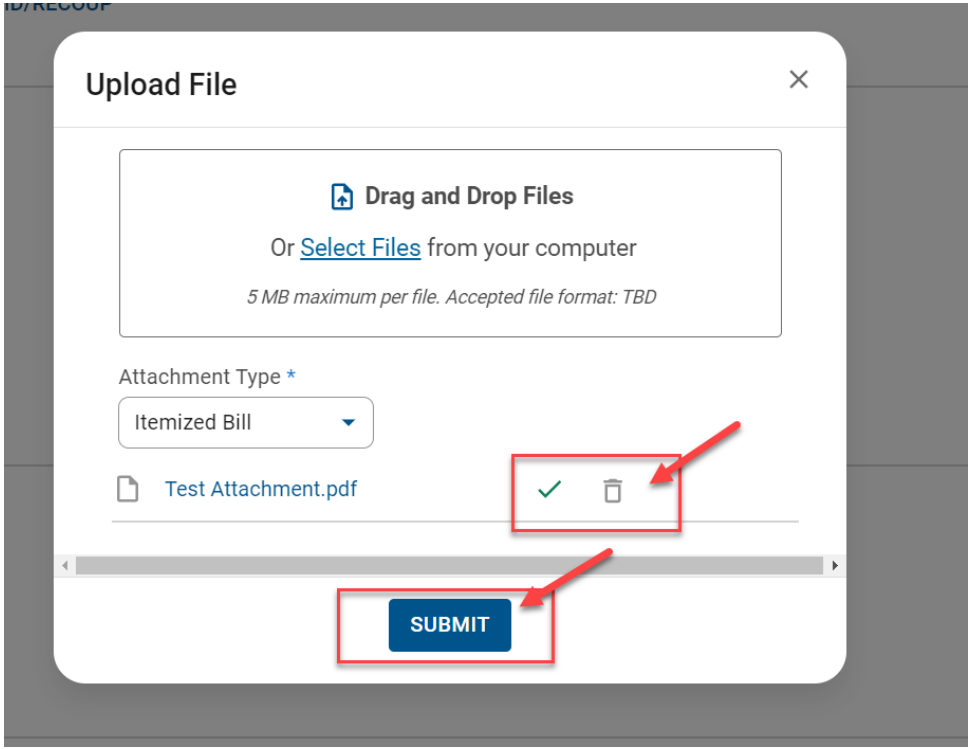
Claims Attachment (post claims submission)

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



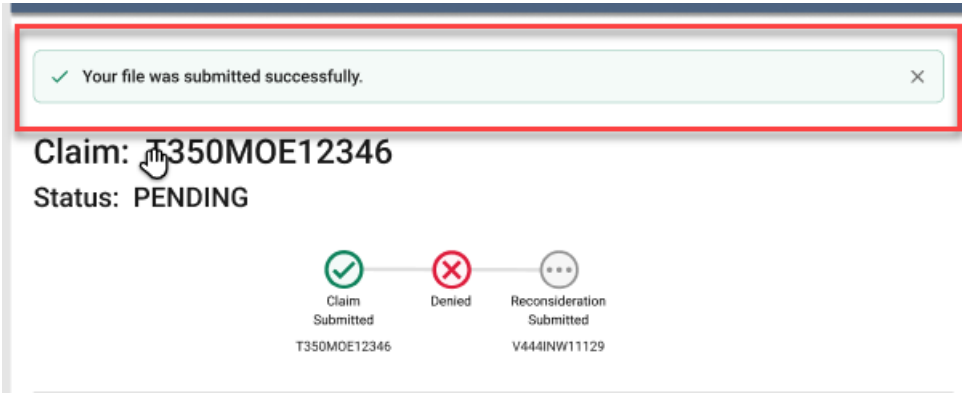
Claims Attachment (post claims submission)

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



Claims Attachment (post claims submission)

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



Claims: Known Challenges

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].

Claims: Best Practice Tips

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.

Questions?

THANK YOU