

# **Claims Portal**

Updated: 1/25/13





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## **Claims Online Portal Access**

#### **Through Claims Online Portal:**

1. From the Claims Online Portal homepage, enter username and password; Click Go



#### Through PIP:

1. From the PIP home page select the Claims Online Portal link





2. You will be taken to the Claims Online Portal Page





# **Search Claims/Referrals**

To search for claims or referrals select the search link under quick links **OR** click search, on the top menu bar

			IMS									
10	SEARCH	1	CLAIMS	SUBMISSION	1	APPEALS	1	INQUIRIES	1	EOB LOOKUP	ELIGIBILI	ΠΥ

#### By Patient Name

(Use this option. To search by patient name, health plan ID number, or Patient Account number)

BY PATIENT NAME QUIC	K SEARCH Y ADVANCED SEAR	ICH Y SUBMISSION NUMBER Y EL	JOIBILITY	
FIND CLAIMS OR REFER	RALS FOR THIS PATIENT			* required fi
OREFERRALS				
LAST NAME *	FIRST NAME	DOB mm-dd-yyyr HE	SALTH PLAN ID " PATIENT ACCT #	
		OR:	RO	(60)
We will abov you up to 20 r To get more exact results, = Enter letters, numbers ar	natching sedent names from your search use Last Name, First Name, and DOB, o st dashes as appropriate.	t renter the full number of the Health Pien ID o	r Patent Account Number	

- 1. Select an option as appropriate
- **2.** Enter patient name and/or date of birth
- 3. Required fields marked with asterisk (\*)
- 4. OR enter the patient's health plan I D number. Enter letters, numbers and dashes as appropriate
- 5. OR enter the patient's account number. (Note: This option available only when searching for Claims)
- 6. Click GO
- 7. Search results will appear below

PATIENT NAM	IE LOPEZ ABDIAS	ADDRESS: 7212	FARMLAND	AVE					
DC	B: 08-31-1965	APT.				1	VIEW	1	
GENDE	R MALE	CITY, STATE, ZP. PICC	RIVERA,CA	90660			CO. ENROLLM	DIT C	
HEALTH PLA	N: PACIFICARE	HEALTH PLAN ID: 8064	720-02						
CLAIM#	BILLING PROVIDER	RECEIVED	DOS	BILLED	COPAY	PAID	CHECK DT	CHECK #	STATUS
8787433	MADISON RADIOLOGY MED GRP	01-26-2012	01-16-2012	\$482.00		\$129.71	02-13-2012	220455247	Paid
se checkbox	es above to select, then click on the butto	m. []					4		
ote that you	cannot file an appeal for a claim that is alr	eady under appeal	-Deliverties	0100	C PILL APP	TAL:	- CLIMINICI	- L	

8. Scroll down to view more



#### **Quick Search Claims/Referrals**

(Select to search by Claim Number or Referral Number)

- Enter the claim number for Claim number search; Click GO
- OR enter the GE/IDX Referral # or Referrals Portal Authorization #; Click GO
- 3. Results will appear below

	CLARES FILM	HealthCare Partners
SEARCH   CLAIMS SUBMISSION	APPEALS   INQUIRIES   EOB LOOKUP   E	LIGINUTY Intelacte Restricts Webb
(no navera same Virger strater) -		0
TIND A SPECIFIC CLAIM OR REFERRAL © CLAIM # O REFERRAL #		* required field
	CLAM NUMBER *	



## Advanced Search Claims/Referrals

(Select to search by Provider and Date of Service)

- Select an option to search (Claim or Referral)
- Required fields are marked with an asterisk (\*)
- 3. Select the Provider Information from the dropdown
- 4. Select the Date(s)



of Service and Appealed options

- 5. Select the Claims Submission Date(s) and Claims Status option
- 6. Click GO
- 7. Results will appear below



HealthCare Partner

(?

\* required field

tedical Group and Aff

| ELIGIBILITY Welcome Rochelle Web Click here to go to the HCP Portal to impersonate a

#### **By EDI Submission Number**

- 1. Enter the EDI Submission Number
- Required fields are marked with an asterisk (\*)
- 3. Click GO
- Search results will appear below

CLAIMS	CLAWS HOW: [] HE	HealthCare Partners
SEARCH   CLAIMS SUBMISSION	APPEALS   INQUIRIES   EOB LOOKUP   ELIGIN	LITY Webone Rootelle Webb go to the HCP Portal to impersonate a s
BY PATIENT NAME Y QUICK SEARCH Y ADV		0
		* required field
	EDI SUBMISSION NUMBER*	

SEARCH | CLAIMS SUBMISSION | APPEALS | INQUIRIES | EOB LOOKUP | ELIC

ENTER CLAIM NUMBER

thers only

I

60

#### Eligibility

- 1. Enter Claim number
- Required fields are marked with an asterisk (\*)
- 3. Click GO
- 4. Enter "reason for request"
- 5. Click submit
- 6. An email will be sent verifying request
- 7. An email will be sent to confirm request submission

CLAIMS ONLINE PORTAL

LIGIBLITY VERIFICATION REQUEST HISTORY

	PATIENT ELIGIBILITY	VERIFICATION REQUEST		* required field
	PATIENT LAST NAME:	LOPEZ	ADDRESS 1:	179 N MERIDITH AVE APTA
	PATIENT FIRST NAME	ABE E	ADDRESS 2	
	DOB.	09/29/1963	CITY, STATE, ZP.	PASADENA, CA 91106
	GENDER:	MALE		
	HEALTH PLAN	BLUE SHIELD HMO	* REASON FOR	Please verify eligibility based on DOS listed.
	HEALTH PLAN ID	J033593720-000	REQUEST:	Please type in your comments. Do not copy and paste from Word or simila products.
	DATE OF SERVICE.	04/13/2012		
			SUBMIT	Only click the Submit button once. A unique Verification Request ID Number will be assigned
	DoNotReply@healthca	repartners.com		
t	ACKNOWLEDGEMENT O	F RECEIPT		
e reco enty-f	ou for using HealthC ently received an elig four (24) hours beginn ou, are Partners Claims C	are Partners Claims Online Por jbility verification request fror ning on the first business day a Online Portal Team	tal. This message has been se n your account. Requests will fter submission.	nt to you because we be processed within
althC				



# **View Details/Summary**

#### Viewing Referral/Claim Detail

- To view claim or referral details click the claim/referral number from the search results list.
- 2. The detail view window will display.







#### Viewing payment details

 Click the check number on the claim search results list to view payment detail



#### **Printing Claims/Referral Detail**

**1.** To print the detail, click 💉 FILE APPEAL LAIM DETAIL Y PAYMENT DETAIL PATIENT NAME: PATIENT1, TEST ADDRESS on the print icon to 0 DOB APT GENDER CITY, STATE, ZIP generate a P D F file HEALTH PLAN HEALTH PLAN ID: CLAIM: 123112 STATUS: Paid 2. Select to open or save SERVICE DATE: 12-15-2010 Click the print BILLING ENTITY: TEST DOCTOR'S OFFICE RENDERING E the generated file AID TO ENTITY PLACE OF SER icon to TOTAL BILLED \$258.00 REFERRAL NUI 3. Click to print TOTAL PAID: \$137.85 generate a TOTAL COPAY PDF file CLAIMS RECEIVED SUBMISSION ME HealthCare SUBMISSION F PATIENT ACCOUNT # 468098D0CCMB Select to open RECORD(S or save -PILE AT ADDRESS the generated file \$230.00 \$105.89 \$124.11 .00 0 N TY STATE ZE CLAIM DISPOSITION CODES: \$105.89 ADJB01-ABOVE HEALTH PLAN BY PATIEN CLAIM: 12311 \$28.00 \$14.26 \$13.74 .00 N FIND M SERVICE DATE: 12-15en or save this file? De O REF Search 20110322075135.pdf X BILLING ENTITY: ST DOCTOR nent, 36.8KB PAID TO ENTITY BILL 🔁 Cla Details\_20110322074958[1].pdf - Adobe Acroba TOTAL BILLED TES File Edit View Document Comments Forms Tools Advanced Window H TOTAL PAID Open Save TOTAL COPAY: REN 🖕 Create \* 🍶 Combine \* 🔬 Collaborate \* 🔒 Secure \* 🥖 Sign \* 🔳 Forms \* 🈏 Comment \* DATE PAID TES CHECK # 8 📄 🔜 🔊 🗇 🐳 1 / 1 🖪 🖑 🥰 🔊 🖲 57.3% • 🔡 🚼 🔤 harm your computer. If you do save this file. What's the risk? CHECK DATE: 500 n We c INTEREST PAYMENT 1 HealthCare Partners RESULTIS 1 Click to E PORTAL Medical Genue and AR 12-15-2010 12-15-2010 -----------\$230.00 11 G0202 1 print 125 CLAIM -DX: V76.12 M1: M2: M3: M4 CLAIM 123112 TENTINE 12-15-2010 -11 77052 1 \$28.00 -GENCER UNLE HENDIFRAM HENDIFRA GLAM ACTION BRIGE DATE DHILDIG -



# **EOB** Lookup

#### **Download EOB**

- To download E O B, select the items from the claims search results; click and mark the item(s) to select
- 2. Click Download EOB button
- 3. A popup message will appear saying an email will be sent when the E O B is available for download
- 4. Click ok to close message

11	em(s) to select	CITY HE/	ADT: APT: CITY, STATE, 2P: HEALTH PLAN ID:						
•	iem(s) to select	RECEIVED	DOS	BILLED	COPAY	PAID	CHECK DT	CHECK #	STATUS
		h	09	\$10		\$9	12		PAID
<b>_</b>	TORRANCE MEMORIAL MED CTR	09	09	(\$1 1)					DENFWO HLTH PL/ RESP-DO
o	TORRANCE MEMORIAL MED CTR	10	09	S1: 0		50			DENFWO HLTH PU RESP-DO
o	TORRANCE MEMORIAL MED CTR	09	09	S3: 0					DENFWO HLTH PL RESP-DO
o	TORRANCE MEMORIAL MED CTR	09	09	\$15		50			DENFWO HLTH PL RESP-DO
0	TORRANCE MEMORIAL MED CTR	09	09	\$21		\$1 J	10		PAID
• •••••	TORRANCE MEMORIAL MED CTR	09	09	\$X: 0	L L	)own	load		DENFWO HLTH PU RESP-DO
D	TORRANCE MEMORIAL MED CTR	06	05	52: 0	L L		noau	2	PAID
D	TORRANCE MEM HOSP MED CTR INC	02	02	\$17	F	OB h	utton		PAID

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30				ENED	~~~	مللتم	hla	fo		dou	vnload	15
3.1		TORRANCE MEMORIAL MED CTR	09	05	-							
3		TORRANCE MEMORIAL MED CTR	09	09	Clos		K Oř mes		0 20	-		HETH PLA
3 -		TORRANCE MEMORIAL MED C	Your EOB Report in You will be notified when it is available	s being per via email v for downloa			mea		ay		J	DENFWD- HLTH PLA RESP-DOI
3 -		TORRANCE MEMORIAL MED C		G	5							
3 -		TORRANCE MEMORIAL MED CTR	09	09	510			50				DENFWD- HLTH PLA RESP-DOI
3 .		TORRANCE MEMORIAL MED CTR	09	09	521			\$1		10		
3 -		TORRANCE MEMORIAL MED CTR	09	09	\$3:	0		50				DENFWD- HLTH PLA RESP-DOI
3		TORRANCE MEMORIAL MED CTR	05			0		56				
3 -		TORRANCE MEM HOSP MED CTR	NC 02		\$1.			\$1	30			
1941	checkbox	es above to select, then click on the I	utton.									

#### View Downloaded EOB

- Select EOB lookup to view EOB download status
- The EOB PDF/ Excel file can be downloaded when status is completed
- 3. Click PDF or Excel to download file





#### View EOB by Check Number

- 1. Enter the check number
- 2. Click GO
- 3. A popup message will appear saying an email will be sent when the EOB is available for download
- 4. Click ok to close message
- 5. Click PDF or Excel to download file





INQUIRIES | EOB LOOKUP

SEARCH FOR MULTIPLE CLAIMS TO APPEAL

E

Click here to go to the

# **Appeal Submission**

#### File an Appeal for a Single Claim

- 1. To file an appeal, select the appeals link
- 2. For a single claim, enter the claim number to appeal
- 3. Click GO

 (a) Enter the comments or explanation of the appeal; click submit to proceed

#### AND/OR

(b) Click browse to add any additional attachments and click the drop down

LE APPEAL HISTORY ENTER CLAM NUMBER \* SEARCH FOR MULTIPLE CLAMS TO APPEAL 9287109 Numbers on/ PATIENT HEALTHPLAN BILLED PAID PROV CLAIM D05 PRODUCT TYPE PROVIDER NAME / NPI LOPEZABE E J033590720-000 04-13-2012 SERVICE KING MD ANDREW T 1757325 \$103.00 \$29.84 165.2 APPEAL CLUDE ATTACHMENT D ment Type art Dev Ref products COLLAR! (COLUMN AND I

60)

SEARCH | CLAIMS SUBMISSION | APPEALS | INQUIRIES | EOB LOOKUP

CLAIMS ONLINE PORTAL

ONLINE PORTAL

HISTORY

Numbers only

ENTER CLAIM NUMBER \*

FILE APPEAL

SEARCH | CLAIMS SUBMISSION

APPEALS

1

box to select the document type; Click submit to proceed

- 5. Submission confirmation window Click OK to proceed
- 6. An email will be sent, to confirm filed appeal





#### File an Appeal for Multiple Claims

1. Click to search for multiple claims



2. Select the billing

provider and rendering provider as appropriate Note: Fields marked with asterisk (\*) are

mandatory

3. Select the Date(s) of Service (mandatory) Date range should not exceed 7 days

CH | CLAIMS SUBMISSION | APPEALS | INQUIRIES | EOB LOOKUP to go to the HCP Portal to impersi BY PATIENT NAME QUICK SEARCH CLAMS/REFERRALS ADVANCED SEARCH CLAMS/REFERRALS BY EDI SUBMISSION NUMBER FIND MULTIPLE CLAIMS OR REFERRALS \* required field **⊙**CLAIMS **OREFERRALS** BILLING PROVIDER DATE(S) OF SERVICE \* CLAIMS SUBMISSIONS DATE(S) All mm-dd-yyyy 🖾 TO mm-dd-yyyy 💭 mm-dd-yyyy 💭 RENDERING PROVIDER \* APPEALED? \* CLAIMS STATUS O'Yes ONo All ~ (00) (Select One) 500 records is the maximum that can be displayed. We cannot allow date range searches of more than 7 days. 4. Select to search

- for appealed items or not (mandatory field)
- Select to filter results based on claim submission dates and status
- 6. Click GO to proceed
- Mark items to appeal 8. Click File Appeal button

	PATIENT	NAME Y QUICK SEA	RCH CLAIMS REFER	RALS ADVI	WICED S	EARCHO	LAMSRE	FERRALS	BY EDI	SUBMISSION	UMBER	(
100	OREFE	TIPLE CLAIMS OR RE AS RRALS	FERRALS								* Heg	uired field
	BLLIN	S PROVIDER		DATE(S) OF	SERVICE	E.		CLAMS :	SUEMISSI	ONS DATE(S)		
Al			~	10-13-2011 TO 10-19-2011			CLAMS STATUS					
RENDERING PROVIDER *												
2.RE	r	to appe	n(s) eal									
l	LAINER	PATIENT NAME	BILLING PROVID	NER RECE	IVED	005	ENLLED	COPAY	PAID	OEC	CHECK	STATUS
		TEST, PATIENT	SAMPLE MEDIC	AL 10-14	2011 10	-13-2011	\$601.00					Pending
	2311		- Serviewe									



Claims Portal - © 2012 Solely For HealthCare Partners 9. Enter comments OR Mark to select if comments are applicable to all listed claims



- 10. Click submit
- 11. Confirmation of submission will display Click OK to close

#### **Viewing Appeal History and Details**

1. Click History tab to view appeals history

SEARCH	CLAIMS SUBMISSION	T	APPEALS	-
FILE APPEAL	HISTORY			
	ENTER CLAIM NUMBER *			]
	Numbers only		(60)	

- 2. Select range of submission dates
- 3. Select status type as appropriate
- 4. Click GO

FILE APPEAL HISTORY			
	SUBMISSION DATES *	STATUS	
	mm-dd-yyyy TO mm-dd-yyyy	All	



5. Results will display below, to view detail, click the CSR ID of the item to view.

		_			_		
FLEA	History Results will display		To click o	view detail, the <b>CSR ID</b> f the item			(
DATE/TIME	SUBMITTED	CSRID	STATUS	Master Veodor	Patient Name	Claim #	Resolution
01-04-2012 9	30 AM	123456	Open	SAMPLE MEDICAL GROUP	DOEJOHRAN	00001	
01-04-2012 1	0.07 AM	213545	Pending	SAMPLE MEDICAL GROUP	DEFT.JEREMY	00002	
01-03-2012 6	58 AM	213546	Dosed	SAMPLE MEDICAL GROUP	MARRY MARY	00003	UPHELD
01-04-2012 9	ST AM	213455	Closed	SAMPLE MEDICAL GROUP	MARKY MARKY	00004	NOT APPLICABLE
01-18-2012 1	34 PM	213245	Closed	SAMPLE MEDICAL GROUP	BLOSS BLLY	00005	ENTERED IN ERROR
01-18-2012 2	15 PM	212354	Dosed	SAMPLE MEDICAL GROUP	SAMPLE PATIENT	00006	OVERTURNED
54.45.0042.4	1:30 454	213153	lineat	SAMPLE MEDICAL OPOLIO	TEST TESTER	00007	NOT APPLICARLE

6. Detail window will appear, Click to print detail view; Click to Close detail view

TAIL			S THE APPE	4.0
PATIENT NAME		PROVIDER NPI PROVIDER NAME		
DOS	05-19-2012	PROVIDER TIN:		9
PRODUCT TYPE	COMMERCIAL	PROVIDER TYPE: M	O	
ORIGINAL CLAIM:		CSR ID: 37	709875	2
CLAIM STATUS:	Approved	STATUS: C	LOSED (NEW)	
		CSR TYPE C	LAIM APPEAL	
ORIGINAL CLAIM BILLED AMOUNT	\$234.00	ORIGINAL CLAIM PAID AMOUNT	•	
COMMENTS	11/05/12 09:38AM CLA are correct. Please, rep	IM PORTAL General CPT 99396 deni rocess c laim for pmt.	ed as inapproriate billing. Codes	
RESOLUTION	OTHER	ADDITIONAL NOTES: N	eed corrected bill Line 2 denied correc	tly Incom
REASON DECISION ADJUSTMENTS	UPHELD N	D	X codes for line 2	



#### **Viewing Appeal Summary**

1. From the results view or in the detail view, Click the claim number of the item



2. Click on appeals summary tab; summary of appeal event will appear below

CLAIM DET	AIL APP	EALS SUMMARY		Club
PATIENT N	AME: CRU DOB: 03-1	Z, ANNETTE E I-1962	ADDRESS: 16118 E CLOVERMEAD APT:	
GEN HEALTH P	DER: FEM	ALE FORNIA CARE	CITY, STATE, ZIP: COVINA, CA 91722 HEALTH PLAN ID: 611-A7-3714-40	
SERVICE D	AIM: 4613	016 I-2012	STATUS: Approved	
DATE	APPEAL	ID APPEAL STA	TUS DISPUTE TYPE	
11-05-2012	3709875	CLOSED (NE	N) OTHER	



# **Inquiry Feature**

#### **Submitting Inquiry on filed Claim**

- 1. A CSR ID assigned to filed appeals Use CSR ID to inquire about an appeal
- 2. View CSR ID from appeals history list

CLAIMS ONLINE PORTAL SEARCH   CLAIMS SUBMISSION   APPEALS   IN From appeals history list								
FILE APPEAL HISTOR	۲)		~~				?	
	SUBM 10-26-	SSION DATES	10-28-2011	STATUS Al	×			
DATE/TIME SUBMITTED	CSR ID	STATUS	Master Vendor		Patient Name	Claim #	Resolution	
01-04-2012 9:30 AM	123456	Open	SAMPLE MEDICAL	GROUP	DOE JOHNNY	00001		
01-04-2012 10:07 AM	213545	Pending	SAMPLE MEDICAL	GROUP	DEFT, JEREMY	00002		
01-03-2012 6:58 AM	213546	Closed	SAMPLE MEDICAL	GROUP	MARRY, MARY	00003	UPHELD	
01-04-2012 9:57 AM	213455	Closed	SAMPLE MEDICAL	GROUP	MARKY, MARNY	00004	NOT APPLICABLE	
01-18-2012 1:34 PM	213245	Closed	SAMPLE MEDICAL	GROUP	BLOSS,BILLY	00005	ENTERED IN ERROR	
01-18-2012 2:15 PM	212354	Closed	SAMPLE MEDICAL	GROUP	SAMPLE, PATIENT	00006	OVERTURNED	
01-19-2012 11:30 AM	213153	Closed	SAMPLE MEDICAL	GROUP	TEST, TESTER	00007	NOT APPLICABLE	

3. Or, from appeal detail view

GL/			HealthCare	artnert
SEARCH	(28744)		(P	- Manter
(newee	PATIENT HEALTHR PRODUCT ORIGINAL CLAIM TE	ANDE PROVOER AN D PROVOER DOS PROVOER		٢
20414-11002 0 91-04-2012 5-3 91-06-2012 10 91-06-2012 5-3 91-06-2012 5-3	ORG	Or, from appeal detail view	100	SARK
01-18-2012 1 3 01-18-2012 1 4 01-18-2012 1 4	RESOL RE DEC ADJUSTN	LITOR HEALTH PLAN RESPONSELE ADDITIONAL NOT ADDIT STORY UPHELD ENTE IN	E3. claim cas derived connectly. POS member and theeth Plain Responsibility	CADUS CADUS
This is the second	REPLACEMEN	7 - ADDITIONAL PRAYMENT AMOUNT		

4. To send an inquiry, select the inquiries link

	IMS	-			
SEARCH	CLAIMS SUBMISSION	1	APPEALS	INQUIRIES	EOB LOOKUP
		_			



5. Click the make inquiry tab



6. Enter CSR ID; Click GO

CSR ID
60
Numbers only

7. Enter inquiry comments

Click Confi	Submit rmation will appear		
			PATENT NAME: TEST PATENT PROVIDER NAME: SAMPLE MEDICAL DOB PROVIDER TW CENDER FEMALE DOS 8346-3912 MEALTHPLAN D SUBMISSION DATE 5345-3912 ORDINAL CLAM 12345 CSRID 112121 CLAM 51ATUS PAD STATUS OPEN CLAM 51ATUS PAD STATUS OPEN
-	COMMENTS Type in comments h	PAD AMOL PAD AMOL ere.	(QQQ) Australia etc.
	Enter the inquiry comments	SUBMISSION DA CSF STAT CSR TY	SEARCH   CLAIMS SUBMISSION   APPEALS   BIOLUMES   BOB LOOKUP
	PATENT NAME TEST, PATENT DOB	PROVIDER NAM PROVIDER T	VIE: SAMPLE MEDICAL
	Numbers only	10556	
	CSR ID 1212123		
MAKE PK	SURY HISTORY		



#### **Viewing Inquiry History**

1. Select Inquires from home screen



2. Select submission date ranges and status; Click GO

MAKE INQUIRY HISTORY			
	SUBMISSION DATES *	STATUS	
	mm-dd-yyyy	All	× 60

3. Results will appear

	Su		CLAMS HOME [LOG OUT[CHWIC	Health	a FAGS (CONTACT US Care Partners, up and Affiliated Physicians
SEARCH   CLAIM	S SUBMISSION	N   AP	PEALS   INQUIRIES   EOB LOOKUP	3	Velcome Brian Montoya
MAKE INQUIRY HISTO	SUBME	Ir	will display		0
DATE/TIME SUBMITTED	CSRAD	STATUS	i Master Vendor	Patient Name	Claim # Resolution
03-06-2012 9:08 AM	1312132	Closed	AMAZING AND AWESOME MEDICAL CORPORATION	TEST PATIENT	323231
03-06-2012 1:48 PM	1312135	Closed	AMAZING AND AWESOME MEDICAL CORPORATION	TRIAL JACK	323311
03-07-2012 2:14 PM	1312139	Closed	AMAZING AND AWESOME MEDICAL CORPORATION	DOER JOHTALY	323445
The second se					the second se



# Submitting a Claim

#### Uploading a File

1. Click on the Claims Submission link from the top navigation menu

SEARCH	CLAIMS SUBMISSION	APPEALS	INQUIRIES	EOB LOOKUP

2. Click **Browse** to locate the file to upload. **Note:** File format should follow the specified allowable format.



3. Select the file





4. Click upload



5. Click OK on the file submission notification display to confirm upload. Note: A link will be available to download the Acknowledgement of Receipt/ 997 EDI file. The link will also be available in the email confirmation.

#### **File Submission History**

- Select File Submission History tab
- 2. Enter date ranges
- 3. Click GO





4. Results will appear

Fi	le subr	nission h	nistory display
- <u>-</u>			
	ED (EDI #	STATUS	ACKNOWLEDGEMENT
DATE/TIME SUBMITTI 03-23-2011 09-46 AM	ED ECH #	STATUS Rejected	ACKNOWLEDGEMENT Download 997

#### **Viewing Pending Claims**

1. Select Pending Tab



2. Select claim submitter or ALL



#### 3. Click GO



4. Results will appear

UPLOAD CLAMS	FILE SUBMISSION HISTORY	CONDIE:			
CLAMS SUBMITTER		Submission summary will display			y
INV ON THE ANOTA	COEDTED TO MEW DETAILS				
DATE SUBMITTED	SUBMITTER	TOTAL # SUBMITTED	# PROCESSED	# PENDING*	# NOT ACCEPTED
DATE SUBMITTED 9-02-2011	SUBMITTER Test Submitter A	TOTAL # SUBMITTED	# PROCESSED	# PENONIG*	# NOT ACCEPTED
DATE SUBMITTED 9-02-2011 9-02-2011	CCEPTED TO VIEW DETAILS. SUBMITTER Test Submitter A Test Submitter D	TOTAL # SUBMITTED 1 318	# PROCESSED 1 309	# PENDING* 0 0	# NOT ACCEPTED 0 9
UCK ON THE # NOT # DATE SUBMITTED 9-02-2011 9-02-2011 9-02-2011	CCEPTED TO VIEW DETAILS. SUBMITTER Test Submitter A Test Submitter D Test Submitter Peds	TOTAL # SUBMITTED 1 318 44	# PROCESSED 1 309 43	# PENONIC" 0 0 0	# NOT ACCEPTED 0 9 1
UDC ON THE # NOT # DATE SUBMITTED 942-2011 942-2011 942-2011 942-2011	CCEPTED TO VIEW DETAILS SUBMITTER Test Submitter A Test Submitter D Test Submitter Pods Test Submitter Specialty	TOTAL # SUBMITTED 1 318 44 6	# PROCESSED 1 309 43 6	# PENDING* 0 0 0 0	# NOT ACCEPTED 8 9 1 1 0
UCK ON THE # NOT # DATE SUBMITTED 9-02-2011 9-02-2011 9-02-2011 9-02-2011 9-02-2011	CCEPTED TO VIEW DETAILS SUBMITTER Test Submitter A Test Submitter Pols Test Submitter Specialfy Test Submitter Specialfy Test Submitter	TOTAL # SUBMITTED 1 318 44 6 451	# PROCESSED 1 309 43 6 449	# PENCING* 0 0 0 0 2	# NOT ACCEPTED 0 9 1 0 0

5. Submission summary will display number of pending claims

UPLOAD CLAMS FILE SUBMISSION HISTORY		Submission summary will display <b>number of</b> <b>pending</b> claims			
THE OWNER AND A MOST	COEPTED TO VIEW DETAIL				
COOK ON THE WHOT	ACCO TED TO VETT DE INCA			N	
DATE SUBMITTED	SUDMITTER	TOTAL # SUMMITTED	# PROCESSED	# PENDING"	# NOT ACCEPTED
DATE SUDMITTED	SUBMITTER Test Dubrider A	TOTAL # SUDMITTED	# PROCESSED	# PENDING*	# NOT ACCEPTED
DATE SUDMITTED 05-02-2011 09-02-2011	SUBMITTER Test Submitter A Test Submitter D	TOTAL # SUBMITTED 1 318	# PROCESSED 1 309	# PENDING* 0 0	# NOT ACCEPTED 0 3
DATE SUDMITTED 05-02-2011 05-02-2011 05-02-2011	SUDMITTER Test Submitter A Test Submitter D Test Submitter Pada	TOTAL # SUBMITTED 1 318 44	4 PROCESSED 1 309 43	# PENDING" 0 0	# NOT ACCEPTED 0 9 1
DATE SUDMITTED 09-02-2011 09-02-2011 09-02-2011 09-02-2011	SUDMITTER Test Submitter A Test Submitter D Test Submitter Peds Test Submitter Specially	TOTAL # SUMANTTED 1 318 44 6	# PROCESSED 1 309 43 6	# PERCING* 0 0 0	# NOT ACCEPTED 0 3 1 0
DATE SUBMITTED 09-02-2011 09-02-2011 09-02-2011 09-02-2011 09-02-2011	SUBMITTER Test Submitter A Test Submitter D Test Submitter D Test Submitter Peds Test Submitter Seconty Test Submitter	TOTAL # SUPARITIED 1 318 44 6 451	# PROCESSED 1 309 43 6 449	# PERCING* 0 0 0 0 2	# NOT ACCEPTED 0 9 1 0 0

6. Pending claims will either be processed or rejected

		×			
CLAIMS SUBMI		Pending claim processed	s will eithe or <b>reject</b> e	er be ed	
DATE SUBMITTED	SUBMITTER	TOTAL # SUBMITTED	# PROCESSED	# PENDING*	# NOT ACCEPTE
-02-2011	Test Submitter A	1	1	0	0
	Test Submitter D	318	309	0	9
-02-2011			43	0	1
-02-2011 -02-2011	Test Submitter Peds	44			
02-2011 02-2011 02-2011	Test Submitter Peds Test Submitter Specially	6	6	0	0
02-2011 02-2011 02-2011 02-2011 20-2011	Test Submitter Peds Test Submitter Specially Test Submitter	6 451	6 449	0 2	0



7. Click on the number to view detail of claim



8. Results will display





#### **Eligibility**

1. To verify Eligibility click the 'Eligibility' link on the home page



2. Insert a claim number

ELIGIBILITY VERIFICATION	EQUEST HISTORY
	ENTER CLAIM NUMBER *
	60
	Numbers only

3. Insert any additional appropriate comments; Click Submit

PATIENT ELIGIBILITY	VERIFICATION REQUEST		* required field
PATIENT LAST NAME		ADDRESS 1	
PATIENT FIRST NAME		ADDRESS 2	
DOB:		CITY, STATE, ZIP:	
GENDER:	MALE		•
HEALTH PLAN:	BLUE SHIELD HMO	* REASON FOR	Please verify eligibility based on DOS listed.
HEALTH PLAN ID:		REQUEST:	Please type in your comments. Do not copy and paste from Word or similar renducts
DATE OF SERVICE	04/13/2012		
		SUBMIT	Only click the Submit button once. A unique Verification Request ID Number will be assigned.

4. A email will be sent to confirm request submission

From:	DoNotReply@healthcarepartners.com
To:	
Cc	
Subject:	ACKNOWLEDGEMENT OF RECEIPT
have re twenty Thank	cently received an eligibility verification request from your account. Requests will be processed within four (24) hours beginning on the first business day after submission.
Health	Care Partners Claims Online Portal Team
PLEAS	E DO NOT RESPOND TO THIS E-MAIL. This e-mail box is not equipped to handle correspondence.

