



Claims Portal

Updated: 1/25/13



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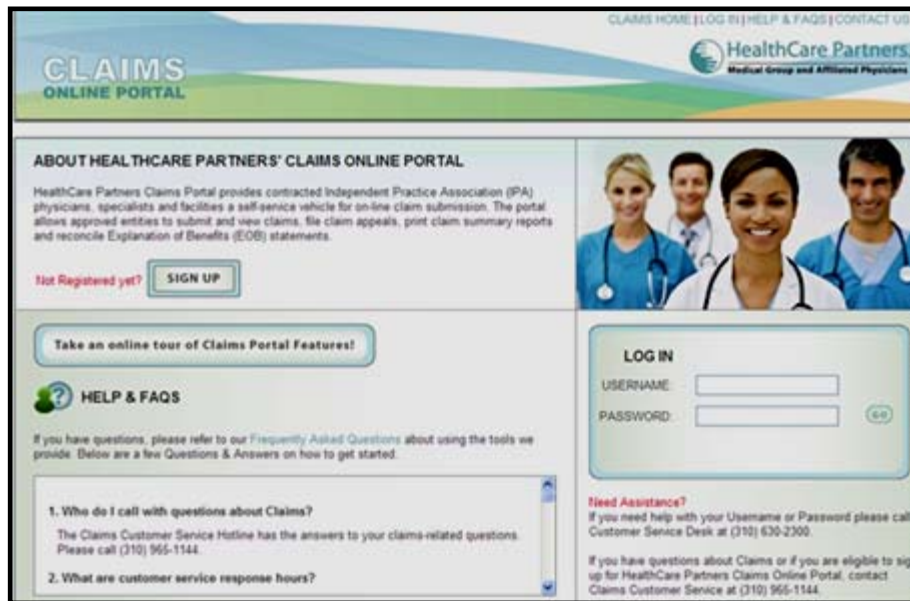
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Claims Online Portal Access

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

CLAIMS HOME | LOG IN | HELP & FAQS | CONTACT US

CLAIMS ONLINE PORTAL

HealthCare Partners
Medical Group and Affiliated Physicians

ABOUT HEALTHCARE PARTNERS' CLAIMS ONLINE PORTAL

HealthCare Partners Claims Portal provides contracted Independent Practice Association (IPA) physicians, specialists and facilities a self-service vehicle for on-line claim submission. The portal allows approved entities to submit and view claims, file claim appeals, print claim summary reports and reconcile Explanation of Benefits (EOB) statements.

Not Registered yet? **SIGN UP**

Take an online tour of Claims Portal Features!

HELP & FAQS

If you have questions, please refer to our [Frequently Asked Questions](#) about using the tools we provide. Below are a few Questions & Answers on how to get started.

LOG IN

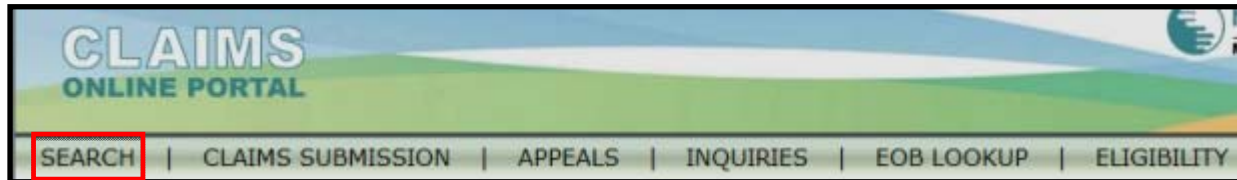
USERNAME:

PASSWORD:

Enter username and password

Search Claims/Referrals

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



By Patient Name

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

BY PATIENT NAME | QUICK SEARCH | ADVANCED SEARCH | SUBMISSION NUMBER | ELIGIBILITY

FIND CLAIMS OR REFERRALS FOR THIS PATIENT * required field

CLAIMS
 REFERRALS

LAST NAME * FIRST NAME DOB mm-dd-yyyy HEALTH PLAN ID ** PATIENT ACCT # **

We will show you up to 20 matching patient names from your search.
 To get more exact results, use Last Name, First Name, and DOB, or enter the full number of the Health Plan ID or Patient Account Number.

** Enter letters, numbers and dashes as appropriate.

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

1 RESULT(S)

PATIENT NAME: LOPEZ, ABDIAS ADDRESS: 7212 FARMLAND AVE
 DOB: 08-31-1965 APT:
 GENDER: MALE CITY, STATE, ZIP: PICO RIVERA, CA 90650
 HEALTH PLAN: PACIFICARE HEALTH PLAN ID: 8064720-02

<input type="checkbox"/>	CLAIM #	BILLING PROVIDER	RECEIVED	DOS	BILLED	COPAY	PAID	CHECK DT	CHECK #	STATUS
<input checked="" type="checkbox"/>	8787433	MADISON RADIOLOGY MED GRP	01-26-2012	01-16-2012	\$482.00		\$129.71	02-13-2012	220455247	Paid

Use checkboxes above to select, then click on the button.
 Note that you cannot file an appeal for a claim that is already under appeal.

[DOWNLOAD EOB](#) [FILE APPEAL](#) [ELIGIBILITY](#)

8. Scroll down to view more

Quick Search Claims/Referrals

(Select to search by Claim Number or Referral Number)

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



Advanced Search Claims/Referrals

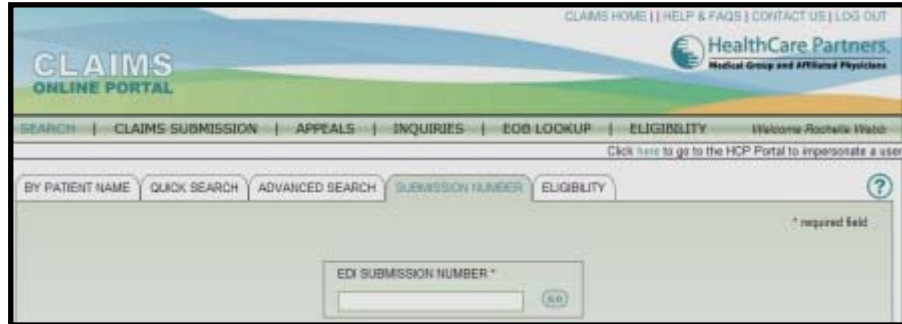
(Select to search by Provider and Date of Service)

1. Select an option to search (Claim or Referral)
2. 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



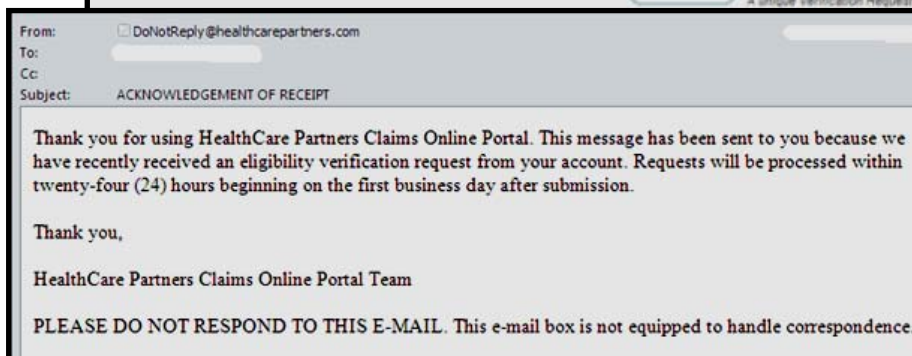
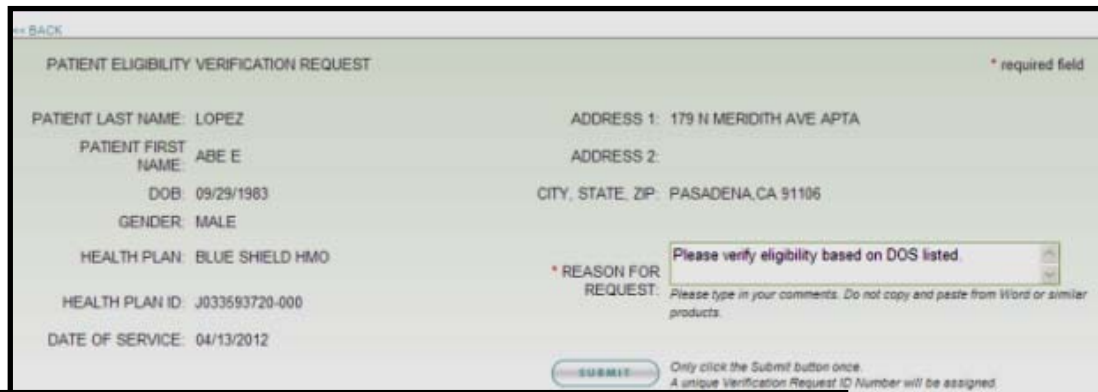
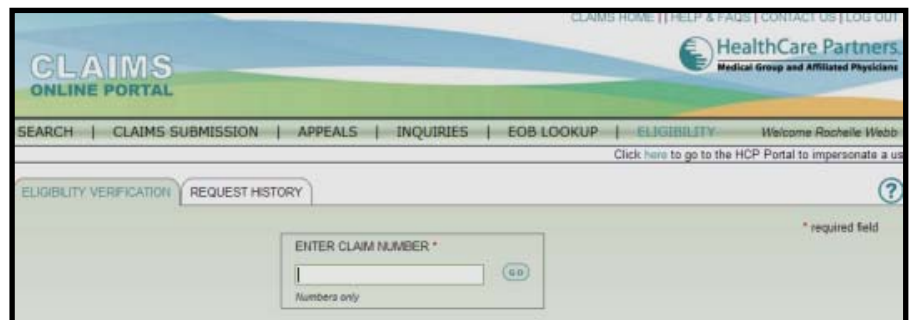
By EDI Submission Number

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



Eligibility

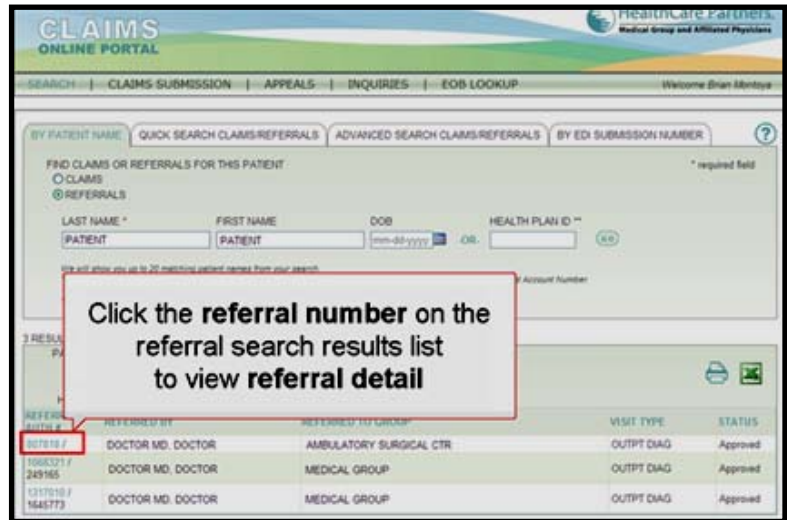
1. Enter Claim number
2. Required fields are marked with an asterisk (*)
3. Click GO
4. Enter "reason for request"
5. Click **submit**
6. An email will be sent verifying request
7. An email will be sent to confirm request submission



View Details/Summary

Viewing Referral/Claim Detail

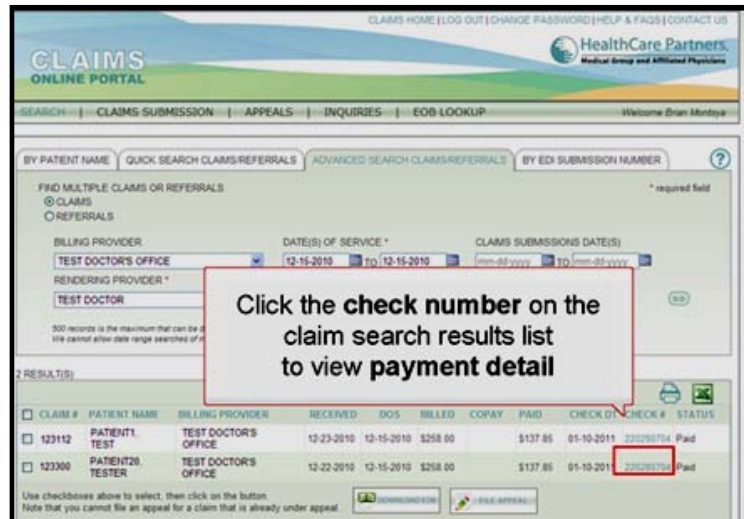
1. To view claim or referral details **click the claim/referral number** from the search results list.
2. The detail view window will display.



Example shows search for claim detail

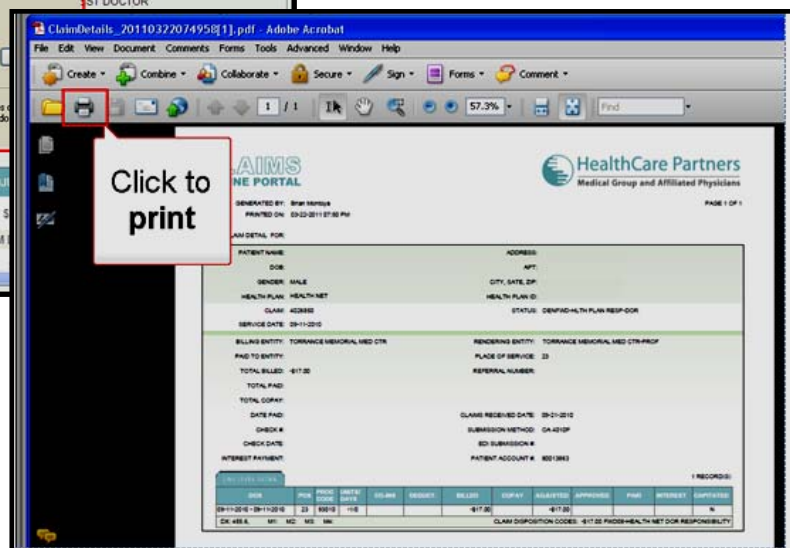
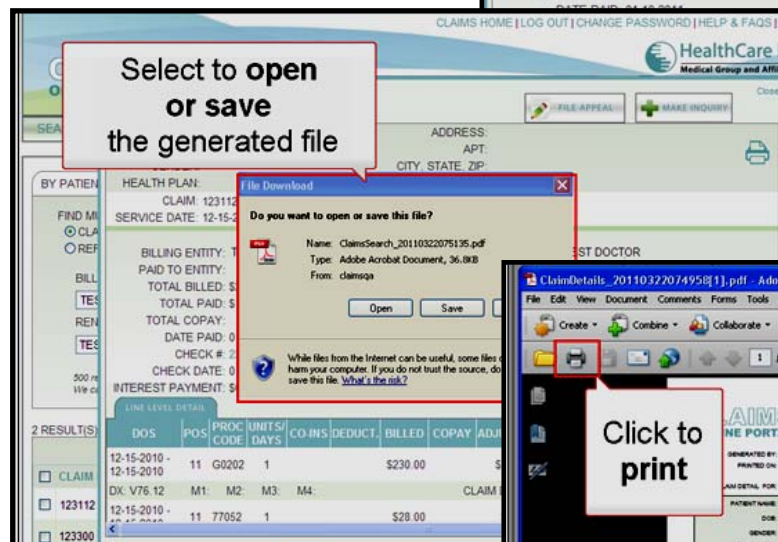
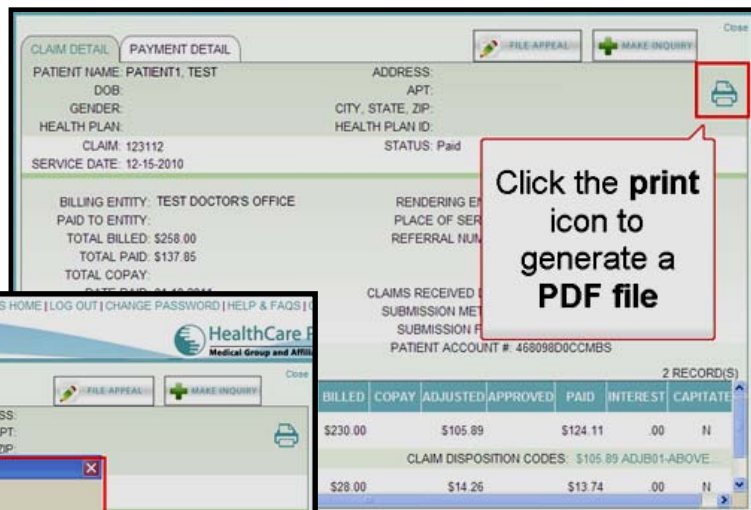
Viewing payment details

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



Printing Claims/Referral Detail

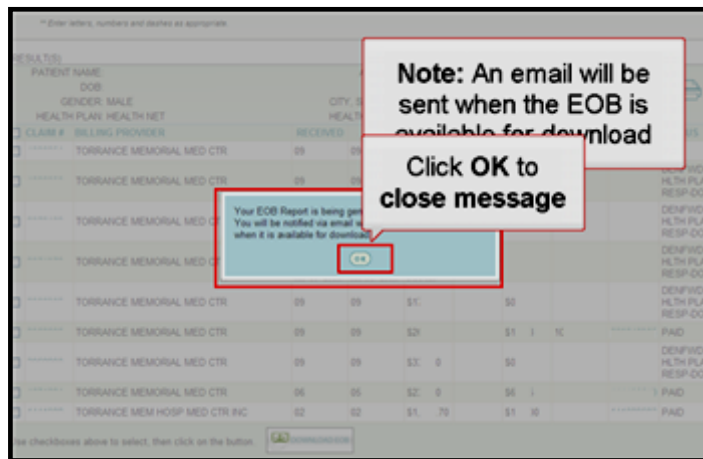
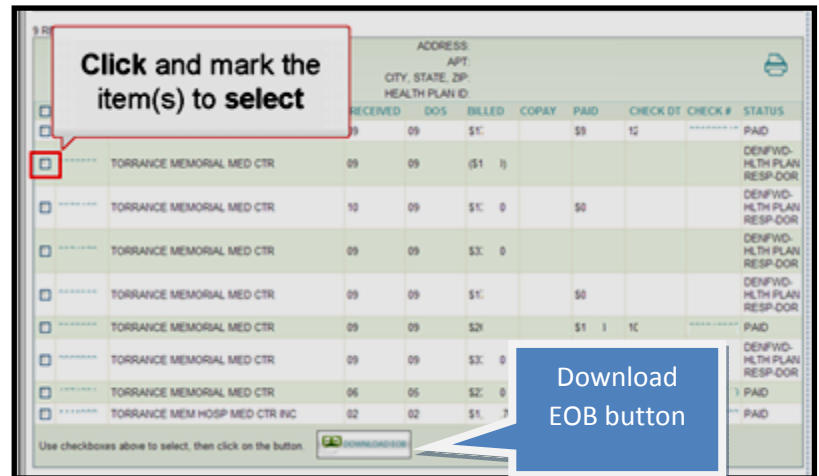
1. To print the detail, click on the print icon to generate a P D F file
2. Select to open or save the generated file
3. Click to print



EOB Lookup

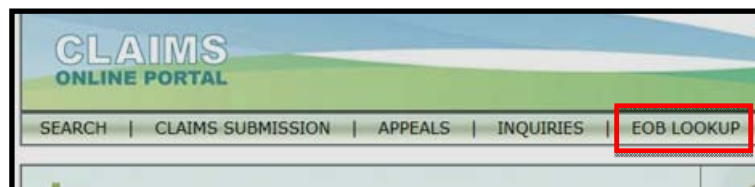
Download EOB

1. 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



View Downloaded EOB

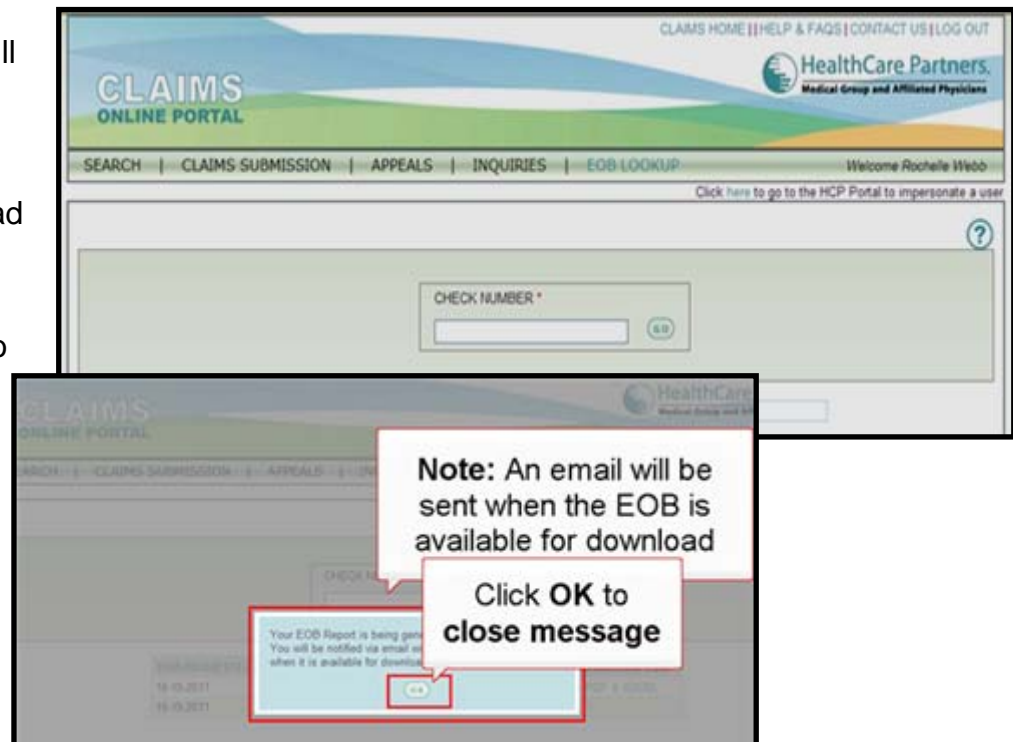
1. Select EOB lookup to view EOB download status
2. The EOB PDF/ Excel file can be downloaded when status is completed
3. Click PDF or Excel to download file



EOB REQUESTED	REQUESTED BY	STATUS	DOWNLOAD EOB
10-19-2011	Brian Montoya	Completed	PDF EXCEL
10-19-2011	Brian Montoya	Pending	

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



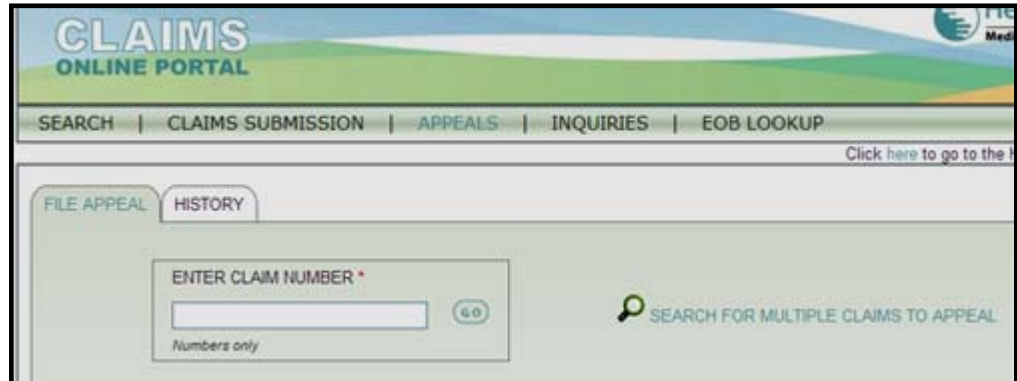
Appeal Submission

File an Appeal for a Single Claim

1. To file an appeal, select the appeals link



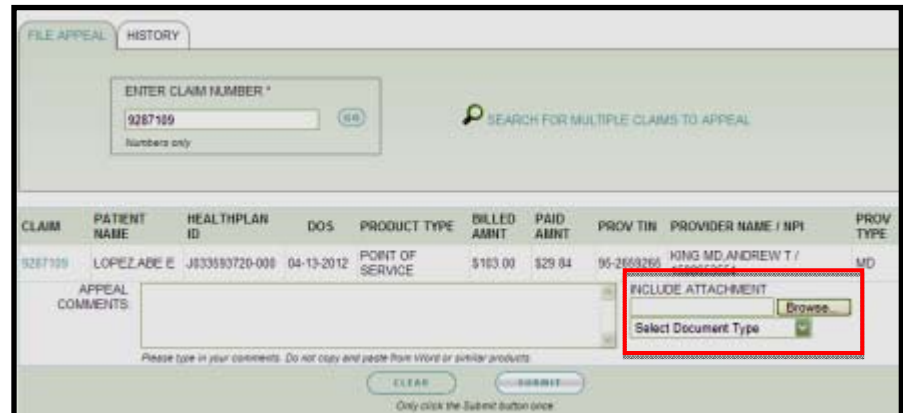
2. For a single claim, enter the claim number to appeal
3. Click GO



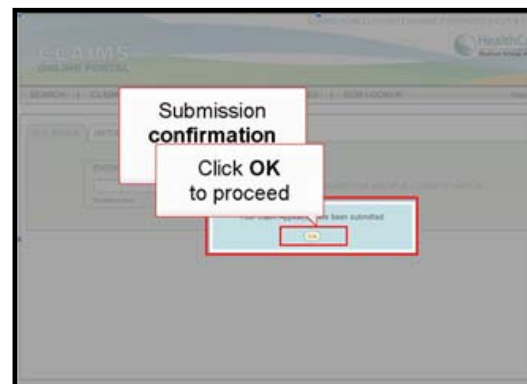
4. (a) Enter the comments or explanation of the appeal; click submit to proceed

AND/OR

- (b) Click browse to add any additional attachments and click the drop down box to select the document type; Click submit to proceed

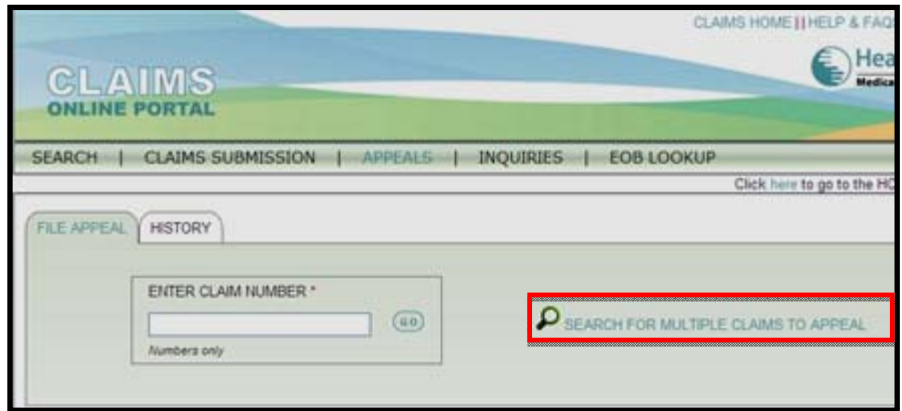


5. Submission confirmation window
Click OK to proceed
6. An email will be sent, to confirm filed appeal



File an Appeal for Multiple Claims

1. Click to search for multiple claims

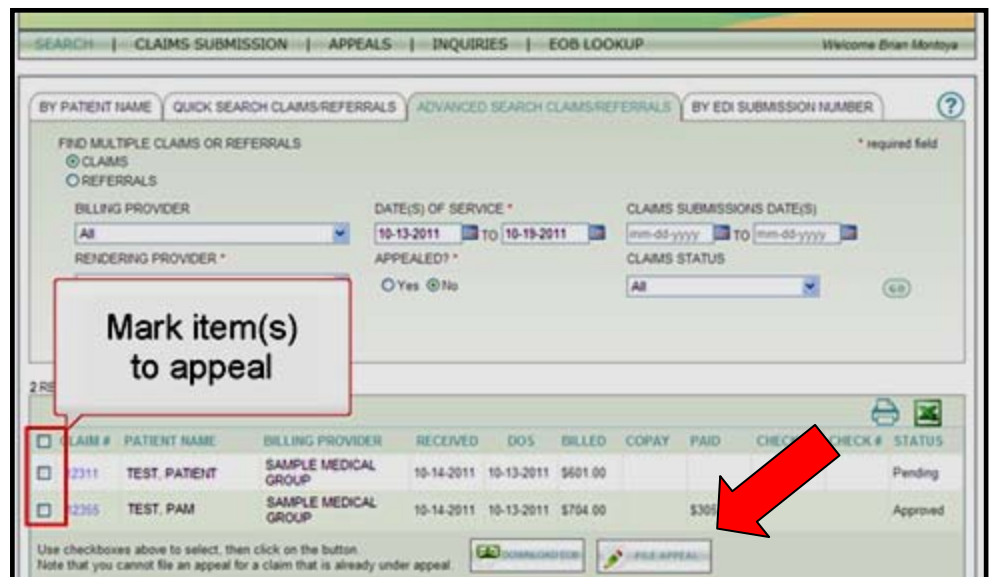


2. Select the billing provider and rendering provider as appropriate **Note: Fields marked with asterisk (*) are mandatory**



3. Select the Date(s) of Service (mandatory) Date range should not exceed 7 days
4. Select to search for appealed items or not (mandatory field)
5. Select to filter results based on claim submission dates and status
6. Click GO to proceed

7. Mark items to appeal
8. Click File Appeal button



- Enter comments **OR** Mark to select if comments are applicable to all listed claims

SET SAME COMMENTS FOR ALL CLAIMS BELOW

CLAIM	PATIENT NAME	HEALTHPLAN ID	DOS	PRODUCT TYPE	BILLED AMNT	PAID AMNT	PROV TIN	PROVIDER NAME / NPI	PROV TYPE
4710824	M	R05526022-FD2	11-07-2012	COMMERCIAL	\$219.00	\$20.32			MD
COMMENTS (1000 CHARACTERS MAX):									
4710087		J030023090-011	11-05-2012	COMMERCIAL	\$90.00				MD
COMMENTS (1000 CHARACTERS MAX):									
4710086		J029965330-010	11-05-2012	COMMERCIAL	\$140.00	\$67.16			MD
COMMENTS (1000 CHARACTERS MAX):									

CLEAR SUBMIT

- Click submit
- Confirmation of submission will display Click OK to close

Viewing Appeal History and Details

- Click History tab to view appeals history

SEARCH | CLAIMS SUBMISSION | APPEALS

FILE APPEAL HISTORY

ENTER CLAIM NUMBER *

Numbers only

GO

- Select range of submission dates
- Select status type as appropriate
- Click GO

FILE APPEAL HISTORY

SUBMISSION DATES * STATUS

mm-dd-yyyy TO mm-dd-yyyy All

GO

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

DATE/TIME SUBMITTED	CSR ID	STATUS	Master Vendor	Patient Name	Claims #	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	MARRY MARRY	00004	NOT APPLICABLE
01-18-2012 1:34 PM	213245	Closed	SAMPLE MEDICAL GROUP	BLOSS BILLY	00005	ENTERED IN ERROR
01-18-2012 2:16 PM	212354	Closed	SAMPLE MEDICAL GROUP	SAMPLE PATIENT	00006	OVERTURNED
01-18-2012 11:30 AM	213153	Closed	SAMPLE MEDICAL GROUP	TEST TESTER	00007	NOT APPLICABLE

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

DETAIL

PATIENT NAME: [REDACTED] PROVIDER NPI: [REDACTED]
 HEALTHPLAN ID: [REDACTED] PROVIDER NAME: [REDACTED]
 DOS: 06-19-2012 PROVIDER TIN: [REDACTED]
 PRODUCT TYPE: COMMERCIAL PROVIDER TYPE: MD

ORIGINAL CLAIM: [REDACTED] CSR ID: 3709875
 CLAIM STATUS: Approved STATUS: CLOSED (NEW)
 CSR TYPE: CLAIM APPEAL

ORIGINAL CLAIM BILLED AMOUNT: \$234.00 ORIGINAL CLAIM PAID AMOUNT: [REDACTED]

COMMENTS: 11/05/12 09:38AM CLAIM PORTAL General CPT 99396 denied as inappropriate billing. Codes are correct. Please, reprocess claim for pmt.

RESOLUTION OTHER REASON: [REDACTED] ADDITIONAL NOTES: Need corrected bill Line 2 denied correctly Incorrect DX codes for line 2
 DECISION: UPHELD
 ADJUSTMENTS: N

REPLACEMENT - ADDITIONAL PAYMENT AMOUNT: [REDACTED]

Viewing Appeal Summary

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

The screenshot shows the 'CLAIMS ONLINE PORTAL' interface. At the top, there are navigation tabs: SEARCH, CLAIMS SUBMISSION, APPEALS, INQUIRIES, and EOB LOOKUP. Below this is a 'FILE APPEAL' and 'HISTORY' section. A 'SUBMISSION DATES' filter is set to 10-26-2011 to 10-28-2011. A table lists several claims with columns for DATE/TIME SUBMITTED, CSR ID, STATUS, Master Vendor, Patient Name, Claim #, and Resolution. A red box highlights the 'Claim #' column, and a callout box with the text 'Click the claim number of the item' points to it.

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	MARRY MARY	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

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

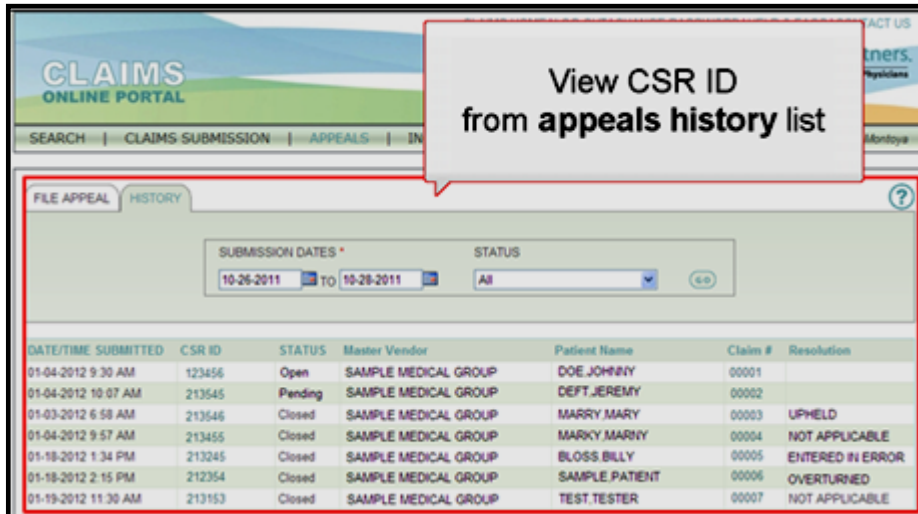
The screenshot shows the 'APPEALS SUMMARY' tab selected. It displays patient information: PATIENT NAME: CRUZ, ANNETTE E; DOB: 03-14-1962; GENDER: FEMALE; HEALTH PLAN: CALIFORNIA CARE; CLAIM: 4613016; SERVICE DATE: 06-19-2012. It also shows address information: ADDRESS: 16118 E CLOVERMEAD APT.; CITY, STATE, ZIP: COVINA, CA 91722; HEALTH PLAN ID: 611-A7-3714-40; STATUS: Approved. Below this is a table of appeal events.

DATE	APPEAL ID	APPEAL STATUS	DISPUTE TYPE
11-05-2012	3709875	CLOSED (NEW)	OTHER

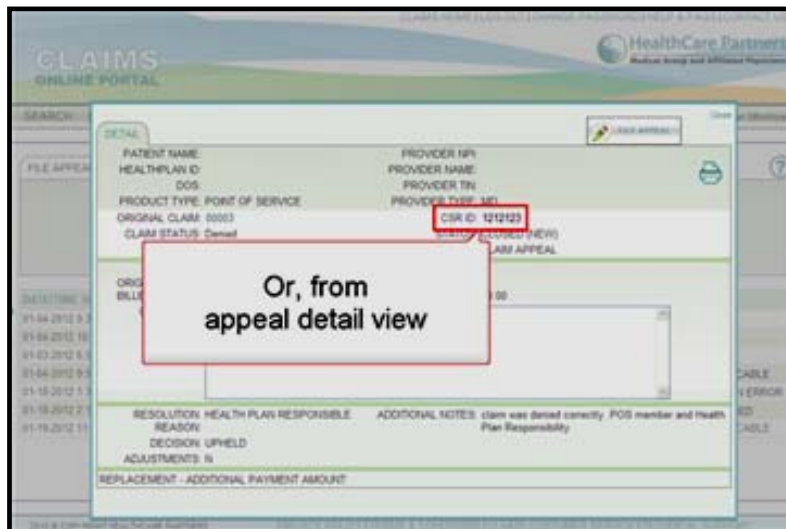
Inquiry Feature

Submitting Inquiry on filed Claim

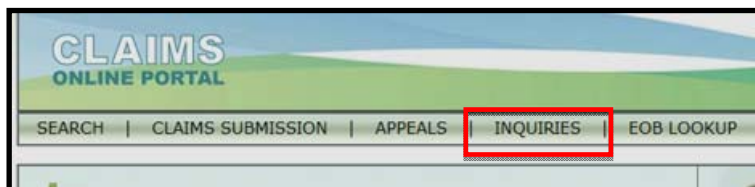
1. A CSR ID assigned to filed appeals Use CSR ID to inquire about an appeal
2. View CSR ID from appeals history list



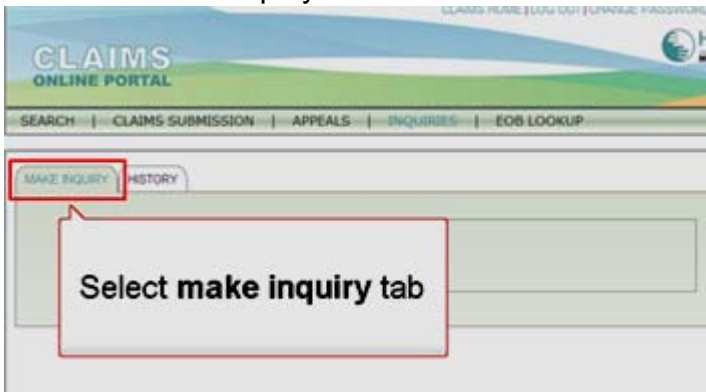
3. Or, from appeal detail view



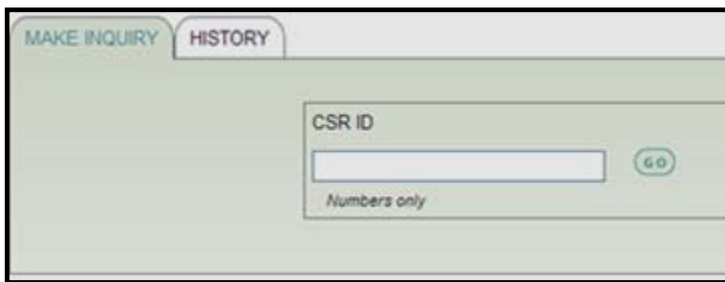
4. To send an inquiry, select the inquiries link



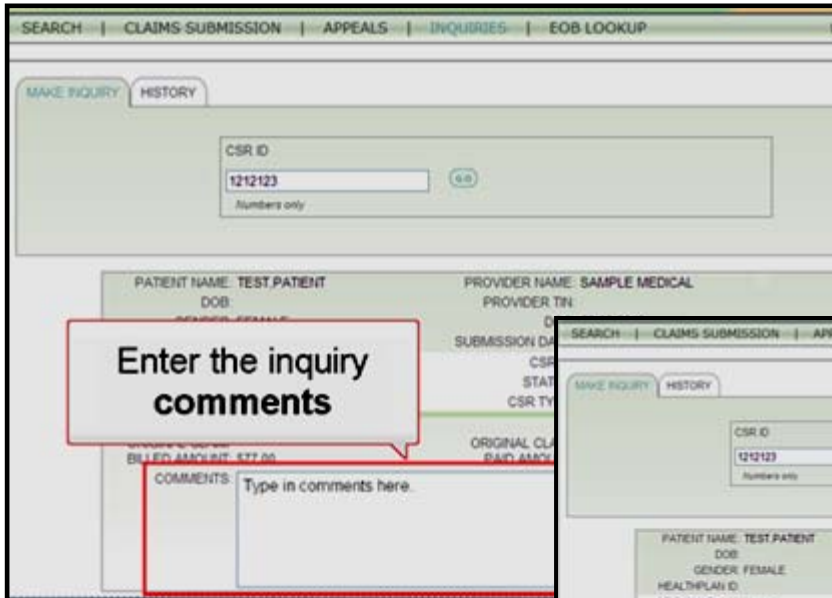
- 5. Click the make inquiry tab



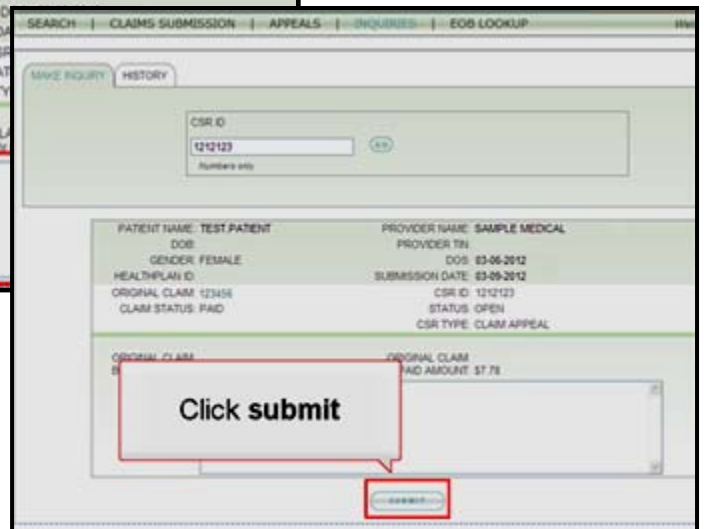
- 6. Enter CSR ID; Click GO



- 7. Enter inquiry comments



- 8. Click Submit
- 9. Confirmation will appear

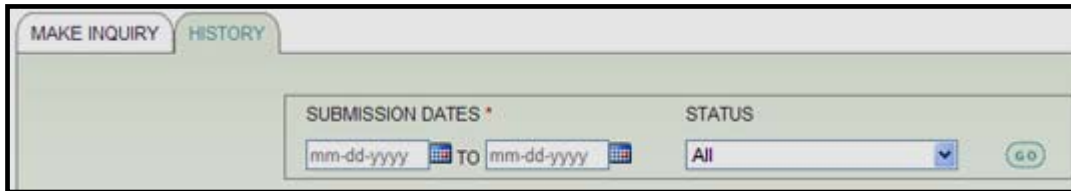


Viewing Inquiry History

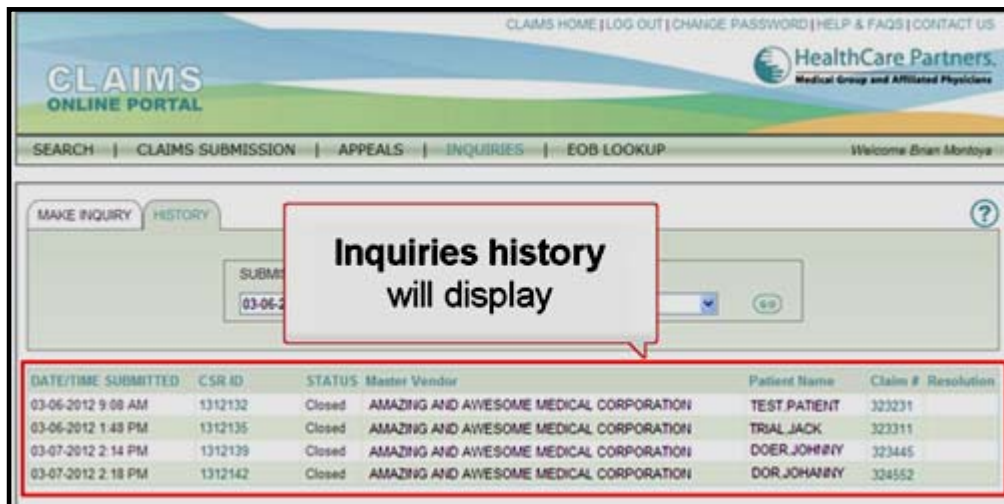
1. Select Inquires from home screen



2. Select submission date ranges and status; Click **GO**



3. Results will appear



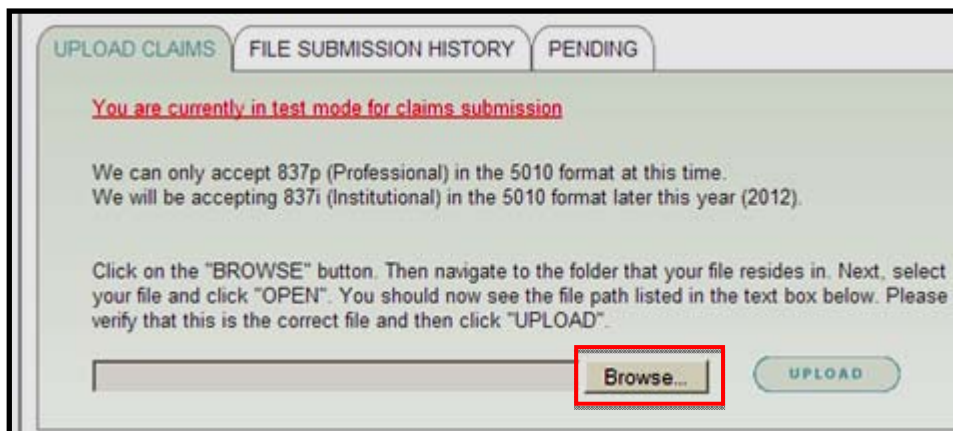
Submitting a Claim

Uploading a File

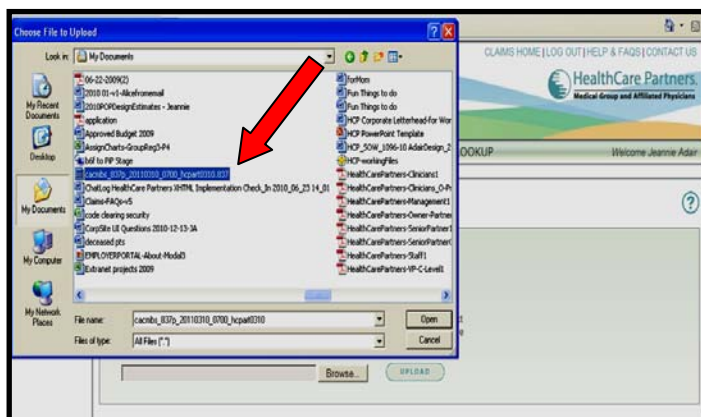
1. Click on the Claims Submission link from the top navigation menu



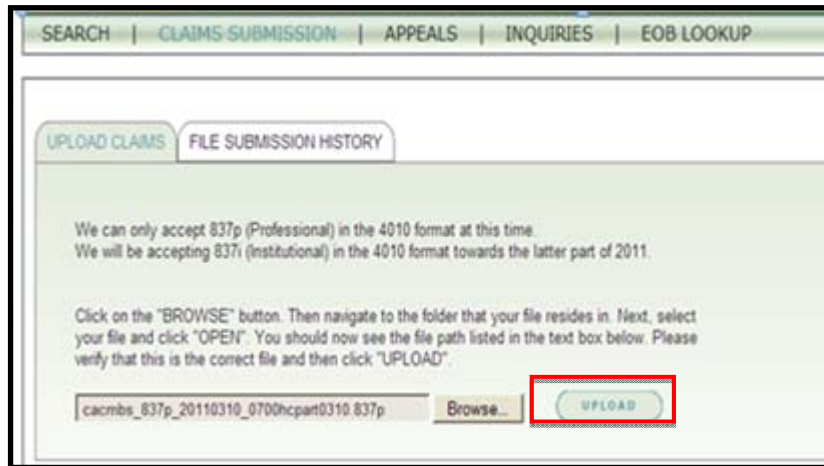
2. Click **Browse** to locate the file to upload. **Note:** File format should follow the specified allowable format.



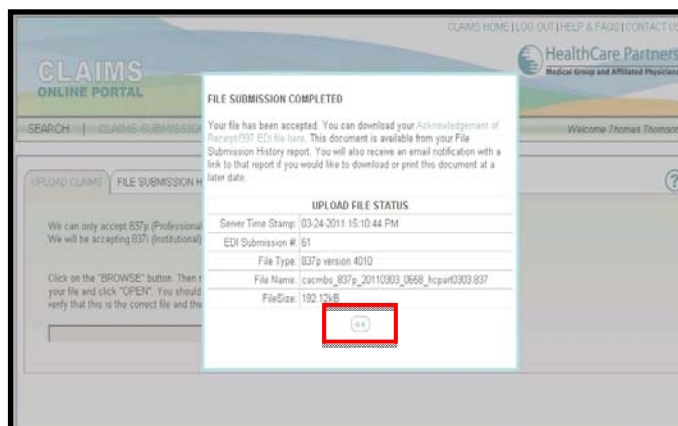
3. Select the file



4. Click **upload**

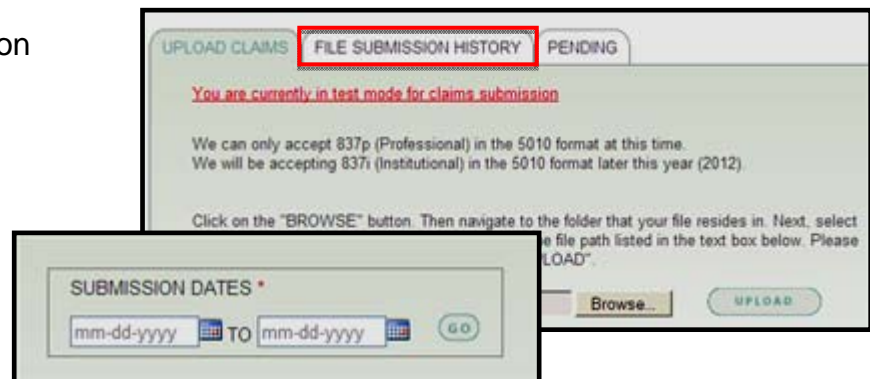


5. Click OK on the file submission notification display to confirm upload. **Note: A link will be available to download the Acknowledgement of Receipt/ 997 EDI file. The link will also be available in the email confirmation.**



File Submission History

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



4. Results will appear

DATE/TIME SUBMITTED	ECI #	STATUS	ACKNOWLEDGEMENT
03-23-2011 09:45 AM	58	Rejected	Download 997
03-24-2011 03:29 PM	62	Accepted	Download 997

Viewing Pending Claims

1. Select Pending Tab

2. Select claim submitter or ALL

3. Click GO

4. Results will appear

SEARCH | CLAIMS SUBMISSION | APPEALS | INQUIRIES | EOB LOOKUP Welcome Brian Montoya

UPLOAD CLAIMS | FILE SUBMISSION HISTORY | PENDING

CLAIMS SUBMITTER: All

Submission summary will display

CLICK ON THE # NOT ACCEPTED TO VIEW DETAILS

DATE SUBMITTED	SUBMITTER	TOTAL # SUBMITTED	# PROCESSED	# PENDING*	# NOT ACCEPTED
09-02-2011	Test Submitter A	1	1	0	0
09-02-2011	Test Submitter D	318	309	0	9
09-02-2011	Test Submitter Peds	44	43	0	1
09-02-2011	Test Submitter Specialty	6	6	0	0
09-20-2011	Test Submitter	451	449	2	0
09-20-2011	Test Submitter C	45	45	0	0

5. Submission summary will display number of pending claims

SEARCH | CLAIMS SUBMISSION | APPEALS | INQUIRIES | EOB LOOKUP Welcome Brian Montoya

UPLOAD CLAIMS | FILE SUBMISSION HISTORY

CLAIMS SUBMITTER: All

Submission summary will display number of pending claims

CLICK ON THE # NOT ACCEPTED TO VIEW DETAILS

DATE SUBMITTED	SUBMITTER	TOTAL # SUBMITTED	# PROCESSED	# PENDING*	# NOT ACCEPTED
09-02-2011	Test Submitter A	1	1	0	0
09-02-2011	Test Submitter D	318	309	0	9
09-02-2011	Test Submitter Peds	44	43	0	1
09-02-2011	Test Submitter Specialty	6	6	0	0
09-20-2011	Test Submitter	451	449	2	0
09-20-2011	Test Submitter C	45	45	0	0

6. Pending claims will either be processed or rejected

SEARCH | CLAIMS SUBMISSION | APPEALS | INQUIRIES | EOB LOOKUP Welcome Brian Montoya

UPLOAD CLAIMS | FILE SUBMISSION HISTORY

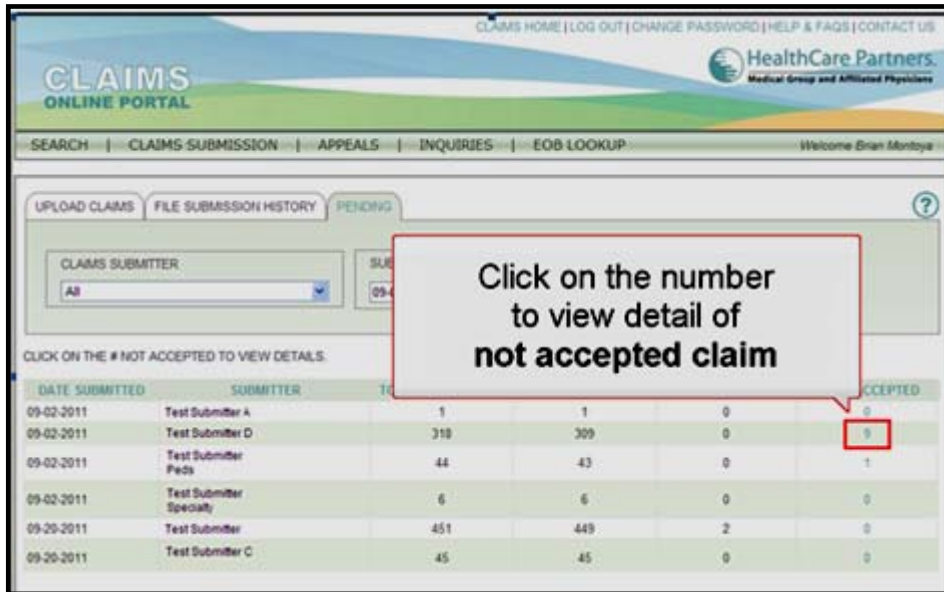
CLAIMS SUBMITTER: All

Pending claims will either be processed or rejected

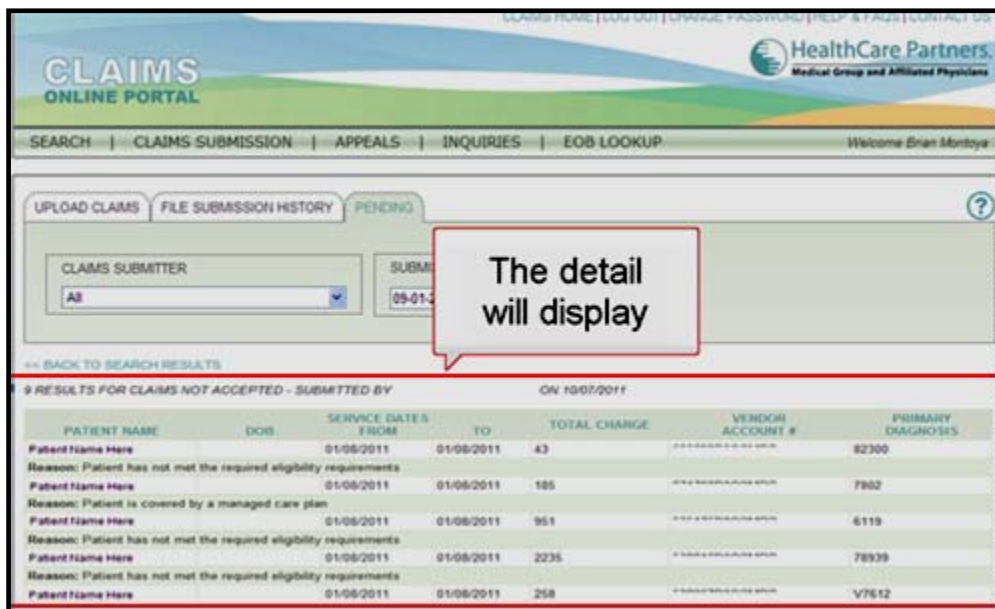
CLICK ON THE # NOT ACCEPTED TO VIEW DETAILS

DATE SUBMITTED	SUBMITTER	TOTAL # SUBMITTED	# PROCESSED	# PENDING*	# NOT ACCEPTED
09-02-2011	Test Submitter A	1	1	0	0
09-02-2011	Test Submitter D	318	309	0	9
09-02-2011	Test Submitter Peds	44	43	0	1
09-02-2011	Test Submitter Specialty	6	6	0	0
09-20-2011	Test Submitter	451	449	2	0
09-20-2011	Test Submitter C	45	45	0	0

7. Click on the number to view detail of claim

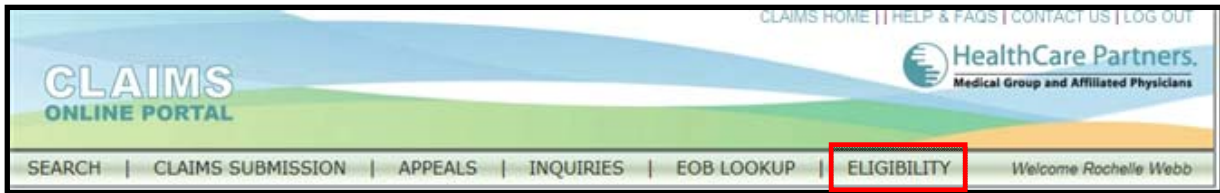


8. Results will display



Eligibility

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



2. Insert a claim number

3. Insert any additional appropriate comments; Click Submit

4. A email will be sent to confirm request submission

