



# Secure Provider Portal Enhancements

June, 2023

# Coming Soon: Secure Provider Portal Enhancements!



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



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



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

# Overall Look and Feel

## Legacy Provider Portal

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
✓	05/15/2020	[REDACTED]	T136
✓	05/18/2020	[REDACTED]	T139
✓	05/18/2020	[REDACTED]	T139
✓	04/23/2020	[REDACTED]	T114
✓	04/21/2020	[REDACTED]	T112

## New Release

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

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

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

Member ID or Last Name: [input] Member Date of Birth: [input] Select Action Type: [dropdown] [SUBMIT]

**Authorization Overview**

**Inpatient Authorizations** [View All]  
**Outpatient Authorizations** [View All]

**Useful Links**

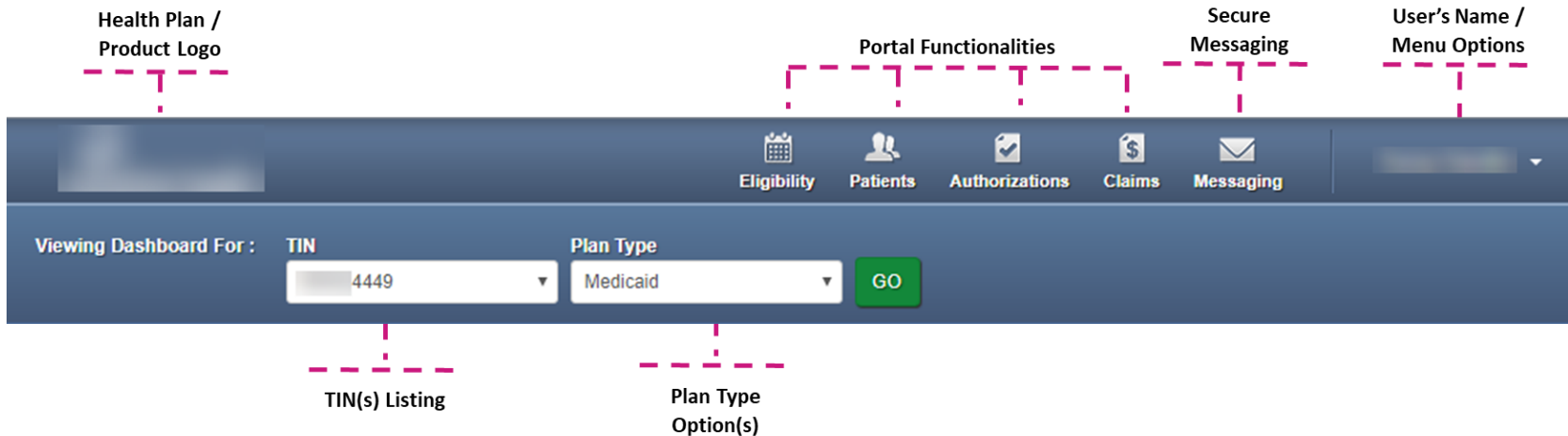
- Reports**: This repository contains reports that are calculated and maintained by the health plan.
- Provider Analytics**: Used by PCP groups to get direct access to reports/dashboards that assist in providing better outcomes and lower costs.
- Patient Analytics**: This is a PIM tool that supports providers in the delivery of timely, efficient, and evidence-based care to our members.
- Care & Risk Gaps**: Providers are directed to Intertaria, where they can view data for high-risk, high-impact members in the selected population.
- ITC Provider Dispute Form**: Use if claim is processed and a PIA has been issued or you received a letter subsequent to the reconsideration.
- Clinical Payment Policies**: Guidelines used to assist in administering provider benefits.
- PAI Provider Survey**: This survey enables providers to update their accessibility information.
- COVID-19**: Latest updates and news related to the COVID-19 virus.



- 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

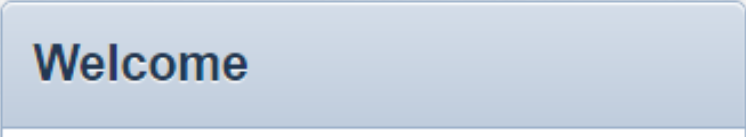
# Header Information

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



# Welcome Greeting

## Legacy



**Welcome**

The existing “Welcome” was generic and static.

## *New Release*



**Welcome, Martha!**

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

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

# Provider Notifications

## Legacy

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

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

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

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

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

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

## New Release

### ! EOP Issues

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

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

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

### ⓘ Network Upgrade Scheduled

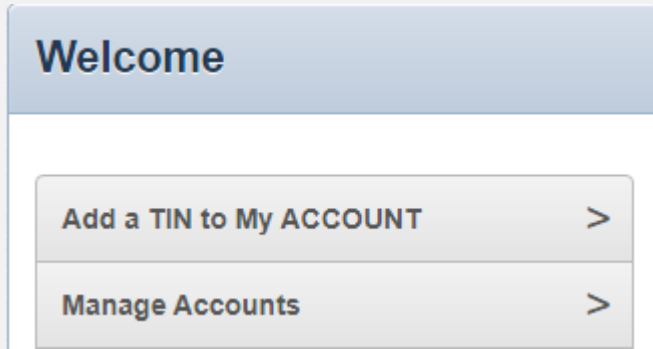
We will be updating our network from Dec 30th at 11:00pm until Jan 3rd at 7:00am (Central Time). Some features may not be available during this time. We apologize for any inconvenience this may cause. Thank you for your patience as we improve our web sites to serve you better.

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

# Admin Settings

Around 20% of portal users are in the Administrator Role

## Legacy

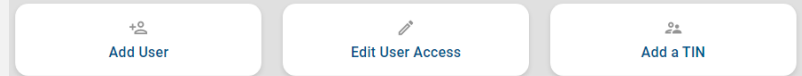


It takes multiple clicks and drop-down menus to reach Admin Functions.

## New Release

### Admin Settings

Add and manage user access and information.



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

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

Iowa total care  
iowa health network  
HAWKI

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

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

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

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

Member ID or Last Name:   
Member Date of Birth:    
Select Action Type:

With two data points:

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

Providers are now able:

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

Select Action Type

Select

View Eligibility & Patient Information

Create New Claim

Create Recurring Claim

Create Authorization



# Quick Actions: Create Claim

Legacy

The legacy interface shows a navigation bar with 'Claims' and 'Messaging' buttons. Below it are 'Upload EDI' and 'Create Claim' buttons. A search form contains 'Member ID or Last Name' (U1234567M1) and 'Birthdate' (07/19/1963) with a 'Find' button. A red box highlights the 'Claims' button and the 'Create Claim' button. A red arrow points from the 'Create Claim' button to the search form, and another red arrow points from the search form to the 'Choose a Claim Type' screen.

Choose a Claim Type

CMS 1500 Professional Claim → CMS UB-04 Institutional Claim →

UPDATE: In order to be compliant with ICD-10 regulations, we will require claims with discharge dates or service dates on or after October 1, 2015, be coded with ICD-10 codes. This change applies to the date of service on the claim, not the submission date.

New Release

The new interface features a 'Quick Actions' section with a description: 'Do a quick eligibility check, find patient benefits information, create a new claim or recurring claim or an authorization.' It includes input fields for 'Member ID or Last Name', 'Member Date of Birth' (MM/DD/YYYY), and a 'Select Action Type' dropdown menu, followed by a 'SUBMIT' button. A pink arrow points from the 'SUBMIT' button to the 'Choose a Claim Type' screen.

Choose a Claim Type

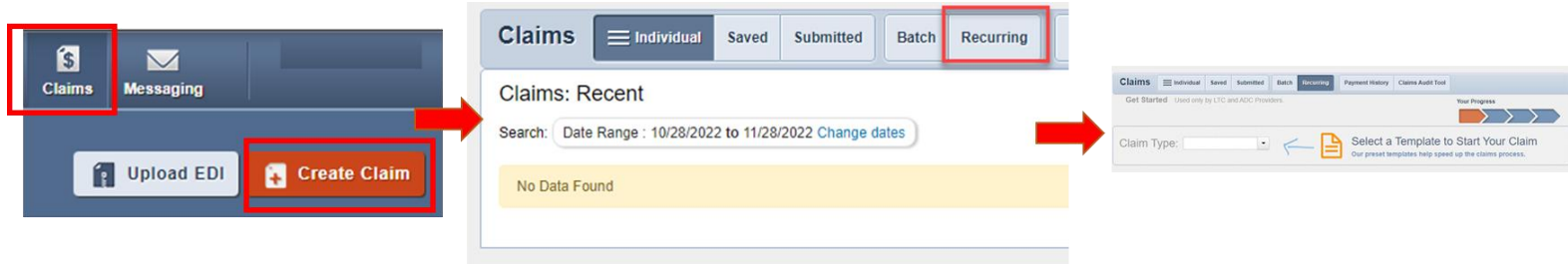
CMS 1500 Professional Claim → CMS UB-04 Institutional Claim →

UPDATE: In order to be compliant with ICD-10 regulations, we will require claims with discharge dates or service dates on or after October 1, 2015, be coded with ICD-10 codes. This change applies to the date of service on the claim, not the submission date.

*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



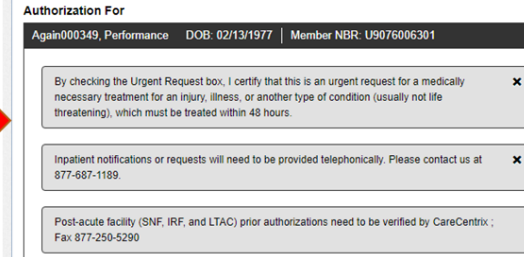
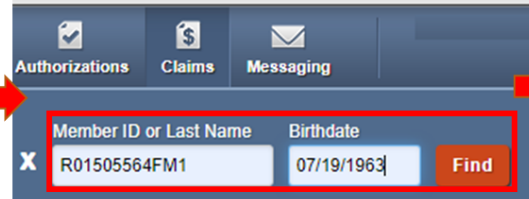
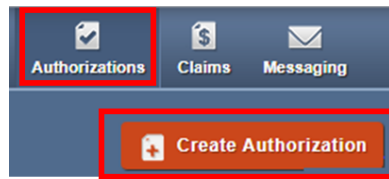
New Release



*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

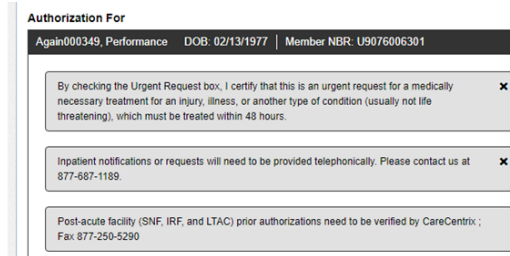
## Quick Actions

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

Member ID or Last Name

Member Date of Birth

Select Action Type



*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

Required Action: Providers being enrolled against a provider ID/IDOL ACCESS products will need to ensure that PCP/Referral are correct. Primary Care are outside of the primary Primary Provider Group will require a referral to be created. Claims will deny if the referral is...

ELIGIBLE	DATE OF SERVICE	PATIENT NAME	DATE CHECKED
Ineligible	11/04/2022	Wanda Ring	11/04/2022

This patient is not eligible as of today, Nov 4, 2022. The premium paid through date is May 18, 2016, and the claims paid through date is May 18, 2016.

Patient Information		PCP Information	
Name	Wanda Ring	UNASSIGNED PCP	
Gender	F		
Birthdate	Mar 3, 1956		

New Release

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

Member ID or Last Name:

Member Date of Birth:

Select Action Type:

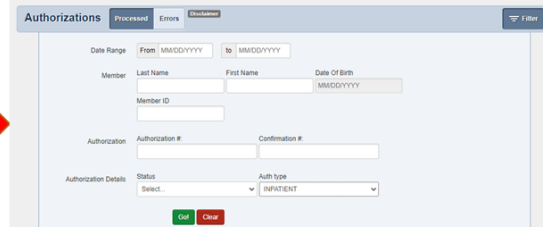
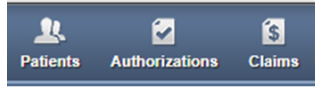
This patient is not eligible as of today, Nov 4, 2022. The premium paid through date is May 18, 2016, and the claims paid through date is May 18, 2016.

Patient Information		PCP Information	
Name	Wanda Ring	UNASSIGNED PCP	
Gender	F		
Birthdate	Mar 3, 1956		

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



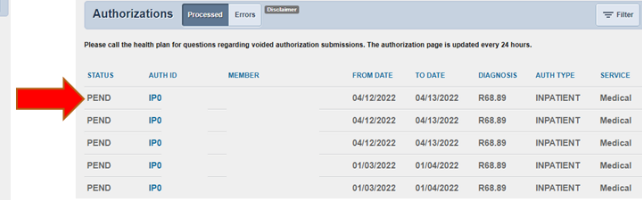
Authorizations | Processed | Errors | Discontinue | Filter

Date Range: From MM/DD/YYYY to MM/DD/YYYY

Member: Last Name, First Name, Date Of Birth, Member ID

Authorization: Authorization #, Confirmation #

Authorization Details: Status, Auth type (dropdown), Search, Get, Clear



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

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

New Release

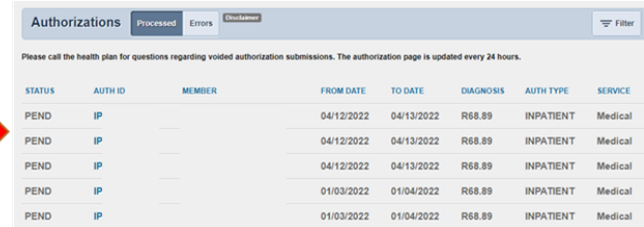
## Authorization Overview

Inpatient Authorizations

[View All](#)

Outpatient Authorizations

[View All](#)



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

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

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

# Quick Links

## Legacy

### Quick Links

- [ITC Provider Dispute Form](#)
- [Clinical Payment Policies](#)
- [PAI Provider Survey](#)

Stagnant links are grouped together.

## New Release

### Useful Links

#### PAI Provider Survey

This survey enables providers to update their accessibility information.

#### High Risk Medications

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

#### Vendor Affiliates

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

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

# Reports and Analytics

## Legacy

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

Links to some third-party affiliated sites

## New Release

### Useful Links

#### Reports

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

#### Provider Analytics

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

#### Patient Analytics

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

#### Care & Risk Gaps

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

#### ITC Provider Dispute Form

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

#### Clinical Payment Policies

Guidelines used to assist in administering provider benefits

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

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# Portal Claims Redesign

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# Agenda

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

# Portal Claims Redesign Overview

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

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

# Portal Claims Redesign – Summary of Changes

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

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

# Claims

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

# Accessing Claims

To access all claim-related information, click **Claims** in the portal toolbar.

Under Claims Overview, to access claims in the associated status count, click **View All**.



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

The screenshot shows the Claims portal interface. The 'Claims' menu item in the top navigation bar is highlighted with a red box. Below the navigation bar, there are sections for 'Explanation of Payments Issues', 'Integration of InterQual Connect', a 'Welcome' message, 'Admin Settings' with buttons for 'Add User', 'Edit User Access', and 'Add a TIN', 'Quick Actions' with a form for eligibility checks, and 'Claims Overview' with three cards for 'REJECTED' (0), 'DENIED' (3), and 'PENDING' (11). Each card has a 'View All' button highlighted with a red box.

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# Claims Dashboard

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# Claims Dashboard

## Current State

The current dashboard shows a top navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this is a search bar for 'Viewing Claims For' with a dropdown for 'Plan Type' (Medicaid) and a 'GO' button. A secondary bar contains 'Upload EDI' and 'Create Claims' buttons. The main content area has a 'Claims' header with tabs for 'Individual', 'Batch', 'Payment History', and 'Claims Audit Tool'. A yellow banner states: 'Claims for patients who are former WellCare members (for dates prior to 05/01/2021) can be found on the WellCare Provider Portal.' Below this is a 'Claims: Recent' section with a search bar and a table of claim data.

CLAIM NO.	CLAIM TYPE	MEMBER NAME	SERVICE DATE(S)	BILLED AMOUNT	CLAIM STATUS
1124	ONS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$402.00 / 0194.78	PAID
1120	ONS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$408.00 / 1237.52	PAID
1115	ONS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$450.00 / 02387.50	PAID
1123	ONS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$408.00 / 0207.52	PAID
1122	ONS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$1,758.00 / 00.00	DENIED
1128	ONS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$408.00 / 0207.52	PAID
1126	ONS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$807.00 / 0207.52	PAID
1121	ONS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$4,008.00 / 702,100.45	PENDING
1117	ONS-1500	[REDACTED]	04/10/2022 - 04/10/2022	\$1,008.00 / 0207.52	PAID

## New Experience

The new dashboard features a clean layout with a top navigation bar. The main section is titled 'Claims' and includes a search bar for 'Viewing Claims For' (TIN) and 'Plan Type' (Medicaid). Below the search bar are three large tiles for claim status: 'REJECTED 0', 'DENIED 125', and 'PENDING 656', each with a 'View All' link. A 'Search for Claims' section includes a date range selector (01/19/2023 to 02/18/2023) and an 'ADVANCED SEARCH' link. Below this are two search forms: 'Check Status by Claim Number' and 'Search by Member Info'. The 'Create Claims' section offers options to 'Start a CMS 1500 / Professional or CMS-UB-04 / Institutional Claim' or 'Upload EDI / Batch', with a 'DRAFT CLAIMS 0' tile. The 'Manage Finances' section includes 'Explanation of Payment (EOP)', 'Reports & Tools', and a 'PAID CLAIMS 672' tile. A 'Resources' section lists various PDF guides. The footer contains links for 'Instruction Manual (PDF)', 'Terms and Conditions', 'Privacy Policy', and 'Copyright © 2023, Centene Corporation'.

## What's Changed

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

# Claims Dashboard – Change Dates

## Current State

CLAIM NO.	CLAIM TYPE	MEMBER NAME	SERVICE DATES	BILL/EOB	CLAIM STATUS
1124	ONS-1500	MEMBER NAME	05/10/2022 - 05/10/2022	\$402.00 / 0194.78	Fail
1125	ONS-1500	MEMBER NAME	05/10/2022 - 05/10/2022	\$408.00 / 0207.52	Fail
1126	ONS-1500	MEMBER NAME	05/10/2022 - 05/10/2022	\$450.00 / 0207.52	Fail
1127	ONS-1500	MEMBER NAME	05/10/2022 - 05/10/2022	\$408.00 / 0207.52	Fail
1128	ONS-1500	MEMBER NAME	05/10/2022 - 05/10/2022	\$1,758.00 / 030.00	Denied
1129	ONS-1500	MEMBER NAME	05/10/2022 - 05/10/2022	\$408.00 / 0207.52	Fail
1130	ONS-1500	MEMBER NAME	05/10/2022 - 05/10/2022	\$807.00 / 0207.52	Fail
1131	ONS-1500	MEMBER NAME	05/10/2022 - 05/10/2022	\$4,008.00 / 702,100.45	Pending
1132	ONS-1500	MEMBER NAME	05/10/2022 - 05/10/2022	\$1,008.00 / 0207.52	Fail

## New Experience

**Claims**

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

REJECTED 0 DENIED 125 PENDING 656

**Search for Claims**

Check Status by Claim Number

Create Claims

Manage Finances

Resources

## 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

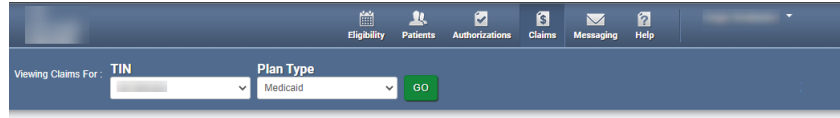
There are two ways to change the date range.

## 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.



## Claims

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

MM/DD/YYYY MM/DD/YYYY

October 2022 **< >** DENIED 44 **View All**

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

October 2022

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

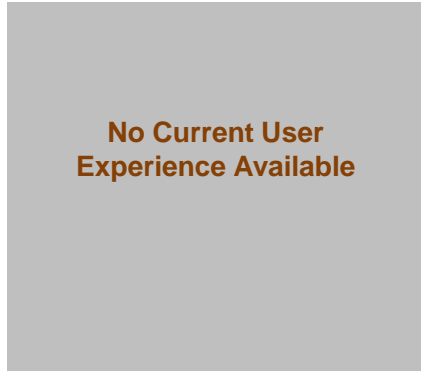


## Tips:

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

# Claims Dashboard – Claim Status Tiles

## Current State



## New Experience

The screenshot shows the 'Claims' dashboard with the following sections and highlighted features:

- Claims Summary:** A table showing claim counts for REJECTED (0), DENIED (125), and PENDING (656). A red box highlights this entire section.
- Search for Claims:** Includes a date range selector (From: 01/19/2023, To: 02/18/2023) and a 'CHANGE DATES' button.
- Create Claims:** Includes options to 'Start a CMS 1500 / Professional or CMS-UB-04 / Institutional Claim' and 'Upload EDI / Batch'. A red box highlights the 'DRAFT CLAIMS 0' tile.
- Manage Finances:** Includes 'Explanation of Payment (EOP)' and 'Reports & Tools'. A red box highlights the 'PAID CLAIMS 672' tile.

## What's Changed

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

# Claims Dashboard – Search for Claims

## Current State

Claims Dashboard - Current State

CLAIM NO.	CLAIM TYPE	MEMBER NAME	SERVICE DATES	BILL-TO-PAID	CLAIM STATUS
112A	ONS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$402.00 / \$194.75	Fail
112B	ONS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$408.00 / \$287.52	Fail
112C	ONS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$452.00 / \$287.52	Fail
112D	ONS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$408.00 / \$287.52	Fail
112E	ONS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$1,758.00 / \$9.00	Denied
112F	ONS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$408.00 / \$287.52	Fail
112G	ONS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$887.00 / \$207.02	Fail
112H	ONS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$4,008.00 / \$2,106.45	Pending
112I	ONS-1500	[REDACTED]	05/10/2022 - 05/10/2022	\$1,008.00 / \$249.55	Fail

## New Experience

Claims Dashboard - New Experience

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

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

REJECTED: 0 DENIED: 125 PENDING: 656

**Search for Claims** [ADVANCED SEARCH]

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

**Check Status by Claim Number**

Enter Claim Number: [ ] CHECK

**Search by Member Info**

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

**Create Claims**

Start a CMS 1500 / Professional or CMS-UB-04 / Institutional Claim | Upload EDI / Batch | DRAFT CLAIMS: 0

**Manage Finances**

Explanation of Payment (EOP) | Reports & Tools | PAID CLAIMS: 672

**Resources**

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

## What's Changed

- New location of the claims search options.
- Portal users can search up to 10 claims at once, by adding a comma, after each Claim Number, but no space following the comma(s).
- Search button, replaced with a hyperlink, and renamed Advanced Search.

# Claims Dashboard – Claims Search Options

In the portal, there are three ways to search for claims:

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

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



**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 V290XP00010,V300XXE07468,V305XXE01234 (no space after the comma and upper-case letters).

# Claims Dashboard – Advanced Search

## Current State

**Claims Search** [X]

Search by one or more of the following...

Member Details: Last Name or ID number

Note: Last Name searches are more effective when DOB is provided

Member Date of Birth  
MM/DD/YYYY

Provider Details: NPI

Claim Number

Reconsideration Number

Date Range  
From  to

Want to narrow your current results? [Use the Filter](#) instead.

Only the last 24 months of Claims data is available online. Claims update every 24 Hours.

## New Experience

**Advanced Search** [X]

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

Member Last Name

Member ID

Member DOB  
   
MM/DD/YYYY

Provider NPI

Claim Number  
  
Enter up to 10, separated by commas

Reconsideration Number

## What's Changed

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

# Claims Dashboard – Advanced Search Onscreen Errors

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

**Advanced Search** [Close]

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

Member Last Name  
[Smith9]

Member ID  
[&]  
Only enter letters, apostrophe, and hyphen in this field  
Special characters are not accepted in this field

Member DOB  
[MM/DD/YYYY]  
MM/DD/YYYY

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

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

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

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

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

[SEARCH]

**Advanced Search** [Close]

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

Member Last Name  
[Smith9]

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

Member DOB  
[MM/DD/YYYY]  
MM/DD/YYYY

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

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

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

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

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

[SEARCH]

**Advanced Search** [Close]

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

Member Last Name  
[Smith9]

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

Member DOB  
[MM/DD/YYYY]  
MM/DD/YYYY

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

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

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

Service Date Range  
From: [01/10/2022] To: [ ]  
Enter a date

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

[SEARCH]

# Claims Dashboard – Create Claims

## Current State

The current interface shows a top navigation bar with 'Upload EDI' and 'Create Claims' buttons highlighted in a red box. Below the navigation bar, there are tabs for 'Claims', 'Individual', 'Submitted', 'Batch', 'Payment History', and 'Claims Audit Trail'. A search bar is present, and a table lists recent claims with columns for Claim No., Claim Type, Member Name, Service Dates, Bill/EOB/PAID, and Claim Status.

## New Experience

The new interface features a more structured layout. At the top, it shows 'Viewing Claims For' with a TIN and 'Plan Type' dropdown. A date range selector is available. Summary cards for 'REJECTED', 'DENIED', and 'PENDING' claims are shown. A 'Search for Claims' section includes an 'ADVANCED SEARCH' link. Below this, there are sections for 'Check Status by Claim Number' and 'Search by Member Info'. The 'Create Claims' section, highlighted in a red box, includes options to 'Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim', 'Upload EDI / Batch', and a 'DRAFT CLAIMS' card showing 0 claims. Other sections include 'Manage Finances' with 'Explanation of Payment (EOP)' and 'Reports & Tools', and a 'Resources' section with various PDF links.

## What's Changed

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

# Claims Dashboard – Manage Finances

## Current State

No Current User Experience Available

## New Experience

The screenshot shows the 'Manage Finances' section of the Claims Dashboard, highlighted with a red border. It includes the following components:

- Claims Summary:** A navigation bar at the top with tabs for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below it, filters for 'Viewing Claims For' (TIN) and 'Plan Type' (Medicaid) are visible.
- Claims Status Summary:** Three cards showing 'REJECTED 0', 'DENIED 125', and 'PENDING 656', each with a 'View All' link.
- Search for Claims:** A section with a date range selector (From: 01/19/2023, To: 02/18/2023) and a 'CHANGE DATES' button. Below it, there are two search options: 'Check Status by Claim Number' and 'Search by Member Info'.
- Create Claims:** A section with two options: 'Start a CMS 1500 / Professional or CMS-UB-04 / Institutional Claim' and 'Upload EDI / Batch'. A 'DRAFT CLAIMS 0' card with a 'View All' link is also present.
- Manage Finances (Red Boxed):** A section containing:
  - Explanation of Payment (EOP):** A card with a description and a 'View all EOP' link.
  - Reports & Tools:** A section with links for 'Batch Claims Report' and 'Claims Audit Tool'.
  - PAID CLAIMS 672:** A card with a 'View All' link.
- Resources:** A section with links to 'Updated Instruction Manual (PDF)', 'CMS-1500 Claim Form (PDF)', 'CMS-UB-04 Claim Form', and 'EDI Guide (PDF)'.
- Footer:** Links for 'Instruction Manual (PDF)', 'Terms and Conditions', 'Privacy Policy', and 'Copyright © 2023, Centene Corporation'.

## What's Changed

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



# Claims Dashboard – Resources Links

## Current State

No Current User Experience Available

## New Experience

The screenshot displays a user interface for managing claims. At the top, there are navigation tabs for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, a header shows 'Viewing Claims For' with a TIN dropdown and 'Plan Type' set to 'Medicare'. The main section is titled 'Claims' and includes filters for 'From' (01/19/2023) and 'To' (02/18/2023) dates, with a 'CHANGE DATES' button. Three summary cards are shown: 'REJECTED 0', 'DENIED 125', and 'PENDING 656', each with a 'View All' link. Below these is a 'Search for Claims' section with a note that data is limited to the last 30 days. It offers two search methods: 'Check Status by Claim Number' and 'Search by Member Info'. The 'Create Claims' section includes options to 'Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim', 'Upload EDI / Batch', and 'DRAFT CLAIMS 0'. The 'Manage Finances' section includes 'Explanation of Payment (EOP)', 'Reports & Tools' (Batch Claims Report, Claim Audit Tool), and 'PAID CLAIMS 672'. At the bottom, a 'Resources' section is highlighted with a red box, containing links for 'Updated Instruction Manual (PDF)', 'EDI Guide (PDF)', 'CMS-1500 Claim Form (PDF)', and 'CMS-UB-04 Claim Form'. The footer contains links for 'Instruction Manual (PDF)', 'Terms and Conditions', 'Privacy Policy', and 'Copyright © 2023, Centene Corporation'.

## What's Changed

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

# Claims Dashboard – Resources: Instruction Manual

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

The manual will open in a new tab or window.

The screenshot displays the 'Claims' dashboard interface. At the top, there are navigation tabs for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, the 'Claims' section shows filters for 'Viewing Claims For' (TIN) and 'Plan Type' (Medicaid). A date range selector is set from 01/19/2023 to 02/18/2023. Summary statistics show 0 REJECTED and 125 DENIED claims. A 'Search for Claims' section includes a search bar and a 'CHECK STATUS BY CLAIM NUMBER' section. Below that is a 'Create Claims' section with options for 'Start a CMS 1500 / Professional or CMS-UB-04 / Institutional Claim' and 'Upload EDI / Batch'. The 'Manage Finances' section includes 'Explanation of Payment (EOP)' and 'Reports & Tools'. At the bottom, the 'Resources' section lists 'Updated Instruction Manual (PDF)', 'CMS-1500 Claim Form (PDF)', and 'EDI Guide (PDF)'. A purple arrow points from the 'Updated Instruction Manual (PDF)' link to an inset window showing the 'Secure Provider Portal Quick Start Guide' document, which is dated 2023 and last updated on January 13, 2023.



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

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# Navigating Managing Finances

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# Claims Dashboard – Manage Finances: View all EOPs

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

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



## Claims

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

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

## Search for Claims

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

### Check Status by Claim Number

Enter Claim Number

Enter up to 10, separated by commas

[CHECK](#)

### Search by Member Info

Enter Last Name or Member ID

Enter up to 10, separated by commas

## Create Claims

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

[Upload EDI / Batch](#)

## Manage Finances

### Explanation of Payment (EOP)

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

[View all EOP](#)

### Reports & Tools

[Batch Claims Report](#)

[Claim Audit Tool](#)

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

Upload EDI [ ] Create Claim [ ]

Claims [ ] Individual [ ] Saved [ ] Submitted [ ] Batch [ ] Payment History [ ] Claims Audit Tool [ ] Filter [ ]

### Transactions

All activity posted to your account between 10/22/2022 and 11/22/2022

**Instructions:** Click a Check Date link to view the payment details from your payment provider. Only available electronic files are listed. The PDF opens in a new window. You can save or print the document. If there are any discrepancies about your payment details, contact Provider Services.

CHECK DATE [ ]	CHECK NUMBER [ ]	CHECK CLEAR DATE [ ]	MAILING ADDRESS [ ]	PAYMENT AMOUNT [ ]
<a href="#">10/27/2022 (PDF)</a>	0900 [ ]	EFT	[ ]	\$150.68
<a href="#">10/27/2022 (PDF)</a>	0900 [ ]	EFT	[ ]	\$18,350.68
<a href="#">10/27/2022 (PDF)</a>	0900 [ ]	EFT	[ ]	\$301.54
<a href="#">10/27/2022 (PDF)</a>	0900 [ ]	EFT	[ ]	\$600.16



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

# Claims Dashboard – Manage Finances: Batch Claims Reports

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

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

The screenshot displays the Claims Dashboard interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, a 'Viewing Claims For:' section shows 'TIN' and 'Plan Type: Medicaid'. The main content area is titled 'Claims' and includes filters for 'From' (01/19/2023) and 'To' (02/18/2023) dates, along with counts for 'REJECTED' (0), 'DENIED' (125), and 'PENDING' (656) claims. A 'Search for Claims' section is also present. On the right side, a 'Manage Finances' section contains a 'Reports & Tools' menu where 'Batch Claims Report' is highlighted with a red arrow. An inset window shows a detailed view of the 'Batch Claims Report' with a search form and a table of submitted claims.

SUBMITTED DATE	TYPE	CONFIRMATION #	FILE NAME	STATUS	997/999 FILE	TA1 FILE	AUDIT FILE	
11/21/2022	837P	51512056	51512056_...	11.21.22.DAT	ACCEPTED	Download	Download	Download
11/21/2022	837P	51512050	51512050_...	11.21.22.DAT	ACCEPTED	Download	Download	Download
11/21/2022	837P	51512057	51512057_...	11.21.22.DAT	ACCEPTED	Download	Download	Download



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

# Claims Dashboard – Manage Finances: Claim Audit Tool

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

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

Navigation icons: Eligibility, Patients, Authorizations, Claims, Messaging, Help. Filter: Viewing Claims For: TIN [dropdown], Plan Type: Medicaid [dropdown], GO [button].

## Claims

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

REJECTED 0 View All	DENIED 125 View All	PENDING 656
---------------------------	---------------------------	----------------

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

## Search for Claims

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

### Check Status by Claim Number

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

### Search by Member Info

Enter Last Name or Member ID [input] Date [input]  
MM/DD MM/DD

## Create Claims

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

## Manage Finances

### Explanation of Payment (EOP)

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

- View all EOP

### Reports & Tools

- Batch Claims Report
- Claim Audit Tool

## Resources

- Updated Instruction Manual (PDF)
- EDl Guide (PDF)
- CMS-1500 Claim Form (PDF)

Navigation icons: Eligibility, Patients, Authorizations, Claims, Messaging, Help. Filter: Viewing For: TIN [input], Plan Type: Medicaid [dropdown], GO [button].

### PASS-THROUGH TERMS AND CONDITIONS

Managed Health Services, licenses a code auditing reference tool on the Web (the "Software") that enables Managed Health Services to disclose its code auditing rules and associated clinical rationale to Providers. Managed Health Services provides access to such Software to its Providers subject to the terms and conditions contained in this agreement ("Agreement"), which may be updated from time to time at Managed Health Services or its licensor's sole discretion without notice.

Provider's right to access and use the Software is non-transferable, nonexclusive, and for the sole purpose of internal use within the United States.

Provider will limit access to the Software to (i) only employees and agents of Provider and (ii) only to the extent necessary to request the outcome of specific code combinations that Provider proposes to submit to Managed Health Services regarding billing activity, and/or (iii) request information about submitted code combinations to evaluate the results of claims activity from Managed Health Services only as related to Provider's practice management.

Provider shall protect the confidentiality of the information contained in and provided by the Software and that it has access to in this web site, by using at least the degree of care and security it uses to protect its own confidential information. Provider acknowledges and agrees that any unauthorized disclosure or distribution of the confidential information may result in irreparable injury to Managed Health Services or licensor(s), entitling the injured entity to obtain immediate injunctive relief in addition to any other legal remedies available. Provider shall not modify, translate, decompile, disclose, create nor attempt to create any derivative work of the Software.

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

Reject Submit

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# Claim Status Pages

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# Claim Status Tiles

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

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

The screenshot displays the Claims Dashboard interface. At the top, there are navigation links for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, a search bar allows filtering by TIN and Plan Type. The main section is titled 'Claims' and features a date range selector (From: 01/19/2023, To: 02/18/2023) and a 'CHANGE DATES' button. A red box highlights three status tiles: REJECTED (0), DENIED (125), and PENDING (656). Below these is a 'Search for Claims' section with an 'ADVANCED SEARCH' link and a note that data is limited to the last 30 days. It includes search options by Claim Number and Member Info. Further down, there are sections for 'Create Claims' (with 'DRAFT CLAIMS' tile at 0), 'Manage Finances' (with 'PAID CLAIMS' tile at 672), and 'Resources' (listing manuals and forms). The footer contains links for the Instruction Manual, Terms and Conditions, Privacy Policy, and Copyright © 2023, Centene Corporation.



# Accessing Claim Status Pages

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

**Claims**

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

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

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

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

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

**Check Status by Claim Number**

Enter Claim Number  [CHECK](#)

Enter up to 10, separated by commas

**Search by Member Info**

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

mm/dd/yyyy  
MM/DD/YYYY

**Create Claims**

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

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

Last 30 days, from today's date.

**Manage Finances**

**Explanation of Payment (EOP)**

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

[View all EOP](#)

**Reports & Tools**

- Batch Claims Report
- Claim Audit Tool

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

Last 30 days, from today's date.

**Resources**

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

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

# Claim Status Pages – Layout

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



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

Claim Status Page

Claim Status Options

Date Range

Claims Display & Options

Row Count Options

Denied Claims

Claim Status: Denied Claims GO

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

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

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

Filter

Pagination

# Claim Status Pages – General Navigation

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



## Tips:

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

The screenshot shows the 'Pending Claims' interface. At the top, there are navigation tabs: Eligibility, Patients, Authorizations, Claims, and Messaging. Below these, there are filters for 'Viewing Claims For:' with dropdowns for TIN (12345678) and PLAN TYPE (Medicaid), and a 'GO' button. The main section is titled 'Pending Claims' and includes a 'Claim Status' dropdown (set to 'Pending Claims') and a 'GO' button. Below this is a date range selector with 'From' (01/01/2022) and 'To' (01/31/2022) fields, a 'CHANGE DATES' button, and a 'Filter' icon. The main content is a table of claims with columns: Claim Number, Claim Type, Claim Submission Date, Member Name, Member ID, Service Dates, Total Charges, and Status. The table contains 10 rows of data. At the bottom, there is a 'Rows per page' dropdown (set to 10), a '1-10 of 90' indicator, and navigation arrows. Red dashed lines with text annotations point to various elements: 'Click drop-down arrow to select/change status' points to the 'Claim Status' dropdown; 'Click Calendar icon, or manually type desired date(s)' points to the date range selector; 'Click GO to navigate to selection' points to the 'GO' button; 'Click CHANGE DATES to view selected date range' points to the 'CHANGE DATES' button; 'Click Filter to filter claims' points to the 'Filter' icon; 'Click to change row count' points to the 'Rows per page' dropdown; and 'Use pagination to navigate list' points to the navigation arrows.

Click drop-down arrow to select/change status

Click Calendar icon, or manually type desired date(s)

Click GO to navigate to selection

Click CHANGE DATES to view selected date range

Click Filter to filter claims

Click to change row count

Use pagination to navigate list

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

# Claim Status Pages – Navigating Rejected Claims

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

Click arrow to view / hide reject reason

Viewing Dashboard For: **TIM** Plan Type: **Medicaid** **GO**

Manage Practice Eligibility Patients Authorizations Claims Messaging

### Rejected Claims

Claim Status: **Rejected Claims** **GO**

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

MM/DD/YYYY MM/DD/YYYY

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

Rows per page: 10 1-10 of 17

Click Fix to resolve 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

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



## 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

Date Created	Claim Type	Claim ID	Member ID	Original Claim #	Total Charge
05/11/2022	CMS-1500	83189983		880-93	0.00
05/04/2022	CMS-1500	83190603		8320-00	0.00
05/04/2022	CMS-1500	83190336		82,305.00	0.00
05/02/2022	CMS-1500	83190347		8300-00	0.00
05/02/2022	CMS-1500	83190342		8302-00	0.00
04/26/2022	CMS-1500	83147179		8028-00	0.00
04/15/2022	CMS-1500	83134081		8281-03	0.00
04/11/2022	CMS-1500	83127595		8910-00	0.00
04/09/2022	CMS-1500	83129590		8714-00	0.00
04/05/2022	CMS-1500	83128275		810,778.00	0.00

## New Experience

**Claims**

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

REJECTED: 0 [View All](#)

DENIED: 125 [View All](#)

PENDING: 656 [View All](#)

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

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

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

**Check Status by Claim Number** **Search by Member Info**

Enter Claim Number:  [CHECK](#)

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

Enter up to 10, separated by commas

**Create Claims**

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

**DRAFT CLAIMS**  
0 [View All](#)  
Last 30 days, from today's date.

**Manage Finances**

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

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

**PAID CLAIMS**  
672 [View All](#)  
Last 30 days, from today's date.

**Resources**

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

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

## What's Changed

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

# Claim Status Pages – Navigating Draft Claims

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



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

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

### Draft Claims

Claim Status: Draft Claims [GO]

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

Draft ID	Claim Type	Member Name	Member ID	Original Claim Number	Created Date	Status
801680082	Institutional CMS UB-04	[REDACTED]	[REDACTED]	N/A	11/22/2022	Draft [Pencil] [Trashcan]
801678986	Institutional CMS UB-04	[REDACTED]	[REDACTED]	N/A	11/16/2022	Draft [Pencil] [Trashcan]
801678859	Professional CMS-1500	[REDACTED]	[REDACTED]	N/A	11/15/2022	Draft [Pencil] [Trashcan]
801677551	Professional CMS-1500	[REDACTED]	[REDACTED]	N/A	11/02/2022	Draft [Pencil] [Trashcan]
801677550	Professional CMS-1500	[REDACTED]	[REDACTED]	N/A	11/02/2022	Draft [Pencil] [Trashcan]
801677437	Professional CMS-1500	[REDACTED]	[REDACTED]	N/A	11/02/2022	Draft [Pencil] [Trashcan]
801677436	Professional CMS-1500	[REDACTED]	[REDACTED]	N/A	11/02/2022	Draft [Pencil] [Trashcan]
801677251	Professional CMS-1500	[REDACTED]	[REDACTED]	N/A	11/01/2022	Draft [Pencil] [Trashcan]
801677249	Professional CMS-1500	[REDACTED]	[REDACTED]	N/A	11/01/2022	Draft [Pencil] [Trashcan]
801677085	Professional CMS-1500	[REDACTED]	[REDACTED]	N/A	11/01/2022	Draft [Pencil] [Trashcan]

Rows per page: 10 1--10 of 11 |< > |>

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

Click Trashcan icon to delete the web claim draft

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# Claim Details

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

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

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

Click a Claim Number to view claim details

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

### Pending Claims

Claim Status: Pending Claims GO

From: 06/01/2022 To: 06/30/2022 CHANGE DATES Filter

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

Rows per page: 10 1-10 of 92



## Tips:

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

# Claims Details

## Current State

**Claim # U145** - Paid

Claim accepted → In Process → Paid

Line	DOS	Proc	Dx	Waivers	Price of Service	Charge	Paid Amount	Payment Date	Status	Payment Codes
1	05/10/2022	S2014	A		23	\$2.20	\$0.00	05/05/2022	PAID	M1
2	05/10/2022	S2014	A		23	\$0.00	\$0.00	05/05/2022	PAID	M1
3	05/10/2022	9020	S2014	A	23	\$1,071.25	\$1,000.00	05/05/2022	PAID	1E

## New Experience

**Claim: U145**  
Status: DENIED

Submitted → Denied

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

**Type and Dates**  
Type: CMS 1500  
Service Dates: 05/09/2021 - 05/09/2021  
Submit Date: 05/17/2021

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

**Claim Info**  
Original Claim: U145  
Status: Denied  
Type: CMS 1500  
Service Dates: 05/10/2021 - 05/10/2021  
Submit Date: 05/18/2021

**Provider**  
Ref/Account # [Redacted]  
Billing Provider [Redacted]  
Billing NPI [Redacted]  
TIN [Redacted]

Line	Date of Service	Proc	Diag	Mod	Place of Service	Charged	Paid	Check #	Payment Codes	Status
1	05/09/2021	S5125	R69		LC12	\$53.00	\$0.00	090000000000	A1	Denied

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

**Reference Numbers**  
Reference Type: Referral  
Reference Number: U145

## What's Changed

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

# Claim Details Overview

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

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

- Payment Information
- Dispute Button
- Payment Codes & Description

Claim # and Status

Member & Date(s)

Payment Info

Claim Action Option(s)

Reference Numbers

**Claim # and Status**  
 Claim: U145  
 Status: DENIED

**Member & Date(s)**

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

**Payment Info**

Payment		Check # / EFT	
Billed	\$53.00	Check # / EFT	0900000000000
Paid	\$0.00	Check Date	06/08/2021
Payment Date	06/09/2021	Total Check Amount	\$0.00

**Claim Action Option(s)**

+ COPY + VOID/RECoup DISPUTE

**Reference Numbers**

Reference Type	Reference Number
Referral	
Prior Authorization	
Original Claim Number	U145

Claim Status Tracker

Claim & Provider Information

Claim Service Lines

Payment Codes & Descriptions

# Claim Details

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

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

**Claim: V005**  
Status: DENIED

Submitted (✓) Denied (✗) Reconsideration Completed (✓)

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

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

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

+ COPY + VOID/RECOUP DISPUTE



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

# Claim Details, *continued*

The screenshot shows a web interface for claim management. At the top, it displays 'Claim: V005' and 'Status: DENIED'. Below this is a progress bar with three steps: 'Submitted' (green checkmark), 'Denied' (red X), and 'Reconsideration' (green checkmark). The main content area is divided into several sections: 'Member' (Member Name, Type, Dates), 'Payment' (Amount, Date, Status), 'Claim Info' (highlighted with a red box), 'Original Claim', and 'Provider'. The 'Claim Info' section lists two reconsideration claims, V242, with their respective statuses and dates. Below this are sections for 'Service Lines' (a table with columns for Line, Start Date, End Date, etc.) and 'Payment Codes Description'. At the bottom, there is a 'Reference Numbers' section.

This detailed view shows the 'Claim Info' section. It lists two reconsideration claims:

- Reconsiderer V242**: Status Resolved-completed, Type Reconsideration, Created Date 09/06/2022.
- Reconsiderer V242**: Status Open, Type Reconsideration, Created Date 08/30/2022.

Below this, the 'Original Claim' section shows:

- Original Claim V005**: Status Denied, Type UB-04, Service Dates 12/30/2021 - 12/30/2021, Received Date 01/05/2022.

The 'Provider' section is partially visible at the bottom, showing fields for Ref/Account #, Billing Provider, Billing NPI, and TIN.

# Claim Details, *continued*

**Claim:** V005  
**Status:** DENIED

**Member**  
Member Name: [REDACTED]  
Type: [REDACTED]  
Service Dates: 12/29/2021 - 12/29/2021  
Received Date: 01/04/2022

**Payment**  
Type: [REDACTED]  
Check #: 1971  
Check Date: 01/04/2022  
Check Amount: \$92.00

**Claim Info**  
**Receptor:** V242 [REDACTED]  
Status: Received completed  
Type: Receptor/submitter  
Created Date: 01/04/2022  
**Receptor:** V242 [REDACTED]  
Status: Open  
Type: Receptor/submitter  
Created Date: 01/04/2022  
**Original Claim:** V005 [REDACTED]  
Status: Denied  
Type: [REDACTED]  
Service Dates: 12/29/2021 - 12/29/2021  
Received Date: 01/04/2022  
**Provider**  
NPI: [REDACTED]  
Billing Provider: [REDACTED]  
Billing NPI: [REDACTED]

**Service Lines**

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

**ADJ: Adjustment**  
Rows per page: 10 | 1-2 of 2

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

**Reference Numbers**

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

## Service Lines

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

ADJ: Adjustment

Rows per page: 10 | 1-2 of 2

## Payment Codes Description

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

## Reference Numbers

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



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

# Claim Details: Service Lines With Adjustments

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

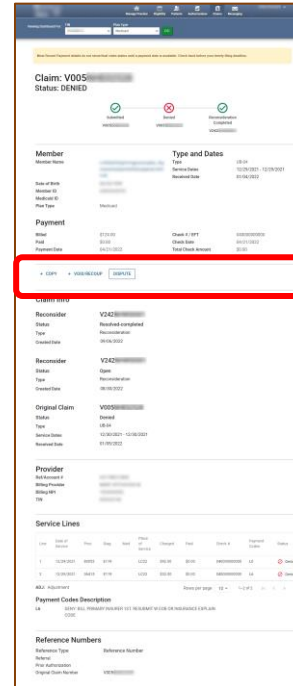
- On the lines without “ADJ” the Paid, Payment Codes, and Status columns reflect the finalized adjustment. However, the Check # is the original Check #.
- ADJ lines are read from the top, down.
- ADJ 1.1, 2.1 (i.e., X.1), contains the finalized adjustment Check #. This will be the Check # displayed in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

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

# Claim Details – Claim Action Buttons: + Copy

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

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





# Claim Details – Claim Action Buttons: + Copy Workflow

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

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

### Claim: V005

Status: DENIED

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

#### Member

Member Name	[redacted]	Type	UB-04
Date of Birth	[redacted]	Service Dates	12/29/2021 - 12/29/2021
Member ID	[redacted]	Received Date	01/04/2022
Medicaid ID	[redacted]		
Plan Type	Medicaid		

#### Type and Dates

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

#### Payment

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

+ COPY + VOID/RECUP DISPUTE

#### Claim Info

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

Click +Copy to create copied claim

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

### Professional Claim for [redacted]

Your Progress [Progress Bar]

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

Next →

\* Required fields

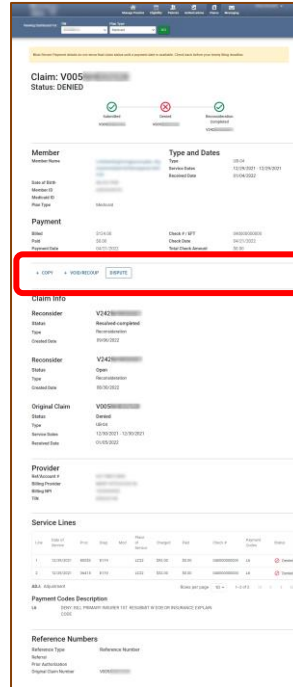
Patient's Account Number\* [redacted] 26

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

Date of current illness: Select Type... [redacted] MM/DD/YYYY 14

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

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



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

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

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

### Claim: V005

Status: DENIED

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

Member		Type and Dates	
Member Name	[redacted]	Type	UB-04
Date of Birth	[redacted]	Service Dates	12/29/2021 - 12/29/2021
Member ID	[redacted]	Received Date	01/04/2022
Medical ID	[redacted]		
Plan Type	Medicaid		

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

+ COPY + VOID/RECUP DISPUTE

### Claim Info

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

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

### Professional Claim for [redacted]

Your Progress: [Progress Bar]

THIS SECTION: **Review**

Please review your claim and submit.

You are voiding a claim for V320.

**Almost done!**

You can go back to review your claim or submit now.

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

Claim Id: 834238764

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

### General Info

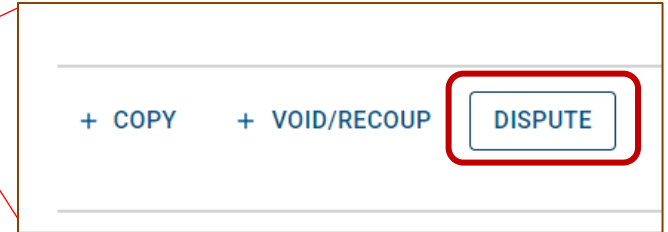
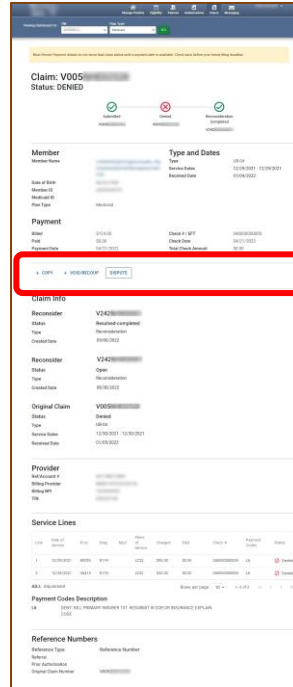
Statement From Date: 11/14/2022  
Statement To Date: 11/14/2022  
Date of current illness, injury, pregnancy (LMP): [redacted]

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

Claim: V005  
Status: DENIED

Member Information

Type and Dates

Payment

CLAIM ACTIONS

+ COPY + VOID/RECOUP **DISPUTE**

CLAIM INFO

Reconsiderer: V242

Original Claim: V005

Provider

Service Lines

Payment Codes Description

Reference Numbers

+ COPY + VOID/RECOUP **DISPUTE**

### Dispute Claim: W086

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

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

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

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

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



Tip: Follow onscreen instructions.

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

# Claim Details – Claim Action Buttons: Dispute Workflows

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

The screenshot shows a web application interface for a 'Professional Claim'. The 'General Info' section includes a 'Report Note' field. The 'Attachments' section has a 'Submit' button. A red dashed line connects the 'Attachments' section to a 'Dispute Claim' modal window.

**Dispute Claim: W086**

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

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

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

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

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

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



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

# Claim Details – Dispute Claim: Legacy Submission

## Option 1: Correct the Claim

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

Professional Claim for [Redacted] Your Progress

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

You are correcting a claim for V320 [Redacted]

Next →

\* Required fields

Patient's Account Number\* [Redacted]

## Option 2: Informally Dispute the Claim

Reconsider Claim

Claim No: V257IAE08843

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

Reconsideration Type: Select Reconsideration Type...

Cancel Submit Reconsideration

## Option 3: Appeal the Claim

Viewing Dashboard For: TN Plan Type: Medicaid GO

Professional Claim for [Redacted] Your Progress

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

You are appealing a claim for V514 [Redacted]

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

Attachments

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

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

There are no attached files.

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

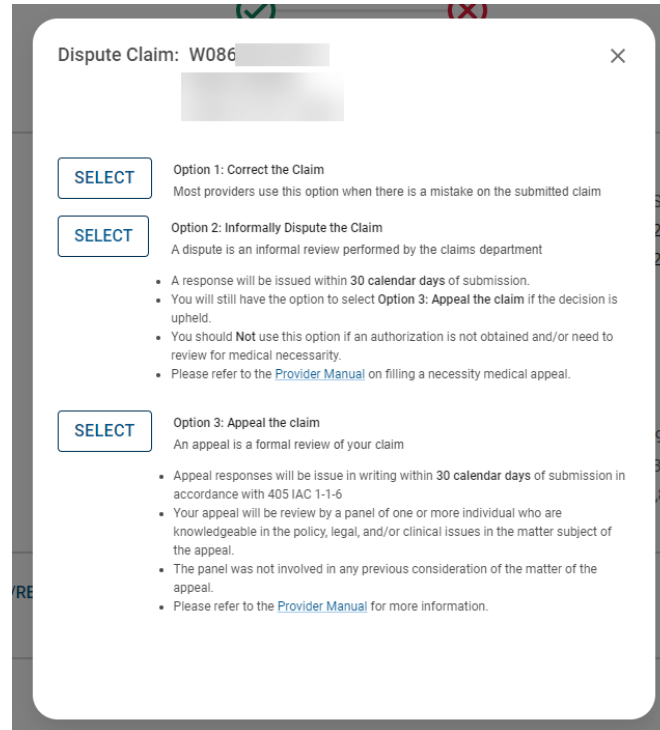


Tip: Dispute options may vary by Health Plan and/or LOB.

# Claim Details – Claim Action Buttons: Dispute Claim Errors

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

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



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



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

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

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

The screenshot shows the Claims Dashboard interface. At the top, there are navigation tabs for Eligibility, Patients, Authorizations, Claims, Messaging, and Help. Below this, there are filters for 'Viewing Claims For' (TIN) and 'Plan Type' (Wellcare by Allwell), along with 'Upload EDI' and 'Create Claim' buttons. The main section has tabs for 'Claims', 'Individual', 'Saved', 'Submitted', 'Batch', and 'Payment History'. The 'Saved' tab is highlighted with a red box. Below the tabs, there is a message: 'Claims listed below have missing information or contain errors. Click 'Edit' to view a claim, then fix any errors or complete it before submitting.' There are two draft tabs: 'Professional Ready to be Submitted' and 'Institutional Ready to be Submitted', both highlighted with red boxes. Below these is a table with columns: SELECT ALL, DATE CREATED, CLAIM TYPE, CLAIM ID, MEMBER NAME, MEMBER ID, ORIGINAL CLAIM #, and TOTAL CHARGES. A single row is visible with the following data: [checkbox], 02/09/2023, Institutional, 835165921, [redacted], [redacted], V306, \$904.01. At the bottom of the table, there are 'Edit' and 'Delete' links. A 'Submit' button is located at the bottom right of the dashboard.

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

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Create Claim

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# Create Claim

## Current State

The screenshot shows the 'Claims' dashboard with a table of submitted claims. A red box highlights the 'Create Claim' button in the top right corner of the dashboard.

SUBMITTED STATUS	DATE SUBMITTED	RES # REF #1	CLAIM NUMBER	CLAIM TYPE	MEMBER NAME	MEMBER ID	ORIGINAL CLAIM #	TOTAL CHANGES
0	06/14/2022	825188018	V104	Institutional			YES	0/179/192
0	06/14/2022	825188008	V104	Institutional			YES	0/179/192
0	06/14/2022	825188023	V104	Institutional			YES	0/179/192
0	06/14/2022	825188024	V104	Institutional			YES	0/179/192
0	06/14/2022	825898772	V104	Institutional			YES	0/179/192 Ex
0	06/14/2022	825898259	V104	Institutional			YES	0/179/192 Ex

## New Experience

The screenshot shows the updated 'Claims' dashboard. The 'Create Claims' section is highlighted with a red box. It includes options to 'Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim' and 'Upload EDI / Batch'. Other sections include 'Manage Finances', 'Resources', and 'Reports & Tools'.

**Claims**

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

REJECTED 0 DENIED 125 PENDING 656

View All View All View All

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

**Search for Claims** ADVANCED SEARCH

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

**Check Status by Claim Number** Search by Member Info

Enter Claim Number CHECK Enter Last Name or Member ID Date of Birth mm/dd/yyyy SEARCH

Enter up to 10, separated by commas. MM/DD/YYYY

**Create Claims**

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

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

**Manage Finances**

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

**Reports & Tools** Batch Claims Report Claim Audit Tool

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

**Resources**

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

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

## What's Changed

- On the Claims Dashboard, web claim creation options grouped in Create Claims section.
- Create Claim button replaced with a link and renamed, Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim.
- Recurring Claim link (*where available*), directs to legacy recurring claim creation page.
- Upload EDI button replaced with a link and renamed, Upload EDI / Batch.

# Create Claim – Individual Web Claim

To begin an individual web claim:

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

The screenshot illustrates the workflow for creating a claim. It starts with the 'Create Claims' page where the 'Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim' button is highlighted. This leads to a 'Check Member Eligibility' pop-up with search fields for 'Member ID or Last Name' and 'Date of Birth (MM/DD/YYYY)', and a 'SEARCH' button. Below this, the 'Choose Claim Type' page is shown, featuring buttons for 'CMS 1500 Professional Claim' and 'CMS UB-04 Institutional Claim'. A 'DRAFT CLAIMS' notification shows 12 items. The top navigation bar includes 'Eligibility', 'Patients', 'Authorizations', 'Claims', and 'Messaging'.



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

# Create Claim – Recurring Claim

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

The screenshot displays the 'Create Claims' interface. On the left, a box titled 'Create Claims' contains three options: 'Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim', 'Recurring Claim' (highlighted with a red box), and 'Upload E01 / Batch'. A red arrow points from the 'Recurring Claim' button to the 'Recurring' tab in the 'Claims' section of the main dashboard. The dashboard includes a top navigation bar with 'Manage Practice', 'Eligibility', 'Patients', 'Authorizations', 'Claims', and 'Messaging'. Below this, there are dropdowns for 'Viewing Dashboard For: TIN' and 'Plan Type: Medicaid', with a 'GO' button. The 'Claims' section has tabs for 'Individual', 'Saved', 'Submitted', 'Batch', 'Recurring', 'Payment History', and 'Claims Audit Tool'. A 'Get Started' link is present, with a note 'Used only by LTC and ADC Providers.' and a 'Your Progress' indicator. At the bottom, there is a 'Claim Type:' dropdown, a blue arrow pointing left, a document icon, and the text 'Select a Template to Start Your Claim' with a sub-note: 'Our preset templates help speed up the claims process.'

# Create Claim – Upload EDI / Batch

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

**Create Claims**

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

**Batch Claims Upload**

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

**1. Check your codes**  
ISA05 = ZZ, ISA06 = WebBatch or WEBBATCH, ISA07 = 30, ISA08 = 421406317, GS02 = WebBatch or WEBBATCH, GS03 = 421406317. For additional EDI information, please refer to Resources.

**2. File Type**  
837I 837P  
Please choose a file format of .dat, .edi, or .txt no larger than 25 MB containing less than 5,000 claims

**3. Upload File:** Choose File No file chosen  
File name should be 50 chars or less and should not contain any of the following special characters: -!@#%&\*'()/?[]\|,.; and be 50 characters or less.

**4. Submit**

**Resources**

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

Companion Guides >

Batch Claims FAQs >



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

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# Submitting Attachments to Pending Claims





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# Claims Attachment (post claims submission)

Step 1: Locate the claim on the Claims Status Page

Step 2: Navigate to the Pending claim details and select upload document

**Claim: T350MOE12346**  
**Status: PENDING**

  Claim Submitted T350MOE12346  Denied  Reconsideration Submitted V4448NW11129

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

---

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

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


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**Claim Info**

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

Associated Documents

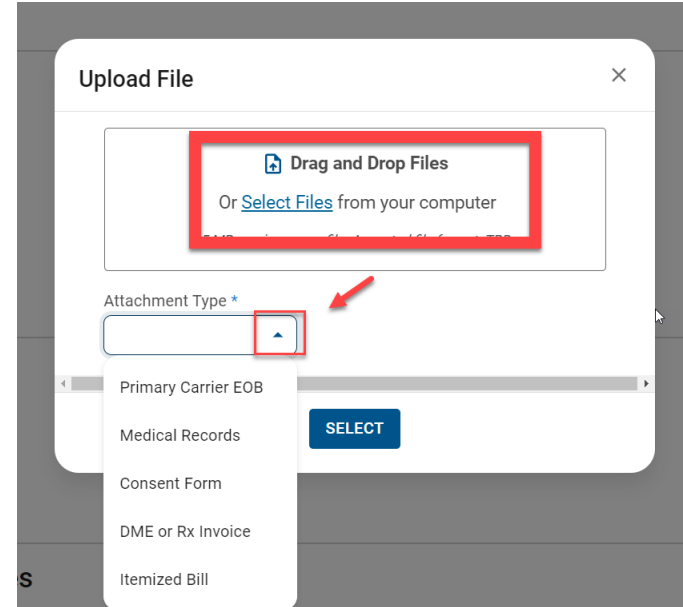
[UPLOAD DOCUMENT](#)





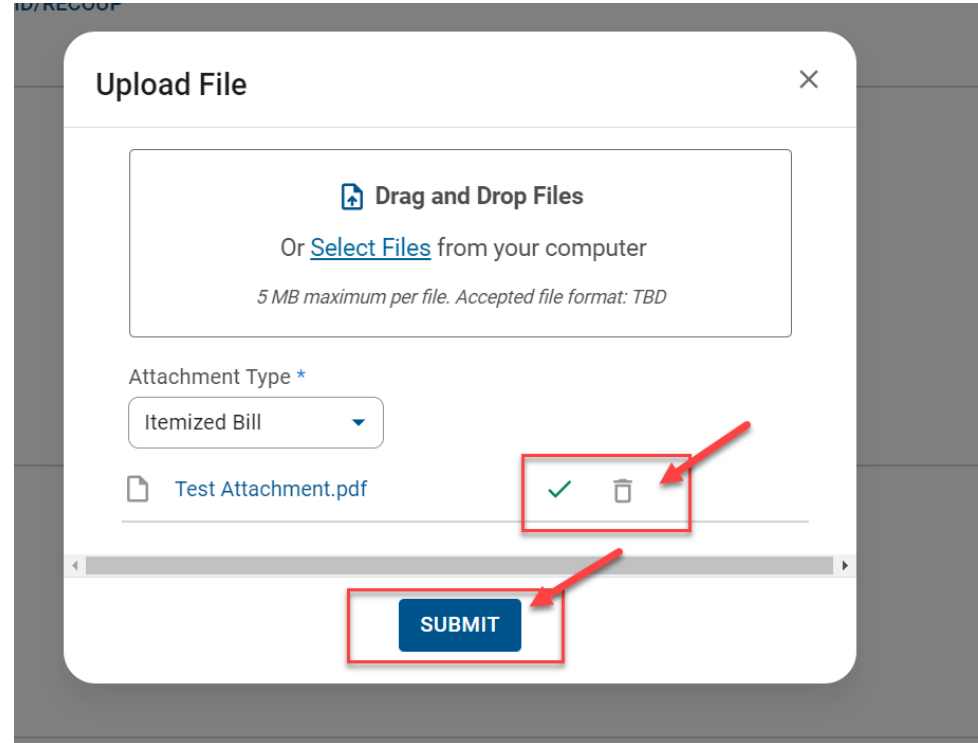
# Claims Attachment (post claims submission)

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



# Claims Attachment (post claims submission)

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



# Claims Attachment (post claims submission)

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

✓ Your file was submitted successfully. ✕

**Claim:** T350MOE12346  
**Status:** PENDING

Claim Submitted T350MOE12346 → Denied → Reconsideration Submitted V444INW11129

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# Claims: Known Challenges

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# Claims – Known Challenges, Being Researched

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

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# Claims: Best Practice Tips

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# Claims – Web Claim Submission Tips

- If a member is ineligible, claims can be submitted for DOS the member was eligible
- Hover mouse over tabs in the right margin for field-level help on web claims
- To submit a secondary web claim, you must complete the Add Coordination of Benefits section on the Diagnosis Codes page and the Primary Insurance fields on the Service Lines page
- On the Service Lines page, always click Save/Update when creating or editing service line(s)
- Taxonomy and \*NPI should be entered on every claim
- Portal users can attach up to five (5) separate documents to their web claim submissions (i.e., new, correct, appeal, etc.)

\*NPI is not required for some Atypical Providers

## Claims – Web Claim Submission Tips, continued

- Regardless of submission method, all claims go through the EDI claims process, and are:
  - **Accepted** and loaded for adjudication, **or**
  - **Rejected** and will not be processed any further (i.e., front-end EDI rejection)
- Accepted web claims can be tracked on the Claim Status Pages (i.e., Pending, Denied, Paid, etc.)



# Claims – Tracking / Status Tips

- Claims voided in our adjudication system, will not display in the portal
- When searching for a claim, the From Date must be on or before the first date of service (DOS) in the claim
- Portal users can access up to \*24 months (from the current date) of claims history by changing the date range.
  - Date range is limited to a 30-day span (at a time)

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

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Questions?

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THANK YOU

