

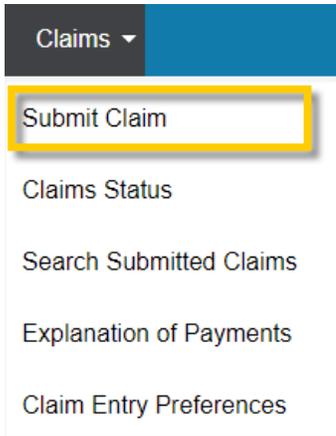
Individual Plan Provider Secure Website Guide: Claims and Explanation of Payments

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I. Submit Claims

From the Claims dropdown menu in the top navigation bar, select "Submit Claim"



1. Submission Requirements

To update your preferences navigate to the Claims drop down and click the menu item Provider Preferences. *_Required Fields

Member Information

Patient Id Code= **1**
Patient Last Name=
Patient First Name=
Patient DOB=

Provider Information

Billing Provider Name= **2**
Location=
Other Identifier=
 Treating Same As Billing
Treating Provider Name=
Location=

Diagnosis Codes - Enter up to 12 from either ICD9 or ICD10 code set

Code Set List
Diagnosis Code 1= **3** Diagnosis Code 2= Diagnosis Code 3= Diagnosis Code 4=

Claim Information

Claim type=

Service Line(s) **4**

From Service Date*	To Service Date*	Facility Type Code*	Procedure*	NDC's	Procedure Modifiers	Diagnosis Pointers*	Quantity*	Charge Amt*
<input type="text"/> <input type="button" value="DD"/>	<input type="text"/> <input type="button" value="DD"/>	<input type="text" value="Office"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>	<input type="text"/>

Other Claim Information - Click on a checkbox to expand a section for entry **5**

- Enter Referring Provider
- Enter File Attachments
- Enter Patient Related Causes
- Hospitalization Dates Related to Current Services
- Outside Lab
- Enter Illness/Injury/Pregnancy/Ability to Work
- Enter Unable to Work in Current Occupation Dates
- Enter Medicaid Resubmission

1.1 Member Information: Search for member by entering at least Member Number or Member Last Name, Member First Name, and DOB.

Member Information

Member Number*

Member Last Name*

Member First Name*

Member DOB*

1.2 Provider Information: Select the billing provider and the treating/rendering provider from the dropdown options. If you don't see an affiliated office or provider name in the dropdown options, contact your Premera provider network executive.

Provider Information

Billing Provider Name*

Location*

Other Identifier*

Treating Same As Billing

Treating Provider Name*

Location*

1.3 Diagnosis Codes: Enter at least one (up to 12) diagnosis codes. To search for a code, press the magnifying glass option. To add more than four diagnosis codes, press the "Add" button.

Diagnosis Codes - Enter up to 12 from either ICD9 or ICD10 code set

Code Set List:

Diagnosis Code 1*

Diagnosis Code 2

Diagnosis Code 3

Diagnosis Code 4

1.4 Service Information: Enter the required fields:

- Service Date
- Facility Type
- Procedure Code
- Quantity
- Charge Amount

Service Line(s)									
From Service Date*	To Service Date*	Facility Type Code*	Procedure*	NDC's	Procedure Modifiers	Diagnosis Pointers*	Quantity*	Charge Amt*	
<input type="text"/>	<input type="text"/>	Office	<input type="text"/>	0		A	1		<input type="button" value="Add"/> <input type="button" value="Delete"/>

- If your entry requires National Drug Codes (NDCs), use the magnifying glass to enter the information.

- If your procedure code requires modifiers, use the text box to enter the necessary information and separate modifiers by commas.

1.5 Other Claim Information: Use the check boxes to expand each section to add additional information to the claim.

Other Claim Information - Click on a checkbox to expand a section for entry

<input type="checkbox"/> Enter Referring Provider	<input type="checkbox"/> Enter Patient Related Causes	<input type="checkbox"/> Enter Illness/Injury/Pregnancy/Ability to Work
<input type="checkbox"/> Enter File Attachments	<input type="checkbox"/> Hospitalization Dates Related to Current Services	<input type="checkbox"/> Enter Unable to Work in Current Occupation Dates
	<input type="checkbox"/> Outside Lab	<input type="checkbox"/> Enter Medicaid Resubmission

- When adding a File Attachment, select File Type from the dropdown menu.
- You can upload up to 10 attachments.
- Each attachment must be less than 5MBs.

II. Claims Status

From the Claims dropdown menu in the top navigation bar, select "Claims Status"

The image shows a navigation bar with a 'Claims' dropdown menu. The dropdown menu is open, showing several options: 'Submit Claim', 'Claims Status', 'Search Submitted Claims', 'Explanation of Payments', and 'Claim Entry Preferences'. The 'Claims Status' option is highlighted with a yellow border.

1. Claims Status List Search

1.1 Search for claims by entering patient and claim information. This page doesn't pre-populate all available claims. You'll need to input search criteria.

The image shows a search form titled 'Claim Status List'. The form is divided into two main sections: 'Patient/Subscriber Information' and 'Claim Information'. The 'Patient/Subscriber Information' section includes fields for First Name, Last Name, Health Plan ID# (with a sample value of 123456), Medicaid ID#, Patient Control No, DOB (with a date format hint of mm/dd/yyyy), and Gender. The 'Claim Information' section includes a dropdown for Servicing Provider Name and a text box for Claim #, with a 'Show Related Claims' checkbox next to it.

2. Claims Status Results

Data from your search request will appear at the bottom of the page in the "Results" section.

Results											Export	Download PDF
Claim #	Claim type	Member	Health Plan ID# ?	Medicaid ID#	Svc date	Provider	Claim status	Charge amt	Patient resp	Payment		
View EOB	Professional											

2.1 View Explanation of Benefits (EOB) link:

Results											Export	Download PDF
Claim #	Claim type	Member	Health Plan ID# ?	Medicaid ID#	Svc date	Provider	Claim status	Charge amt	Patient resp	Payment		
View EOB	Professional											

Click on the EOB link to see the EOB associated with the claim. The EOB that displays isn't a pdf of what was mailed.

After selecting the "View EOB" link you will be directed to the "EOB Detail" page. Payer and Payee information is located near the top with service line details found at the bottom.

EOB Detail														Printer Friendly Format
Information														
Payer Name: [Redacted] Address: [Redacted] Address 2: [Redacted] City: [Redacted] State: [Redacted] Zip Code: [Redacted] Contact Name: [Redacted] Contact Phone: [Redacted]							Payee Member: [Redacted] Medicaid ID#: [Redacted] Group Or Policy No: [Redacted] Claim #: [Redacted] Svc date: [Redacted] Provider: [Redacted]							
Details														
Svc date	Procedure	Diagnosis Code 1	Quantity	Line Item Control No	Charge Amt	Allowed Amount	Non Covered Charge Amt	Deductible	Copay	CoInsurance	3rd Party	Payment	Member Payment Amt	Remarks
[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]	[Redacted]

2.2 Claim number

Results											Export	Download PDF
Claim #	Claim type	Member	Health Plan ID# ?	Medicaid ID#	Svc date	Provider	Claim status	Charge amt	Patient resp	Payment		
View EOB	Professional											

Click the Claim # link from the claims results section to open additional detail for that claim on the "Claim Status Detail" page.

2.3 Claim Status Detail page: This page shows additional information regarding the claim.

Claim Status Detail

Patient Information [Printer Friendly Format](#) [View EOB](#)

Member [REDACTED]
Health Plan ID# [REDACTED]
Medicaid ID# [REDACTED]
DOB [REDACTED]
Gender [REDACTED]

Servicing Provider Information

Provider [REDACTED]

Claim Information

Claim # [REDACTED]
Claim type Professional
Claim status Finalized/Denial

- Patient Information:

Claim Status Detail

Patient Information [Printer Friendly Format](#) [View EOB](#)

Member [REDACTED]
Health Plan ID# [REDACTED]
Medicaid ID# [REDACTED]
DOB [REDACTED]
Gender [REDACTED]

- Servicing Provider Information

Servicing Provider Information

Provider [REDACTED]

- Claim information:

Claim Information	
Claim #	XXXXXXXXXXXX
Claim type	XXXXXXXXXX
Claim status	XXXXXXXXXX
Calculated DRG	XXXXXXXXXX
Svc date	XXXXXXXXXX
Claim Status Code	XXXXXXXXXXXX
Charge amt	XXXXXXXXXX
Patient resp	XXXXXXXXXX
Payment	XXXXXX
Claim Received Date	XXXXXXXXXX
Adjudication Date	XXXXXXXXXX

- Payment Information: This section will supply a process trail for payment(s) and recoupment(s) that occurred on this claim. The recoupment dollar amount will show as a negative "Claim Payment Amount" on a separate line from the initial payment. Each time the claim was included in a system check run, you will find a new line in the Payment Information section.

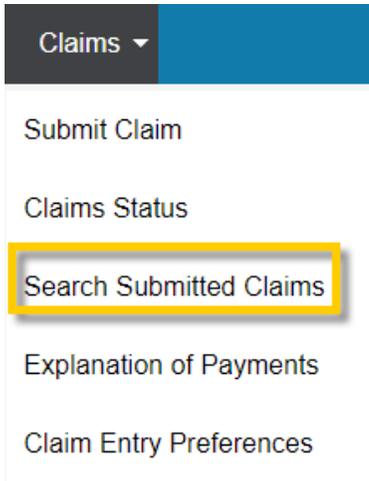
Payment Information				View Payments
Check or EFT Trace No	External Check or EFT Trace No	Check Issue Or Eft Date	Claim Payment Amount	
XXXXXX		XXXXXXXXXX	XXXXXX	

- Service Line:

Service Line Information													
Line Counter	Service Date	Service Id Qualifier	Billed Procedure	Procedure	NDC Codes	Procedure Modifier	Diagnosis Code 1	Revenue Code	Quantity	Claim Status Cat Code	Charge Amt	Patient Responsibility Amt	Payment Amt
1	08/26/2019												
	08/26/2019												

III. Submitted Claims

From the Claims dropdown menu in the top navigation bar, select "Submitted Claims."



1.1 Search submitted claims: Enter criteria into at least one of the search fields.

This page allows you to search for portal submitted claims. You must enter criteria in at least one of the search fields. To view details on a claim, click its claim number.

Search

Transaction Control Number

Claim #

Provider Last Name

Provider No

Patient Last Name

Patient Id Code

Submit Date From to (mm/dd/yyyy)

Request Status

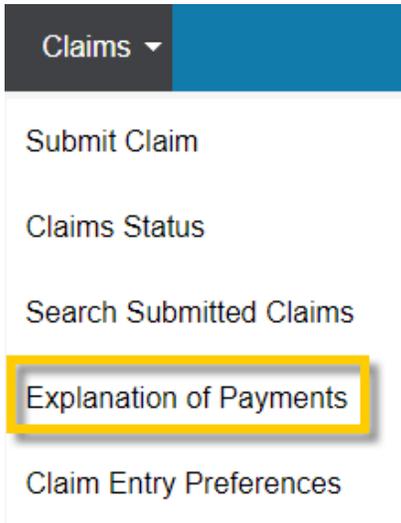
Results

[Export](#)

Transaction Control Number	Claim #	Patient Last Name	PASSE ID# ?	Provider Last Name	Provider No	Claim type	Date Submitted ?	Request ID	Request Status
201927350000100	2019273M0000100	[REDACTED]	[REDACTED]	[REDACTED]	B0010034	Professional	09/30/2019 07:40:08 PM	42205	RETURNED
201926850000100	2019268M0000100	[REDACTED]	[REDACTED]	[REDACTED]	B0010056	Professional	09/25/2019 03:09:15 PM	42204	RETURNED

IV. Explanation of Payments (EOPs)

From the Claims dropdown menu in the top navigation bar, select "Submitted Claims"



1. Search EOP page

The image shows the 'Search' page for EOPs. It includes a 'Payee Member' field with a 'Clear' button, a 'Remittance Advice No' field, 'Search Date Type' options for 'Service Date' (selected) and 'Payment Date', a 'Time Frame' dropdown, and a 'Single Date' field with a calendar icon and '(mm/dd/yyyy)' format. There are also '-OR-' separators between the date selection options.

2. Search Results:

2.1 Data from your search request will produce at the bottom of the page in the "Results" section.

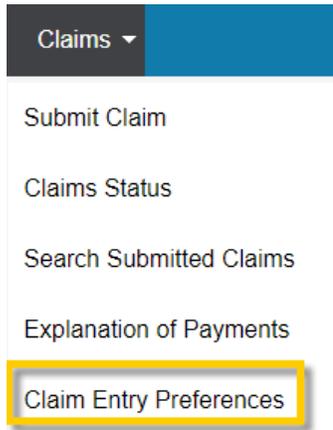
Check or EFT Trace No	Payer Name	Payee Name	Check Issue Or Eft Date	Payment Method Code	Tot Provider Payment Amt
38667			09/09/2019	Check	\$67,666.38
38587			09/09/2019	Check	\$8,876.42

2.2 EFT Trace No. link: After selecting the EFT Trace No. link, you'll be directed to an EOP Detail page with payment, provider, and claim information.

Check or EFT Trace No	Payer Name	Payee Name	Check Issue Or Eft Date	Payment Method Code	Tot Provider Payment Amt
38667			09/09/2019	Check	\$67,666.38
38587			09/09/2019	Check	\$8,876.42

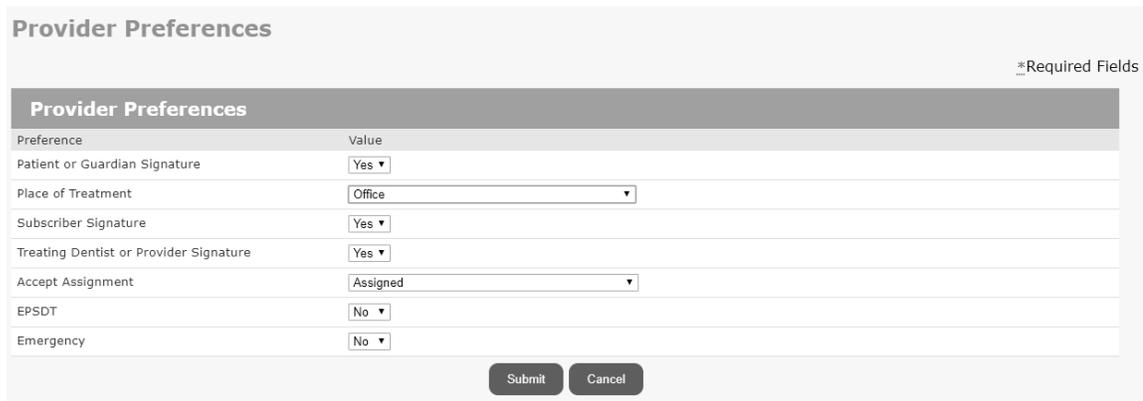
V. Claim Entry Preferences

From the Claims dropdown menu in the top navigation bar, select "Submitted Claims"



1. Claim Entry Preferences page

- Before submitting your first claim, you need to set your Claim Entry Preferences. You only need to do this once, but you can change your preferences at any time.
- Setting your Claim Entry Preferences saves time while submitting claims, so you don't have to enter this information for each claim.

A screenshot of the 'Provider Preferences' form. The form has a title 'Provider Preferences' and a 'Required Fields' icon. It contains a table with two columns: 'Preference' and 'Value'. The table has seven rows, each with a preference name and a dropdown menu. Below the table are 'Submit' and 'Cancel' buttons.

Preference	Value
Patient or Guardian Signature	Yes ▼
Place of Treatment	Office ▼
Subscriber Signature	Yes ▼
Treating Dentist or Provider Signature	Yes ▼
Accept Assignment	Assigned ▼
EPSDT	No ▼
Emergency	No ▼

2. Fields (from image above)

- 2.1 Patient or Guardian Signature and Subscriber Signature (Yes/No): Provider has patient's consent to release medical information
- 2.2 Place of Treatment/Facility Type Code: The facility where treatment or service occurred. This preference simply sets a provider's default choice. A provider can select another choice at the time of each claim submission.
- 2.3 Treating Dentist or Provider Signature (Yes/No): Indicate whether a provider's signature is on file.
- 2.4 Accept Assignment: (Assigned, Not Assigned, Patient refuses to assign benefits, or Assignment accepted on clinical lab services only)
- 2.5 EPSDT (Yes/No): Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a child health program in Medicaid to help the physical, mental, and developmental needs of children.
- 2.6 Emergency (Yes/No): Indicates claim is for treatment of emergency services.