

MAIN MENU

- Inbox
- Claims Search**
- Authorizations
- Payments
- Member Eligibility
- Help and Resources
- Manage My User Profile

## Getting Started

### Navigating the site

To navigate the site, click on any of the page links displayed in the navigation pane:

- Inbox: download select file types (such as 835s)
- Claims Search: search for and view status and details for claims submitted on or after [ date ]
- Authorizations: search for and view details on authorizations
- Payments: view information on all payments
  - Payment Details: view and export line-level details for claims included on a payment
- Member Eligibility: look up the plan and eligibility details for a member
- Help and Resources\*: find answer to FAQs, and has helpful resource links
- Manage My User Profile\*: manage and update your profile information

### Switching TINs and filtering by location

You can view information for only one TIN at a time. The Active Filters banner at the top of the page tells you which TIN's information you are viewing. If you are associated to multiple TINs, you can change this selection by clicking on the Filters link in the upper right-hand corner of the page header and selecting a different Organization (TIN). You can also filter by Location (within a TIN) and Line of Business.

The screenshot shows the 'Global Filters' dialog box with the following fields:

- Organization: [Dropdown]
- Location: [Dropdown]
- Line Of Business: [Dropdown with 'Nascentia Health Options' selected]

The 'Active Filters' banner shows: **Active Filters: Organization:**

The 'Payment Search' form includes:

- Check Number: [Enter Check Num]
- Payment Date From: [03/21/2018]
- Payment Date To: [09/21/2018]

Buttons include 'Apply Filter', 'Clear Filters', 'Clear', and 'Search'.

To remove active filters and return your settings to your default view, click the [Clear Filters](#) link within the Active Filters banner.

### Important terms and definitions

The following terms appear on the multiple pages across the billing site:

- Billed Amount: the amount displayed on the submitted claim
- Allowed Amount: the priced amount after adjudication, according to plan-provider contracts
- Denied Amount: the amount denied, for claim lines that are in denied status
- Paid Amount: the amount paid for the claim, which could differ from the Allowed amount if the price is reduced because of a grouper (such as a DRG) or if the amount is reduced by a second payer on the claim
- Interest Amount: the amount of interest applied and paid

\*Information about the Help and Resources and Manage My User Profile screens can be found in the Account Setup Quick Reference Guide.

# Page Navigation and Searches Quick Reference Guide

## Performing Searches

### How to search for information

When searching for a claim or an authorization you have the option of using the basic search criteria on the page, or clicking the “Search using additional criteria” link to open the Advanced Search popup (shown to the right). Both types of searches adhere to the following rules:

- No search fields are required; it is possible to perform a search without entering any criteria.
- If no date values are entered into the date search fields then the site will display all results for the previous 30 days.
- If only one field is used, such as Member ID or Claim ID, the site will search the past 12 months’ data and return all matching results
- If multiple criteria are entered, only results matching all of the entered criteria will display.

## Exporting Data

### How to export search results as an Excel file

All pages including search functionality for claims and claims-related information, such as authorizations or payments, have a link on them to export search results to Excel. “Click the Export search results to Excel” link on the page (in the search area) to trigger the export.

## Member Eligibility

### How to find and see member information

Plan and eligibility information is available for all plan members.

To find a member’s information you must enter an exact match for one of the following:

- Medicaid ID
- Medicare ID
- Social Security Number (SSN)
- Plan ID (Subscriber ID)

-OR-

- Member Name (Last, First) and Date of Birth

You can view the member’s information as of the current date (default), or as of a different service date by entering a service date into that search field. Plan information is displayed as of the Service Date displayed in the search field.

The screenshot shows the 'Advanced Search' popup form. It has a green header with the title 'Advanced Search' and a close button. Below the header is a green bar with the instruction: 'Complete any number of fields to search for claims using one or more criteria'. The form is organized into several sections: 'Member Details' with fields for First Name, Last Name, Member ID Type (dropdown), and Member ID; 'Claim Details' with fields for Claim ID, Provider Claim #, Service Type (dropdown), Claim Line Status (dropdown), HCPCS/CPT Code, and Rev Code; 'Provider Identification' with fields for Attending NPI, Billing NPI, Referring NPI, Other NPI, Operating NPI, Rendering NPI, and Service Location NPI; and 'Date Range' with fields for From Service Date, To Service Date, From Claim Date, and To Claim Date, each with a calendar icon. At the bottom right, there are 'Close' and 'Search' buttons.

The screenshot shows a search form for a member. It has a title: 'Search for a member by any ID number or by the combination of member's First Name, Last Name, and DOB.' The form contains several input fields: Medicaid ID, Medicare ID, SSN, Plan ID, First Name, Last Name, and Date Of Birth (with a calendar icon). Below these fields is a section titled 'As of the following plan eligibility date:' with a date input field showing '9/21/2018' and a calendar icon.