Claims

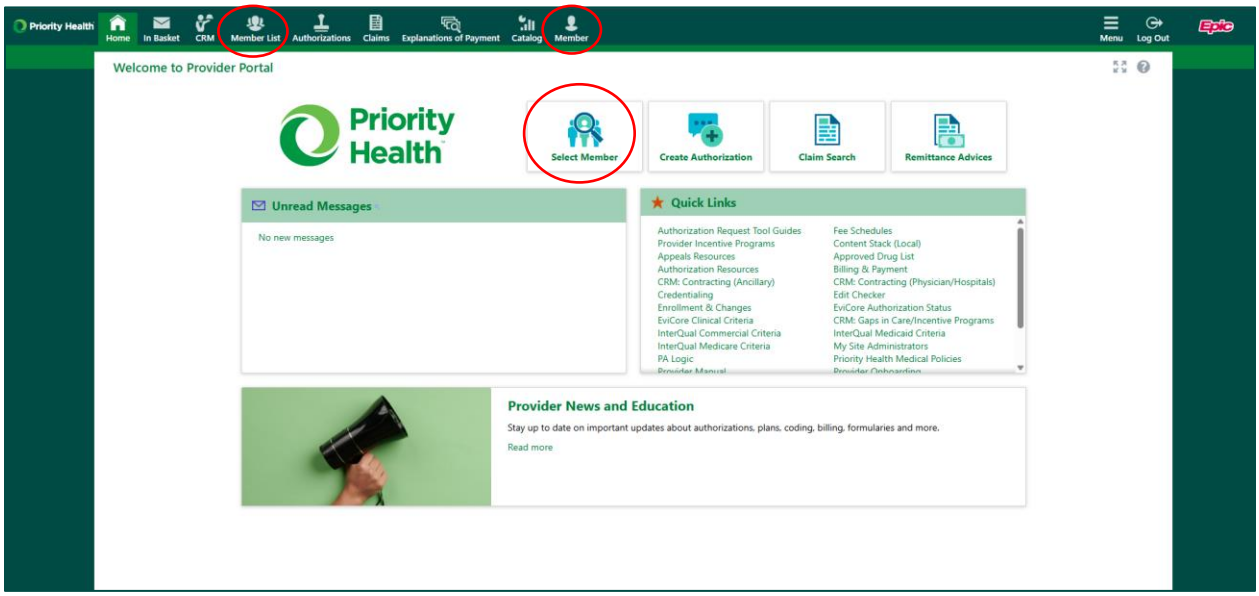
Provider Portal user guide

Submit and manage claims directly in the Provider Portal using the instructions below.

Note: These are the steps to take in the Provider Portal. To determine what is appropriate/allowed for your specific case, see our Provider Manual.

Navigating to Member Inquiry

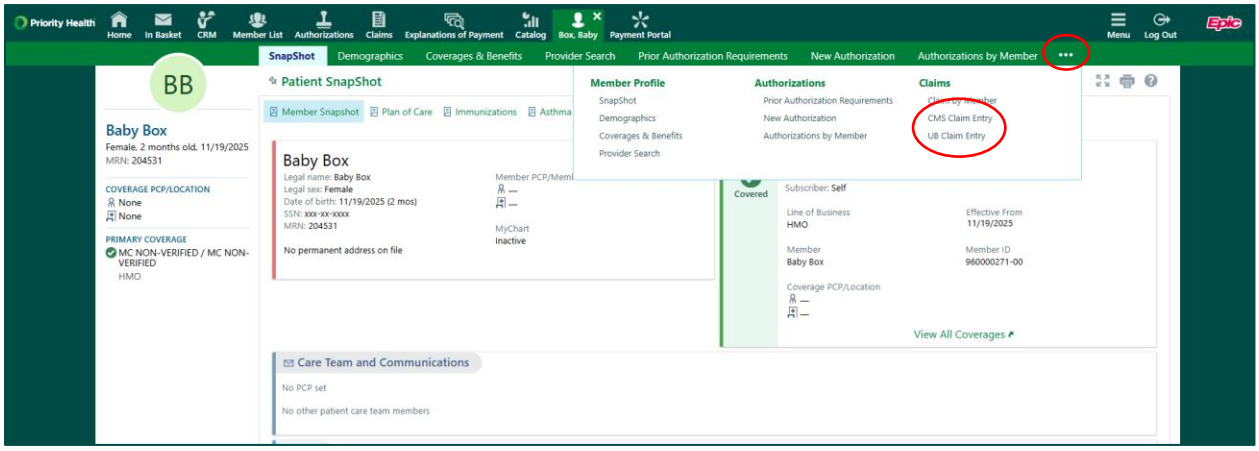
From the portal home screen, use **Select Member**, **Member List** or **Member** to search for the member that you need to submit a claim for.



Remember that if you can't find the member you're looking for, try selecting "Search All Patients." To search for a member, you'll either need their Member ID or four other pieces of identifying information.

Entering claims

From Member Inquiry, hover over the three dots in in the Member Inquiry navigation bar, then select either **CMS Claim Entry** for a professional claim or **UB Claim Entry** for a facility/institutional claim.



Enter all requested information. When you've finished, click **Submit & Add Attachments** button in the bottom right to complete claim entry. Upload any supporting documents, then click **Finish**.

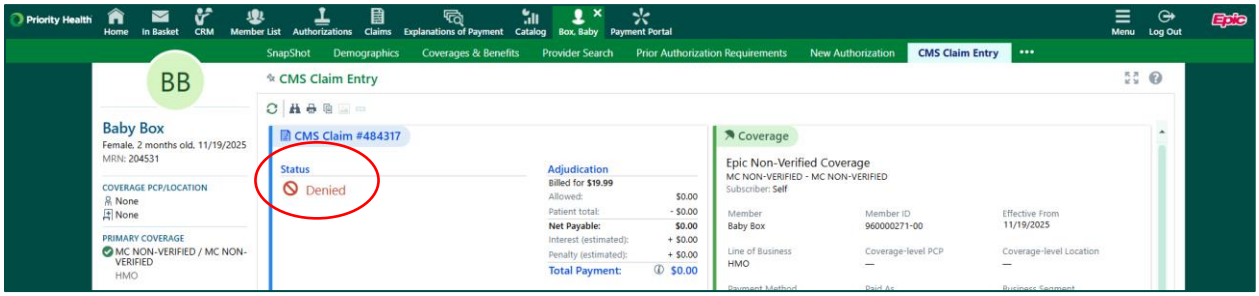
Remember:

- All required information is indicated by an exclamation point in either a yellow triangle or a red octagon.
- Use the **Check For Issues** button in the bottom-right to check for any potential issues before you submit.
- Many input boxes have magnifying glass icon that you can click to browse the input options.

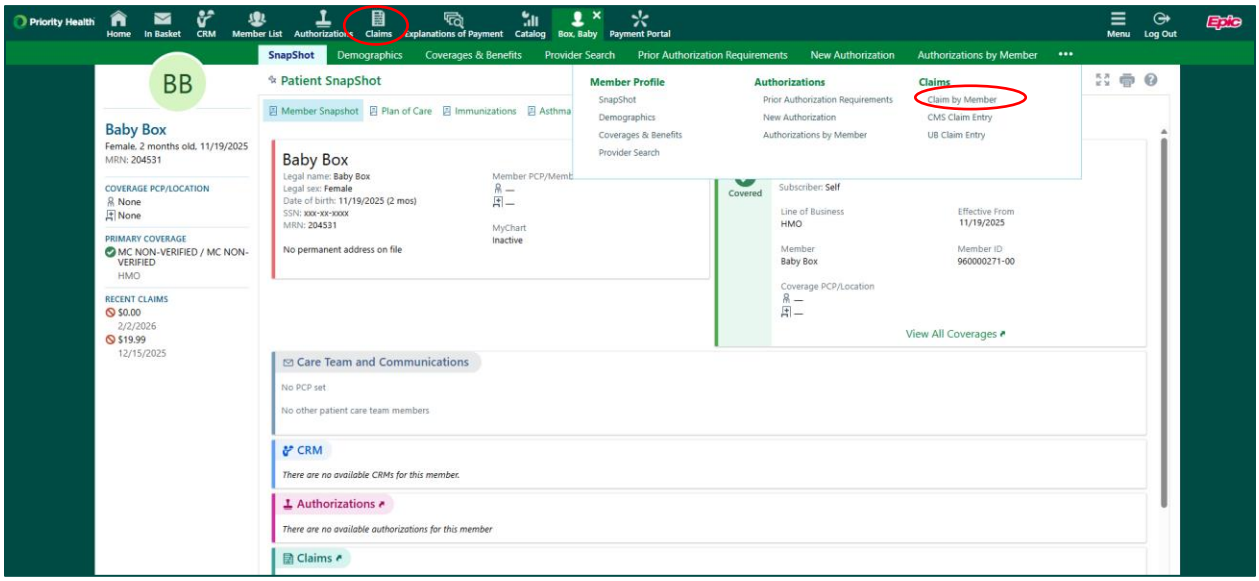
See slides 14-22 in our biller training deck for details about the various required fields in CMS and UB claim entry.

Checking claim status

Claims that auto-adjudicate will tell you immediately whether they are allowed or denied in the **Status** field.



You can also find the status of previously entered claims by searching **Claim by Member** in Member Inquiry or by selecting **Claims** in the top navigation bar from anywhere in the portal.

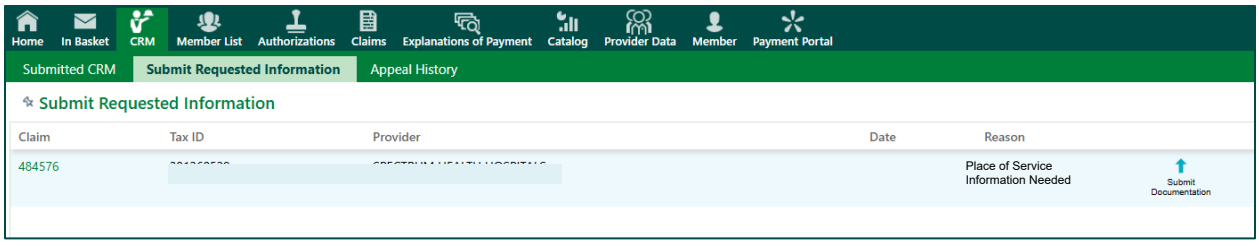


In either space, you'll be able to search for claims. When the claim you're searching for comes up in the search, click the green hyperlinked claim number to pull up claim details, including status.

Note: You can also check member eligibility on the portal without logging in. For details, see our **Pre-login functionality guide.**

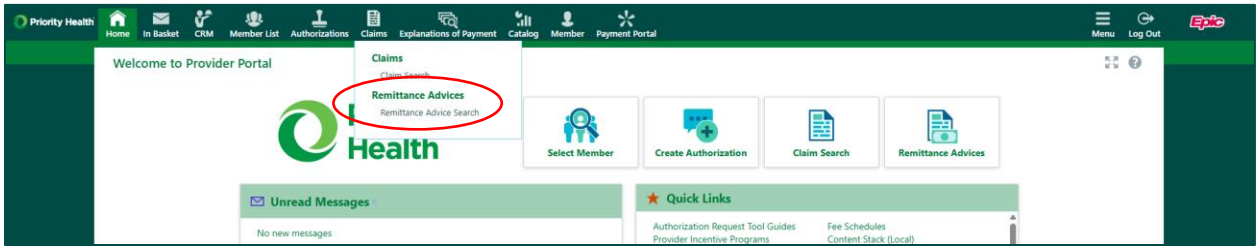
Responding to requests for additional information

If Priority Health requires additional documentation on a claim you entered, you'll receive a request for information. Check for these in the top navigation bar by hovering over **CRM** and selecting **Submit Requested Information** from the dropdown. Then click **Submit Documentation** to respond to the stated reason.

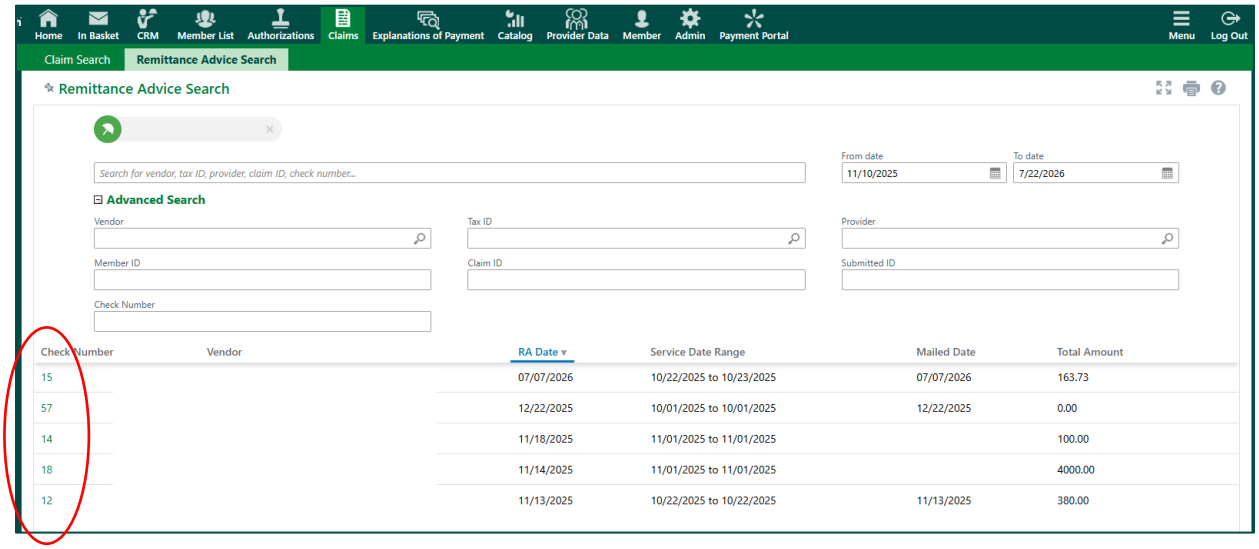


Reviewing remittance advices

To see printable remittance advices (RAs) for allowed claims with coverage and payment information, hover over **Claims** in the top navigation bar and select **Remittance Advices**.

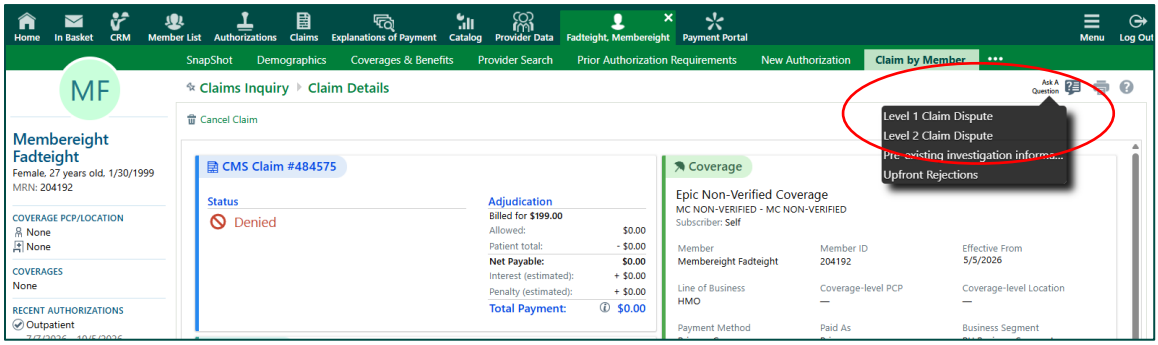


Search using vendor name, tax ID, provider name, claim ID or check number. To see the RA for a given check number click on the green hyperlinked check number in the left column.

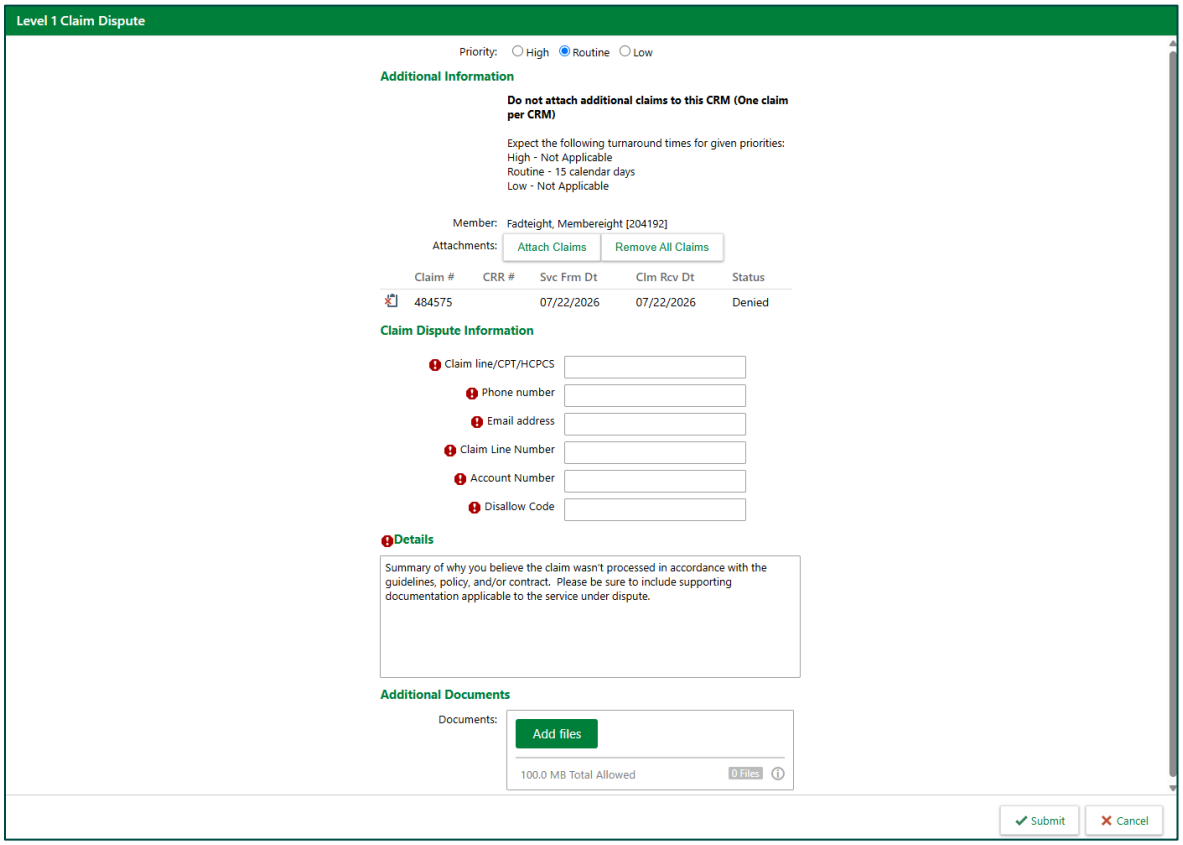


Disputing denied claims

To dispute a claim with a “Denied” status, navigate to the **Claim Details** page and select either **Level 1 Claim Dispute** or **Level 2 Claim Dispute** from the **Ask A Question** menu (remember, per our Provider Manual, a Level 1 Claim Dispute is required first).



The claim from which you open the dispute will automatically be attached in the pop-up. Enter all requested **Claim Dispute Information** and your justification in the **Details** box. Then add supporting attachments using the **Add files** button and click **Submit**.



You can track a claim dispute status in your **In Basket** or **CRMs**. The subject line or topic will contain “Claim Dispute”. With the message or CRM selected, see the dispute status at the bottom of the screen.