

Colorado Access Provider Portal Guide





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INTRODUCTION

The Colorado Access Provider Portal provides secure, web-enabled, role-based access. You will be able to perform the following functions:

- verify a member's eligibility
- view member rosters
- view a member's benefits
- view a member's claim status
- view remittance advice

*Please note: information in the Provider Portal is only available to authorized users. The portal uses web protocols to ensure secure access to protected health information (PHI). An authorized physician's practice will only have access to view authorizations and claim status for their practice/offices.

SYSTEM REQUIREMENTS

To run the application, you need a computer with the following specifications:

• Internet Explorer (IE) 11.0 or higher or the latest version of Google Chrome, Firefox or Safari.





NEW PROVIDER REGISTRATION

The new provider registration will be used to obtain access to the portal and provide health care services to subscribers and/or members.

In order to successfully complete the registration process, the provider name, provider ID, federal ID, provider number and NPI number must match exactly with what is on file with Colorado Access.

To begin the new provider registration, please type the following URL into your browser and click enter: <u>coacwsprod.tzghosting.net/tzg/cws/registration/registrationLogin.jsp</u>

If you have problems registering, please contact our provider relations team at pns@coaccess.com for assistance.

Provider Information

New Provider Registration

• To begin registration, click on 'create new account'

	Colorado ACCESS Caring for you and your health	
User ID	Caring for you and your nearin	
Password		
? Need Help	Customer Service	
	Log in	
Forgot your password?		
	Create new account	



New Registration

Step 1: Click on 'provider'

Step 1 Step 2 Step 3 Step 4	
New Registration	
New Registration Select the registration that correctly identifies you • Provider Cancel	

Physician & Billing Information

Step 2: Enter information to verify the user in the system

To register, please send an email to <u>pns@coaccess.com</u>. Include your federal ID and organizational NPI number to request the provider ID number. After you receive the provider ID number, enter your full name (optional), federal ID (required) and the provider ID number (required) to complete the registration process.

- Full name of provider/facility: Name of the provider registering.
- Federal ID: Tax identification number (this could also be your SSN if you do not have a federal ID).
- Provider ID: Provider number
- Confirm information then click on 'verify'

Step 1 Step 2 Step 3 Step 4				
✓ New Registration				
Physician and Billing Information				
Physician and Billing Information				
Please enter below information to verify user in the claim system. If you don't know your Provider Id, please contact your Health Plar	Administrator.			
Full Name of Provider/Facility				
Lastname, Firstname or company name				
Federal ID * Provider ID * NPI Federal ID Provider ID NPI				
		Cancel	Verify	



Account Information

Step 3: Confirm physician and billing information and account information to verify the user in the claims system.

✓ Physician and Billing Information				
Physician and Billing Information				
Please enter below information to verify If you don't know your Provider Id, pleas Full Name of Provider/Facility	y user in the claim system. se contact your Health Plan Administrator.			
Federal ID *	Provider ID *	NPI		
		Clear		

If the information is not correct, click on the 'clear' button to remove the values and enter the correct federal ID number and provider ID number.

- Street: Mailing address of facility.
- City, state, zip code: Demographic information for the provider mailing address.
- Phone number: Phone number for provider.
- Email address: Provider email address.

Account Information				
City *	State/Province *	Zip/Postal Code *		
AURORA	со	800457106		
Email *				
Email				
	AURORA	AURORA CO		

Step 3 (continued): User ID & password

- User ID: This unique user ID will be set up by the provider and will be used each time the you access the application. The user ID should be between six and 30 characters. An email address can be used as a user ID.
- **Password:** Passwords should follow the below criteria:
 - o A minimum of eight characters
 - Use a combination that has at least three of the four following character types:
 - 1. upper case letters
 - 2. lower case letters



- 3. numbers
- 4. special characters: * % ~ ! @ # \$ ^ () + = [] { } ; : , . ? | _
- o Spaces are not allowed
- Security questions: Select a pre-set security question from the drop down menu for security questions. The answers you provide will be used to recover your password. During the password recovery process, one of the security questions will be randomly displayed. The answer entered will be compared to the previously entered answers to validate the user.
 - **Security question #1:** Select the appropriate security question from the drop down menu and enter the answer.
 - **Security question #2**: Select the appropriate security question from the drop down menu and enter the answer.
 - **Security question #3:** Select the appropriate security question from the drop down menu and enter the answer.
 - Security question #4: This security question is determined and entered by the registering provider group.
- Multiple users: Multiple user IDs can be created for each provider registration
 - o Log in to the portal
 - o Click on 'create new account'
 - o Enter provider & billing information
 - Enter contact information
 - o Enter user ID and password information
 - o Select and enter password recovery security questions and responses
 - o Click the 'register' button

		Log
User ID	*	User ID should be between 6 to 30 characters.
TstCHPNewReg Password * Confirm Password *		
		Your new password must use: A minimum of eight (8) characters Use a combination that has at least three of the four following character types:
		Upper case letters Lower case letters
Confirm	n Password *	 Numbers
•••••	n Password *	 Numbers Special characters: * % ~ ! @ # \$ ^ () + - = [] { };:,.? _ Spaces are not allowed
Passw You will	word Recovery Security Questions	 o Special characters: * % ~ ! @ # \$ ^ () + - = [] { } ; : , . ? _ Spaces are not allowed
Passw You will	word Recovery Security Questions need to select and answer a minimum of 4 security questions. The q	 Special characters: * % ~ ! @ # \$ ^ () + - = [] { } ; : , . ?
Passw /ou will Select 3	word Recovery Security Questions need to select and answer a minimum of 4 security questions. The q unique questions and enter one of your own questions below.	 Special characters: * % ~ ! @ # \$ ^ () + - = [] { } ; : , . ?] _ Spaces are not allowed Ins will be randomly displayed in the event you forget your password. After you enter the answers correctly you will be allowed to reset your password.
Passw You will Select 3 1 *	vord Recovery Security Questions need to select and answer a minimum of 4 security questions. The q unique questions and enter one of your own questions below. What was the name of city you were born in?	 Special characters: * % ~ ! @ # \$ ^ () + - = [] {};:,.?]_ Spaces are not allowed Ins will be randomly displayed in the event you forget your password. After you enter the answers correctly you will be allowed to reset your password. Denver Denver



Confirmation

Step 4 Registration complete

• To access the provider portal from this page click on 'login'

Confirmation

Congratulations!

Your registration is complete. As an authorized member, you can now view your

- Search Claim
- Member Eligibility Information

You can now login in the system using username and new inputted password.

Log in

LOGIN PAGE

Sign In

- User ID: Unique user ID set by the physician or provider when creating a new account.
- **Password:** Unique password set by the physician or provider when creating a new account.
- To login into the provider portal click on Login.'

User Agreement

• The user will receive the below user agreement message. Please scroll through to review the complete list of terms and conditions.

User Agreement		
Please read the Agreement below carefully. By clicking on the "Accept" button, you agree to be bound by the terms of this User Agreement and the other policies posted on this website, including the Privacy and Terms of Use. Your use of the Portal is contingent on acceptance of this agreement, and if you do not agee, you must click on the "Decline" button and exit this page. You will not be able to access the Porta		۱t
Appropriate Use & Disclosures	4	
As a condition to being allowed access to Colorado Access Provider Portal, I agree to abide by the following terms and conditions:		
1. I will not disclose my user name and password to anyone.		
2. I will not allow anyone to access the system using my user name and password.		
3. I will not attempt to learn or use another's user name and password.		
4. I will not access the Provider Portal using a user name and password other than my own.		
5. I am responsible and accountable for all data retrieved and all entries made using my user name and password.		
6. If I have office or billing staff that need access to the Prover Portal to assist me in my practice, I will instruct them to request their own account.		
7 I an ann aibh fa a bhf in Calanda Anna an Bhille St. banna af mban ann af an antaf an annabh lann an Calanda Anna ann bannach Anna anna ba bha annach Pallon de an Bhille St. Calanda Anna ann b		•
Accept Decline		

- Clicking on 'accept' indicates you have reviewed the user agreement and agree to the terms and conditions mentioned. It will allow you to move on to the provider information page and will not display the 'user agreement' popup again.
- Clicking on 'decline' will bring you back to the login page



Access Provider Information

- The user will receive the message "Welcome, your experience is loading" if your user ID and password are authenticated.
- The initial landing screen will display. If you do not want this initial landing to display, click on 'don't show me this again' at the bottom of the screen.
- The provider home page will display.

× Colorado ACCESS		Use this to change y	your account settings 1-800-511-5010 Manage Account :	PRODTESTNEWUCH Contact Us - Help Log Out
Caring for you and your health Home Manage Member Search	h + Office Management +			1
Provider Snapshot Access thir	ngs you want to do	^	Provider Tool Kit	
Provider: ID: NPI: Speciality: Language(s): Gender: Board Certification: Primary Address: Massociated Providers View Other Office Locations	MEMORIAL HEALTH SYSTEM P0277938 1144397134 HOSPITAL HOSPITAL Not Available Not Available 1400 E BOULDER ST COLORADO SPRINGS, CO 80909 UNITED STATES (719) 385-6552	More Information	Shows wi PCP Reports COA CHP+ CHP+ Network Colorado Access File Share Behavioral Care Fee Schedule Service Coordination Plan Electronic Coverage Determination Authorization List	iatuseris logged in and provides a vra
Provides a quick view of your plan info	ormation and recent claims/referrals			
Claims		~		
The information provided is based on from providers/organizations while re-cr	the most recent information we have on file for the provider/organization. The hea edenthaling.	th plan validates all new information it receives		
				Don't Show Me This Again
				2017 Colorado Access. All rights reserved. 40.002 Last login date: 11/8/2017 9:00 AM

Forgot Your Password

Users who forgot their passwords can click 'forgot your password' for help to get their password reset.

Step 1

User ID verification: Enter user name click 'next.'

Step 1	Step 2 Step 3 Step 4	
User ID V	/erification	
Enter your u User ID: TstCHP	user name and click "Next". You will then be prompted to	answer your security question.
Isterie	Cance	I Next



Step 2

User answer verification: Enter the answer to the selected security question and click 'next.'

Step 1 Step 2 Step 3	Step 4
✓ User ID Verification	
User Answer Verification	
Enter the answer to the selected security questi Security Question:	on and click "Next". You will then be prompted to change your password. Answer:
What was the name of your high school?	High School
	Cancel Next

Step 3

Change password: Enter a new password and confirm your new password.

Step 1 Step 2 Step 3 Step 4	
✓ User ID Verification	
✓ User Answer Verification	
Change Password	
New Password	Your new password must use: A minimum of eight (8) characters Use a combination that has at least three of the four following character types:
Confirm Password	 > Upper case letters > Lower case letters > Numbers > Special characters: * % ~ ! @ # \$ ^ () + - = [] { } ; : , . ? _ > Spaces are not allowed
	Cancel Next

Step 4

Password reset: Complete.

Login: Click 'Log in' to bring you back to the login page of the portal.

Step 1	Step 2 Step 3	Step 4		
✔ User I	D Verification			
✔ User A	Answer Verification			
🗸 Chang	ge Password			
Confirm				
	ord reset was complet		d password.	

Log in



PROVIDER HOME PAGE

When you log in, you will see arrows pointing to 'manage member,' 'search,' 'manage account,' and 'log out.' If you do not wish to see this each time you log in, you can select 'Don't show me this again' in the bottom right corner of the screen.

MEMORIAL HEALTH SYSTEM P0277938 1144397134 HOSPITAL HOSPITAL Not Available Not Available Not Available 1400 E BOULDER ST COLORADO SPRINGS, CO 80909 UNITED STATES (719) 365-6552	More Information.	PCP Reports COA CHP+ COP+ Colorado Access File Share Behavioral Care Fee Schedule Service Coordination Plan Electronic Coverage Determination Authorization List
t information we have on file for the provider/organization. The health plan validates a	all new information it receives	© Don't Show Me This Again

The Provider Portal opens to the provider home page. This page lists the provider name, as well as additional provider information in the provider snapshot in the center of the page.

Contact Us

- You will have access to our address, customer service phone number and email as well as provider outreach email address.
- Click on the drop down arrow to find our information:
 - Customer service: customer service phone numbers
 - Address: office address
 - Compliance: compliance hotline phone number
 - Email us: page to email us



Home Manage Member - Search -

Customer Service	v
Address	~
Compliance	~
Email Us	×

Home Manage Member - Search -

Customer Service		^
Program	Local	Toll Free
CHP+ Offered by Colorado Access	303-751-9021	888-214-1101
CHP+ State Managed Care Network	303-751-9051	800-414-6198
Access Behavioral Care Denver	303-751-9030	800-984-9133
Access Behavioral Care Northeast	970-221-8508	844-880-8508
TTY for the Deaf or Hard of Hearing	720-744-5126	888-803-4494
Access Long Term Support Solutions		877-710-9993
Colorado Access Regional Care Collaborative Organization (RCCO)		855-469-7226
Colorado Access RCCO by Region:		
Region 2 Counties of Cheyenne, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld, and Yuma.	303-368-0035 TTY: 720-744-5126	855-267-2094 888-803-4494
Region 3 Counties of Adams, Arapahoe, and Douglas.	303-368-0037 TTY: 720-744-5126	855-267-2095 888-803-4494
Region 5 County of Denver.	303-368-0038 TTY: 720-744-5126	855-384-7926 888-803-4494

Address

11100 East Bethany Drive Aurora CO 80014

Compliance

To report any concerns regarding privacy of data, fraud, waste or abuse, please call our Compliance Hotline toll free at 877-363-3065. You do not need to give your name.

Email Us

For Media Relations contact: For general customer service, please email: For susues related to this website, please email: For compliance, please email: For the privacy official, please email: For provider network services, please email: media.relations@coaccess.com customer.service@coaccess.com webmaster@coaccess.com compliance@coaccess.com privacy@coaccess.com pns@coaccess.com





Home

Provider:	MEMORIAL HEALTH SYSTEM	
D:		
NPI:		
Гуре:	HOSPITAL	
Speciality:	HOSPITAL	
Language(s):	Not Available	
Gender:	Not Available	
Board Certification:	Not Available	More Information
Primary Address:	1400 E BOULDER ST	
	COLORADO SPRINGS, CO 80909	
	UNITED STATES	
	(719) 365-6552	

Provider Snapshot

Please review your provider snapshot. If any information has changed or is incorrect, please contact our provider relations department at pns@coaccess.com.

Provider Snapshot		^
Provider:	MEMORIAL HEALTH SYSTEM	
ID: NPI:		
Туре:	HOSPITAL	
Speciality:	HOSPITAL	
Language(s):	Not Available	
Gender:	Not Available	
Board Certification:	Not Available	More Information
Primary Address:	1400 E BOULDER ST	
	COLORADO SPRINGS, CO 80909	
	UNITED STATES	
	(719) 365-6552	
Sociated Providers		
View Other Office Locations		

Provider Snapshot

- Provider: Provider name on file with us
- ID: Provider ID number
- NPI: National Provider Identifier
- Type: Type of provider
- Specialty: Provider specialty
- Languages: Language provided by provider
- Primary Address: Provider address

Click on the associated providers to view provider details and the primary location along with driving directions and hyperlink navigation.

CHILDRENS HOSPITAL COLOR	ADO.							A	oloral CCES
Provider Details ID: . NPI: . Type: . Specialities: . Language(s): . Gender: .	HOSPITAL CONTRACTED HOSPITAL Not Available Not Available			Map Setellite		4			
Accepting New Members: Board Certification:	Not Available Not Available		More Information	E 16th A	↓ /e	E 16th Ave		E 16th Ave	
Primary Location Address: Phone: Fax:	13123 E 16TH AVE AURORA, CO 800457106 UNITED STATES © Open Driving Directions Map Office is not handcapped accessible. (720) 777-1234 Not Available			Google		ŧ	Map data 82017 Go	cgle Terms of Use Report a map error	
ussociated Providers								^	
how: Providers that work directly with me	•								
Provider Name	NPI	Provider Type	Address				Relationship	Network Status	

Provider Details

- **ID:** Provider ID number
- NPI: National Provider Identifier
- **Type:** Type of provider
- Specialties: Provider specialty
- Languages: Language provided by provider

Primary Location

- Address: Physical address of the provider
- Phone: Office phone number
- **Fax:** Office fax number

Associated Providers

This page will show a list of providers that have a direct affiliation to you.

You can click on the dropdown arrow and see other list of associated providers that you are associated with (i.e. other providers that do business with you). Example: provider group logged in and sees list of other hospitals and provider he/she does business with.

						^
Show:						
Providers that work directly with me	۲					
Provider Name	NPI	Provider Type	Address		Relationship	Network Status
		42	13123 E 16TH AVE, AURORA,	CO, 80045	GROUP	View
		31	13123 E 16TH AVE, AURORA,	CO, 80045	GROUP	View
		08	320 E 1ST ST, SALIDA, CO, 81	2012802	GROUP	View
ihow:						
Other providers I'm associated with	•					
Provider Name		NPI	Provider Type	Address	Relationship	Network Stat
1			01	13123 E 16TH AVE, AURORA, CO, 800457106	GROUP	Not Available
			02	13123 E 16TH AVE, AURORA, CO, 800457106	DIRECT	View
			v	19129 C 1911 AVE, KONONA, CO, 800497100	Direct	view





Claims

You can obtain a list of claims. Click on the drop down arrow to view the claims list.

Claims	~
Authorizations	~
Inpatient Stay	~

- Claim ID: System generated number assigned to the claim
- Service Dates: Date(s) the service was performed
- Patient: Name of Colorado Access member
- Service Provider (NPI): National Provider Identifier
- Status: Reflects current claim status

To view claim details, click on the 'claim ID.'

Right Navigation Menu Options:

Listed on the right side of the screen is the provider toolkit. This contains the links to the functionality available on the Colorado Access provider home page.

Provider Tool Kit
PCP Reports
COA
CHP+
CHP+ Network
Colorado Access File Share
Behavioral Care Fee Schedule
Service Coordination Plan
Electronic Coverage Determination
Authorization List

MANAGE MEMBER

Member Search

• This function requires you to enter the member's last name, first name and birth date or state ID.



Nome Manage Member - Search - Member Search Member Roster II Info Submit Claim		
Member Search for Personal Info		
Last Name:	Birth Date:	
Minimum first 2 letters	MM/DD/YYYY	#
State ID:	SSN:	
State ID	XXX-XX-XXXX	
Medicare #:	Medicaid #:	
Medicare #	Medicaid #	
Member ID:		
Member ID		
Member ID		
Advanced Search		
Reset Search		

Required for Search

Search by last name, first name and birth date

- Last Name: Last name of the member.
- First Name: First name of the member.
- Birth Date: Birth date of the member listed asMM/DD/YYYY.
- State ID: Unique identifiers for health plan.

Click on Search

• Member's name, date of birth, address and phone number will be displayed.

M	ember Search for Personal Info -			
Re				
N	ember 🗢	DOB 🗢	Address 🗢	Phone 🗘



• Click on the member's name to view additional details.

	Hack to patient search
Name:	Address:
State ID: Relationship:	County:
Effective Date :	Country:
Birth Date	Phone:
Gender: SSN:	Email: Marital Status:
Primary Care Providers (PCPs) 🗿	~
Authorizations	~
Claims	~
Eligibility Details 🧿	~
Other Insurance o	~

Member Information

Member name, state ID, effective date, birth date, gender, address, country and phone number. Click on the drop down arrows to view the following links:

- Primary Care Providers(PCPs): List of PCPs
- Authorizations: List of members' authorizations
- Claims: List of status for claims
- Eligibility Details: Member's current benefits
- Other Insurance: Member's other insurance

Member Roster

Select Manage Member > Member Roster to view the patient roster.

1. The following page appears.

-			
Member Roster			
• Marked field(s) are required.			
Last Name		State ID	
Roster as of *		Provider *	
10/27/2017		Select a Provider	\$
Advanced Search			
Reset	Show Roster		
Reser	Show Roster		

The Office Admin of a given location can only view Associated Providers of that location.

2. Provide search options. You can limit your search by any of the following items: Last name: Type the patient's last name.

State ID: Type a state ID.

Roster as of: Required field. Type or select a date from the calendar icon. The default is the current date.

Choose a provider: Required field. Select a provider from the list.



Advanced search options

Advanced Search			
First Name		Sex	
			\$
Birthdate		Effective	
MM/DD/YYYY	m	MM/DD/YYYY	#
Termination			
MM/DD/YYYY			
Reset	Show Roster		

First Name: Type the patient's first name **Sex**: Select the patient's sex from the list

Birth date: Type a birth date or select the date using the calendar icon **Effective** (date): Type the effective date or select it using the calendar icon **Termination** (date): Type the termination date or select it using the calendar icon

3. Click 'show roster'

The search results appear as in the following example:

Member Roster - P	ROVIDER:						~
Results 13 as of 0	7/04/2017						^
						Download	as 🗸 🗴
A B C D	E F G H I J	L M N O P Q	R S T U V W	X Y Z			
Name	▲ State ID	✿ DOB	Gender	Phone	Enrollment Date	Termination Date	¢
			м				
			м				
			F				
			F				
			F				
			м				

- 4. Do any of the following:
 - a. Sort by column using the icon (\clubsuit) .
 - b. Click the link under the 'name' column to navigate to the patient information page.
 - c. Download the roster as a .pdf file using the PDF icon (L.). Example
 - d. View the roster in an Excel spreadsheet after clicking the Excel icon (). Example You are prompted to open or save the file. *To view it*, click 'open.' If you don't have Excel installed, you can download a free Excel viewer from the Microsoft website.

To save it, click 'save' and specify a location.



SEARCH

Claims

- You will be able to search claim(s) by using a full search or search by claim ID.
 - Home Manage Member Search -

Claim Search		
Full Search by claim ID		
From:	То:	
04/27/2017	10/27/2017	m
Туре:	Status:	
All	Any Status	×
Provider NPI:	Member:	
	Please click on expand	button to search memb
Reset Search		

Full Claim Search

- From: Enter the date or select the correct date for the claim from the calendar link
- To: Enter the date or select the correct date for the claim from the calendar link
- **Type:** Select institutional or professional claims from the drop down menu. Selecting 'institutional' from the drop down menu will only return institutional claims. Selecting 'professional' from the drop down menu will only return professional claims.
- Status: Select the correct status of the claim
- Member: Enter the member's last name, SSN, or health plan ID
- Provider NPI: Provider's National Identifier number
- Click on 'search' to see claim detail

Home Manage	Member - Searc	h +	
Claim Search			
Full Search	Search by claim ID		
Claim ID:			
Reset		Search	

Search by Claim ID

- Claim ID: System generated claim number that identifies your submitted claim
- Click on 'search'



Search Results

You will receive information on the submitted claim

Claim ID 🗢	Service Dates 🗢	Member 🗢	Service Provider (NPI) 🕈	Status 🗢

- Claim ID: System generated claim number that identifies your submitted claim
- Service dates: Date service was given
- Member: Member name
- Service Provider (NPI): Provider performing the service
- **Status:** Status of the claim

Claim ID

• Click on "claim ID" to view the claim in detail.

Claim ID 🕯	;	Service Dates 🖨	Member 🗢		Service Provider (NPI) 🗢		Status 🗢
Hospit State ID: Subscribe Policy#: Group: Covered	er:				Service Receive Status: Paymer Diagnos Externa	d: its:	12/16/2016 to 12/16/2016 12/21/2016 In Process No remittance found 145.20 - MILD INTERMITTENT ASTHMA, UNCOMPLICATED more n ID:
#	Code	Modifier	Description	Charge	Allowed	Plan Paid	Member Responsibility Show >
1	0410		RESPIRATORY SERVICES	\$213.00	\$55.21	\$0.00	\$0.00
2	0636		PHARMACY-EXTENSION OF 025X	\$40.00	\$0.00	\$0.00	\$0.00
			Totals	: \$253.00	\$55.21	\$0.00	\$0.00

REMITTANCE ADVICE

You will be able to view remittance advice by using 'full search' or 'search' by claim ID.

Home	Mana	ge Member 👻	Search 👻
Remi	ttance	Search	Claims Remittance Advice
Fulls	Search	Search by cla	Outpatient Services Inpatient Stays



Remittance Se			
Full Search S	Search by claim ID		
From:			
01/04/2017			Ê
To:			
07/04/2017			Ê
Status:			
All			•
	Reset	Search	
	neset	Search	

Full Claim Search

- From: Enter the date or select the correct date for the claim from the calendar link
- To: Enter the date or select the correct date for the claim from the calendar link
- Status: Select the correct status of the claim (denied or paid)

Remittance	Remittance Search					
Full Search	Search by claim ID					
Claim ID:						
	Reset	Search				

Search by claim ID

- Claim ID: System generated claim number that identifies your submitted claim
- Click on 'search'

Search Results

Claim ID 🗢	Check number 🗢	Paid date 🗢	Member 🗢	Provider Name 🗢	Claim Status 🗢	Claim Amount 🗢	Amount Paid 🗢
16		12/20/2016			PAID	2164.39	1030.56

• Click on 'claim ID' to view the remittance advice. A PDF containing the remittance advice opens in a new tab or window.



REMITTANCE ADVICE



Subscriber/ Member Information

Member name

Group ID

CHP HMO

Servicing provider ID: Servicing provider Name:

Member DOB

Pay to provider:

Claim ID	
Claim Status	PAID
Resubmitted Claim ID	
Check number	
Paid date	03/01/2016

Diagnosis Information

 ICD version
 Diagnosis code

 10
 Q21.0, Q21.0, Q23.2, Q23.2

Service Information
Service information

State ID

Line	Status	DOS from	DOS to	CPT/ NDC	Modifier	Billed units	Charge	Disallow	Allowed	Member Resp.	Plan paid	Adjusted amount	HIPAA group code	HIPAA reason code
1	OKAY	02/20/2016	02/20/2016	0483		1.00	310.33	0.00	152.06	0.00	152.06	158.27	со	45
2	OKAY	02/20/2016	02/20/2016	0483		1.00	310.33	0.00	152.06	0.00	152.06	158.27	CO	45
3	OKAY	02/20/2016	02/20/2016	0483		1.00	1899.00	0.00	930.51	0.00	930.51	968.49	со	45
4	DENY	02/20/2016	02/20/2016	0510		1.00	138.00	0.00	51.94	138.00	0.00	138.00	PR	16
5	OKAY	02/20/2016	02/20/2016	0730		1.00	298.56	0.00	146.29	0.00	146.29	152.27	со	45

Total Charges 2956.22		Total Allowed		Total Plan Paid		Total Member's Resp.	
		1432.86		1380.92		138.00	
Remarks							
Remarks Remit Reason ID	Remit R	eason	Remit	Message			

OFFICE MANAGEMENT

Manage Office Locations

Click on 'manage office locations' to view details.

Home Manage	Member - Search -	Office Management 👻		
Provider Snaps	shot	Manage Office Locations		
Manage Office Locatior	15		Choc	se location: BEHAVIORAL HEALTHCARE INC 🗸
Manage Office Admin for BE	EHAVIORAL HEALTHCARE INC			BEHAVIORAL HEALTHCARE INC 1290 CHAMBERS RD
User ID 🗢	First Name 🗢	Last Name 🗢	Account Status 🗢	AURORA CO 80011 UNITED STATES
Manage Office User for BEH	AVIORAL HEALTHCARE INC			
User ID 🗢	First Name 🗢	Last Name 🗢	Account Status 🗢	

If you need to create a new admin, click on '+New' under 'manage office admin.'

Manage Office Admin for

The office admin has the ability to assign access levels from the roles listed.



• Click on '+New' to create a new office user in 'manage office user.'

Manage Office User

w Office User	 marked fields are require
User ID *	Role *
	Provider Clerk 🔻
First Name *	Last Name *
Password * Force Change	Confirm Password *
Save Guidelines:	
User ID should be between 6 to 30 characters	5.
Your new password must use: • A minimum of eight (8) characters • Use a combination that has at least t • Upper case letters • Lower case letters	hree of the four following character types
 Numbers Special characters: *% ~! @)#\$^()+-=[]{};:,.? _

- **Provider clerk:** Has access under 'manage member'> 'member search' and 'member roster'
- **Claim admin:** Has access under 'manage member'> 'member search.' Under 'search'> 'claims search' and 'remittance advice.'
- UM admin: Do not use
- Super admin: Has access under 'manage member'> 'member search' and 'member roster.' Under 'search'> 'claims,' 'claims search' and 'remittance advice.'



dit Office Admin	* marked fields are required. >
Office Location	
MEMORIAL HEALTH SYSTEM	Ŧ
User ID	
PRODTESTNEWUCH1	
First Name *	Last Name *
PRodTest	UCH1
Save	
dit Office User	 marked fields are required.
Office Location	
MEMORIAL HEALTH SYSTEM	•
User ID	Role *
User ID PRODTESTUCHOFFICEUSER1	Provider Clerk
First Name *	Last Name *
ProdTestUCH	OfficeUser1
Save	
set Password for ×	
Provide the second	
ew Password * V Force Change	
onfirm Password *	

• The office admin has the ability to terminate access or change the password for these roles.