Provider Portal Claims

View Status, Submit Documents & Inquiries, and Create Custom Reports

Quick Reference Guide

EmblemHealth®

Provider Portal – Claims – View Status, Submit Documents and Inquiries, and Create Custom Reports

This quick reference guide will show you how to:

- Search for claims to see their status.
- Find individual explanations of payment (also known as remits).
- Use Ask a Question to submit:
  - An inquiry.
  - Grievance.
  - Appeal.
  - Documentation requested in a claim denial message.
- Create a custom claims report.

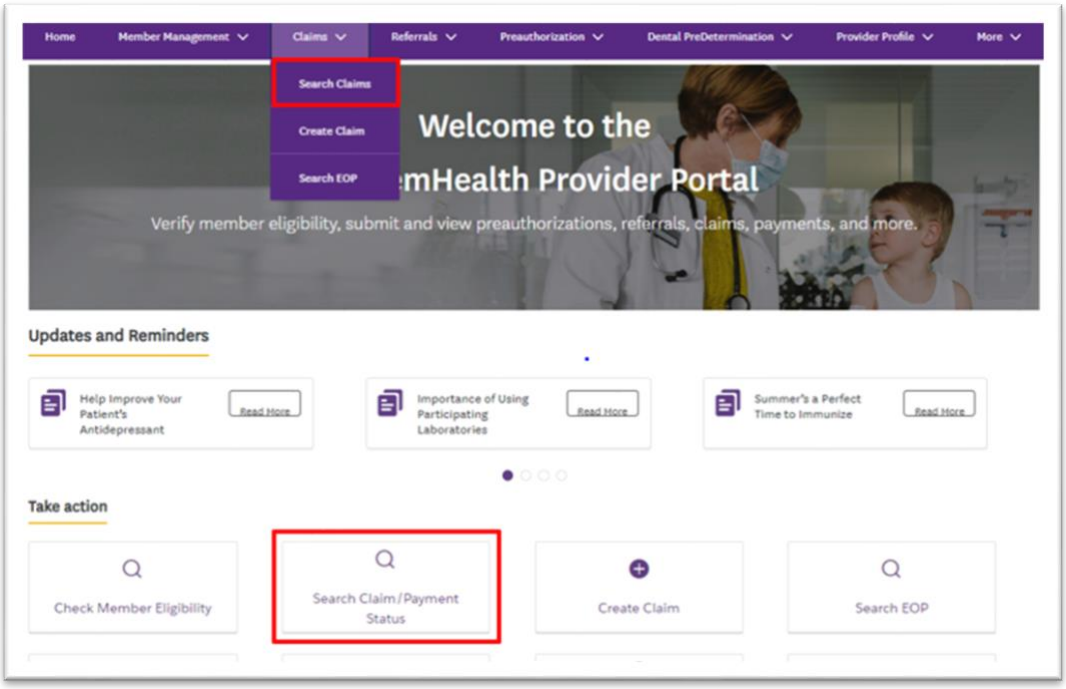
Related Guides:

See the following guides for additional claims-related assistance:

- **Claims — Search for an Explanation of Payments (EOP)**.
- **Export Report** - Create your own claims report with all the details shown on the explanations of payment.
- **Note:** The Create Claims feature is limited to dental providers and is addressed in the **Create Dental Claim** guide.

Purpose: To find a claim's status, details, and explanation of payment. See how to submit documents, inquiries, and grievances and how to create custom claims reports.

Step 1:	Click the **Search Claim/Payment Status** box in the **Take Action** section on the Provider Portal home screen. Or 1. Select **Claims** from the menu across the top of the screen**.** 2. Select **Search Claims.**

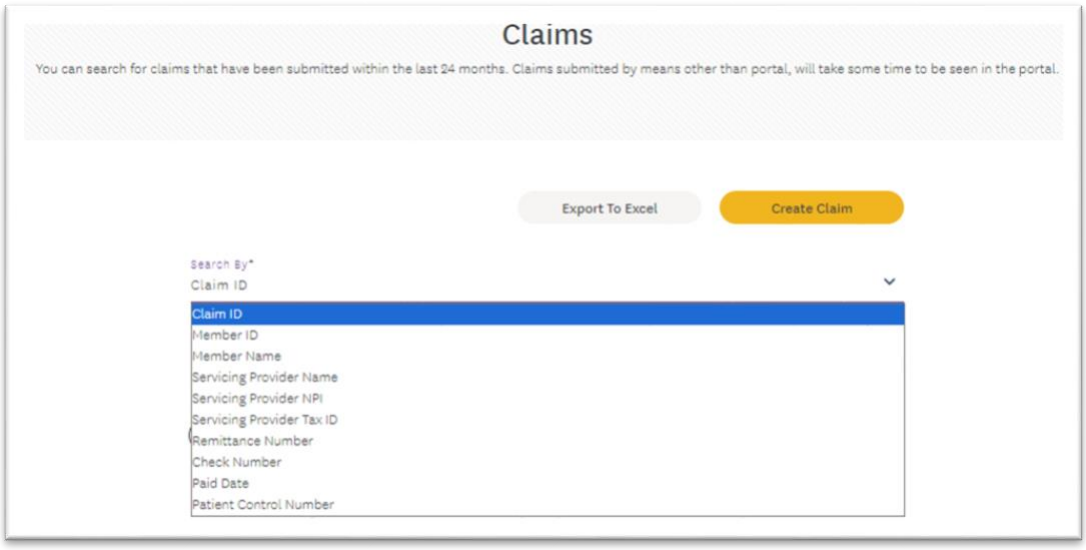


Step 2:

In the **Search By** field, select the desired option from the drop-down.

Note: If you search by **Member Name, Servicing Provider Name**, or **Servicing Provider NPI**, it is a multi-step process. You must also provide the service date range to view the claims.

It is only a one-step process if you search by **Claim ID, Member ID, Remittance Number, Check Number, Paid Date**, or **Patient Control Number**.



Step 3:

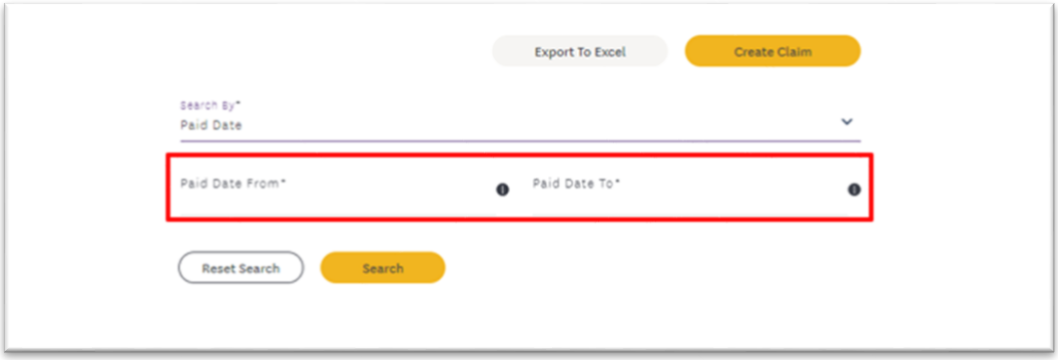
Users can see claims in which they (the user account) are associated as a servicing facility or as a rendering, admitting, servicing, or referring provider.

The following example shows a search by **Paid Date** option:

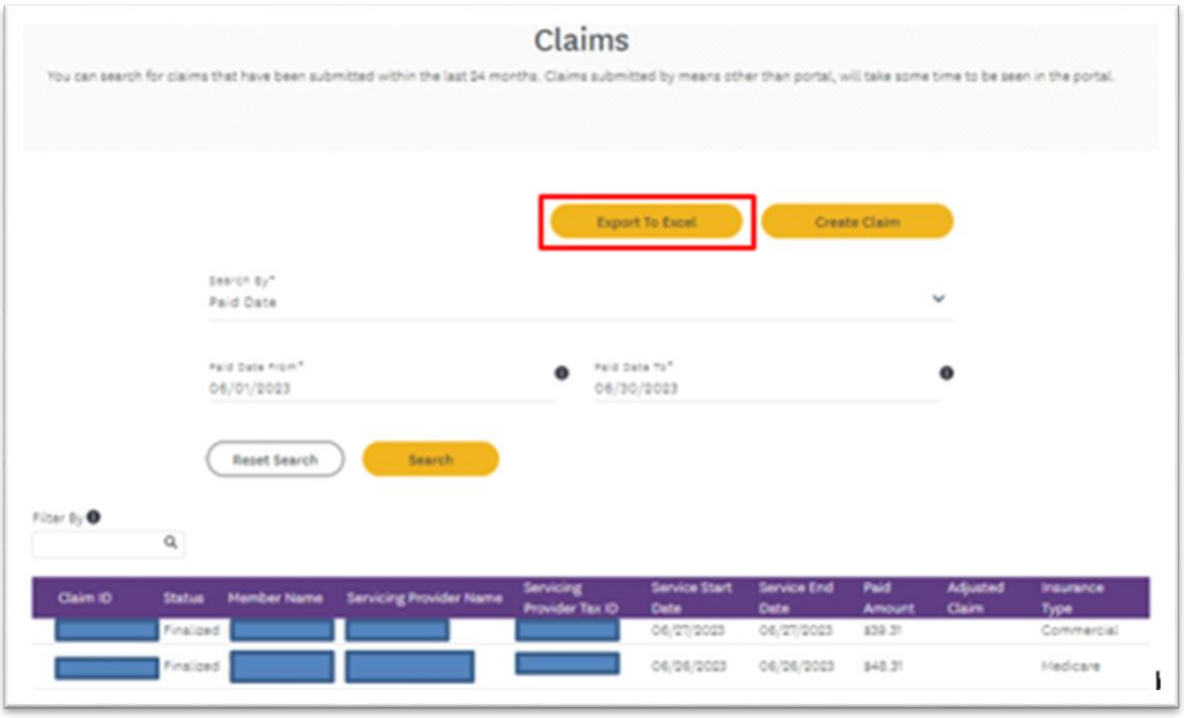
1. Enter the service date range of the claim(s) in the **Service Date From** and **Service Date To** fields.

   Note: The date range may not exceed a 90-day period. You can search for claims submitted in the last 24 months along with their associated Explanations of Payments.

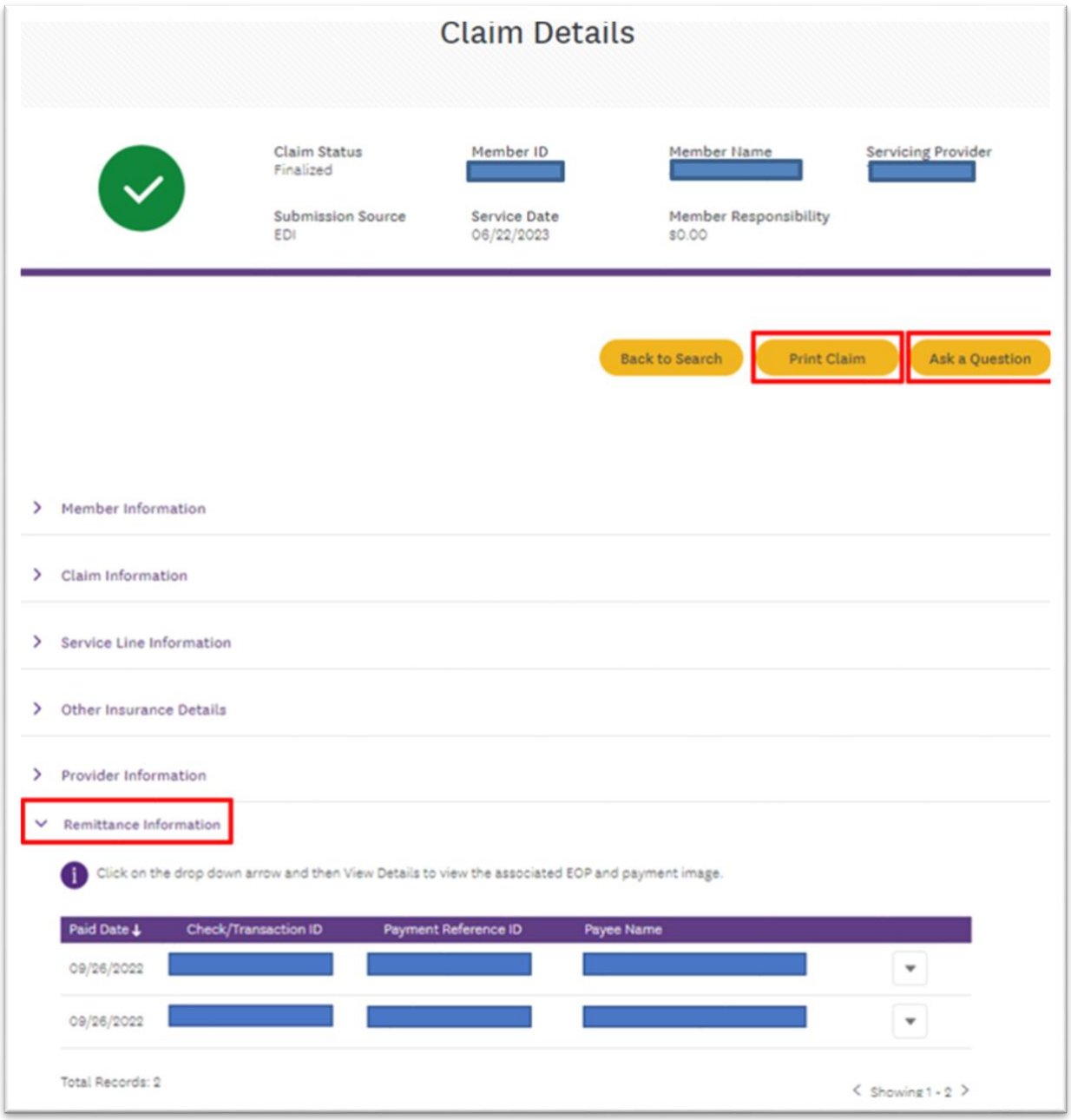
2. Click **Search**.



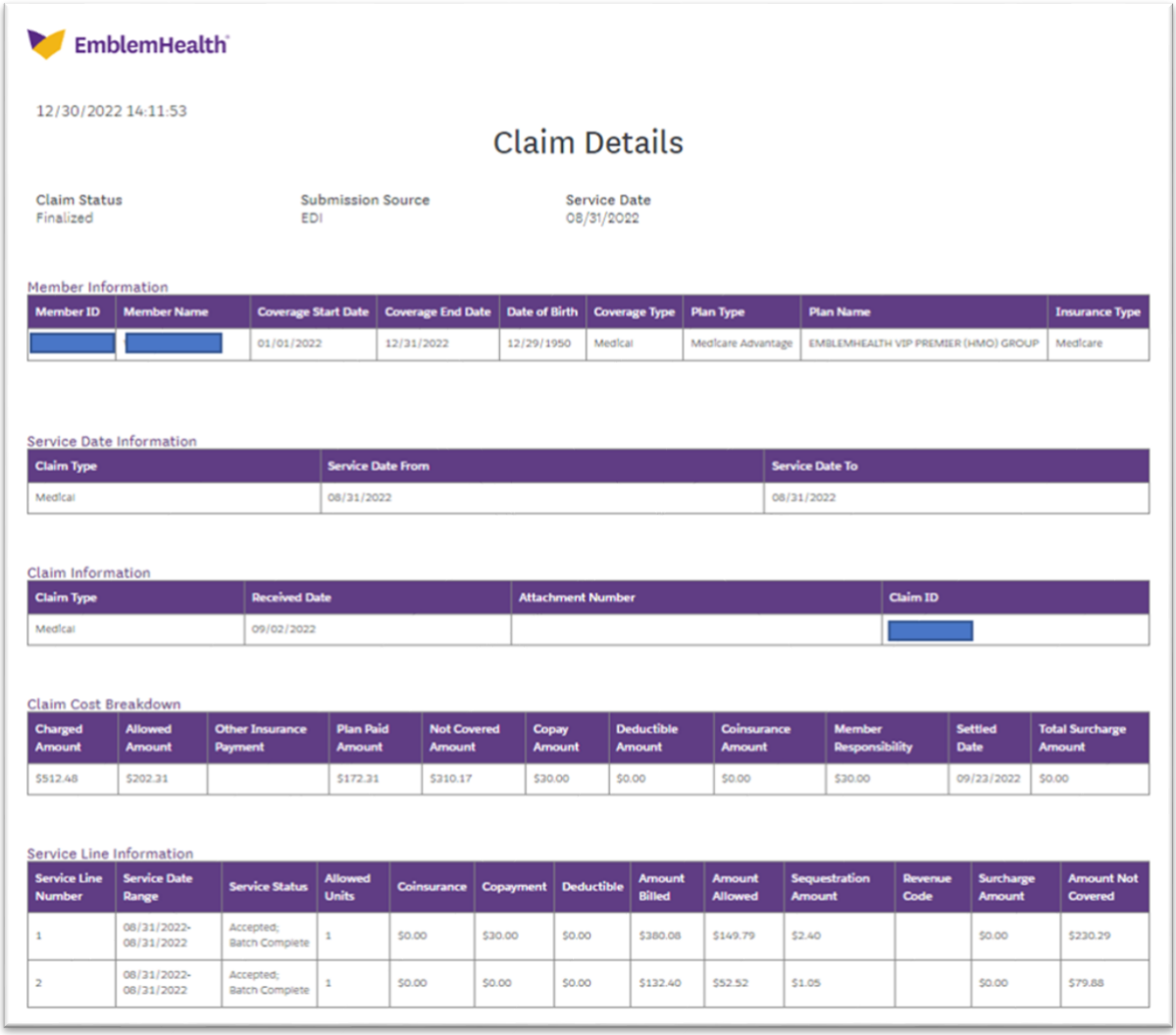
Step 4:	You'll see the claims matching your search criteria. • Use **Filter By** to target the required claim from the search results. • Click **Claim ID** to see the **Claim Detail** page. Here, you can find the **Explanation of Payment**, create a custom claims report, or use the **Ask a Question** button to submit an inquiry, grievance, or appeal or provide documents requested in a claim denial message. • To help with your accounts receivables, click **Export to Excel** to create a custom claim showing the full details found on an **Explanations of Payment** for all claims returned by the search. See **Step 9.** • To run a new search, click **Reset Search** to clear the search criteria. **Dental providers:** You have the additional option of clicking **Create Claim**.



Step 5:	Once you have selected the claim you want to see, you can do the following from Claims Details: • Expand sections with an “>” to see available details. • Explanations of Payment are in the Remittance Information section. See **Claims - Search for an Explanation of Payments (EOP)** for additional instructions. • Use the **Print Claim** button to see, download, or print a copy of the claim’s full details. • Use the **Ask a Question** button (see steps **7** and **8**) to: ○ Submit a new claim inquiry and supporting documentation. ○ Respond to a claim denial’s request to submit records, supporting documentation, and/or a corrected claim.



Step 6:	The following images show the **Claim Details** that will be available when you use the **Print Claim** button.



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Claim Details

Claim Status	Submission Source	Service Date
Finalized	EDI	08/31/2022

Member Information

Member ID	Member Name	Coverage Start Date	Coverage End Date	Date of Birth	Coverage Type	Plan Type	Plan Name	Insurance Type
[redacted]	[redacted]	01/01/2022	12/31/2022	12/29/1950	Medicai	Medicare Advantage	EMBLEMHEALTH VIP PREMIER (HMO) GROUP	Medicare

Service Date Information

Claim Type	Service Date From	Service Date To
Medicai	08/31/2022	08/31/2022

Claim Information

Claim Type	Received Date	Attachment Number	Claim ID
Medicai	09/02/2022		[redacted]

Claim Cost Breakdown

Charged Amount	Allowed Amount	Other Insurance Payment	Plan Paid Amount	Not Covered Amount	Copay Amount	Deductible Amount	Coinsurance Amount	Member Responsibility	Settled Date	Total Surcharge Amount
$512.48	$202.31		$172.31	$310.17	$30.00	$0.00	$0.00	$30.00	09/23/2022	$0.00

Service Line Information

Service Line Number	Service Date Range	Service Status	Allowed Units	Coinsurance	Copayment	Deductible	Amount Billed	Amount Allowed	Sequestration Amount	Revenue Code	Surcharge Amount	Amount Not Covered
1	08/31/2022-08/31/2022	Accepted; Batch Complete	1	$0.00	$30.00	$0.00	$380.08	$149.79	$2.40		$0.00	$230.29
2	08/31/2022-08/31/2022	Accepted; Batch Complete	1	$0.00	$0.00	$0.00	$132.40	$52.52	$1.05		$0.00	$79.88

Service Line Information

Service Line Number	Member Responsibility	Plan Paid Amount	Discount Amount	Other Insurance Payment	Procedure Code/Description	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Diagnosis Code/Description	Explanation Code/Description
1	$30.00	$119.79	$0.00	$0.00	99214/OFFICE OUTPATIENT VISIT 25 MINUTES	25				E119/Type 2 diabetes mellitus without complications	/
2	$0.00	$52.52	$0.00	$0.00	11721/Debridement of nail(s) by any method(s); 6 or more					B351/Tinea ungulum	/

Explanation Code - Description

Other Insurance Details

Other Insurance Type	Amount Paid

Provider Information

Referring Provider

Name	NPI	Tax ID

Servicing Provider

Name	NPI	Tax ID
[redacted]	[redacted]	[redacted]

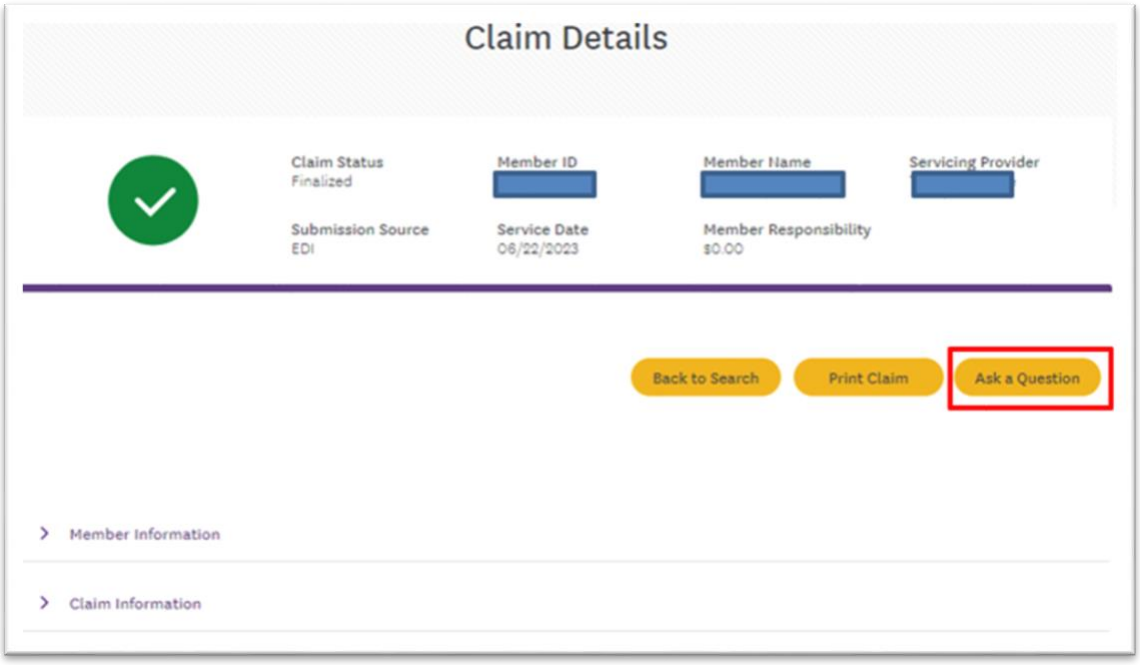
Admitting Provider

Name	NPI	Tax ID

Remittance Information

Paid Date	Check/Transaction ID	Payment Reference ID	Payee Name
09/26/2022	[redacted]	[redacted]	[redacted]
09/26/2022	[redacted]	[redacted]	[redacted]

Step 7:	Use the **Ask a Question** button to: • Submit a new claim inquiry and supporting documentation. • Respond to a claim denial's request to submit records, supporting documentation, and/or a corrected claim.

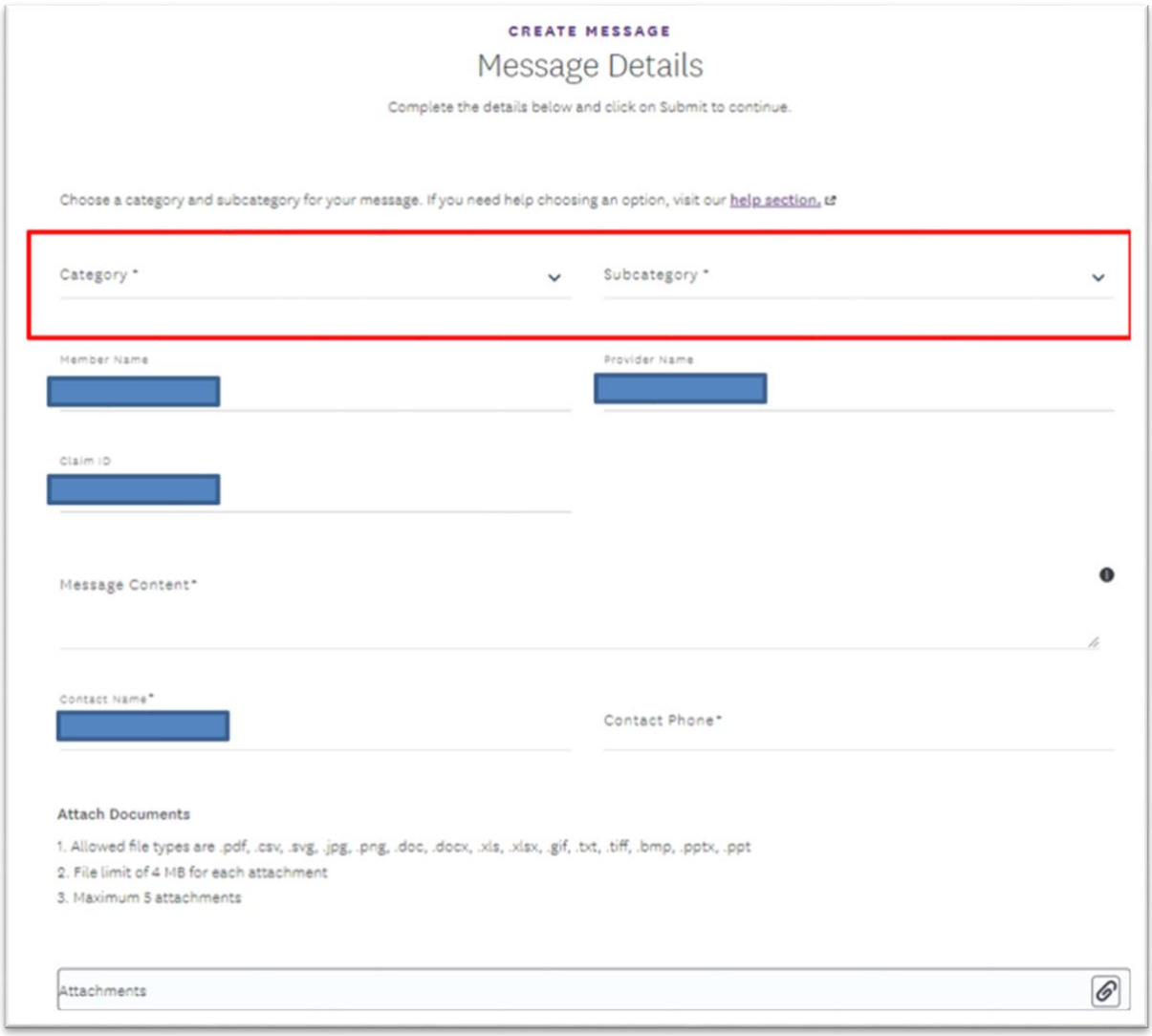
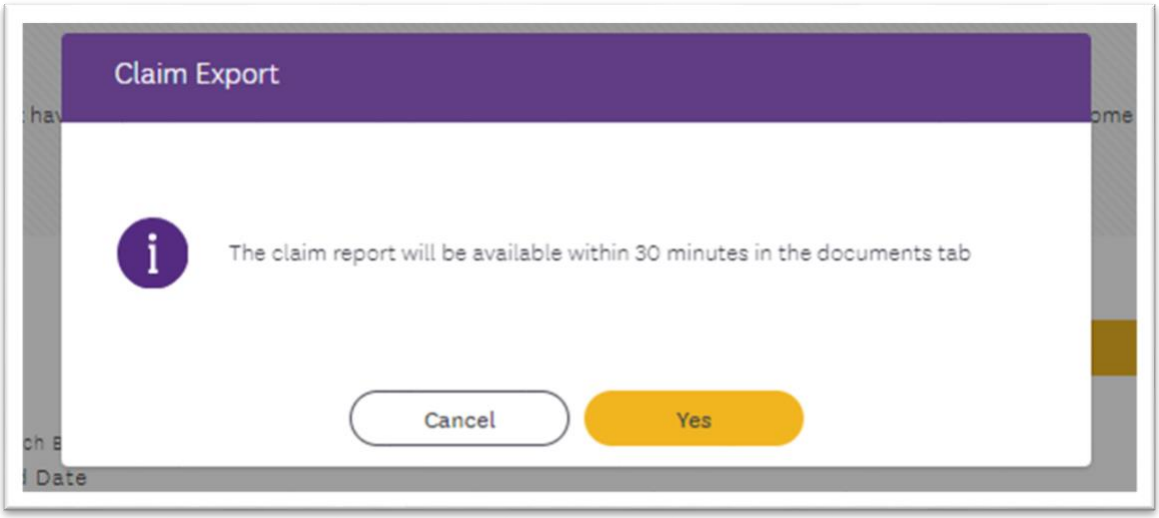


Step 8:

After clicking **Ask a Question**, a message form will display with the member's name, provider's name, and **Claim ID** pre-populated.

1. Use drop-down lists to select the closest applicable **Category** and **Subcategory**.
2. In **Message Content** section, you can:
- Ask your question.
- Explain the reason for the documents you are submitting (e.g., "Claim denial message requested records to support coding.").
- Ask for a Grievance review.
3. Enter the **Contact Name** and **Contact Email** so we know how to reach you.
4. Attach documents.

See Where To Submit Information Using the Provider Portal for instructions to add more than five documents and follow up once your message is submitted.



Step 9:	**Custom Claims Reports** If you choose to download the claims into a report: • After you click **Export to Excel**, you will see a **Claim Export** pop-up. When you click OK, the report will download into an Excel spreadsheet as a CSV file. **Note:** The report will only be available to the user who has generated the report. • The time it takes to generate the report will depend on the number of claims in question and the traffic on the portal when the report is requested. Large reports can take up to 30 minutes. • The Claim report will be delivered to the **Documents** section of the portal. See the **Export Report** guide for retrieving your report.