



PROVIDER PORTAL HANDBOOK

Santé Health System

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INTRODUCTION

The Provider Portal is a robust tool which allows users to submit and view data, as well as communicate directly with the organization. Within the portal, the user can perform key tasks including submitting authorizations, viewing authorizations, submitting claims, and viewing claims status.

In addition, the portal allows the user to upload claims in 837P format and download their own 835 files. This allows the user to print the explanation of benefits (EOBs) on-demand.

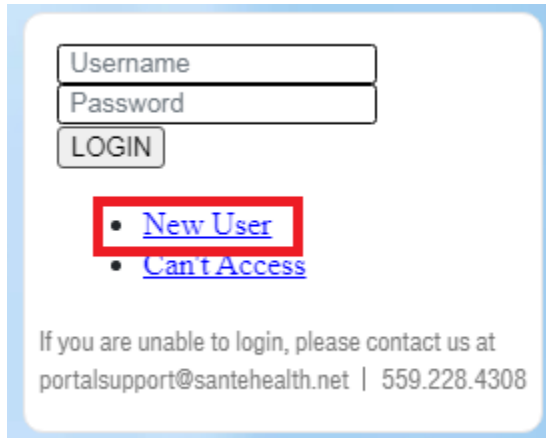
Each of these functions and features will assist in making your day-to-day operations more efficient and effective. Here at Santé, we are confident that with our new portal, you will be able to focus on providing the best quality care for your members.

Provider Portal

From the Santé website, users are able to submit a request to access the provider portal.

To submit a new provider portal request:

1. Go to www.santephysicians.com, click on the **New User**.



Username
Password
LOGIN

- [New User](#)
- [Can't Access](#)

If you are unable to login, please contact us at
portalsupport@santehealth.net | 559.228.4308

2. Fill out the form in its entirety and click **Submit** once completed.

*First Name:

*Last Name:

*Title:

*Organization Tax ID:

*Name of the Organization:

*Office Phone:

Cell No:

Date of Birth:

*Fax:

*Email:

*Address:
(Please provide the address of the Primary Organization)

*City:

*State:

*Zip:

Upload optional authorization letter: No file chosen
[Max file size 256M]

Notes:

**Note: Please make sure to fill in all required fields (*) before you click submit.*

3. Your request will be sent to Santé for review. If approved, you will receive an email confirmation with your username and password.

Hello PROVIDER,

Thank you for your login request. Your access information is as follows:

Web portal: www.santephysicians.com

User Name: Test123

Password: i8v34c0t

We would appreciate any feedback on this new portal to make it as user friendly as possible. Please forward all feedback to portalsupport@santehealth.net. (Include detailed information and screen shots of any issues.)

Thank you!
Portal Support

4. Login to the QuickCap Provider Portal with your username and temporary password.

Test123
.....
LOGIN

- [New User](#)
- [Can't Access](#)

If you are unable to login, please contact us at portalsupport@santehealth.net | 559.228.4308

5. Click **Agree** on the Terms of Use.

TERMS OF USE

Active From: 07-10-2014
Version: 1.0.3.5

TERMS OF USE OF SAMPLE MEDICAL GROUP., WEBSITE

1. BINDING EFFECT. This is a binding agreement. By using the Internet site located at <https://www.YourWebsiteURL.com> (the "Site") or any services provided in connection with the Site (the "Service"), you agree to abide by these Terms of Use, as they may be amended by Sample Medical Group. ("Company") from time to time in its sole discretion. Company will post a notice on the Site any time these Terms of Use have been changed or otherwise updated. It is your responsibility to review these Terms of Use periodically, and if at any time you find these Terms of Use unacceptable, you must immediately leave the Site and cease all use of the Service and the Site. YOU AGREE THAT BY USING THE SERVICE YOU REPRESENT THAT YOU ARE AT LEAST 18 YEARS OLD AND THAT YOU ARE LEGALLY ABLE TO ENTER INTO THIS AGREEMENT.

2. PRIVACY POLICIES. Company respects your privacy and permits you to control the treatment of your personal information. A complete statement of Company's current privacy policy can be found by [clicking here](#). Its Notice of Privacy Practices under the Health Information Portability and Accountability Act of 1996 can be found by [clicking here](#). Company's privacy policy and HIPAA Notice of Privacy Practices are expressly incorporated into this

I agree I disagree

6. Create a new password, confirm password, and complete the secret questions for security measures if you need to update or change your password in the future.

My Profile

Security

Username: Test123

*New Password:
*Password must be at least 8 character(s) and includes at least 1 alphabet(s) (A-Z / a-z), 2 number(s) (0-9), 1 special character(s) (e.g.;+ = , & @ ; ? ! " ') \$ # % +)

*Confirm Password:

*Email:
*Your forgotten password will be sent to this email address upon request.

Alternate Email:

Update

*Secret Question 1: *Answer:

*Secret Question 2: *Answer:

*Secret Question 3: *Answer:

*Secret Question 4: *Answer:

*Secret Question 5: *Answer:

7. You are now ready to navigate the new provider portal.

Authorization/Referral

From the **Authorization/Referral** module, users are able to submit new authorizations and check the status of existing authorizations.

To submit a new authorization:

1. From the **Authorization/Referral** module, select the **Auth/Referral Submission** submodule.



2. The screen will display as shown below. On this screen, there are three subsections to add an authorization.

Authorization Back

Authorization

Member ID: DOB: Phone: Age: Gender:

Name: Address:

Health Plan: Benefit: Eff Dt:

PCP Name: Eff Dt:

Authorization Date/Details

Priority: *Requested Dt:

*POS: Service Req Dt:

Basic Details | Upload Documents/Additional Details

Requesting Provider Information

Specialty: Contract:

*Prov ID: Req Prov:

Office:

Phone: Fax:

Facility Provider Information

Fac Prov: Fac-Prov ID:

Diagnosis

*Diag 1: Diag 2: Diag 3: Diag 4:

Service Requested

Service Category:

Service	Service Desc.	Type	Diag. Ref.	Modifier	Qty.	Unit Type	NDC	Notes
			1	None Selected	1	None	NDC	
			1	None Selected	1	None	NDC	
			1	None Selected	1	None	NDC	
			1	None Selected	1	None	NDC	
			1	None Selected	1	None	NDC	

Referring To Provider Information

Same as Requesting Provider?

*Referring To: Contract:

Specialty: Provider:

Office:

Notes: Phone: Fax:

Clinical Indication For Request

(include pertinent past medical hx, treatment, physical findings, and attach all relevant medical records and test results etc.)

3. The first section is the **Member Section**. Users can select the member in one of two ways:

- Enter the **Member ID** for the specific member. The system will begin suggesting members once the user has entered part of an ID. Users can then select the correct ID to add the member's information to the screen.

Member ID:	1234	DOB:	Phone:	Age:	Gender:
Name:	1234567800	- (DOE / JANE / HP / 01/01/2001)			
Health Plan:	1234987610	- (SMITH / JOHN / HP / 12/31/1999)		Eff Dt:	
PCP Name:	1234986530	- (DOE / JOHN / HP / 02/14/1980)		Eff Dt:	
	1234932820	- (KRINGLE / KRIS / 12/25/1925)			

**Note: Only members who are already linked to the user's organization will show in the suggested members.*

- Users can click on the **Magnifying Glass** icon to search for the member. The **Member Lookup** screen will open. From this screen, users can search by entering/selecting the **Health Plan, Last Name, and DOB** to find the record.

Member / Other ID: Health Plan: None Selected DOB: MM-DD-YYYY

Last Name: First Name:

- **Double click** the correct record to add it to the authorization request.

Member ID	Name	Health Plan	PCP Name	DOB	Secondary ID	Other ID	HP Effective From	HP Effective To
123456789	SMITH, JOHN	Aetna Medicare	Zulim, A, Rebecca	01-01-2000			01-01-2021	01-01-2021

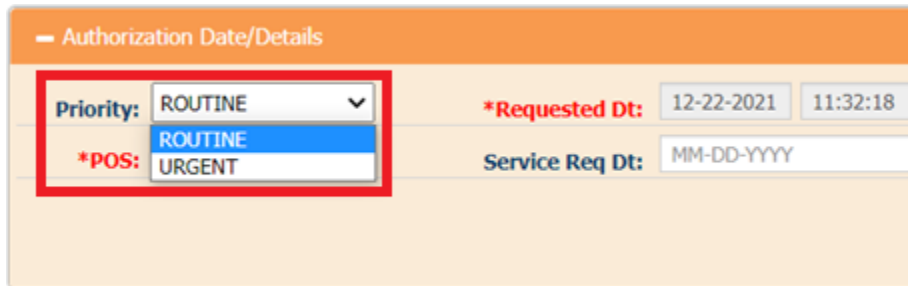
Page 1 of 1 | 20 | View 1 - 1 of 1

4. The details for the selected member will populate on the screen.

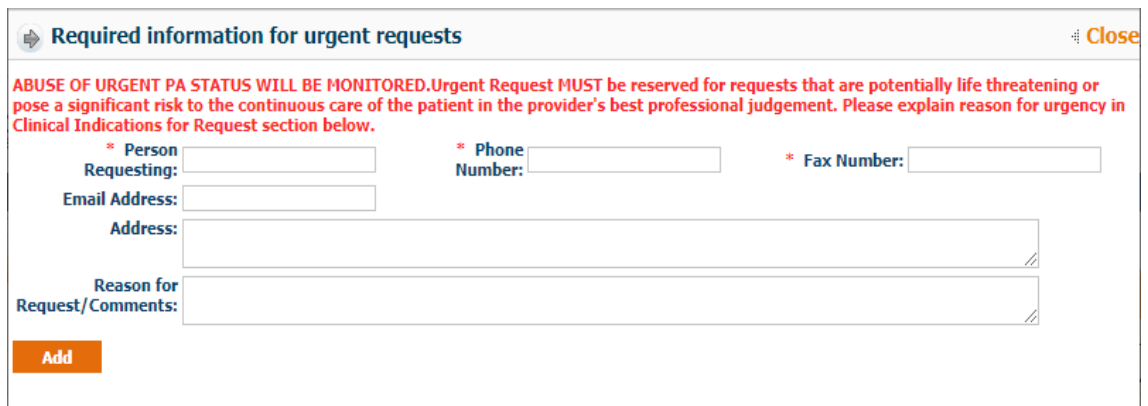
Member ID:	123456	DOB:	01-01-2000	Phone:	Age:	21.300	Gender:	M
Name:	SMITH JOHN		Address: 123 MAIN STREET, FRESNO, CA, 98765					
Health Plan:	Anthem Blue Cross Commercial		Benefit: 03MK		Eff Dt: 01-01-2021			
PCP Name:	DOE JANE		Eff Dt: 01-01-2021					

5. The next section is the **Authorization Date/Details** where the user can select the **Priority** and **Place of Service** for the request.

- Within the **Priority** dropdown menu, you can select if the request is **ROUTINE** or **URGENT**.



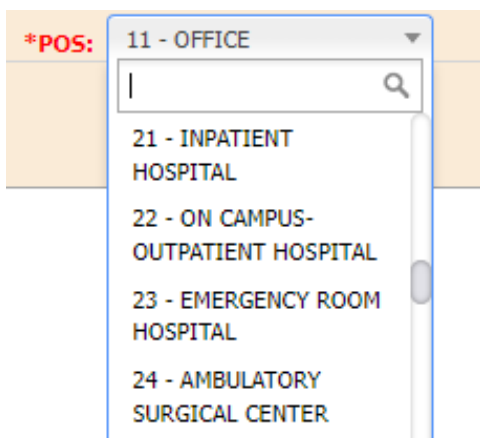
- If **URGENT** is selected as the Priority, the **Required Information for Urgent Requests** screen will open. Enter the necessary information and click the **Add** button to complete this step.



- The **Requested Date** is non-editable and will always default to the date and time of submission.



- Select the appropriate place of service from the **POS** drop down menu. The system will default this field to **'11 – OFFICE'**.



- OPTIONAL - The **Service Requested Date** field is optional and can be entered as the date that the service will be performed, scheduled, or for the authorization to become effective.

Service Req Dt: 12-27-2021

**Note: This date will be reviewed by Sante Physicians internal staff and is subject to their discretion.*

The third section contains two tabs, **Basic Details** and **Upload Documents/Additional Details**. The **Basic Details** tab contains several smaller subsections including the provider information and service information.

Requesting Provider Information

Specialty: Family Medicine Contract: Contract Fee for Service
 *Prov ID: 1234567893 Req Prov: DOE JANE - [1234567893]
 Office: 555 MEDICAL DRIVE, FRESNO, CALIFORNIA, 98765
 Phone: (847) 222-1006 Fax:

Referring To Provider Information

Same as Requesting Provider?
 *Referring To: Contract:
 Specialty: None Selected Provider: None Selected
 Office: None Selected
 Notes: Phone: Fax:

Facility Provider Information

Fac Prov: None Selected Fac-Prov ID:
 Office: None Selected
 Phone: Fax:

Diagnosis

*Diag 1: Diag 2: Diag 3: Diag 4:

Service Requested

Service Category:

Service	Service Desc.	Type	Diag. Ref.	Modifier	Qty.	Unit Type	NDC	Notes
			1	None Selected	1	None	NDC	
			1	None Selected	1	None	NDC	
			1	None Selected	1	None	NDC	
			1	None Selected	1	None	NDC	
			1	None Selected	1	None	NDC	

Clinical Indication For Request

(include pertinent past medical hx, treatment, physical findings, and attach all relevant medical records and test results etc.)

6. The first subsection in the **Basic Details** tab is the **Requesting Provider Information**. This will default for the provider that is logged into the system. This section lists the provider's Specialty, Contract Type, Provider ID, Provider Name, and contact information as it is loaded in the provider's profile.

Requesting Provider Information

Specialty: Family Medicine Contract: Contract Fee for Service
 *Prov ID: 1234567893 Req Prov: DOE JANE - [1234567893]
 Office: 555 MEDICAL DRIVE, FRESNO, CALIFORNIA, 98765
 Phone: (847) 222-1006 Fax:

- To select a different requesting provider, users can search for a new provider by clicking the **Magnifying Glass** icon on the right of the **Provider ID** field. The **Provider Search** screen will open as shown below. Search the provider by entering any of the available information.

Provider Search Only providers under your own organization-id can be entered in the Requesting Physician field. Close

Specialty: None Selected | Last Name/Facility: | First Name: |
 ID: PROVIDER ID | Provider Type: None Selected | Provider Contract: None Selected |
 Address1: Contains | City: | Zip: |
 Organization Tax ID: | Organization ID: | Organization NPI: |
 Company: SANTEST

Search Clear

- Click the Provider ID indicated in orange to populate the details of the requesting provider on the authorization request.

Search Clear

[1 to 1 of 1] 1 Page(s): 1

Details	Provider ID	Name	Organization	Specialty	Address	Effective From	Company	Provider NPI	TAXID	Other ID	Taxonomy Code	Map
	1234567893	DOE JANE	JANE DOE MEDICAL GROUP 363970222	Family Medicine	555 MEDICAL DRIVE, FRESNO, CA 98765 Ph: (847) 222-1006	01-01-2021	SANTEST	1234567893	363970222			

[1 to 1 of 1] 1 Page(s): 1

- If the provider has multiple offices, users can select the correct location from the drop down menu.

Requesting Provider Information

Specialty: Family Medicine | Contract: Contract Fee for Service
 *Prov ID: 1234567893 | Req Prov: DOE JANE - [1234567893]
 Office: 555 MEDICAL DRIVE, FRESNO, CALIFORNIA, 98765
 Phone: |
 None Selected
 555 MEDICAL DRIVE, FRESNO, CALIFORNIA, 98765

- The next subsection, **Referring to Provider Information**, allows users to enter the information for the provider that member is being referred to.

Referring To Provider Information

Same as Requesting Provider?
 *Referring To: | Contract: |
 Specialty: None Selected | Provider: None Selected
 Office: None Selected
 Notes: | Phone: |
 Fax: |

- For self-referrals, select the **“Same as Requesting Provider”** checkbox. This will auto-populate the information from the **Requesting Provider** subsection.

Same as Requesting Provider?

- To search for a **Referring To Provider**, click the **Magnifying Glass** icon to bring up the provider search window.

*Referring To:

- The **Provider Search** screen will pop up as shown below. Users can search for the provider using any combination of the criteria listed. Click **Search** to view results.

Provider Search Close

Specialty: None Selected | Last Name/Facility: | First Name: |
 ID: PROVIDER ID | Provider Type: None Selected | Provider Contract: None Selected |
 Address1: Contains | City: | Zip: |
 Organization Tax ID: | Organization ID: | Organization NPI: |
 Company: SANTEST

- Click on the correct **Provider ID** to enter the details of the referring provider on the authorization request.

Details	Provider ID	Name
	1497764468	California Imaging Institute

- If required, select the correct address from **Referring to Office** dropdown menu.

Same as Requesting Provider?

*Referring To: 1497764468 Contract: Contract Fee for Service

Specialty: | Provider: CII & AMI - [1497764468]

Office: 1867 E FIR AVE, SUITE 101, FRESNO, CALIFORNIA, 937203841

Notes: None Selected

8. OPTIONAL – Users can enter **Facility Provider Information** for the request, if needed.

Facility Provider Information

Fac Prov: None Selected | Fac-Prov ID:

Office: None Selected

Phone: | Fax:

9. In the **Diagnosis** subsection users will enter all diagnosis details for a request.

**Note: Users can add up to 12 distinct diagnosis codes.*

- Enter all ICD codes related to the request in the **Diagnosis Code** field. If the user knows the ICD code, they can enter it into the field and press tab on their keyboard. The system will populate the description to the right of the **Diagnosis** field. The system will also auto suggest codes as they are entered.

- To search for a diagnosis code, click the **Magnifying Glass** icon by the **Diagnosis Code** field. The **Diagnosis Search** screen will pop up as shown below. Users can search for the diagnosis code using any of the criteria listed. Click **Search** to view results.

- From the **Diagnosis Search** screen:
 - Enter either the diagnosis code or description to search for the code.
 - Select the version of the code. ICD-10 codes will default. However, users can search for ICD-9, ICD-10, or both.

- Users can view the mapping between versions by selecting the **Show Mapping** checkbox.

- Click the **Search** button.

- Click the **+** icon to the left of each code to view the mapping if mapping exists.

- Select the desired code by clicking on the correct **Diagnosis Code** shown in orange.

Diagnosis Code(with decimal)	Diagnosis Code(without decimal)	Description	Medium Description
S33.9XXA	S339XXA	SPRAIN UNS PARTS LUMB SPN PELV	SPRAIN UNS PARTS LUMBAR SPINE & PELVIS INIT ENC

10. In the **Service Requested** subsection, users will enter the **CPT/HCPCS** codes requested.

Service Requested

Service Category: Q

Service	Service Desc.	Type	Diag. Ref.	Modifier	Qty.	Unit Type	NDC	Notes
			1	None Selected	1	None	NDC	
			1	None Selected	1	None	NDC	
			1	None Selected	1	None	NDC	
			1	None Selected	1	None	NDC	
			1	None Selected	1	None	NDC	

[Add](#)

- To enter a **CPT/HCPCS Code**, users can enter the service code or search for the service code by clicking **F2** on their keyboard.
 - In the **Service Search** window, users can search by service code or description.

Service Search Close

Service Type: All Service Code: Description: Contains Search Clear

- Click on the desired service code in orange to add it to the request.

Service Code	Description
74150 (P)	CT ABDOMEN W/O DYE
74160 (P)	CT ABDOMEN W/DYE
74170 (P)	CT ABDOMEN W/O & W/DYE

- After the code is entered, the description will auto populate into the **Service Desc.** field.

Service	Service Desc.	Type
74150	CT ABDOMEN W/O DYE	P

- Users can change the **Diagnosis Reference**. The system will default to 1, which indicates that the code is linked to the first ICD code from the **Diagnosis** section. Users can change the digit corresponding to which diagnosis code the service should reference.

Service	Service Desc.	Type	Diag. Ref.
74150	CT ABDOMEN W/O DYE	P	1
45378	DIAGNOSTIC COLONOS	P	2

- Users can add any modifiers if needed. **Modifiers** can be selected from the dropdown menu or manually entered.

Modifier	Qty.	Unit Type	NDC	Notes
None Selk ▾	1	Nc ▾	NDC	
3P - Performance Measure Exclusion 47 - Anesthesia by Surgeon 50 - Bilateral Procedure 51 - Multiple Procedures				

- Users must enter a quantity for the service and select the unit type. The **Quantity** will default to 1. If no **Unit Type** is selected, it will default to **None**.

Service	Service Desc.	Type	Diag. Ref.	Modifier	Qty.	Unit Type
72148	MRI LUMBAR SPINE W/O DY	P	1	None Selected ▾	1	VISITS ▾

- Press **Tab** on the keyboard to go to the next CPT (service) line.

11. The final subsection is **Clinical Indication for Request**. In this section, users can type out the member’s past medical history, physical findings, service notes, or other relevant medical records and test results.

— Clinical Indication For Request

(include pertinent past medical hx. treatment, physical findings, and attach all relevant medical records and test results etc.)

12. Once all of the sections have been completed, users can go to the **Upload Documents/Additional Details** tab to complete the authorization submission process.

The second tab, **Upload Documents/Additional Details**, includes two additional sections.

The screenshot shows the 'Upload Documents/Additional Details' tab. It is divided into two main sections:

- Additional Member Details:** This section contains input fields for 'Guardian Name', 'Language', 'Cell/Phone Number', and 'MR#'. There is also a checkbox for 'Requested by Member?'.
- Documents:** This section includes a heading 'Upload Documents (upload .doc,.docx,.xls,.xlsx,.pptx,.xps,.psd,.htm,.pdf,.tiff,.rtf,.jpg,.fmf,.idx and text documents only.)'. Below this is a table with columns: 'Category', 'Priority', 'File', 'Notes', and 'Delete'. The 'File' column shows a 'Choose File' button and the text 'No file chosen'. There is an 'Add a Document' button to the right of the table. Below the table is a 'Documents Detail' section with a table that currently displays 'No Document(s) Found.' and an 'OR' separator. At the bottom of this section is a 'FAX' section with a link to a 'FAX Cover Page' and a note: '(You MUST use the cover page linked above when faxing us documentation for this authorization. If you use any other cover page, or no cover page at all, the authorization will not be processed or the process will be delayed.)'

13. The first subsection is the **Additional Member Details** and allows the user to enter optional data such as **Guardian Name, Language preference, Cell/Phone Number, and MR#** (Medical Record Number) as they apply to the authorization request.

This close-up screenshot shows the 'Additional Member Details' section. It features input fields for 'Guardian Name', 'Language', 'Cell/Phone Number', and 'MR#'. A checkbox for 'Requested by Member?' is also visible.

14. In the **Documents** subsection, users can upload and attach documents to the request. Users are also able to fax documents to the organization. To upload documentation and submit it electronically with the referral request:

This close-up screenshot shows the 'Documents' section. It includes the heading 'Upload Documents (upload .doc,.docx,.xls,.xlsx,.pptx,.xps,.psd,.htm,.pdf,.tiff,.rtf,.jpg,.fmf,.idx and text documents only.)'. Below this is a table with columns: 'Category', 'Priority', 'File', 'Notes', and 'Delete'. The 'File' column shows a 'Choose File' button and the text 'No file chosen'. There is an 'Add a Document' button to the right of the table.

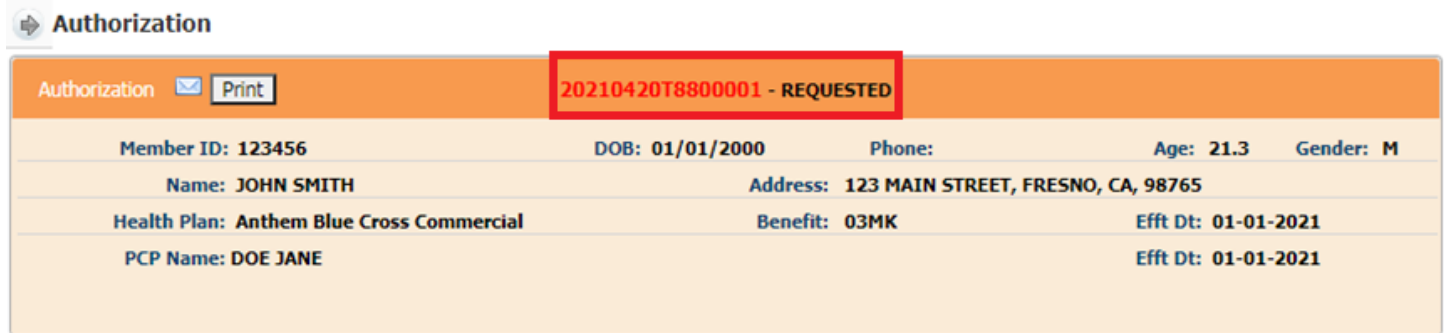
- Select the **Category** and **Priority** of the document.
- Click **Browse** to find the file from the computer directory
- Upload documents in the following formats:
.doc, .docx, .xls, .xlsx, .pptx, .xps, .psd, .htm, .pdf, .tiff, .rtf, and text
- Click the **Add a Document** button to upload multiple files.
- Once users click **Save**, the document(s) will send with the request automatically.

15. After verifying the data entered, users can save the request.



- To submit the referral request, click **Save**.
- To submit the referral request and add another request for the same member, click **Save and Add for Same Member**.

***Note:** When an authorization request is submitted, users will receive a notification detailing the authorization number and status. On the Authorization screen, the recently submitted authorization number and status will be displayed automatically on the header portion.



Users also have the option to **Print Auth** once it is saved.



**At the top of the auth screen*

**At the bottom of the auth screen*

- The popup window gives options to print and export the request.



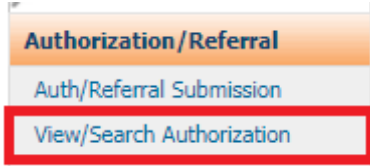
Export Options: There are several options that the reports can be exported to:

- Crystal Reports (RPT)
- PDF
- Excel 97 – 2003
- Excel 97 – 2003 Data Only
- Excel Workbook Data Only
- Word 97 – 2003
- Word 97 – 2003 Editable
- Rich Text Format (RTF)
- Character Separated Values (CSV)
- XML

Checking the Status of an Authorization

To verify the status of an authorization, follow these steps:

1. From the Authorization/Referral list, select View/Search Authorization.



2. The Authorization/Referral Status Search screen will display as shown. The first section is where users search for authorizations. Enter search criteria in any of the available fields. The results will show in the section below.

Authorization/Referral-Status Search

Member ID: Last Name: First Name:
 Member SSN: DOB: Auth. No:
 Request/Receive Date From: Request/Receive Date To: Health Plan:
 Auth. Date From: Auth. Date To: Place of Service:
 Requesting physician ID: Status: Reason:
 Requesting Org ID: Referring To physician ID: Priority/Services is:
 Referring To Org ID: Created By: Referring to Specialty:
 Admit Date From: Admit Date To: Discharge Date From: Discharge Date To: Company:
 Show Additional Document Requested Auths Requested by Member?

Authorization # Status	Status Reason	Member Id Member Name	Sex	DOB	Requesting Physician Specialty	Referring To Physician Specialty	Health Plan	Place of Service Requested Date	Company	
20210420T8800001 REQUESTED		123456 SMITH JOHN	M	01/01/2000	1234567893 DOE JANE (JANE DOE MEDICAL GROUP)) Family Medicine	1194862278 5 MEDICAL (5 MEDICAL) Durable Medical Equipment	Anthem Blue Cross Commercial	OFFICE 04/20/2021	SANTEST	Copy Authorization
20210417T8800001 INPROCESS	Additional Documentation Needed	123456 SMITH JOHN	M	01/01/2000	1234567893 DOE JANE (JANE DOE MEDICAL GROUP)) Family Medicine	1234567893 DOE JANE (JANE DOE MEDICAL GROUP)) Family Medicine	Anthem Blue Cross Commercial	OFFICE 04/17/2021	SANTEST	Copy Authorization
20210415T8800002 REQUESTED		123456 SMITH JOHN	M	01/01/2000	1234567893 DOE JANE (JANE DOE MEDICAL GROUP)) Family Medicine	1639172372 CEDARS-SINAI MED CTR PROF FEE (CSMC PHYSICIANS BILLING SERVIC) Hospital	Anthem Blue Cross Commercial	OFFICE 04/15/2021	SANTEST	Copy Authorization
20210415T8800001 APPROVED		123456 SMITH JOHN	M	01/01/2000	1234567893 DOE JANE (JANE DOE MEDICAL GROUP)) Family Medicine	1245307818 QUEST DIAGNOSTICS (QUEST DIAGNOSTICS) Laboratory	Anthem Blue Cross Commercial	OFFICE 04/15/2021	SANTEST	Copy Authorization

[1 to 4 of 4] 1 Page(s): 1

3. Click the (+) icon to view the services requested in the authorization. The service information will be visible.

Authorization # Status	Status Reason	Member Id Member Name	Sex	DOB	Requesting Physician Specialty
20210819T8800001 REQUESTED		123456789 SMITH JOHN	M	01/01/2000	1720045826 Zulim Rebecca A (LONG-TERM CARE MEDICAL GRP, INC))

Authorization # Status	Status Reason	Member Id Member Name	Sex	DOB	Requesting Physician Specialty
20210819T8800001 REQUESTED		123456789 SMITH JOHN	M	01/01/2000	1720045826 Zulim Rebecca A (LONG-TERM CARE MEDIC GRP, INC)) Geriatric Medicine

Service Code/Package	Service/Package Description
88300	SURGICAL PATH GROSS
88304	TISSUE EXAM BY PATHOLOGIST
88305	TISSUE EXAM BY PATHOLOGIST

4. The status of the authorization (requested, approved, denied) is displayed in the **Authorization # Status** column.

+	Authorization # Status	Status Reason	Member Id Member Name	Sex	DOB	Requesting Physician Specialty
	20210819T8800001 REQUESTED		123456789 SMITH JOHN	M	01/01/2000	1720045826 Zulim Rebecca A (LONG-TERM CARE MEDICAL GRP, INC))

5. To view all of the information for a specific authorization, click on the authorization. This will redirect users to the Authorization/Referral Status Search screen with all of the authorization details.

Authorization
Back

Authorization Print 20210819T8800001 - REQUESTED

Member ID: 123456789	DOB: 01/01/2000	Phone:	Age: 21.974	Gender: M
Name: JOHN SMITH		Address: 123 MAIN STREET, FRESNO, CA, 98765		
Health Plan: Aetna Medicare	Benefit: 000003CA000015	EffDt: 01-01-2021		
PCP Name: Zulim RebeccaA	EffDt: 01-01-2021			

Authorization Date/Details

Priority: ROUTINE	*Requested 08-19-2021 15:47:39 Dt:
*POS: ON CAMPUS-OUTPATIENT HOSPITAL	Service Req 08-19-2021 Dt:
Valid From:	Valid To:

Basic Details
Upload Documents/Additional Details

+ Requesting Provider Information

+ Referring To Provider Information

+ Facility Provider Information

+ Diagnosis

+ Service Requested

+ Clinical Indication For Request

Add Auth for same Member
Print Auth

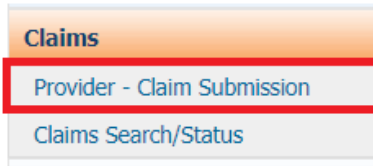
***Note:** This screen is for viewing purposes only. If a request is still in a **REQUESTED** status, users are able to upload additional documents via the **Upload Documents/Additional Details** tab. Authorizations in a final status such as **APPROVED** or **DENIED**, cannot be modified or additional documentation attached.

Claims

From the **Claims** module, users are able to submit new claims and view previously submitted claims.

To submit a new claim:

1. From the **Claims** module, click on the **Provider –Claim Submission** submodule.



2. To search for a member, enter any combination of **Member ID, Last Name, First Name, DOB** and **Health Plan** and click the **Search** icon.

Note: The Members in red font are inactive. [Additional Details](#)

3. Once you locate the member record in the search results, click on **Submit Claim** button.

Member ID	Name	Sex	Date of Birth(Age)	HP Code/Name	EG Code/Name	RAF	PCP Effective Date	HP Effective From	HP Effective To	Subscriber ID	Company	Secondary ID	OT ID
Submit Claim	123456789	SMITH JOHN	M	01-01-2000 (21.977)	AES Aetna Medicare	000003 MA Individual - California	01-01-2021	01-01-2021	01-01-2021		SANTEST		

4. The **Claim Submission** screen is where users will fill in all of the information regarding the claim.

Company ID: SANTEST

Member Information: ID: 123456789, Name: SMITH JOHN, DOB: 01-01-2000, Health Plan: Aetna Medicare

Provider Information: Provider ID: 1720045826, Select Provider: Zulim Rebecca A, Name: Zulim Rebecca A, Organization: 7703031290 - LONG-TERM CARE MEDICAL GRP, INC, Phone: (559) 499-1233, Specialty: Geriatric Medicine, Provider Type: Contract Fee for Service, Fax: (559) 499-1232

Billing Address: Name: LONG-TERM CARE MEDICAL GRP, INC, Address Line 1: 807 N VAN NESS AVE, City: FRESNO, State: CA, Zip: 937283425, NPI: 1922027960, Tax ID: 770303129

Service Facility Address: Name: 807 N VAN NESS AVE, Address Line 1: 807 N VAN NESS AVE, City: FRESNO, State: CA, Zip: 937283425, NPI: 1720045826, Other ID:

Pay-to-Address: Same as Billing Address, Address Line 1: 807 N VAN NESS AVE, City: FRESNO, State: CA, Zip: 937283425

Additional Information: Provider Claim / Patient Account #: , Patient Paid Amount: , Purchase Service Amount: , POS: 11 - OFFICE, Admission Date: MM-DD-YYYY, Discharge Date: MM-DD-YYYY

Diagnosis: * Diagnosis Code: , Add (Only 12 distinct diagnosis codes are allowed.)

Diag. Reference: Diag. Code, Diag. Description, No diagnosis codes added.

Services Requested: MM-DD-YYYY, Selected date will be used as Service From and Service To dates for all service lines. Yellow fields are mandatory.


Service Date-Time	Service Code	NDC Code - Qty - Unit Type	Modifiers	Diag. Ref.	Qty - Billed	Other Insurance	Notes
From: MM-DD-YYYY 00:00		11-digit 5-4-2 NDC Code	Modif. 1, Modif. 2, Modif. 3, Modif. 4	Ref. 1, Ref. 2, Ref. 3, Ref. 4	1 Un		
To: MM-DD-YYYY 00:00		1 Unit			Billed Amount		


Clinical indications for request (include pertinent past medical history, treatment, physical findings, and attach all relevant medical records, test results, etc.)

Attachments: File, Choose File, No file chosen (Please upload .doc, .docx, .xls, .xlsx, .pptx, .xps, .psd, .htm, .pdf, .tif, .rtf and text documents only.)

(Fields marked with the asterisk * are mandatory.)


5. Below are the steps to add details to the claim:

- Link an authorization to the claim (if applicable).
 - Click on the “” icon to search for an authorization or enter the **Authorization Number** if known.

Authorization #: 


Referring Provider Information

- Click on the appropriate **Authorization Number** to select and link to the claim.

Auth. No.	Status/Reason	Request/Receive Date	Authorization Date
20210706T8800001 	APPROVED Auto Auth Criteria Met	07-06-2021	07-06-2021

[Show Claims Info](#)

- **Member Information** will populate based on the member we selected on the previous screen.


Member Information 

ID: 123456789 **Name:** SMITH JOHN
DOB: 01-01-2000 **Sex:** M
Health Plan: Aetna Medicare

- Under **Provider Information**, you can select the rendering provider for the claim. If an authorization is linked, the **Referred To Provider** will populate. Otherwise, provider can be selected using two options:

- OPTION 1 – Search by **Provider ID** using the “” icon.

Provider Information

* **Provider ID:** 

Select Provider:


- Click on the appropriate **Provider ID** to select and link to the claim.

Details	Provider ID	Name	Organization	Specialty
	1720045826	Zulim Rebecca A	LONG-TERM CARE MEDICAL GRP, INC 7703031290	Geriatric Medicine

- OPTION 2 – Select the appropriate provider from the **Select Provider** drop-down menu. This will list all providers under your **Organization**.

Provider Information

* **Provider ID:**

Select Provider: 


Zulim Rebecca A ▼

None Selected

Zulim Rebecca A

- Once you have selected the provider, all other details will be auto-populated.

Provider Information

Provider ID: 

Select Provider:

Name: Zulim Rebecca A

Specialty:


Organization:

Provider Type: Contract Fee for Service

Phone: (559) 499-1233

Fax: (559) 499-1232


- If the provider has multiple specialties, you can select the appropriate specialty from the **Specialty** drop-down menu.

Specialty: 

GENERAL SURGERY

GENERAL PRACTICE

- If the provider is part of multiple organizations, you can select the appropriate organization from the **Organization** drop-down menu.


* **Organization:** 

None Selected


2222 - MEDTEST

778899 - Medical Org Inc


- The **Referring Provider Information** is optional. If an authorization is linked to the claim, it will automatically populate the **Referring Provider ID** and **Name**.


Authorization #: 

Referring Provider Information


Referring Provider ID: 

Name:
(Contract Fee for Service)

- Otherwise, you can leave blank or search for the Referring Provider by clicking on the “” icon.

Authorization #: 

Referring Provider Information

Referring Provider ID: 

Name:

- The **Billing Address**, **Service Facility Address**, and **Pay-to-Address** will populate based on the provider and organization selected. These fields can be updated if information needs to be changed.

Billing Address	Service Facility Address	Pay-to-Address
Name: LONG-TERM CARE MEDICAL GRP, INC	Name: <input type="text"/>	<input type="checkbox"/> Same as Billing Address
Address Line 1: 807 N VAN NESS AVE	Address Line 1: 807 N VAN NESS AVE !	Address Line 1: 807 N VAN NESS AVE !
Address Line 2: <input type="text"/>	Address Line 2: LONG TERM CARE MED GRP	Address Line 2: <input type="text"/>
City: FRESNO State: CA Zip: 93728342	City: FRESNO State: CA Zip: 937283425	City: FRESNO State: CA Zip: 93728
NPI: 1922027960 Tax ID: 770303129	NPI: 1720045826 Other ID: <input type="text"/>	

- In the **Additional Information** section, you are able enter optional details related to the claim.

Additional Information		
Provider Claim / Patient Account #: <input type="text"/>	Patient Paid Amount: <input type="text"/>	Purchase Service Amount: <input type="text"/>

- **Claim Details** is where you will enter the **POS** (Place of Service) for the claim from the drop-down menu.

Claim Details

POS:

Admission Date: Discharge Date:

- If the selected place of service is **21 – Inpatient Hospital**, the **Admission Date** will update to a required field.

Claim Details

POS:

Admission Date: Discharge Date:

- If the selected place of service is **41 – Ambulance Land** or **42 – Ambulance – Air or Water**, click on the ‘’ icon to add ambulance details (see next page).

Claim Details

POS:

Admission Date: Discharge Date:

- Fill in the **Ambulance Information** details in the pop up window and click **OK** to save.

Ambulance Information
Close

Ambulance Transport Information

* Reason Code: Weight: * Miles:

Round Trip:

Stretcher:

Applicable Certification Condition Codes

Not Applicable Certification Condition Codes

Pick-up Location

* Address 1:

Address 2:

* City: * State: * Zip:

Drop-Off Location

Name:

* Address 1:

Address 2:

* City: * State: * Zip:

State of Illinois Requirements

State: Vehicle License Number:

Origin Time: Destination Time:

- The next section - **Diagnosis** - lets you add up to 12 distinct diagnosis codes to the claim.
 - You can type in the code and click **Add** or use the **Enter** key on your keyboard to register the code. As you enter a diagnosis code, the system will also suggest codes to select from.

Diagnosis

* Diagnosis Code:

Diag. Reference	Diag. Code	Diag. Description
1	Z12.11	ENC SCREEN MALIG NEOPL

Services Requested Selected date v

Service Date-Time	Service	Qty- Unit Type
	N20.0 - CALCULUS OF KIDNEY	
	N20.1 - CALCULUS OF URETER	
	N20.2 - CALCULUS KIDNEY W/ CALCULUS UR	
	N20.9 - URINARY CALCULUS UNSPECIFIED	

- If you do not know the code, you can use the “” icon to search for a code by partial code or description. Click on the Diagnosis Code to add to claim.

Diagnosis Search Close

Diagnosis Code(with decimal): Description:

Diagnosis Code(without decimal): Show Mapping

Version:

Diagnosis Code(with decimal)	Diagnosis Code(without decimal)	Description	Medium Description	Long Description	Version	Active From	Active To	Billable?	More Details
N20	N20	CALCULUS OF KIDNEY AND URETER	CALCULUS OF KIDNEY AND URETER	Calculus of kidney and ureter	ICD-10	10-01-2015		No	
N20.0	N200	CALCULUS OF KIDNEY	CALCULUS OF KIDNEY	Calculus of kidney	ICD-10	10-01-2015		Yes	
N20.1	N201	CALCULUS OF URETER	CALCULUS OF URETER	Calculus of ureter	ICD-10	10-01-2015		Yes	
N20.2	N202	CALCULUS KIDNEY W/ CALCULUS UR	CALCULUS OF KIDNEY WITH CALCULUS OF URETER	Calculus of kidney with calculus of ureter	ICD-10	10-01-2015		Yes	
N20.9	N209	URINARY CALCULUS UNSPECIFIED	URINARY CALCULUS UNSPECIFIED	Urinary calculus, unspecified	ICD-10	10-01-2015		Yes	

[1 to 5 of 5] 1 Page(s): 1

- Entered diagnosis codes and their description will populate below. You can also Edit (📄) or Delete (✖) a diagnosis code in this section.

Diagnosis

Edit Diagnosis Code * Diagnosis Code: N20.0

Diag. Reference	Diag. Code	Diag. Description	Delete Diagnosis Code
1	Z12.11	ENC SCREEN MALIG NEOPLASM COLO	✖
2	N20.0	CALCULUS OF KIDNEY	✖

- The **Services Requested** section is where you will add details for services being billed on the claim.

Services Requested MM-DD-YYYY Selected date will be used as Service From and Service To dates for all service lines. Yellow fields are mandatory.

Service Date-Time	Service Code	NDC Code - Qty- Unit Type	Modifiers	Diag. Ref.	Qty - Billed	Other Insurance	Notes
From: MM-DD-YYYY 00:00 To: MM-DD-YYYY 00:00		11-digit 5-4-2 NDC Code 1 Unit	Modif. 1 Modif. 2 Modif. 3 Modif. 4	1 Ref. 2 Ref. 3 Ref. 4	1 Un Billed Amount		

***Note:** All fields highlighted yellow are mandatory.

- To automatically populate the same date of service for all lines, enter the date in the field next to **Services Requested**. For multiple dates of service, leave this field blank.

Services Requested 01-02-2022 Selected date will be used as Service From and Service To dates for all service lines.

Service Date-Time	Service Code	NDC Code - Qty- Unit Type
From: 01-02-2022 00:00 To: 01-02-2022 00:00		11-digit 5-4-2 NDC Code 1 Unit

- **Service Date-Time** is where you will enter the **From** and **To** dates for when services were rendered. It is advised to add timestamps for anesthesia claims.

Service Date-Time


From: MM-DD-YYYY 00:00
To: MM-DD-YYYY 00:00

- The **Service Code** column is where you will enter the CPT/HCPC code. You can type in the code and click **Add** or use the **Enter** key on your keyboard to register the code.

Service Code

- As you enter a service code, the system will also suggest codes to select from.

The screenshot shows a form with a 'Service Code' field containing '7417'. A dropdown menu is open below it, listing several suggestions: '74170 - CT ABDOMEN W/O & W/DYE', '74174 - CT ANGIO ABD&PELV W/O&W/DYE', and others. A magnifying glass icon is visible next to the input field.

- If you do not know the code, you can use the “” icon to search for a code by partial code or description. Click on the **Service Code** to add to claim.

Service Code	Description
J1443 (P)	INJ FEPP CIT SOL TRIFERIC 0.1
J1444 (P)	INJECTION FPC POWDER 0.1 MG IR
J1445 (P)	INJ FERRIC PYROPHO CITR 0.1 MG
J1750 (P)	INJECTION IRON DEXTRAN 50 MG

- The **NDC Code – QTY – Unit Type** section is mandatory to add for all J-codes.

The screenshot shows the 'NDC Code - Qty- Unit Type' section. It includes a dropdown menu for '11-digit 5-4-2', an 'NDC Code' input field with a magnifying glass icon, a '1' in a box for quantity, and a 'Unit' dropdown menu.

- You can add NDC code in different formats which can be selected from the drop down menu.

The screenshot shows the 'NDC Code' dropdown menu expanded, listing four options: '11-digit 5-4-2', '10-digit 4-4-2', '10-digit 5-3-2', and '10-digit 5-4-1'. The '11-digit 5-4-2' option is highlighted in blue.

- Once you have selected the format, you can enter the NDC code or look it up by partial code or description using the “🔍” icon. Click on the code to add.

Code: Description: Search Clear

[1 to 2 of 2]1 Page(s): 1

11 - Digit Code	Description	Major Ingredient	Start Marketing Date	End Marketing Date
54868471500	IRON DEXTRAN COMP 100 MG/2 ML		01/22/2003	06/30/2010
51662144101	IRON DEXTRAN (IRON DEXTRAN) INJECTION INTRAMUSCULAR; INTRAVENOUS 2 mL in 1 VIAL, SINGLE-DOSE (51662-1441-1) 20191222 N N		12/22/2019	

[1 to 2 of 2]1 Page(s): 1

- Enter the quantity (**QTY**) and select the quantity **Unit Type** from the drop-down menu.

11-digit 5-4-2 🔍

1

Unit

- Unit
- Milliliter
- Milligram
- Gram
- International Unit

NDC Code:
Quantity:
Unit Type:

- You can add up to four modifiers for each service line in the **Modifiers** column.

Modifiers

Modif. 1 Modif. 2

Modif. 3 Modif. 4

- The **Diagnosis Reference** column allows you to indicate which diagnosis code applies to the service code.

Diag. Reference	Diag. Code	Diag. Description
1	Z12.11	ENC SCREEN MALIG NEOPLASM COLO
2	N20.0	CALCULUS OF KIDNEY

Diag. Ref.

1

Ref. 2

Ref. 3 Ref. 4

- Under **Qty - Billed**, add the quantity and unit type for the service code.

Qty - Billed

1.00 Uni ▾

Billed Amount

Units
Minutes
Miles

- Next, enter the **Billed Amount** for the service code.

Qty - Billed

1.00 Uni ▾

Billed Amount

- Enter the amount received from the primary insurance under **Other Insurance** if this is a secondary claim. If primary claim, leave blank.

Other Insurance

- Any significant details for the service line item can be added in the **Notes** column.

Notes

- Click on the **ADD** button to finalize the service line details.

Add

- Entered service lines will populate below. You can also Edit (📝) or Delete (✖) a service code in this section.

Services Requested 01-02-2022 Selected date will be used as Service From and Service To dates for all service lines. Yellow fields are mandatory.

	Service Date-Time	Service Code	NDC Code - Qty- Unit Type	Modifiers	Diag. Ref.	Qty - Billed	Other Insurance	
	From: 01-02-2022 00:00 To: 01-02-2022 00:00		11-digit 5-4-2 ▾ NDC Code 1 Unit	Modif. 1 Modif. 2 Modif. 3 Modif. 4	1 Ref. 2 Ref. 3 Ref. 4	1.00 Un ▾ Billed Amount		Add
1	From: 01-02-2022 00:00 To: 01-02-2022 00:00	45378 - DIAGNOSTIC COLONOSCOPY	NDC Code: Quantity: Unit Type:		1	Qty: 1 Type: Units Billed: \$100.00	0	✖
2	From: 01-02-2022 00:00 To: 01-02-2022 00:00	J1750 - INJECTION IRON DEXTRAN 50 MG	NDC Code: 51662-1441-01 Quantity: 1 Unit Type: Unit	50 RT	1	Qty: 5.00 Type: Units Billed: \$1,000.00	500	✖
Totals:						Billed: \$1,100.00		

- The **Clinical Indication** section where you can add additional details to be submitted on the claim.

Clinical indications for request
 (include pertinent past medical history, treatment, physical findings, and attach all relevant medical records, test results, etc.)

- Attach any relevant documentation under the **Documents** section.

Documents Click 'Choose File' to upload the desired file

Attachments: Choose File No file chosen (Please upload .doc, .docx, .xls, .xlsx, .pptx, .xps, .psd, .htm, .pdf, .tiff, .rtf and text documents only.) X

+ Add more documents ← To add multiple documents, click here

6. Once all the details are added, click on **Save** to submit the claim for processing. You can also use **Save & Add for Same Member** if you wish to add another claim for the same member.



7. Once the claim is saved, there will be a pop up with a claim number as shown below. Click on **OK** to go back to the **Provider – Direct Submission** screen. If you wish to print the submitted claim as CMS 1500, click **Print Claim**.

Alert

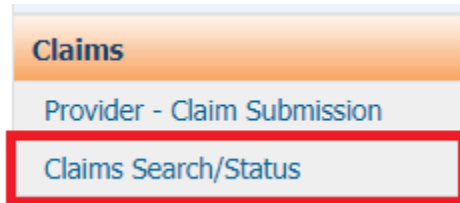
Claim Saved Successfully. Claim #: 20220104T8800001

Print Claim OK

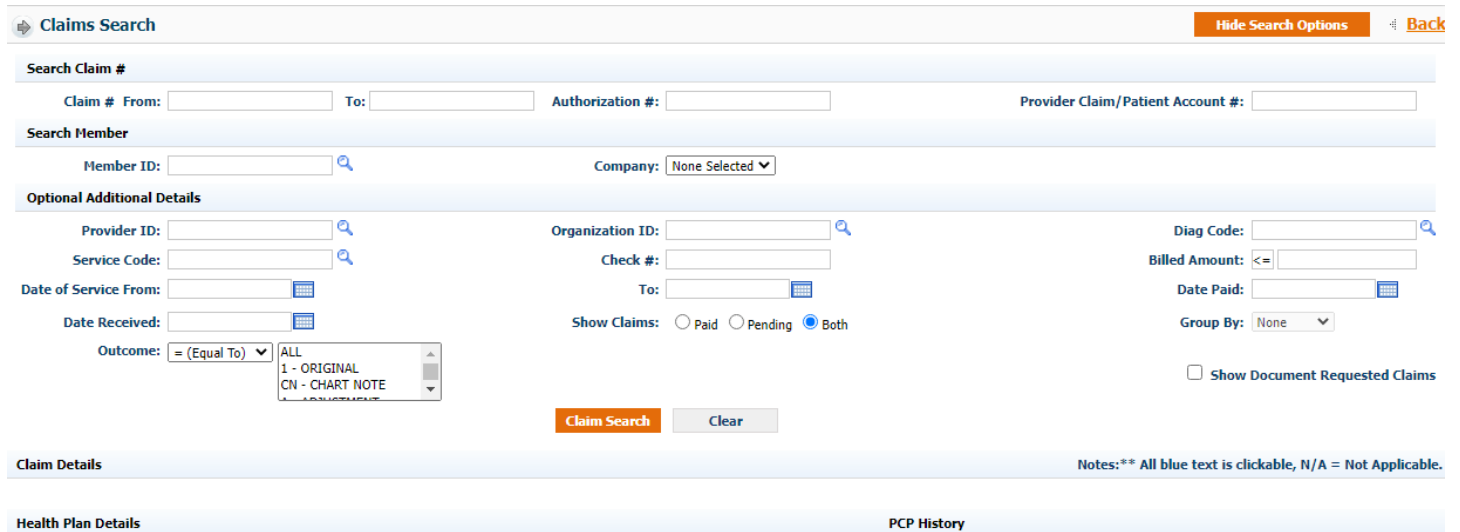
Checking the status of a claim


To verify the status of a claim:

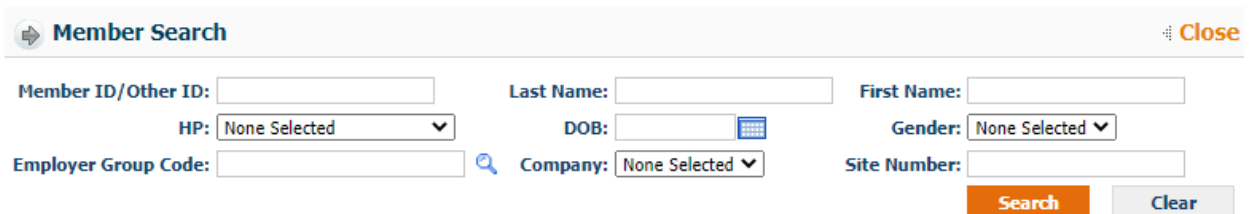
1. From the **Claims** module, select the **Claims Search/Status** sub module.



2. There are three subsections within this sub module to search claims by criteria.



- a. **Search Claim #** - use this section to search by claim number or authorization number if known.
- b. **Search Member** – use this section to search for all claims linked to a specific member. Use the ‘’ to search for the member (*Member Last Name, DOB, & HP required to search*).



- c. **Optional Additional Details** – use this section to add any other information that will filter and narrow search results.

3. Enter any combination of search parameters and click **Claim Search** to view results.



4. Based on the criteria users have input, the search results will display in **Claim Details** section, as shown below.

Notes:** All blue text is clickable, N/A = Not Applicable.

[1 to 1 of 1] 1 Page(s): 1

Claim #	Received Date	Service Date	Auth #	Place Of Service	Member	Provider	Organization	Payee	Billed Amount	Contract Amount	Net Amount	Company	Outcome
20220104T8800001	01-04-2022	01-02-2022	11	OFFICE	123456789 SMITH JOHN	1720045826 Zulim Rebecca	7703031290 LONG-TERM CARE MEDICAL GRP, INC	Organization	\$1,100.00	\$0.00	N/A	SANTEST	ORIGINAL

Service Date	ServiceCode	Modifier(s)	Diag. Code	Financial Resp.	Adjust Descr.	Paid Date	Check #	Qty	Billed	Contract	CoPay	Coinsurance	Deductible	Adjust Net	Admin. Fee/Withhold	Status	
F: 01-02-2022 T: 01-02-2022	45378 DIAGNOSTIC COLONOSCOPY		Z12.11	IPA				1.00	100.00	0.00	0.00	0.00	0.00	0.00	N/A	0.00	IN-PROCESS
F: 01-02-2022 T: 01-02-2022	J1750 INJECTION IRON DEXTRAN 50 MG	50,RT	Z12.11	HMO	CLAIM/SERVICE HAS BEEN TRANSFERRED TO THE PROPER PAYER FOR PROCESSING. CLAIM/SERVICE NOT COVERED BY THIS PAYER.			5.00	1000.00	0.00	0.00	0.00	0.00	0.00	N/A	0.00	IN-PROCESS

[Print CMS 1500](#)

[1 to 1 of 1] 1 Page(s): 1

a. The **Status** of the claim is located to the right of the service line.

Adjust	Net	Admin. Fee/Withhold	Status
0.00	N/A	0.00	IN-PROCESS
0.00	N/A	0.00	IN-PROCESS

b. The adjustment code and net amount on the claim is not finalized and is subject to change until the Status is **Paid/Processed**.

Adjust	Net	Admin. Fee/Withhold	Status
0.00	79.99	0.00	PAID/PROCESSED
0.00	169.94	0.00	PAID/PROCESSED

c. To view and print the claim in CMS 1500 format, click the **Print CMS 1500** button.

F: 01-02-2022 T: 01-02-2022	J1750 INJECTION IRON DEXTRAN 50 MG
--------------------------------	---------------------------------------

[Print CMS 1500](#)

d. If the claim is in a Paid status, there will be an additional button for **Show EOB**.

Service Date	ServiceCode
F: 03-17-2021 T: 03-17-2021	99309 NURSING FAC CARE SUBSEQ

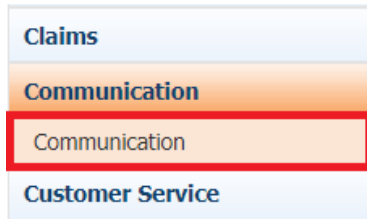
Check Total Amount : \$5279.67

[Show EOB](#) [Print CMS 1500](#)

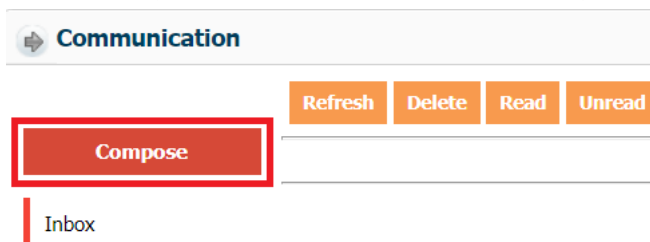
Communication

From the Communication module, users are able to communicate with the Organization Departments such as Customer Service, Claims, Utilization Management, etc.

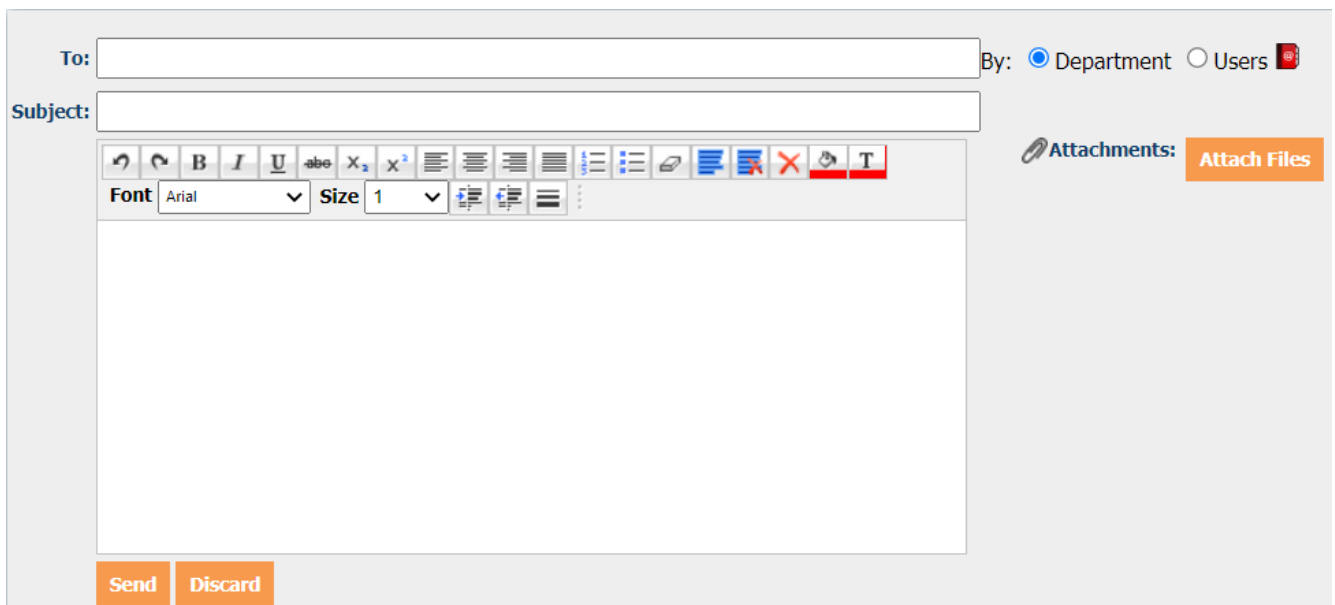
To send a message via the Communication module:



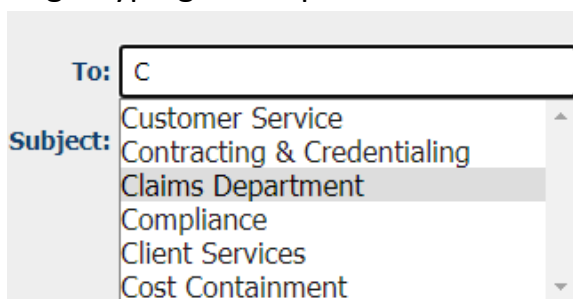
- Click Compose to create a new message.




- The compose message window will display as below.



- You can select a department to message in one of two ways:
 - Begin typing the department name into the **To:** field.




- Click on the  icon to bring up the **Address Book**. Check the desired department from the pop up window and click **Select**.


Department	
1 2	
<input type="checkbox"/>	Department
<input type="checkbox"/>	UM Department
<input type="checkbox"/>	Physician Services
<input checked="" type="checkbox"/>	Customer Service
<input type="checkbox"/>	Contracting & Credentialing
<input type="checkbox"/>	Claims Department
<input type="checkbox"/>	IT Department
<input type="checkbox"/>	Administration
<input type="checkbox"/>	Eligibility
<input type="checkbox"/>	Finance
<input type="checkbox"/>	Compliance
1 2	


Select

- Fill in remaining fields including the Subject line and message body. You can also attach documentation using the Attach Files button.

To: Claims Department By: Department Users 

Subject: Check Claims Status


 **Attachments:** **Attach Files**




Font Arial **Size** 1


Checking status of claim for member Doe, John DOB 1/1/2000 ID#123456789

- Once you have composed your message click Send to submit the message to the desired department.

To: Claims Department By: Department Users 

Subject: Check Claims Status

 **Attachments:** **Attach Files**



Font Arial **Size** 1

Checking status of claim for member Doe, John DOB 1/1/2000 ID#123456789

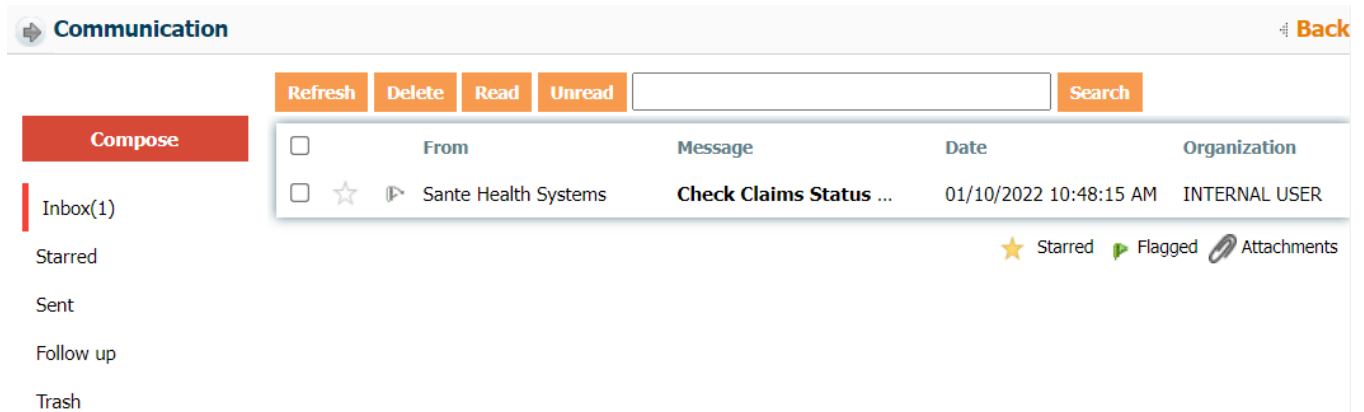
Send **Discard**

To check incoming communications:

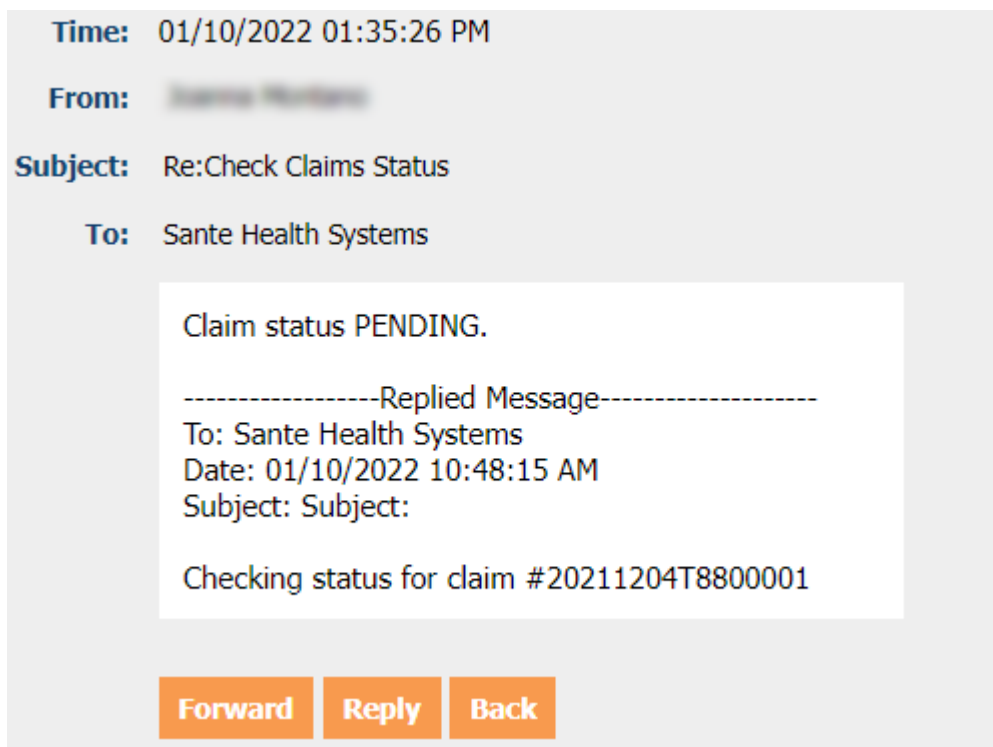
- The **Communication** module can be accessed via the sidebar menu (as previously shown) or by clicking on the **Inbox (#)** in the upper righthand corner of the dashboard.



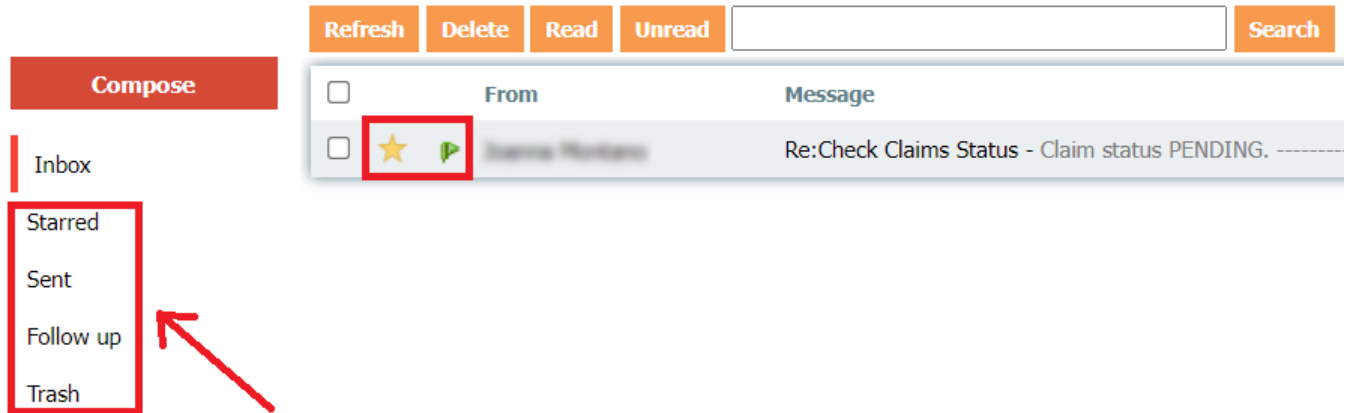
- Messages will show in the **Inbox** as shown below. Click on the message to view the response.



- From the message screen you can **Forward** the message, **Reply** to the message, or click **Back** to return to the **Inbox**.



- From the main **Inbox** screen, you are also able to **Delete** messages or mark them as **Read/Unread**. You can also search for a specific message by utilizing the search bar.



- To view deleted messages, click on **Trash**. Deleted items remain in the **Trash** folder and cannot be permanently removed.
- To view sent messages, click on **Sent**. Sent messages can also be **Deleted** or marked as **Read/Unread**.
- Messages marked with a '★' can be viewed in the **Starred** folder.
- Messages marked with a 'P' can be viewed in the **Follow Up** folder.

Customer Service

From the **Customer Service** module, users are able to add and view existing customer service requests for their organization.

To submit a customer service request:

- From the **Customer Service** module, click on the **Customer Service Request** sub module.



Customer Service Request Back

Show: row(s) Request From: To: Problem:

Reference No: Call Regarding: All Reason: All Priority: All

Status: All

Add

- Click **Add** to submit a new request.

Customer Service Request

Show: row(s)

Reference No:

Add

- Fill out the **Customer Service Request – Add** screen with all required information (noted with an '*').

Customer Service Request - Add Back

*Regarding: *Priority: Medium

*Pref. Comm: Email *Email: Send Email:

Fax: Phone: Ext.:

Reason:

Problem/Description:

(Select Reason or Enter Problem/Description)

Attachments:	File attachment	Type	Note	Remove
	<input type="button" value="Choose File"/> No file chosen	[Select Type] <input type="button" value="v"/>	<input type="text"/>	<input type="button" value="x"/>

[Total file size can not exceed: 256M] Attach more..

- **Regarding** – This menu allows users to select the category/department the request is for.

*Regarding:

- Benefits
- Cost Containment/Appeals
- UM/Authorizations
- Claims
- Credentialing
- Contracting
- Physician's Services/Education
- IT Requests
- QI Dept/Member Grievance
- Provider Relations
- Eligibility
- Other
- Finance/Check Research

- **Priority** – This menu allows users to select how urgent/non-urgent the request is.

*Priority:

- Low
- Medium
- High
- Urgent

- **Pref. Comm** – Select the preferred method for communication. Based on the selection, the Email, Fax, or Phone fields will become required a field.

*Pref. Comm:

- Email
- Fax
- Phone

- **Reason** – This field indicates what the request is regarding. Depending on the department selected in the **Regarding** field, these reasons available will change accordingly. (Example shown: Claims)

*Regarding:

Reason:

- Check Not Received
- Claim Status Call
- Incorrect Payment
- Other

- **Problem/Description** – Enter the details of the issue.

Problem/Description:

(Select Reason or Enter Problem/Description)

- **Attachments**: Users can attach any documents that would aid the representative in completing the request. (For example, printout of health plan's eligibility to update member's eligibility or an EOB from the primary insurance for secondary claims processing.)

- Depending on the option selected from the **Regarding** drop down menu, additional options may populate next to the **Problem/Description** field.
 - If **UM/Authorizations** is selected, you will be required to reference an **Authorization Number** from the system.

*Authorization #:

- If **Claims** is selected, you will be required to reference a **Claim Number** from the system.

*Claim #: Check #:

- If **Credentialing** is selected, you will be given the option to refer to a specific **Provider ID** within the system (not required).

Provider ID: 

- If **Finance/Check Research** is selected, you will be given the option to refer to provide a **Check Number** (not required).

Check #:

- Click **Save** to submit the request.

Customer Service Request - Add

*Regarding: *Priority:

*Pref. Comm: *Email: Send Email:

Fax: Phone: Ext.:

Reason: *Claim #: Check #:

Problem/Description:

(Select Reason or Enter Problem/Description)

File attachment	Type	Note	Remove
<input type="button" value="Choose File"/> No file chosen	<input type="text" value="[Select Type]"/>	<input type="text"/>	<input type="button" value="Remove"/>


[Total file size can not exceed: 256M] [Attach more...](#)

- Your submitted **Customer Service Request** will now show in the results section of the previous module.



Customer Service Request Back

Show: row(s) Request From: To: Problem:
 Reference No: Call Regarding: All Reason: All Priority: All Status: All Search Clear

Add [1 to 1 of 1] 1 Page(s): 1

Edit	Reference No.	Request Date	Regarding	Reason	Problem/Description	Claim # / Authorization # / Provider ID / Check #	Priority	Status
	202201110001	01-11-2022	Claims		Checking status on pending claim.	C: 20220104T8800001	Medium	OPEN

[1 to 1 of 1] 1 Page(s): 1

You can edit the request by clicking here. **The status of your request is shown here.**  Edit  View Details

- If you checked the **Send Email** box, you will receive a copy of the request information via email.

*Email: Send Email:

Dear **Montana Health Services**,

This is a system-generated response to acknowledge receipt of your Ticket.
 Your Ticket Reference Number is **202201110001**

Your request details are as below:

Request Date:	01-11-2022
Request Time:	11:51 AM
Priority:	Medium
Regarding:	Claims
Reason:	

For immediate assistance, please contact us at **800-477-8333**.
 Please use the Reference number for further communications.

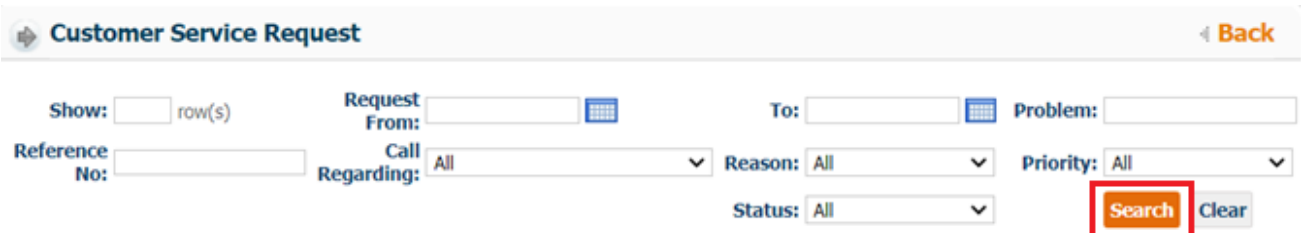
Searching Customer Service Requests

External users can check in the portal to view the status of previously submitted requests.

- From the **Customer Service** module, click on the **Customer Service Request** sub module.



- Enter search criteria click **Search** to show the results.



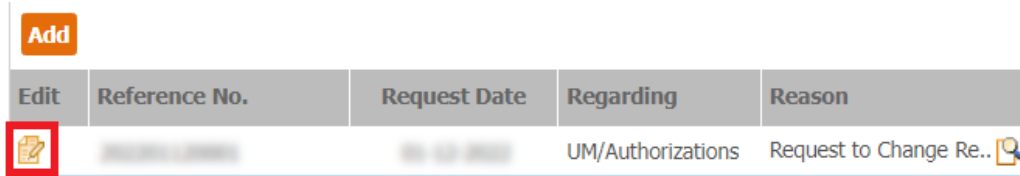
Customer Service Request Back

Show: row(s) Request From: To: Problem:


Reference No: Call Regarding: Reason: Priority:

Status: Search Clear

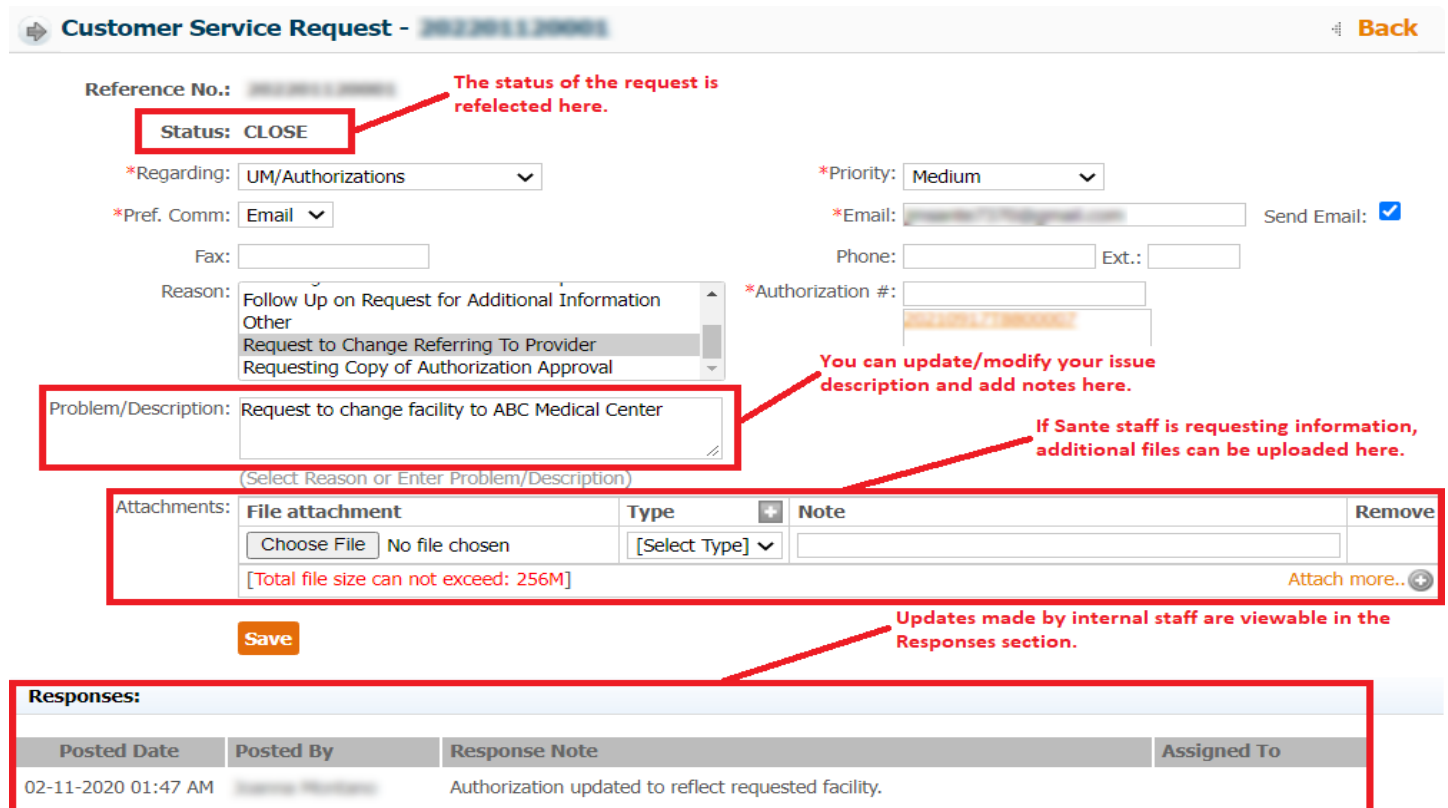
- Click on the  icon next to the Reference Number to view all details.



Add

Edit	Reference No.	Request Date	Regarding	Reason
	20201100001	02-11-2020	UM/Authorizations	Request to Change Re..

- Users can update or add information to an existing request at this time as well as view any notes made by Sante users.



Customer Service Request - 20201100001 Back

Reference No.: 20201100001 **The status of the request is reflected here.**

Status: CLOSE

*Regarding: UM/Authorizations *Priority: Medium

*Pref. Comm: Email Send Email:

Fax: Phone: Ext.:

Reason: Follow Up on Request for Additional Information
Other
Request to Change Referring To Provider
Requesting Copy of Authorization Approval

*Authorization #:

Problem/Description: Request to change facility to ABC Medical Center **You can update/modify your issue description and add notes here.**

(Select Reason or Enter Problem/Description)

Attachments:


File attachment	Type	Note	Remove
<input type="button" value="Choose File"/> No file chosen	<input type="text"/> [Select Type]	<input type="text"/>	<input type="button" value="Remove"/>

If Sante staff is requesting information, additional files can be uploaded here.

[Total file size can not exceed: 256M]

Save **Updates made by internal staff are viewable in the Responses section.**

Responses:

Posted Date	Posted By	Response Note	Assigned To
02-11-2020 01:47 AM		Authorization updated to reflect requested facility.	

EDI Services


From the EDI Services module, users are able to upload claim files for professional and institutional claims (837P/837I) as well as download ERA/835 files.

Online EDI Enrollment

- From the **EDI Services** module, select **Online EDI Enrollment**.

EDI Services
837P Upload
837I Upload
835 Download
Online EDI Enrollment

 **Request EDI Enrollment**

 **Back**

EDI services Enrollment Form

All fields marked with * are mandatory

* Company:

Trading Partner Type: Provider Clearing House Others

* TP ID:

* Trading Partner Name:

* Trading Partner Tax Id:

* Trading Partner NPI:

* Request for:

- Select All
- 270 Health Care Eligibility Benefit Inquiry (005010X279)
- 276 Health Care Claims Status Request (005010X217)
- 835 Health Care Claim Payment/Advice (005010X221)
- 837 Health Care Claim - Professional (005010X222A1)
- 837 Health Care Claim - Institutional (005010X223A2)

* Contact Person:

* Contact Email:

* Phone #:

* Fax #:

Note:

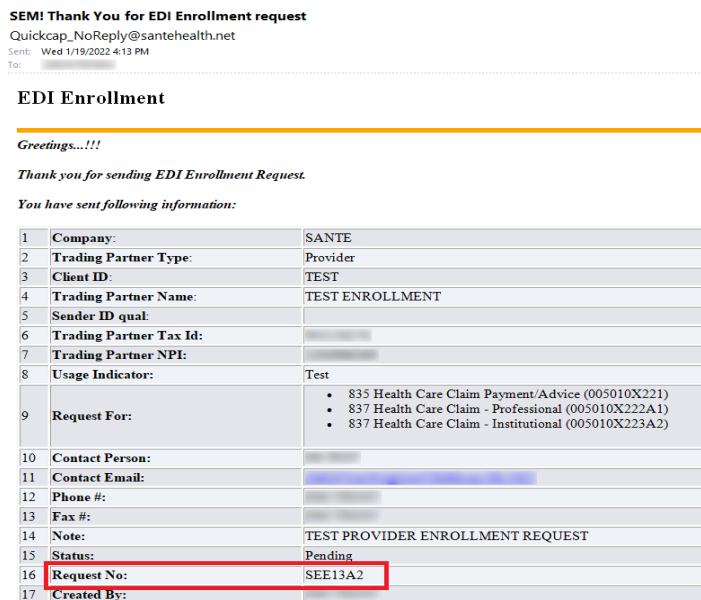
Send Request

Cancel

- Fill out the form in its entirety with all required information.
 - **Company** – this field cannot be edited and will display the company name (Sante).
 - **Trading Partner Type** – select from the options what type of access you need.
 - **Provider:** Select this option if your organization has a single Tax ID & NPI.
 - **Clearing House:** Select this option if you are registering as a clearing house for multiple organizations.
 - **Other:** Select this option if your organization has multiple NPIs under a single Tax ID.
 - **TP ID** – select a short name or acronym for your organization (note: this may be changed by Sante staff once submitted).
 - **Trading Partner Name** – type out the full name of your organization.
 - **Trading Partner Tax ID** – enter your organization’s Tax ID number.
 - **Trading Partner NPI** – if requesting Provider access, enter the NPI as mandatory; if requesting Clearing House or Other access leave NPI blank.
 - **Request For** – select which services you would like to be enrolled in.
 - **Contact Information** – enter the name, email, phone and fax number for the person responsible for the EDI enrollment request.
 - **Note** – enter any additional information regarding the EDI enrollment request.
- Click **Send Request** to submit your enrollment request.

Send Request

- You will receive an email confirming your submission which will contain all provided information as well as a reference number for your request.



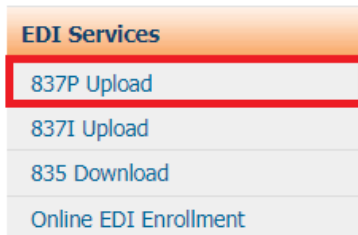
- Once the request has been received and processed by Sante, you will be able to view and upload/download your organization’s 837 & 835 files.

837P Upload

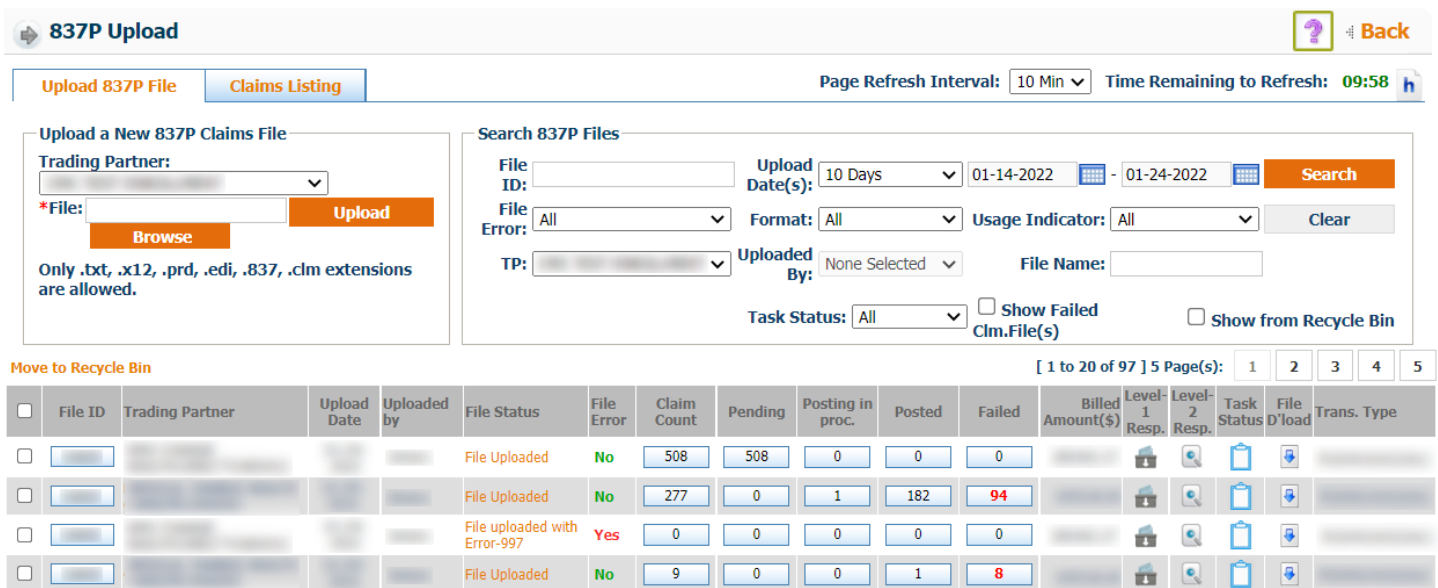
With the 837P Upload submodule, you can upload professional claims into the QuickCap portal. Professional claims, also known as CMS 1500, is the standard format used by physicians and suppliers for claim billing and in transmitting health care claims electronically.

To upload an 837P file:

- From the **EDI Services** module, click on **837P Upload**.



- The module will display as shown below.



The screenshot shows the "837P Upload" interface. It includes a "Back" button, a "Page Refresh Interval" of 10 Min, and a "Time Remaining to Refresh" of 09:58. The interface is divided into two main panes: "Upload a New 837P Claims File" and "Search 837P Files".

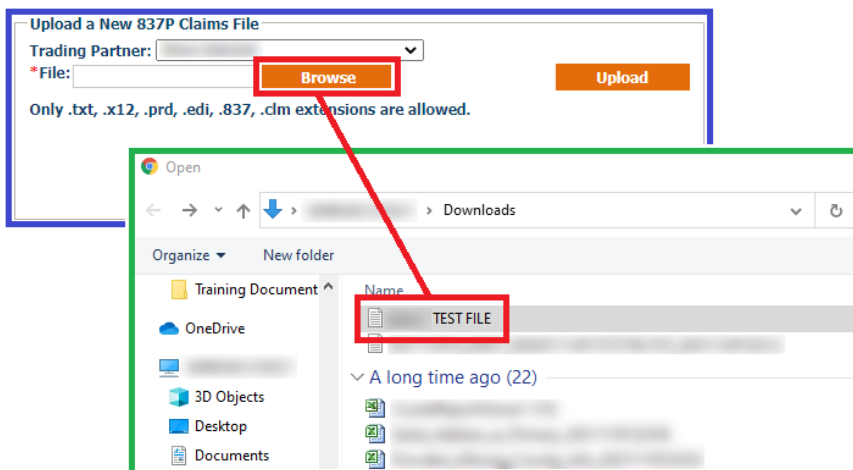
The "Upload a New 837P Claims File" pane contains a "Trading Partner" dropdown, a "*File:" input field with a "Browse" button, and an "Upload" button. A note states: "Only .txt, .x12, .prd, .edi, .837, .clm extensions are allowed."

The "Search 837P Files" pane includes search criteria for File ID, Upload Date(s) (10 Days), File Error (All), Format (All), Usage Indicator (All), TP, and File Name. It also has checkboxes for "Show Failed Clm.File(s)" and "Show from Recycle Bin".

Below the panes is a table with the following columns: File ID, Trading Partner, Upload Date, Uploaded by, File Status, File Error, Claim Count, Pending, Posting in proc., Posted, Failed, Billed Amount(\$), Level-1 Resp., Level-2 Resp., Task Status, File D'load, and Trans. Type. The table contains four rows of data.

File ID	Trading Partner	Upload Date	Uploaded by	File Status	File Error	Claim Count	Pending	Posting in proc.	Posted	Failed	Billed Amount(\$)	Level-1 Resp.	Level-2 Resp.	Task Status	File D'load	Trans. Type
				File Uploaded	No	508	508	0	0	0						
				File Uploaded	No	277	0	1	182	94						
				File uploaded with Error-997	Yes	0	0	0	0	0						
				File Uploaded	No	9	0	0	1	8						

- In the **Upload a New 837P Claims File** pane, click **Browse** to locate the desired file on your computer.



- Once you have selected the file, click **Upload**.

Upload a New 837P Claims File

Trading Partner:

*File:

Only .txt, .x12, .prd, .edi, .837, .clm extensions are allowed.

**NOTE: Only .txt, .x12, .prd, .edi, .837, .clm file extensions are allowed*

- Once file has been uploaded, you can view the status summary of the upload below.

<input type="checkbox"/>	File ID	Trading Partner	Upload Date	Uploaded by	File Status	File Error	Claim Count	Pending	Posting in proc.	Posted	Failed	Billed Amount(\$)	Level-1 Resp.	Level-2 Resp.	Task Status	File D'load	Trans. Type
<input type="checkbox"/>	2654				File Uploaded	No	18	0	18	0	0						
<input type="checkbox"/>	2651				File Uploaded	No	74	74	0	0	0						

- Claim summary will be in the columns below.

Claim Count	Pending	Posting in proc.	Posted	Failed
18	0	18	0	0

- Claim Count** – total of claims in file uploaded
- Pending** – total of claims on hold for posting
- Posting in proc.** – total of claims in process for posting
- Posted** – total of claims posted successfully to the system
- Failed** – total of claims that failed to post to the system

- Clicking on any of the **Claim totals** above will take you to view claim details.

<input type="checkbox"/>	File ID	Sys.Claim ID	Member ID	Member Name	DOB	Rendering Provider	Claim #
	2654	284459					
	2654	284460					
	2654	284461					
	2654	284462					
	2654	284463					

- To view full claim details, click on the **System Claim ID**.

Sys.Claim ID

284459

284460

- If there are any errors on the claim, they will be highlighted below.

https://quickcaptest.santehealth.net/EDI/EDIActivities/EDI837PClaimOverview.aspx?enc=yxh3V7/CRjfqc/p8aa1MFUzN16Hy+8VY99BX2Md3qOda1b85M-

quickcaptest.santehealth.net/EDI/EDIActivities/EDI837PClaimOverview.aspx?enc=yxh3V7/CRjfqc/p8aa1MFUzN16Hy+8VY99BX2M-

Claim Editing and Resubmission - Sys. Claim ID: 284459 | Version Code: 005010X222A1

Rejection Message

(1) Member ID not found or empty.(2) Organization ID not found.

Click here to fix only organization and provider related error(s)

Header Detail

EDI Details Member Identification Flow Prov. & Org. Identification F

Claim Overview

- Errors will also be highlighted in red within the form for correction.

Other Patient ID: 🔍

- Click **Save & Resubmit** to update form for reprocessing.

Save & Resubmit

- Claims without errors will be posted and assigned a Sante claim number.


Rendering Provider	Claim #	OCN#







- You can open and view the claim within the Sante Portal by clicking on the **Claim #**.

Claim #	Service Date	Recvd Date	Auth. #	Place of Service	Member	Provider	Organization	Paycc	Billed Amount	Contract Amount	Total Copay	Total Deductible	Total Coinsurance	Net Amount	Outcome	Company
	11-15-2021	11-22-2021	Show Auth	11 OFFICE			Organization		\$6.00	\$2.25	\$0.00	\$0.00	\$0.00	2.25	ORIGINAL	SANTEST

Service Date	Service Code	Revenue Code	Modifier(s)	Diag. Code	Financial Resp.	Adjust Descr.	Paid Date	Check #	Qty	Billed	Contract	CoPay	Deductible	Adjust Net	Status
11-15-2021	81003		*	N20.0	IPA				1.00	\$6.00	\$2.25	\$0.00	\$0.00	\$0.00	2.25 MANUAL HOLD

View EDI Claim
Print CMS 1500

- You can get a copy of the claim in **CMS 1500** format. To generate a CMS 1500 Form, click on the “” below.

Claim Error	Claim Status	User Note	CMS 1500	OCR	Task Status
No	Posted				
No	Posted				



DATE RECEIVED
NOVEMBER 22, 2021

SANTE BLUE SHIELD
PO BOX 1507
FRESNO, CA 93716

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA		PICA	
1. MEDICARE <input type="checkbox"/> (Medicare#) MEDICAID <input type="checkbox"/> (Medicaid#) TRICARE <input type="checkbox"/> (ID#:DoD#) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA (BLUING) <input type="checkbox"/> (ID#) OTHER <input checked="" type="checkbox"/> (ID#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street)		6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
CITY CLOVIS STATE CA		7. INSURED'S ADDRESS (No., Street)	
ZIP CODE 93611 TELEPHONE (Include Area Code) ()		8. RESERVED FOR NUCC USE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> PLACE (State) _____	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. INSURANCE PLAN NAME OR PROGRAM NAME		11. INSURED'S POLICY GROUP OR FECA NUMBER	
		a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	
		b. OTHER CLAIM ID (Designated by NUCC)	
		c. INSURANCE PLAN NAME OR PROGRAM NAME SANTE BLUE SHIELD	
		d. IS THERE ANOTHER HEALTH BENEFIT PLAN?	

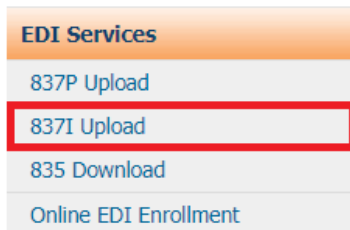
CARRIER ↑ PATIENT AND INSURED INFORMATION ↑

837I Upload

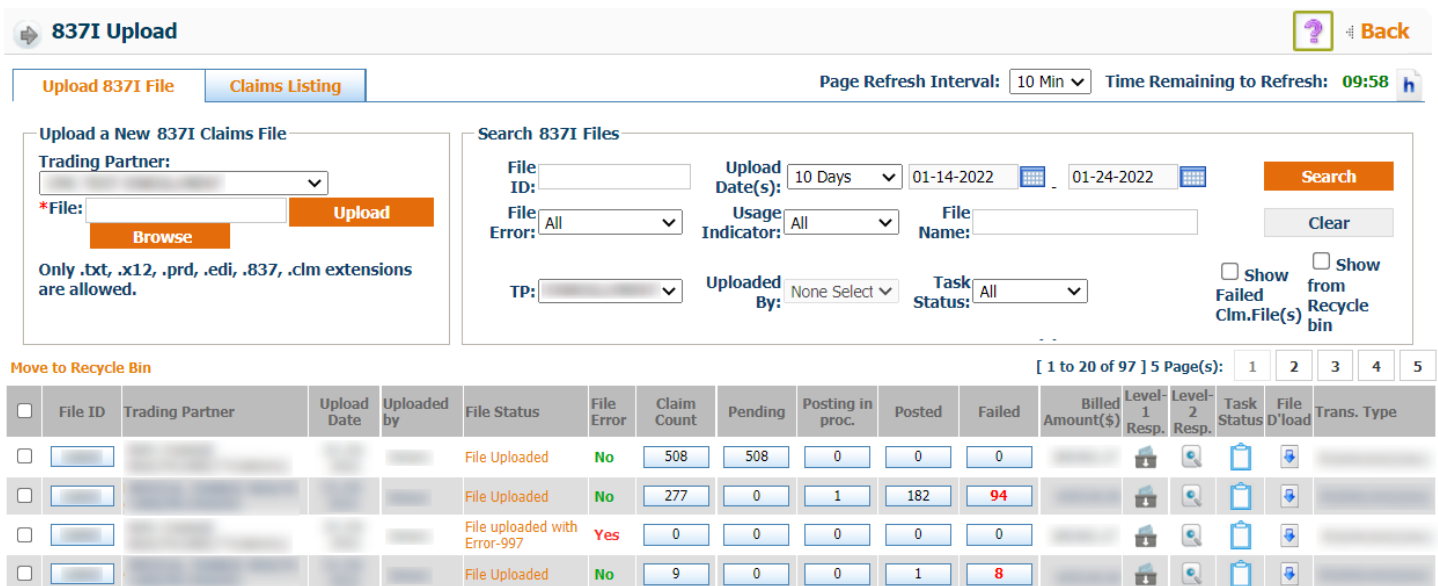
With the 837I Upload sub module, you can upload institutional claims into the QuickCap portal. Institutional claims, also known as UB-04 or CMS-1450, is the standard format used by institutional providers like hospitals, skilled nursing facilities, outpatient rehabilitation clinics, community health centers, and more to transmit healthcare claims electronically.

To upload an 837I file:

- From the **EDI Services** module, click on **837I Upload**.



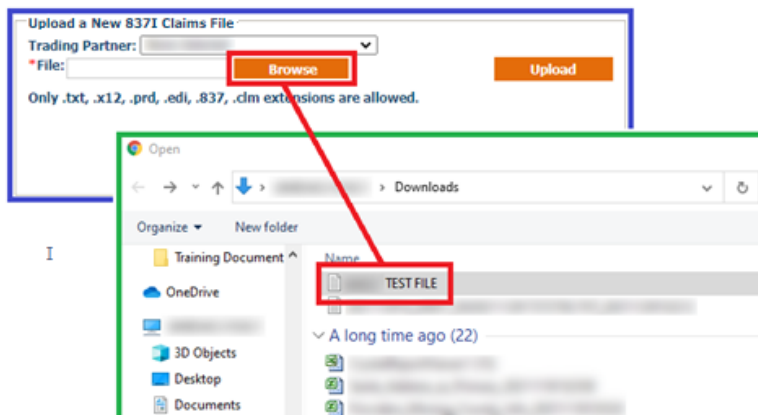
- The module will display as shown below.



The screenshot shows the "837I Upload" interface. It includes a header with a "Back" button and a "Page Refresh Interval" of 10 Min. Below the header are two tabs: "Upload 837I File" (active) and "Claims Listing". The main area is divided into two panes. The left pane, "Upload a New 837I Claims File", has a "Trading Partner" dropdown, a "File:" input field with a "Browse" button, and an "Upload" button. A note states: "Only .txt, .x12, .prd, .edi, .837, .clm extensions are allowed." The right pane, "Search 837I Files", has search criteria for File ID, Upload Date(s) (10 Days), File Error, Usage Indicator, File Name, TP, and Task Status. It also includes a "Search" button, a "Clear" button, and checkboxes for "Show Failed Clm.File(s)" and "Show from Recycle bin". Below the panes is a table with columns: File ID, Trading Partner, Upload Date, Uploaded by, File Status, File Error, Claim Count, Pending, Posting in proc., Posted, Failed, Billed Amount(\$), Level-1 Resp., Level-2 Resp., Task Status, File D'load, and Trans. Type. The table shows four rows of data.

File ID	Trading Partner	Upload Date	Uploaded by	File Status	File Error	Claim Count	Pending	Posting in proc.	Posted	Failed	Billed Amount(\$)	Level-1 Resp.	Level-2 Resp.	Task Status	File D'load	Trans. Type
				File Uploaded	No	508	508	0	0	0						
				File Uploaded	No	277	0	1	182	94						
				File uploaded with Error-997	Yes	0	0	0	0	0						
				File Uploaded	No	9	0	0	1	8						

- In the **Upload a New 837I Claims File** pane, click **Browse** to locate the desired file on your computer.



- Once you have selected the file, click **Upload**.

Upload a New 837I Claims File

Trading Partner:

*File:

Only .txt, .x12, .prd, .edi, .837, .837I, .clm extensions are allowed.

**NOTE: Only .txt, .x12, .prd, .edi, .837, .837I, .clm file extensions are allowed*

- Once file has been uploaded, you can view the status summary of the upload below.

<input type="checkbox"/>	File ID	Trading Partner	Upload Date	Uploaded by	File Status	File Error	Claim Count	Pending	Posting in proc.	Posted	Failed	Billed Amount(\$)	Level-1 Resp.	Level-2 Resp.	Task Status	File D'load	Trans. Type
<input type="checkbox"/>	2654				File Uploaded	No	18	0	18	0	0						
<input type="checkbox"/>	2651				File Uploaded	No	74	74	0	0	0						

- Claim summary will be in the columns below.

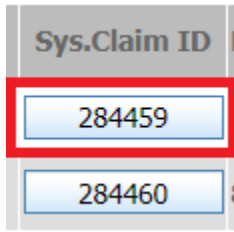
Claim Count	Pending	Posting in proc.	Posted	Failed
18	0	18	0	0

- Claim Count** – total of claims in file uploaded
- Pending** – total of claims on hold for posting
- Posting in proc.** – total of claims in process for posting
- Posted** – total of claims posted successfully to the system
- Failed** – total of claims that failed to post to the system

- Clicking on any of the **Claim totals** above will take you to view claim details.

<input type="checkbox"/>	File ID	Sys.Claim ID	Member ID	Member Name	DOB	Rendering Provider	Claim #
	2654	284459					
	2654	284460					
	2654	284461					
	2654	284462					
	2654	284463					

- To view full claim details, click on the **System Claim ID**.



- If there are any errors on the claim, they will be highlighted below.

https://quickcaptest.santehealth.net/EDI/EDIActivities/EDI837PClaimOverview.aspx?enc=yxh3V7/CRjfqc/p8aa1MFUzN16Hy+8VY99BX2Md3qOda1b85M-

quickcaptest.santehealth.net/EDI/EDIActivities/EDI837PClaimOverview.aspx?enc=yxh3V7/CRjfqc/p8aa1MFUzN16Hy+8VY99BX2M

Claim Editing and Resubmission - Sys. Claim ID: 284459 | Version Code: 005010X222A1

Rejection Message

(1) Member ID not found or empty.(2) Organization ID not found.

[Click here to fix only organization and provider related error\(s\)](#)

[Header Detail](#)

[EDI Details](#) [Member Identification Flow](#) [Prov. & Org. Identification F](#)

[Claim Overview](#)

- Errors will also be highlighted in red within the form for correction.

Other Patient ID: 🔍

- Click **Save & Resubmit** to update form for reprocessing.

Save & Resubmit

- Claims without errors will be posted and assigned a Sante claim number.


Rendering Provider	Claim #	OCN#












- You can open and view the claim within the Sante Portal by clicking on the **Claim #**.

Claim #	Service Date	Recvd Date	Auth. #	Place of Service	Member	Provider	Organization	Paycc	Billed Amount	Contract Amount	Total Copay	Total Deductible	Total Coinsurance	Net Amount	Outcome	Company
	11-15-2021	11-22-2021	Show Auth	11 OFFICE			Organization		\$6.00	\$2.25	\$0.00	\$0.00	\$0.00	2.25	ORIGINAL	SANTEST

Service Date	Service Code	Revenue Code	Modifier(s)	Diag. Code	Financial Resp.	Adjust Descr.	Paid Date	Check #	Qty	Billed	Contract	CoPay	Deductible	Adjust Net	Status
11-15-2021	81003		*	N20.0	IPA				1.00	\$6.00	\$2.25	\$0.00	\$0.00	\$0.00	2.25 MANUAL HOLD

[View EDI Claim](#)
[Print CMS 1500](#)

- You can get a copy of the claim in **UB04** format. To generate a UB04 Form, click on the “” below.

Claim Status	Remarks	User Note	UB04 OCR	Task Status
Failed				
Posted				
Posted				

DATE RECEIVED : JANUARY 22, 2022

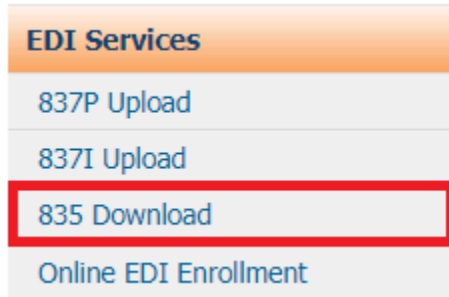
1		2		3a PAT. CNTL #		4 TYPE OF BILL	
				5 MED REC #		711	
				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH	
8 PATIENT NAME		9 PATIENT ADDRESS					
b		c CA		d		e	
10 BIRTHDATE	11 SEX	12 DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT
	M			3	2		01
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 OCCURRENCE SPAN FROM THROUGH		36 OCCURRENCE SPAN FROM THROUGH		37			
38		39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT	
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HPPS CODE		45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
1	RURAL HEALTH-CLINIC	99441			1		
2							
3							
4							

835 Download

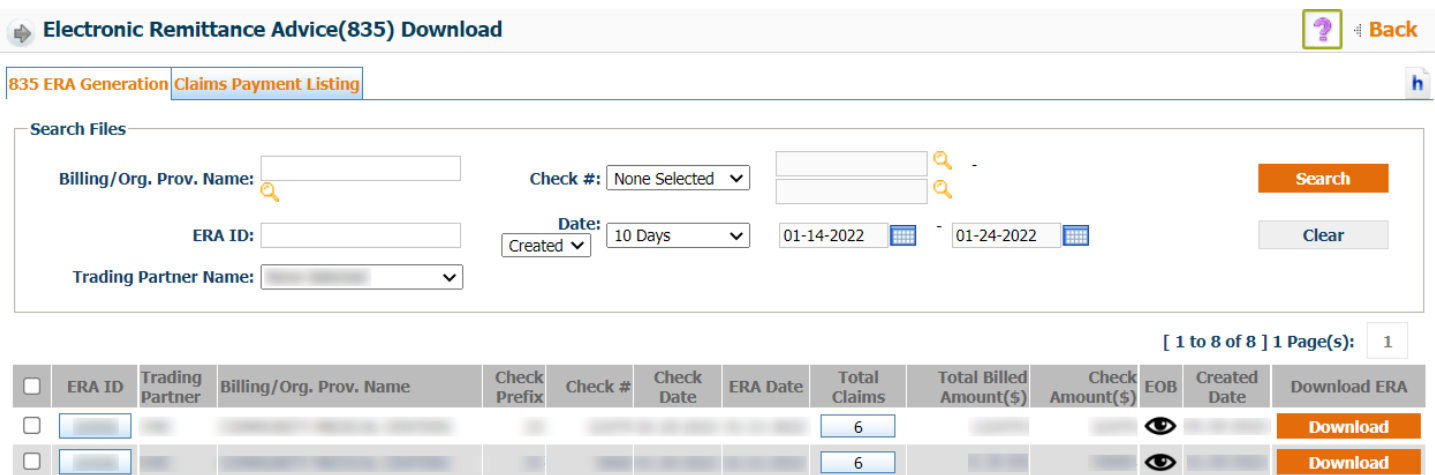
With the 835 Download sub module, users can download Electronic Remittance Advice (ERA) files from the system. The 835 files are the claim payment details used by health plans to make payments to providers and to provide explanation of benefits (EOB).

To download an 835 file:

- From the **EDI Services** module, select **835 Download**.



- The module will display as shown below.

A screenshot of the "Electronic Remittance Advice(835) Download" web interface. The page has a breadcrumb trail: "835 ERA Generation" > "Claims Payment Listing". Below the breadcrumb is a "Search Files" section with several input fields: "Billing/Org. Prov. Name:" with a magnifying glass icon, "ERA ID:" with a magnifying glass icon, "Trading Partner Name:" with a dropdown arrow, "Check #:" with a dropdown menu showing "None Selected", "Date:" with a dropdown menu showing "10 Days" and "Created" selected, and two date pickers for "01-14-2022" and "01-24-2022". There are "Search" and "Clear" buttons. At the bottom right of the search section, it says "[1 to 8 of 8] 1 Page(s): 1". Below the search section is a table with columns: ERA ID, Trading Partner, Billing/Org. Prov. Name, Check Prefix, Check #, Check Date, ERA Date, Total Claims, Total Billed Amount(\$), Check Amount(\$), EOB, Created Date, and Download ERA. The table contains two rows of data, each with a "Download" button.

- To search for an 835 file:
 - In the **Billing/Org. Prov. Name** box use the magnifying glass to search for the desired provider.
 - In the **ERA ID** box, enter the ERA ID of the file if known.
 - Select the trading partner from the **Trading Partner Name** drop-down list.
 - From the **Check #** drop-down list, select the range of check numbers that you want to search if known.
 - From the **Date** drop-down list, select any of the following:
 - Select **Created** to search files by range of ERA file creation dates.
 - Select **Check** to search files by range of check dates.
 - Select **ERA** to search files by range of ERA dates.
 - Click **Search**.

<input type="checkbox"/>	ERA ID	Trading Partner	Billing/Org. Prov. Name	Check Prefix	Check #	Check Date	ERA Date	Total Claims	Total Billed Amount(\$)	Check Amount(\$)	EOB	Created Date	Download ERA
<input type="checkbox"/>	87433			123	25012138	04-09-2021	04-26-2021	1	\$1,168.00	\$523.86		04-26-2021	Download
<input type="checkbox"/>	87432				87432	04-09-2021	04-09-2021	1	\$0.00	\$0.00		04-09-2021	Download
<input type="checkbox"/>	87431				87431	04-09-2021	04-09-2021	1	\$350.00	\$0.00		04-09-2021	Download
<input type="checkbox"/>	87428				87428	03-30-2021	03-30-2021	1	\$0.00	\$0.00		03-30-2021	Download
<input type="checkbox"/>	87427			161	7	03-23-2021	03-30-2021	1	\$1,450.00	\$650.00		03-30-2021	Download
<input type="checkbox"/>	87426				87426	01-07-2021	01-07-2021	1	\$10,000.00	\$0.00		01-07-2021	Download
<input type="checkbox"/>	87425			144	2435	01-03-2021	01-07-2021	1	\$61.77	\$41.00		01-07-2021	Download

- In the search results section, you can find the following information:
 - The **ERA ID** column shows the ERA ID of the file.
 - The **Trading Partner** column shows the name of the ERA file's trading partner.
 - The **Billing/Org. Prov. Name** column shows the name of the respective billing provider.
 - The **Check Prefix** column shows the prefix of the check number that is associated with the ERA file.
 - The **Check #** column shows the check number.
 - The **Check Date** column shows the date when the check is generated in the system.
 - The **ERA Date** column shows the date when the ERA file is generated in the system.
 - The **Total Claims** column shows the number of claims under the respective ERA ID.
 - The **Total Billed Amount (\$)** column shows the total billed amount of all the claims from the ERA file.
 - The **Check Amount (\$)** column shows the total check amount from all the claims of the ERA file.
 - Click the **Click to View EOB** symbol to view the explanation of benefits.
 - The **Created Date** column shows the date the file was created.
 - In the **Download ERA** column, click the **Download** button to download the ERA file into your system.

Information

From the Information module, users are able to search and view the system for ICD codes, CPT codes, CPT modifiers, members, and providers. It also includes Document Management, which hosts the forms Sante utilizes available to download.

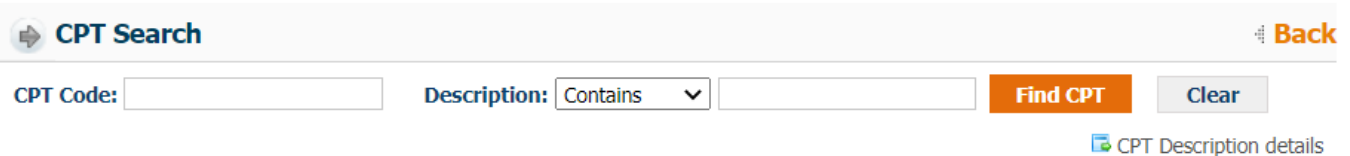
Code Reference—CPT

From this screen, users are able to search and view CPT codes.

- From the **Information** module click on the **Code Reference – CPT** sub module.



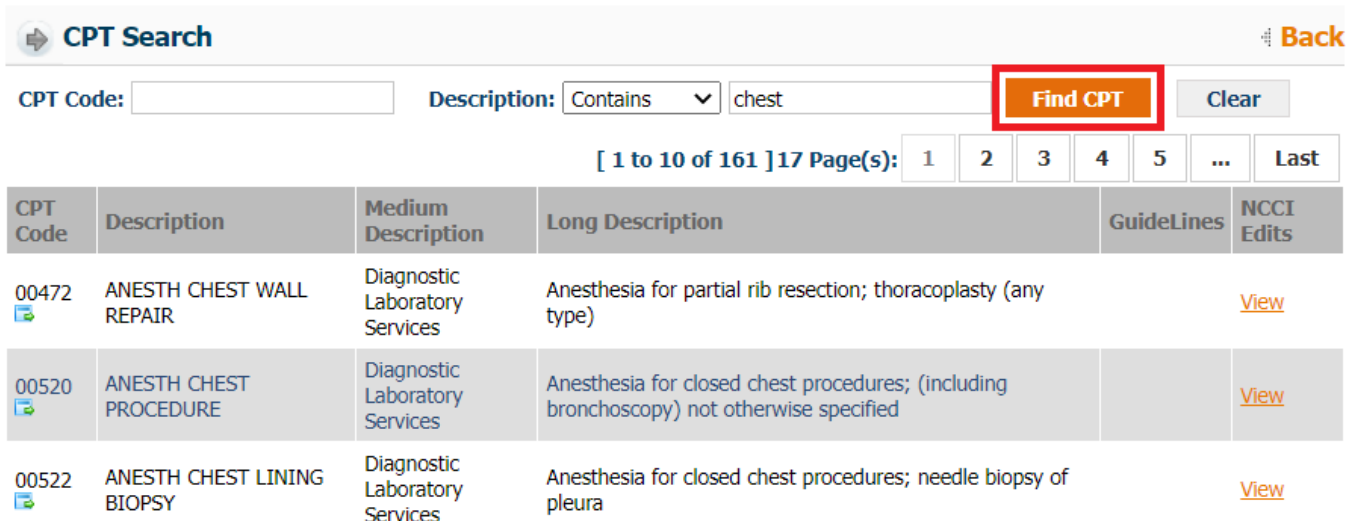
- The **CPT Search** screen will display as shown below.

A screenshot of the 'CPT Search' screen. The screen has a header with a left arrow and the text 'CPT Search', and a right arrow and the text 'Back'. Below the header, there are two input fields: 'CPT Code:' and 'Description:'. The 'Description:' field has a dropdown menu set to 'Contains'. To the right of the 'Description:' field is a 'Find CPT' button and a 'Clear' button. Below the 'Find CPT' button is a link that says 'CPT Description details'.

- Users can search by entering the **CPT Code** if known, or by **Description**.

Note: It is necessary to enter data in at least one field. If searching by description, it is better to use broad terms as it can yield more potential matches.

- Click the Find **CPT** button. The search results will display as shown below.

A screenshot of the 'CPT Search' screen showing search results. The header is the same as the previous screenshot. The 'Description:' field now contains the text 'chest'. The 'Find CPT' button is highlighted with a red rectangular border. Below the search fields, there is a pagination bar that says '[1 to 10 of 161] 17 Page(s):' followed by buttons for pages 1, 2, 3, 4, 5, an ellipsis, and 'Last'. Below the pagination bar is a table with the following columns: 'CPT Code', 'Description', 'Medium Description', 'Long Description', 'GuideLines', and 'NCCI Edits'. The table contains three rows of results, each with a 'View' link in the 'NCCI Edits' column.

CPT Code	Description	Medium Description	Long Description	GuideLines	NCCI Edits
00472	ANESTH CHEST WALL REPAIR	Diagnostic Laboratory Services	Anesthesia for partial rib resection; thoracoplasty (any type)		View
00520	ANESTH CHEST PROCEDURE	Diagnostic Laboratory Services	Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified		View
00522	ANESTH CHEST LINING BIOPSY	Diagnostic Laboratory Services	Anesthesia for closed chest procedures; needle biopsy of pleura		View

- To view more details regarding the **CPT code**, click the **CPT Description Details** icon (📄). The **CPT Description** screen will populate as shown below.

CPT Code	Description	Medium Description	Long Description
0047	ANESTH CHEST WALL REPAIR	Diagnostic Laboratory Services	Anesthesia for partial ri
00520	ANESTH CHEST PROCEDURE	Diagnostic Laboratory	
00522	ANESTH CHEST LINING BIOPSY		

CPT Description

CPT Description

Code:	00472
Short Desc:	ANESTH CHEST WALL REPAIR
Medium Desc:	Diagnostic Laboratory Services
Long Desc:	Anesthesia for partial rib resection; thoracoplasty (any type)
Hierarchy:	ANESTH CHEST WALL REPAIR
Code Tip:	
Global Days:	
Active From:	01/01/1990
Active To:	

- To view the **NCCI Edits**, click the View link for the specific row. The **NCCI Edits** screen will be populated in a separate screen.

Long Description	Guidelines	NCCI Edits
Anesthesia for partial rib resection; thoracoplasty (any type)		View
Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified		View

NCCI Edits

Column2 Column1

1 - CMS NCCI Edits

Column1 codes conflicting with 00472 as a Column2 (Total: 10)

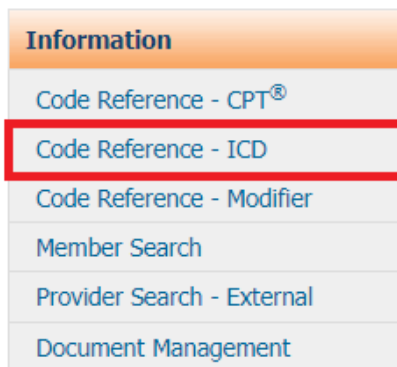
Category: All Column1 Code: Search Clear

Column1	Column1 Description	Column2	Column2 Description	Reason	Active From	Active To	Allow Modifier	Modifier	MUE Value	Category
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), including topical application(s), wound assessment, and	00472	Anesthesia for partial rib resection; thoracoplasty (any type)	Anesthesia service included in surgical procedure	04-01-2006		Not Allowed		0	Medicare NCCI

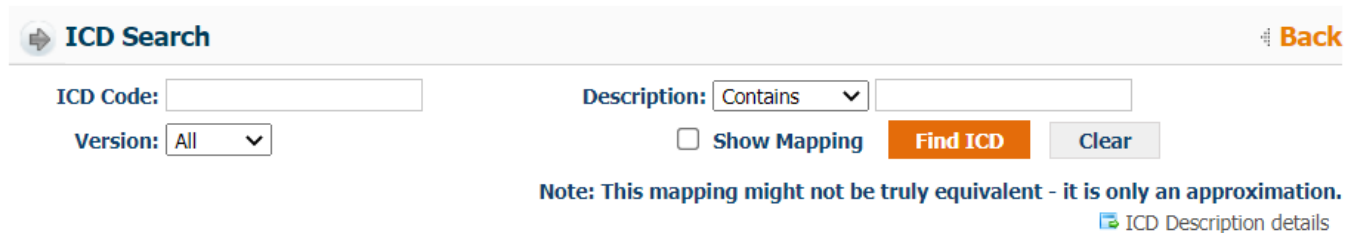
Code Reference - ICD

From this screen, users are able to search and view ICD codes.

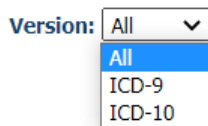
- From the **Information** module click on the **Code Reference – ICD** sub module.



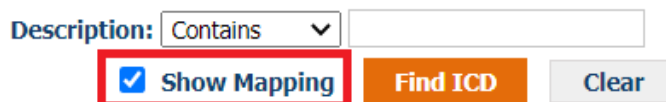
- The **ICD Search** screen will display as shown below.

The ICD Search interface includes a header with a 'Back' button. Below the header are input fields for 'ICD Code:' and 'Description:' (with a 'Contains' dropdown). A 'Version:' dropdown is set to 'All'. There is an unchecked 'Show Mapping' checkbox, a 'Find ICD' button, and a 'Clear' button. A note states: 'Note: This mapping might not be truly equivalent - it is only an approximation.' with a link for 'ICD Description details'.

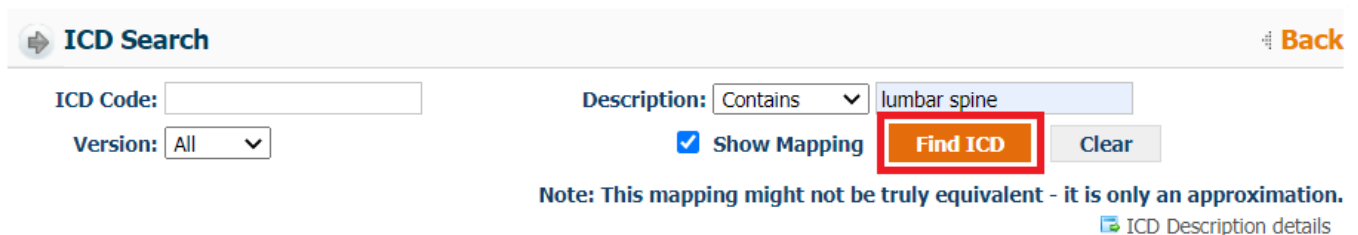
- Users can search by entering the **ICD Code** if known, or by **Description**.
Note: It is necessary to enter data in at least one field. If searching by description, it is better to use broad terms as it can yield more potential matches.
- Users are also able to select the ICD-version from the **Version** drop down menu.

A dropdown menu for 'Version' showing options: 'All', 'ICD-9', and 'ICD-10'.

- User should check the **Show Mapping** box if they would like to have the comparable ICD code map between ICD-9 and ICD-10 versions.

The ICD Search interface is shown with the 'Show Mapping' checkbox checked and highlighted with a red box. The 'Find ICD' button is also highlighted with a red box.

- Click the Find ICD button. The search results will display as shown below.

The ICD Search interface is shown with the search term 'lumbar spine' entered in the 'Description:' field. The 'Show Mapping' checkbox is checked and highlighted with a red box, and the 'Find ICD' button is also highlighted with a red box. The note and link from the previous screenshot are also present.

ICD Code	Description	Medium Description	Long Description	Version	Active From	Active To	Billable?
S33.30	DISLOC UNS PARTS LUMBAR SPN PE	DISLOC UNS PARTS LUMBAR SPINE & PELVIS	Dislocation of unspecified parts of lumbar spine and pelvis	ICD-10	10-01-2015		No
S33.30XA	DISLOC UNS PARTS LUMB SPN PELV	DISLOC UNS PARTS LUMBAR SPINE & PELVIS INIT ENC	Dislocation of unspecified parts of lumbar spine and pelvis, initial encounter	ICD-10	10-01-2015		Yes
S33.30XD	DISLOC UNS PARTS LUMB SPN PELV	DISLOC UNS PARTS LUMB SPN & PELV SUBSEQUENT ENC	Dislocation of unspecified parts of lumbar spine and pelvis, subsequent encounter	ICD-10	10-01-2015		Yes

- Click the (+) icon to view the mapping details.

	S33.30XA	DISLOC UNS PARTS LUMB SPN PELV	DISLOC UNS PARTS LUMBAR SPINE & PELVIS INIT ENC	Dislocation of unspecified parts of lumbar spine and pelvis, initial encounter	ICD-10	10-01-2015		Yes
	S33.30XA	DISLOC UNS PARTS LUMB SPN PELV	DISLOC UNS PARTS LUMBAR SPINE & PELVIS INIT ENC	Dislocation of unspecified parts of lumbar spine and pelvis, initial encounter	ICD-10	10-01-2015		Yes
Diagnosis Code(with decimal)	Diagnosis Code(without decimal)	Description	Medium Description	Long Description	Short Disclosure	Version		
839.69					Single code alternative based in GEMs - approximate			

- To view more details about the ICD code, click the **ICD Description Details** icon (). The **ICD Description** screen will populate as shown below.

	S33.30XA	DISLOC UNS PARTS LUMB SPN PELV	DISLOC UNS PARTS LUMBAR SPINE & PELVIS INIT ENC	Dislocation of unspecified parts of lumbar spine and pelvis, initial encounter	ICD-10	10-01-2015		Yes
--	----------	--------------------------------	---	--	--------	------------	--	-----

ICD Description		Close
Code [Version]:	S33.30XA [ICD10]	
Short Desc:	DISLOC UNS PARTS LUMB SPN PELV	
Long Desc:	Dislocation of unspecified parts of lumbar spine and pelvis, initial encounter	
Hierarchy:	DISLOC UNS PARTS LUMBAR SPINE & PELVIS INIT ENC	
Code Tip:		
Billable?:	Yes	

Code Reference - Modifier

From this screen, users are able to search and view modifier codes.

- From the **Information** module click on the **Code Reference – Modifier** sub module.

Information
Code Reference - CPT®
Code Reference - ICD
Code Reference - Modifier
Member Search
Provider Search - External
Document Management

- The **Modifier Search** screen will display as shown below.

Modifier Search Back

Modifier Code: Description: **Find Modifier**

- Users can search either by entering the **Modifier Code** or **Description**.
Note: Users can also view all modifiers by clicking the Find Modifier button.

- Click **Find Modifier** to view results.

Modifier Search Back

Modifier Code: Description: **Find Modifier**

[1 to 10 of 9] 1 Page(s): 1

Modifier Code	Short Description	Long Description
AA	ANESTHESIA SERVICES PERFORMED	Anesthesia services performed personally by anesthesiologist
AD	MEDICAL SUPERVISION BY A PHYSI	Medical supervision by a physician: more than 4 concurrent anesthesia procedures
G8	MONITORED ANESTHESIA CARE (MAC	Monitored anesthesia care (MAC) for deep complex, complicated, or markedly invasive surgical procedure
G9	MONITORED ANESTHESIA CARE FOR	Monitored anesthesia care for patient who has history of severe cardiopulmonary condition
QK	Medical direction of two, thre	Medical direction of two, three or four concurrent anesthesia procedures involving qualified individuals

Member Search

From this screen, users are able to view basic member details such as member name, DOB, Health Plan, PCP of Record, etc. *Note: Only members who are linked to the user's Organization ID can be viewed. This module is not meant for eligibility verification purposes. Eligibility verification should be made directly through the health plan.*

To view member details:

- From the **Information** module click on the **Member Search** sub module.

The screenshot shows a vertical menu with the following items: Information (highlighted in orange), Code Reference - CPT®, Code Reference - ICD, Code Reference - Modifier, Member Search (highlighted with a red border), Provider Search - External, and Document Management.

- The Member Search screen will display as shown below.

The screenshot shows the Member Search form with the following fields: Member ID/Other ID, Last Name, First Name, HP (None Selected), DOB, PCP, Company (None Selected), and Site Number. There are Search and Clear buttons.

- To locate a member, use any combination of criteria to narrow your search.

The screenshot shows the Member Search form with the following search criteria entered: Last Name: smith, DOB: 01-01-2000. There are Search and Clear buttons.

Note: Only exact match Member ID/Other ID will populate results. If exact ID is not known, leave blank.

- Click **Search** to view results.

A large orange button with the text "Search" in white.

[1 to 1 of 1] 1 Page(s): 1

Member ID	Name	Gender	Date Of Birth	Age	HP Code	HP Name	PCP Name	PCP Effective Date	HP Effective From	HP Effective To	Phone	Company	Secondary ID	Other ID	Site Info
123456789	SMITH JOHN	M	01-01-2000	22.037	AES	Aetna Medicare	Zulim A Rebecca	01-01-2021	01-01-2021	01-01-2021		SANTEST			

- There are two icons below the member's name that contain additional details.

Member ID	Name	Gender	Date Of Birth	Age	HP Code
123456789	SMITH JOHN	M	01-01-2000	22.037	AES

- **Last Name Update History** (📄) – displays historical changes made to member's last name (if any).

➔ **Last Name Update History**
🗑️ **Close**

Old Last Name	New Last Name	Modified By	Modified Date
No Last Name Update History Found.			

- **Annual Health Assessments** (📄) – displays health assessments that may be available in the system.

➔ **Assessment**
🗑️ **Close**

Add Assessment

Health Assessment Templates: None Selected

Search Parameters

Assessment Name: None Selected Assessed By: None Selected Status: None Selected

Last Modified Start Date: Last Modified End Date: Last Modified By: None Selected

Created Start Date: Created End Date:

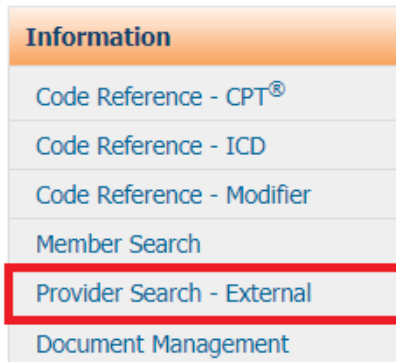
Assessment Name	Assessed By	Status	Start Date	End Date	Notes	Last Modified On	Last Modified By
No Assessment(s) Found.							

Provider Search – External

From this screen, users are able to search for providers and view basic provider details.

To search for a provider:

- From the **Information** module click on the **Provider Search – External** sub module.



- The screen will display as shown below.

The screenshot shows the 'Provider Search' form with the following fields:

- Specialty: None Selected
- ID: PROVIDER ID - []
- Address1: Contains []
- Organization Tax ID: []
- Company: None Selected
- Last Name/Facility: []
- Provider Type: None Selected
- City: []
- Organization ID: []
- First Name: []
- Zip: []
- Organization NPI: []

 Search and Clear buttons are at the bottom right.

- To locate a provider, use any combination of criteria to narrow your search. Click **Search** to view results.

The screenshot shows the 'Provider Search' form with the following fields filled in:

- Specialty: Cardiology
- ID: PROVIDER ID - []
- Address1: Contains []
- Organization Tax ID: []
- Company: None Selected
- Last Name/Facility: []
- Provider Type: None Selected
- City: []
- Organization ID: []
- First Name: []
- Zip: 93711
- Organization NPI: []

 The Search button is highlighted in a red box.

[1 to 1 of 1] 1 Page(s): 1

Details	Provider ID	Name	Organization	Specialty	Address	Effective From	Company	Provider NPI	TAXID	Other ID	Taxonomy Code	Map
	1598759468	Berni, Samuel A.	UNIVERSITY OF CALIFORNIA	Cardiology	100 W. SHARPESS AVE. FRESNO, CA 93711 Ph: (559) 256-5300	08-01-2002	SANTEST	1598759468	2708964	CARDIOVASCULAR MEDICINE	2708964000	

[1 to 1 of 1] 1 Page(s): 1

- Click on the icon to view additional provider details.

The screenshot shows the 'Provider Details' page with the following information:

- Provider ID: 1598759468
- Name: Berni, Samuel A.
- Gender: Not Applicable
- Provider Type: SPECIALIST
- Contract Type: Comm & MCR, Cap Pool Only
- Primary Specialty: Cardiology
- NPI: 1598759468
- Member Count: 0
- Other IDs: []
- Print button
- Last verified on 03/25/2021 11:25 PM
- Primary Address: 100 W. SHARPESS AVE. #1400, FRESNO, CA, 93711-5300
- Phone: (559) 256-5300

 Tabs at the bottom include: Location Information, Organization Details, Provider Alerts, and Hospital Affiliation.

- Click on the icon to view the provider's location on a map.

Document Management



The Document Management sub module allows users to access and download forms made available by Sante for provider use.

To view available documents:

- From the **Information** module click on the **Document Management** sub module.




Information
Code Reference - CPT®
Code Reference - ICD
Code Reference - Modifier
Member Search
Provider Search - External
Document Management

- The screen will display as shown below.


 **Document Management**  **Back**



Document Name: **Search**

[1 to 2 of 2] 1 Page(s): 1

Document Name	Notes	Uploaded On	
PDR Request Form.pdf		11-02-2021 15:15:50	
ACH AUTHORIZATION FORM SP.pdf		10-21-2021 13:35:42	




[1 to 2 of 2] 1 Page(s): 1

- To download a document to your computer, click on the '' icon.

 **Document Management**  **Back**

Document Name: **Search**

[1 to 2 of 2] 1 Page(s): 1

Document Name	Notes	Uploaded On	
PDR Request Form.pdf		11-02-2021 15:15:50	
ACH AUTHORIZATION FORM SP.pdf		10-21-2021 13:35:42	

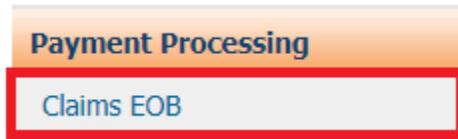
[1 to 2 of 2] 1 Page(s): 1

Payment Processing


From the Payment Processing module, users are able to generate Explanation of Benefits (EOBs) for claims that have been submitted and paid for.


To generate an EOB:

- From the **Payment Processing** module, select **Claims EOB**.





Claims - Explanation of Benefits Back



Member Name: 

*Organization Name: 

Check No: **Retrieve Checks** *Click Retrieve Checks if you do not know the check number or organization.

*Paid Date From:  To: 

Display EOB

- To generate an EOB for a specific member, use the '' icon to look up the member.
Note: Users can skip this search parameter if they want to generate an EOB containing multiple members.
- Search for the desired organization by clicking the '' icon. The Organization Search screen allows users to select the desired Organization ID from their access rights.

Organization Search Close

Organization ID: Name: Tax ID:

NPI: Category:  **Search** **Clear**



Note: Only Organizations that are linked to the user's profile will show in the search results.

- If known, enter the check number. If check number is not known, search by clicking the **Retrieve Check** button.

Check No: **Retrieve Checks**

Check No Search Close

Check No.: Check Amount:

From Date:  To Date:  **Search** **Clear**

- Available checks will show in the search results.

[1 to 10 of 49] 5 Page(s): 1 | 2 | 3 | 4 | 5

Prefix	Check No	Paid Date	Organization Name	Amount	EFT Payment?
33		01-06-2022	[blurred]	\$235.39	✓
0		01-06-2022	[blurred]	\$0.00	
23		01-03-2022	[blurred]	\$381.65	✓

- Select the desired Check No.
- Once **Check No.** field has populated, the **Paid Date (From/To)** fields will be populated with the dates from the selected check number.

Check No: **Retrieve Checks**

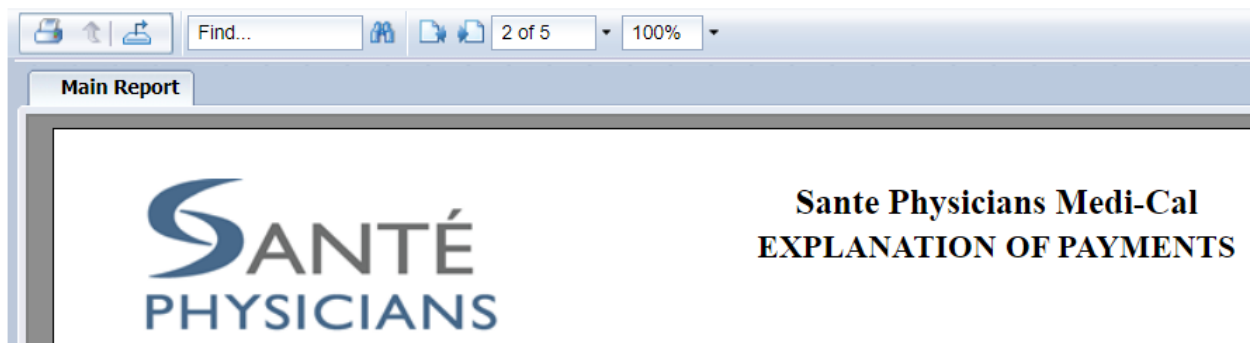
*Paid Date From: To:

Display EOB

- Click the **Display EOB** button to generate the report.

Display EOB

Print



- To export the report, click the icon.

Export

File Format:

Page Range:

All Pages

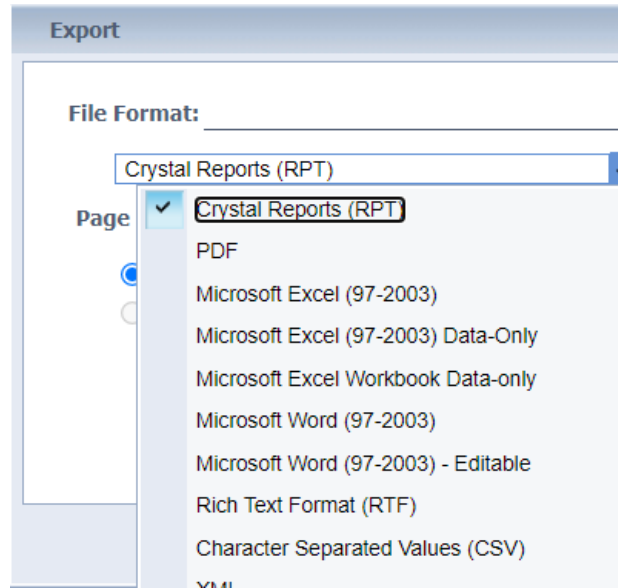
Select Pages

From:

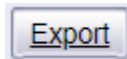
To:

Export

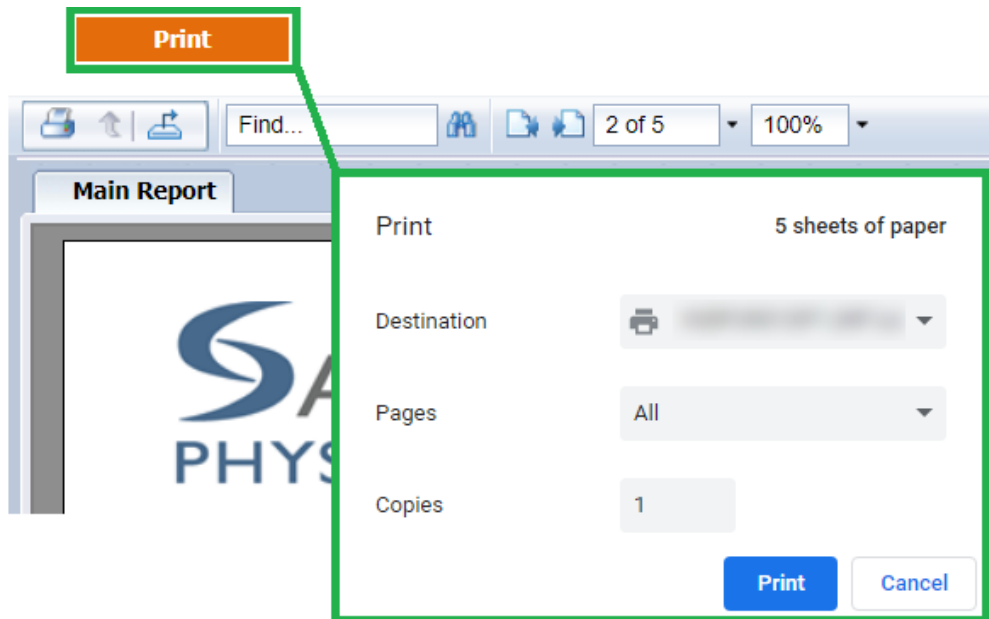
- In **Export** dialogue box, select the desired file format from the drop down menu.



- Click the **Export** button to download the report in the selected file format.



- To print a copy of the report, click on the **Print** button and select the desired device.



Reports

From the Reports module, users are able to generate different type of special reports.

PCP Reports

- From the **Reports** module, select **PCP Reports**.

A screenshot of the 'PCP Reports' interface. At the top left is a 'Back' button. Below it are four dropdown menus: 'Organization: None Selected', 'Provider: None Selected', 'Benefit Code Group: None Selected', and 'Health Plan: ALL'. The 'Health Plan' dropdown is open, showing options: 'Aetna Commercial', 'Aetna Medicare', 'Aetna Medicare Medi-Medi', and 'Anthem Blue Cross Commercial'. Below these are date pickers for 'From: 2021 November' and 'To: 2021 December'. At the bottom is a grid of nine orange buttons: 'Members(Export to excel)', 'Members', 'Members Never Seen By PCP', 'Hospital Admissions', 'Urgent Care Visits', 'Specialty Utilization', 'ER Visits - Paid', 'ER Visits - Unpaid', and 'ER Visits - Both'.

- If the user's access is linked to multiple **Organizations** and/or **Providers**, utilize the search icons to narrow down results.

A screenshot showing a search dialog for 'Organization Search'. The dialog has a 'Close' button at the top right. It contains input fields for 'Organization ID', 'Name', 'Tax ID', 'NPI', and 'Category'. There are 'Search' and 'Clear' buttons at the bottom right. A green box highlights the search icon in the 'Organization' dropdown of the main interface and the search dialog.A screenshot showing a search dialog for 'PCP Search'. The dialog has a 'Close' button at the top right. It contains various input fields: 'Provider Type - ID', 'First Name', 'Specialty', 'Provider Contract', 'Company', 'Last Name/Organization', 'City', 'Zip', 'Organization Tax ID', and 'Provider Class'. There are 'Search' and 'Clear' buttons at the bottom. A green box highlights the search icon in the 'Provider' dropdown of the main interface and the search dialog.

- If desired, user can also select the desired **Health Plan** to be included in the report.

Health Plan:

- ALL
- Aetna Commercial
- Aetna Medicare
- Aetna Medicare Medi-Medi
- Anthem Blue Cross Commercial

Note: Organizations with a large membership are advised to run reports by provider and/or health plan to expedite report generation.

- Select the desired month in the **From/To** fields.

From: To:

Note: It is advised to run reports by month to minimize wait times in report generation.

- Available reports & descriptions:
 - **Members (Export to Excel)** - list of all the members assigned to a specific PCP in Excel format. *Includes member name, ID, DOB, sex, health plan, PCP effective date, HP effective date, benefit term date, address, AID code, member phone number, & status.*
 - **Members** - list of all the members assigned to a specific PCP in standard report format. *Includes member name, ID, DOB, age, sex, health plan, PCP effective date, HP effective date, & member phone number.*
 - **Members Never Seen by PCP** - list of all the members assigned to a specific PCP that hasn't seen the PCP.
 - **Hospital Admission** - list of all the members assigned to a specific PCP that has been admitted to the hospital. This report is based on hospital claims in the system.
 - **Urgent Care Visits** - list of all the members assigned to a specific PCP that has visited an urgent care provider. This report is based on the urgent care claims received in the system.
 - **Specialty Utilization** - list of all the members assigned to a specific PCP that has visited a specialist provider. This report is based on the specialty claims received in the system.
 - **ER Visit Paid, Unpaid & Both**- list of all the members assigned to a specific PCP that has been admitted to the emergency room. This report is based on the ER claims received in the system.

ABOUT THIS USER GUIDE

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