PROVIDER

PORTAL

HANDBOOK

Table of Contents

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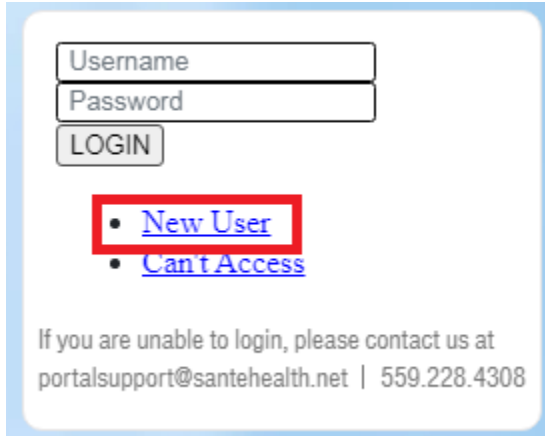
Each of these functions and features will assist in making your day-to-day operations more efficient and effective. Here at Santé, we are confident that with our new portal, you will be able to focus on providing the best quality care for your members.

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**.

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

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.

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.

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.

    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.

    - **Double click** the correct record to add it to the authorization request.
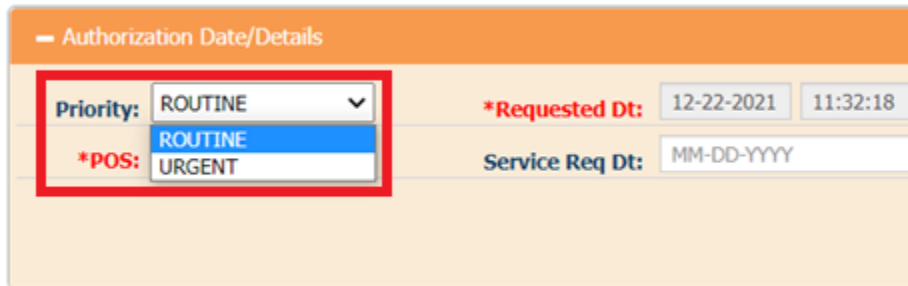
4. The details for the selected member will populate on the screen.

5. The next section is the **Authorization Date/Details** where the user can select the **Priority** and **Place of Service** for the request.
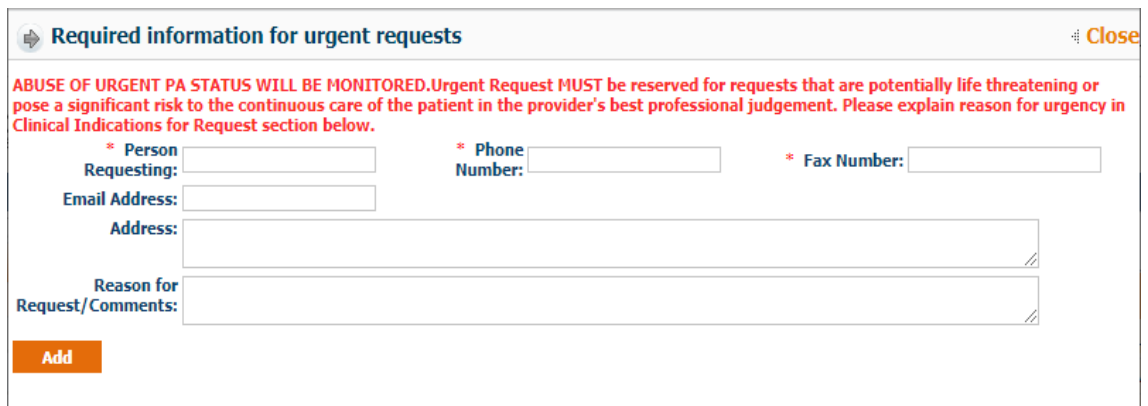
- Within the **Priority** dropdown menu, you can select if the request is **ROUTINE** or **URGENT**.

  o 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.
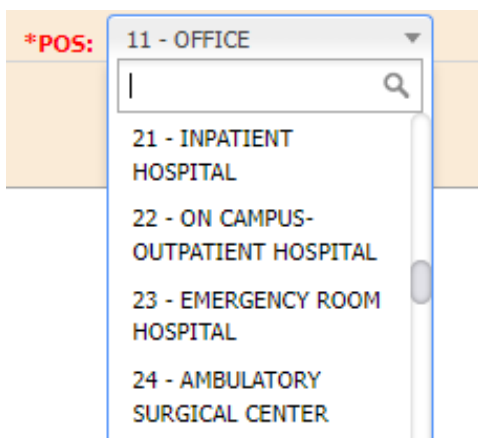
| Service Req Dt: | 12-27-2021 |

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.

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.

- 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.

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

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

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

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

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

- **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.

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

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

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

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.

  o 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.

- 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.

  - 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 Sel ∨	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.

Basic Details	Upload Documents/Additional Details

— Additional Member Details

Guardian Name: [＿＿＿＿] Language: [＿＿＿＿] Cell/Phone Number: [＿＿＿＿] MR#: [＿＿＿＿]

Requested by Member? ☐

— Documents

• Upload Documents (upload .doc,.docx,.xls,.xlsx,.pptx,.xps,.psd,.htm,.pdf,.tiff,.rtf,.jpg,.fmf,.idx and text documents only.)

Category	Priority	File	Notes	Delete
None Selecte ▾	None Selected ▾	Choose File No file chosen	[＿＿＿＿]	✕

Add a Document

• Documents Detail

Delete	Category	Priority	Original File Name	Notes	Uploaded By	Date Uploaded	Internal	View
				No Document(s) Found.				

OR

• FAX

Click here to print a FAX Cover Page for this auth to fax with the additional documentation.

(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.

— Additional Member Details

Guardian Name: [＿＿＿＿] Language: [＿＿＿＿] Cell/Phone Number: [＿＿＿＿] MR#: [＿＿＿＿]

Requested by Member? ☐

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:

— Documents

• Upload Documents (upload .doc,.docx,.xls,.xlsx,.pptx,.xps,.psd,.htm,.pdf,.tiff,.rtf,.jpg,.fmf,.idx and text documents only.)

Category	Priority	File	Notes	Delete
None Selecte ▾	None Selected ▾	Choose File No file chosen	[＿＿＿＿]	✕

Add a Document

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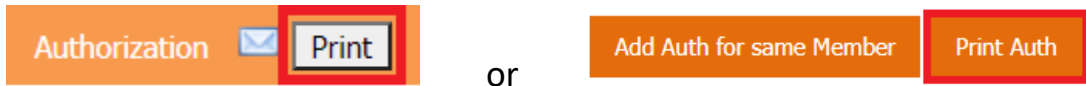
*Note: When an authorization request is submitted, users will receive a notification detailing the authorization number and status. On the Authorization screen, the recently submitted authorization number and status will be displayed automatically on the header portion.

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

     or

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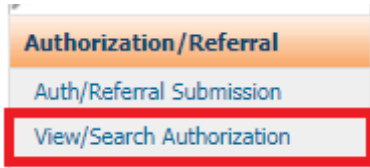
2. The Authorization/Referral Status Search screen will display as shown. The first section is where users search for authorizations. Enter search criteria in any of the available fields. The results will show in the section below.

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

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.

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.


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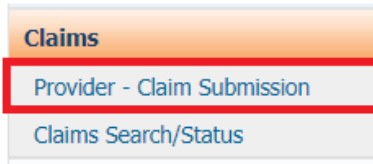
2. To search for a member, enter any combination of **Member ID**, **Last Name**, **First Name**, **DOB** and **Health Plan** and click the **Search** icon.

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

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

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 📑 Show Claims Info	APPROVED Auto Auth Criteria Met	07-06-2021	07-06-2021

   - **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:	Zulim Rebecca A ⌄

     - 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

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

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

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

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

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

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

- 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:		☐ 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:		Address Line 2:	LONG TERM CARE MED GRP	Address Line 2:	
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:			

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

Additional Information		
Provider Claim / Patient Account #:	Patient Paid Amount:	Purchase Service Amount:

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

Claim Details

POS: 11 - OFFICE ▾

Admission Date: MM-DD-YYYY   Discharge Date: MM-DD-YYYY

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

Claim Details

POS: 21 - INPATIENT HOSPITAL ▾

* Admission Date: MM-DD-YYYY   Discharge Date: MM-DD-YYYY

- 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: 41 - AMBULANCE LAND ▾

Admission Date: MM-DD-YYYY   Discharge Date: MM-DD-YYYY

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

- 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.

  - 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.

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

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

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.

- **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.

- 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.

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

- 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.

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

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

- 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:	iron dex		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 ⌄	NDC Code	🔍

1	Unit ⌄

Unit
NDC Code: Milliliter
Quantity: Milligram
Unit Type: Gram
International Unit

- 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

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

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

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

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

o Click on the ADD button to finalize the service line details.

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

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

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

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**.
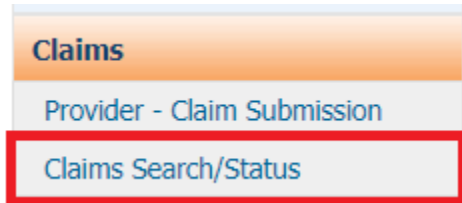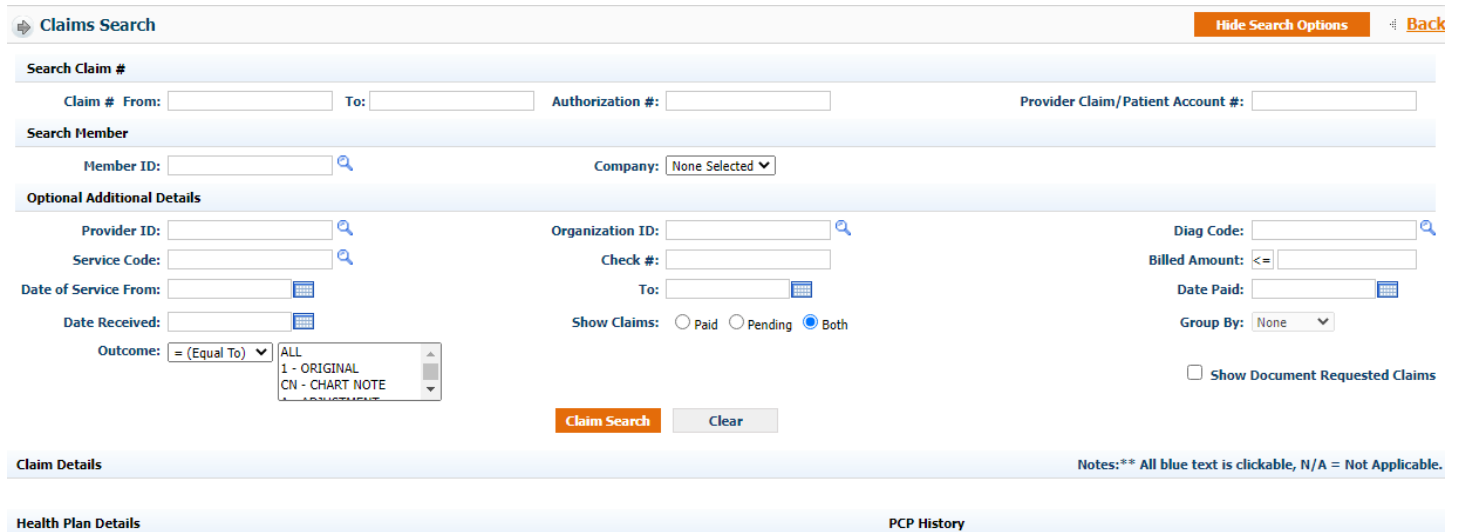
Checking the status of a claim

To verify the status of a claim:
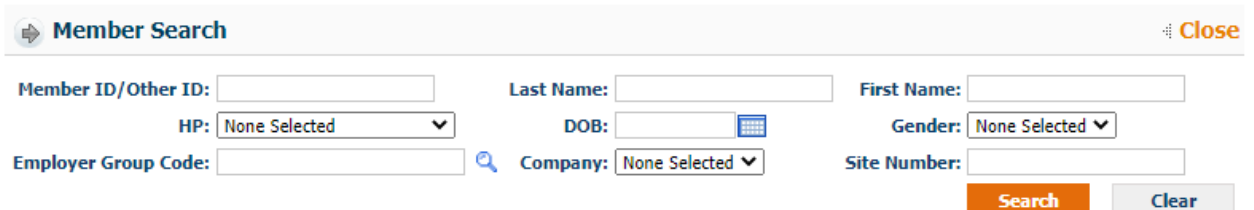
1. From the **Claims** module, select the **Claims Search/Status** sub module.

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.

Claim Details

[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 RebeccaA	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 BYTHIS 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.

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

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

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

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.

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

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

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

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.
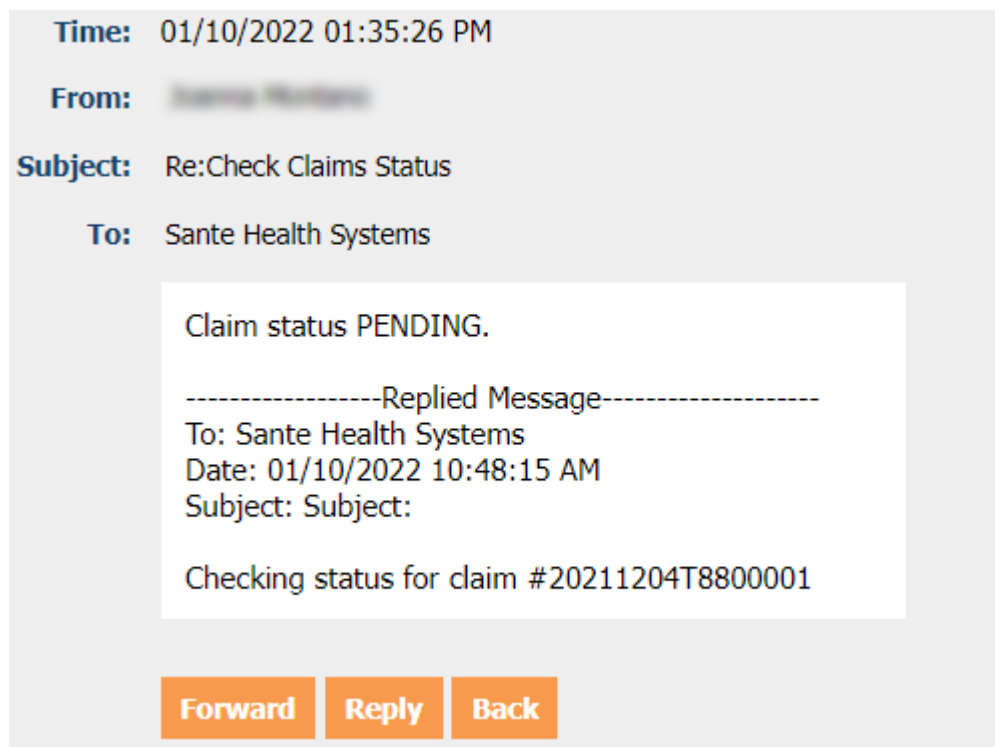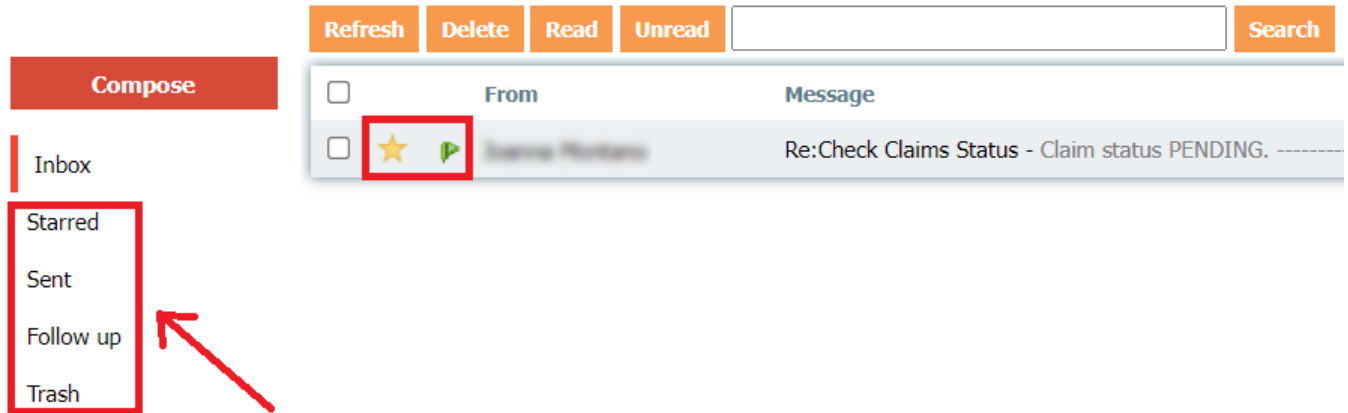

- Messages will show in the **Inbox** as shown below. Click on the message to view the response.
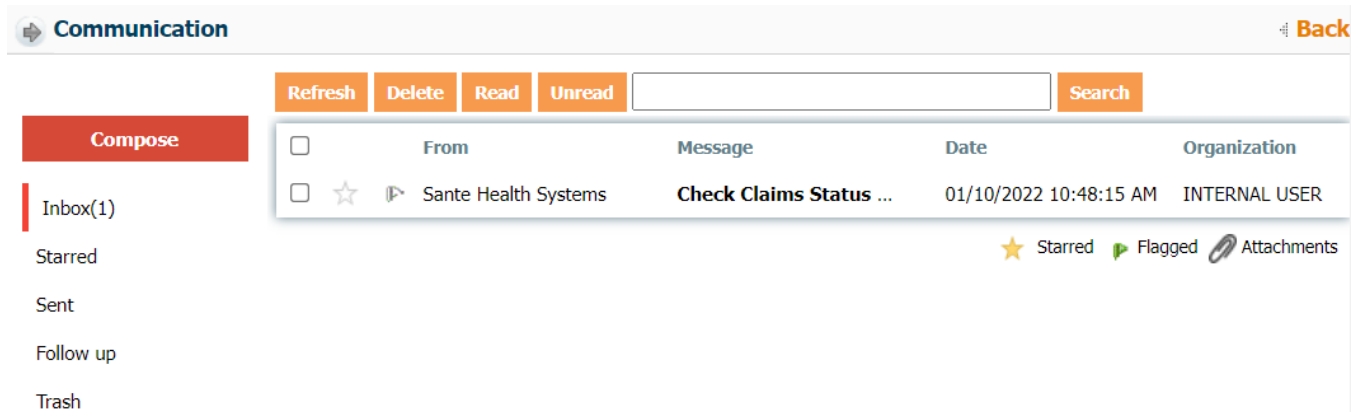
- From the message screen you can **Forward** the message, **Reply** to the message, or click **Back** to return to the **Inbox**.

- 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.

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

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

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

- o **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

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

  Priority: [Medium ▼]
  Low
  Medium
  High
  Urgent

- o **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 ▼]
  Email
  Fax
  Phone

- o **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: [Claims ▼]

  Reason:
  Check Not Received
  Claim Status Call
  Incorrect Payment
  Other

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

  Problem/Description: [Checking status on pending claim.]

  (Select Reason or Enter Problem/Description)

- o **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.)

- o 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.

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

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

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.

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

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

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**.
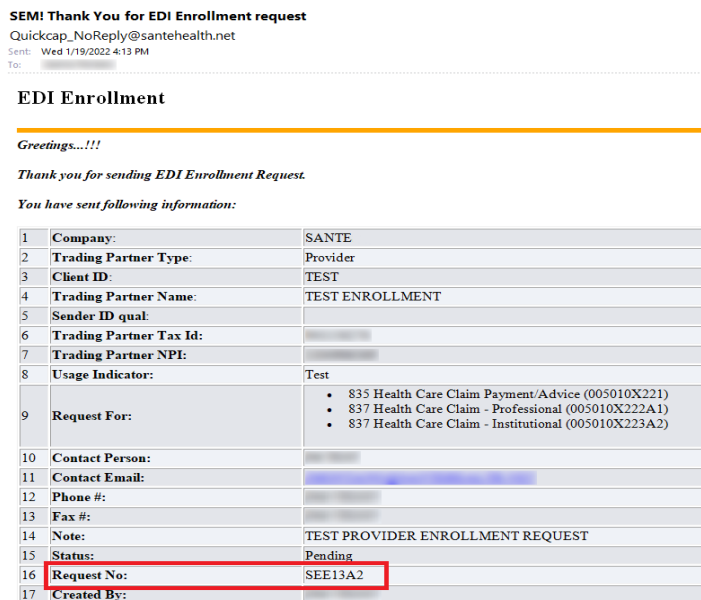
- Fill out the form in its entirety with all required information.
  - **Company** – this field cannot be edited and will display the company name (Sante).
  - **Trading Partner Type** – select from the options what type of access you need.
    - **Provider**: Select this option if your organization 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.

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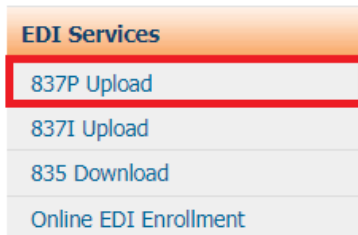

EDI Enrollment

Greetings...!!!

Thank you for sending EDI Enrollment Request.

You have sent following information:

1	Company:	SANTE
2	Trading Partner Type:	Provider
3	Client ID:	TEST
4	Trading Partner Name:	TEST ENROLLMENT
5	Sender ID qual:	
6	Trading Partner Tax Id:	
7	Trading Partner NPI:	
8	Usage Indicator:	Test
9	Request For:	• 835 Health Care Claim Payment/Advice (005010X221) • 837 Health Care Claim - Professional (005010X222A1) • 837 Health Care Claim - Institutional (005010X223A2)
10	Contact Person:	
11	Contact Email:	
12	Phone #:	
13	Fax #:	
14	Note:	TEST PROVIDER ENROLLMENT REQUEST
15	Status:	Pending
16	Request No:	SEE13A2
17	Created By:	

- 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.
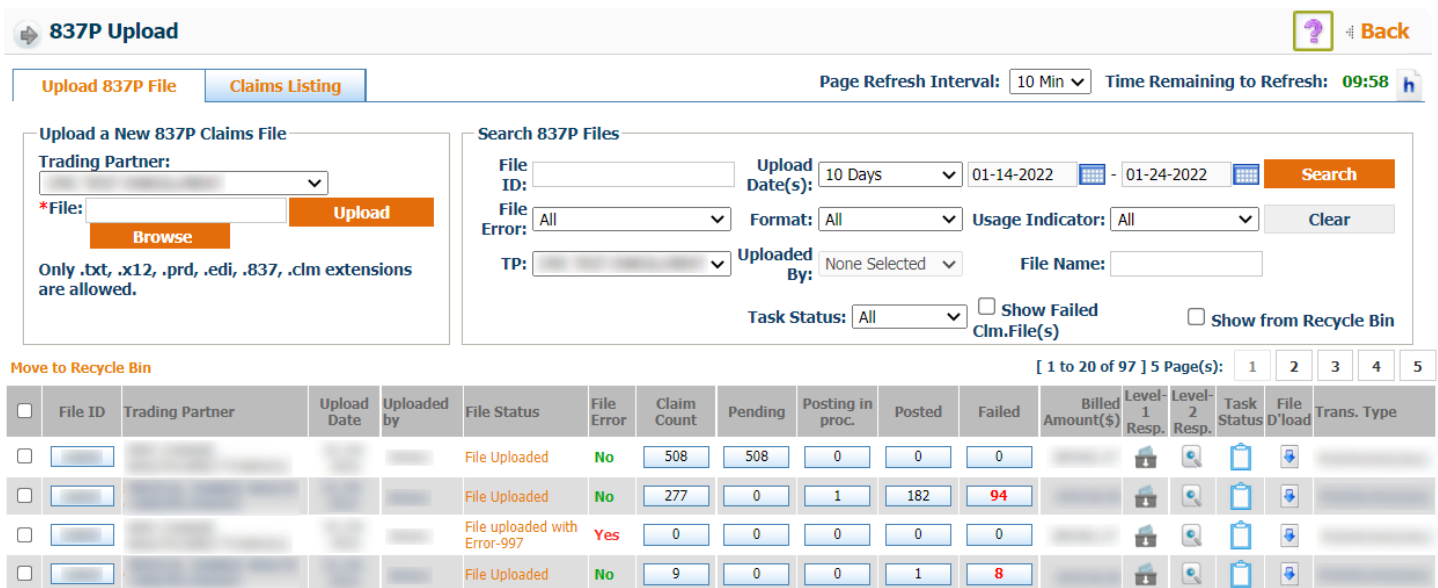
837P Upload

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.

- 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**.

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.

	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
☐	2654				File Uploaded	No	18	0	18	0	0						
☐	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.

	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.

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

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

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

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

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

d 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

CARRIER →

PICA | | | | | | PICA

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER | 1a. INSURED'S I.D. NUMBER (For Program in Item 1)
(Medicare#) (Medicaid#) (ID#/DoD#) (Member ID#) (ID#) (ID#) [X] (ID#)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) | 3. PATIENT'S BIRTH DATE MM DD YY SEX M [X] F | 4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street) | 6. PATIENT RELATIONSHIP TO INSURED Self [X] Spouse Child Other | 7. INSURED'S ADDRESS (No., Street)

CITY **CLOVIS** STATE **CA** | 8. RESERVED FOR NUCC USE | CITY **CLOVIS** STATE **CA**

ZIP CODE **93611** TELEPHONE (Include Area Code) ( ) | | ZIP CODE **93611** TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) | 10. IS PATIENT'S CONDITION RELATED TO: | 11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER | a. EMPLOYMENT? (Current or Previous) YES [X] NO | a. INSURED'S DATE OF BIRTH MM DD YY SEX M [X] F

b. RESERVED FOR NUCC USE | b. AUTO ACCIDENT? PLACE (State) YES [X] NO | b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE | c. OTHER ACCIDENT? YES [X] NO | c. INSURANCE PLAN NAME OR PROGRAM NAME **SANTE BLUE SHIELD**

d. INSURANCE PLAN NAME OR PROGRAM NAME | 10d. CLAIM CODES (Designated by NUCC) | d. IS THERE ANOTHER HEALTH BENEFIT PLAN?

PATIENT AND INSURED INFORMATION

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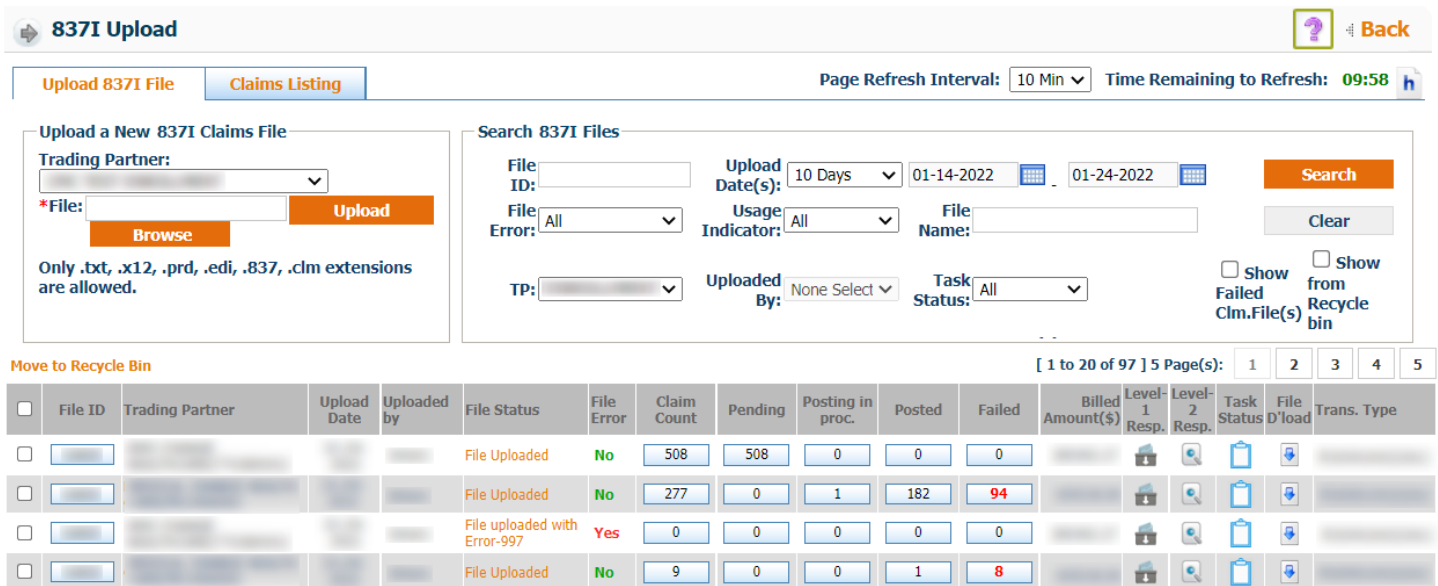
With the 837I Upload sub module, you can upload institutional claims into the QuickCap portal. Institutional claims, also known as UB-04 or CMS-1450, is the standard format used by institutional providers like hospitals, skilled nursing facilities, outpatient rehabilitation clinics, community health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

To upload an 837I file:

- From the **EDI Services** module, click on **837I Upload**.
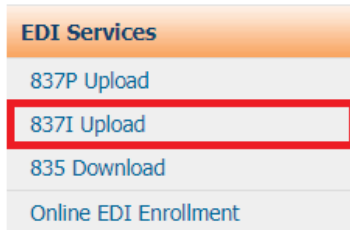
- The module will display as shown below.

- 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: [path\   TEST FILE.TXT] [Browse]   [Upload]
Only .txt, .x12, .prd, .edi, .837, .837I, .clm extensions are allowed.

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

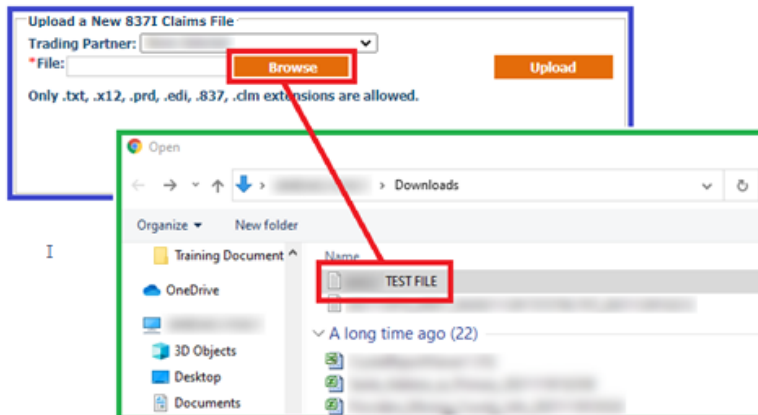- Once file has been uploaded, you can view the status summary of the upload below.

	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
☐	2654			File Uploaded	No	18	0	18	0	0						
☐	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	A
r	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.

	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 #	DCN#

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

Claim #	Service Date	Received Date	Auth. #	Place of Service	Member	Provider	Organization	Payee	Billed Amount	Contract Amount	Total Copay	Total Deductible	Total Coinsurance	Net Amount	Outcome	Company
	11-15-2021	11-22-2021	Show +/- 6 Mth Auths	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 URINALYSIS AUTO W/O SCOPE		*	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.

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.

- 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**.

	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
☐	87433			123	25012138	04-09-2021	04-26-2021	1	$1,168.00	$523.86	👁	04-26-2021	**Download**
☐	87432				87432	04-09-2021	04-09-2021	1	$0.00	$0.00		04-09-2021	**Download**
☐	87431				87431	04-09-2021	04-09-2021	1	$350.00	$0.00		04-09-2021	**Download**
☐	87428				87428	03-30-2021	03-30-2021	1	$0.00	$0.00		03-30-2021	**Download**
☐	87427			161	7	03-23-2021	03-30-2021	1	$1,450.00	$650.00	👁	03-30-2021	**Download**
☐	87426				87426	01-07-2021	01-07-2021	1	$10,000.00	$0.00		01-07-2021	**Download**
☐	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.
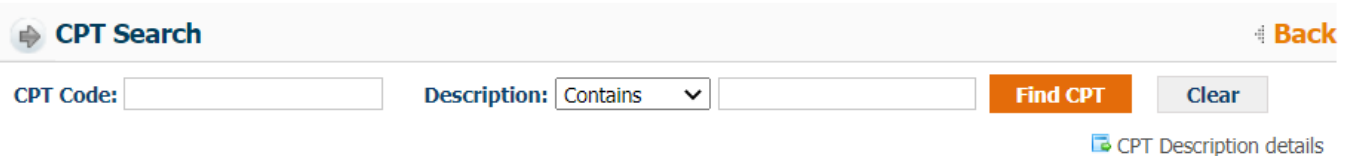
Code Reference—CPT

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

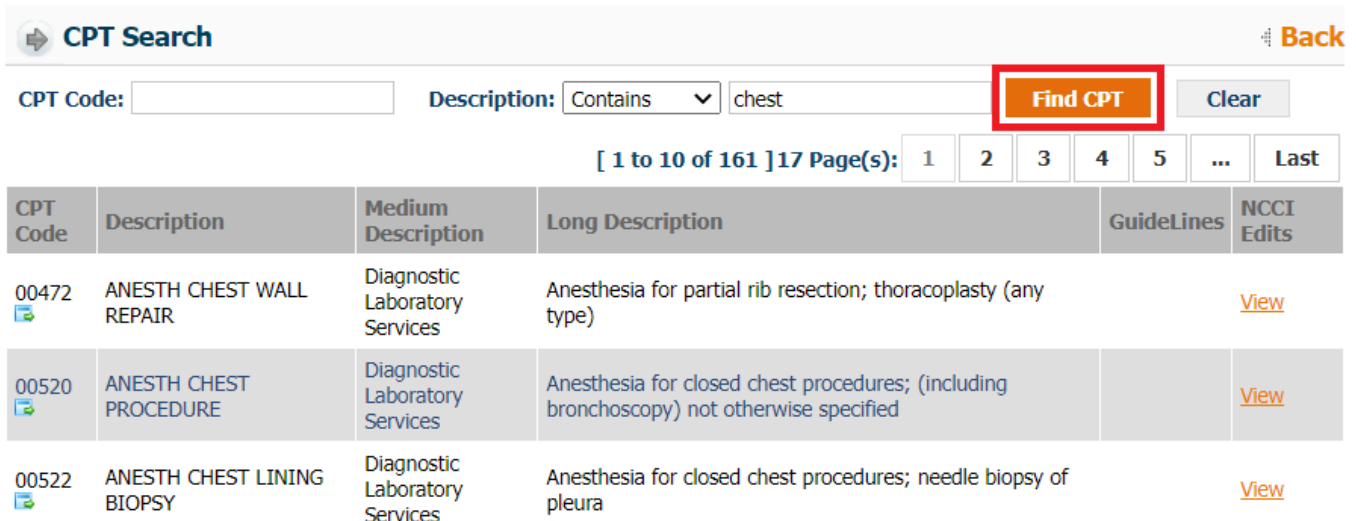- From the **Information** module click on the **Code Reference – CPT** sub module.
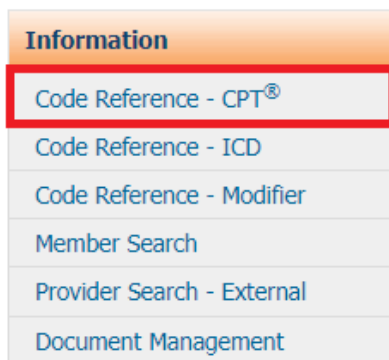
- The **CPT Search** screen will display as shown below.

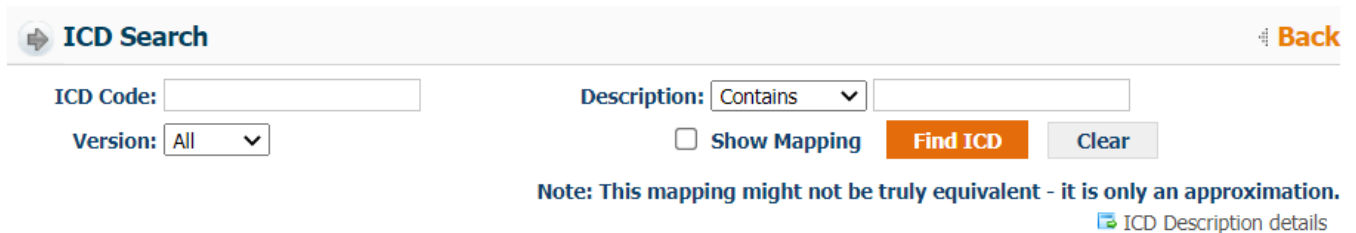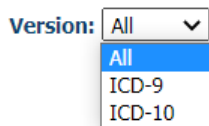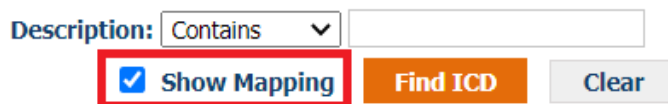 - Users can search by entering the **CPT Code** if known, or by **Description**.
    Note: It is necessary to enter data in at least one field. If searching by description, it is better to use broad terms as it can yield more potential matches.
- Click the Find **CPT button**. The search results will display as shown below.

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.

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

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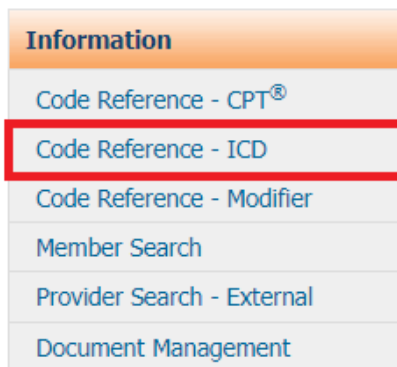
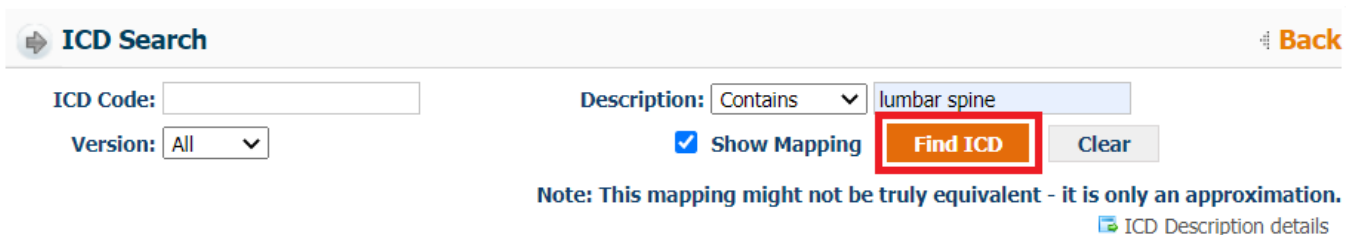- The **ICD Search** screen will display as shown below.

  - 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.

  - 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.

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

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.

	ICD Code	Description	Medium Description	Long Description	Version	Active From	Active To	Billable?
⊞	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.

	ICD Code	Description	Medium Description	Long Description	Version	Active From	Active To	Billable?
⊞	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.

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

  - 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 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 Member Search screen will display as shown below.

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

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

- Click **Search** to view results.

[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 to 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

- o **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.

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

Assessment ⊹ Close

Add Assessment

Health Assessment Templates: [None Selected ▾] [Start Assessment]

Search Parameters

Assessment Name:	[None Selected ▾]	Assessed By:	[None Selected ▾]	Status:	[None Selected ▾]
Last Modified Start Date:	[MM/dd/yyyy]	Last Modified End Date:	[MM/dd/yyyy]	Last Modified By:	[None Selected ▾]
Created Start Date:	[MM/dd/yyyy]	Created End Date:	[MM/dd/yyyy]		

[Search] [Clear]

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.
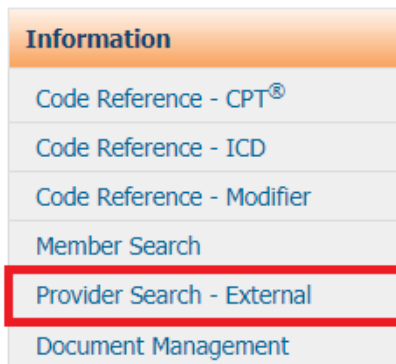
- The screen will display as shown below.

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

- Click on the '' icon to view additional provider details.

- 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.

- The screen will display as shown below.

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

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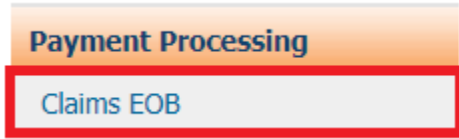
- o To generate an EOB for a specific member, use the '🔍' icon to look up the member.
  Note: Users can skip this search parameter if they want to generate an EOB containing multiple members.
- o Search for the desired organization by clicking the '🔍' icon. The Organization Search screen allows users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

  Note: Only Organizations that are linked to the user's profile will show in the search results.
- o If known, enter the check number. If check number is not known, search by clicking the **Retrieve Check** button.

- Available checks will show in the search results.

Prefix	Check No	Paid Date	Organization Name	Amount	EFT Payment?
33		01-06-2022		$235.39	✔
0	0	01-06-2022		$0.00	
23		01-03-2022		$381.65	✔

- Select the desired Check No.

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

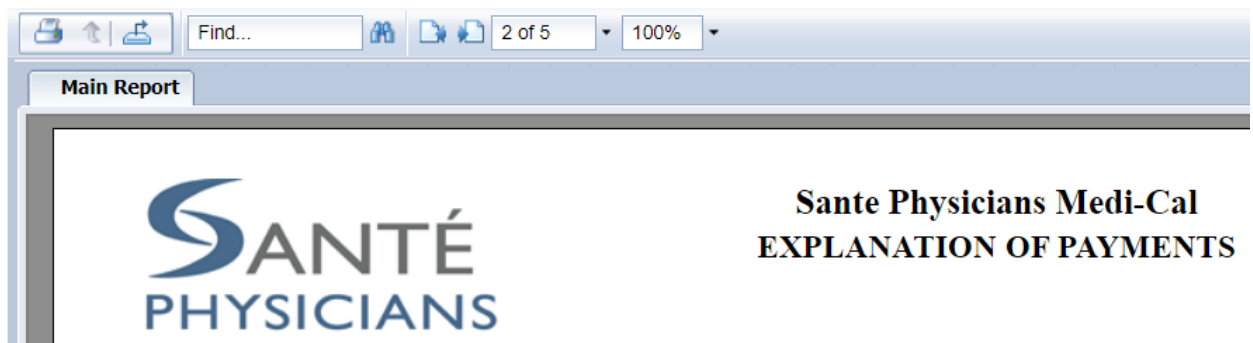o Click the **Display EOB** button to generate the report.

o To export the report, click the '📤' icon.
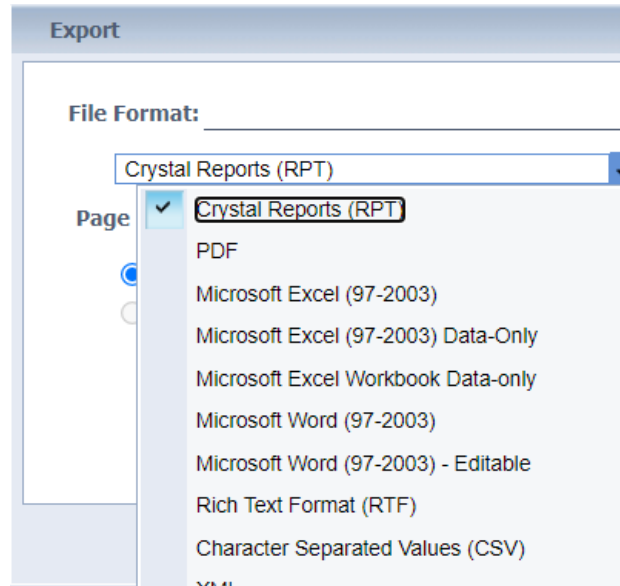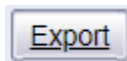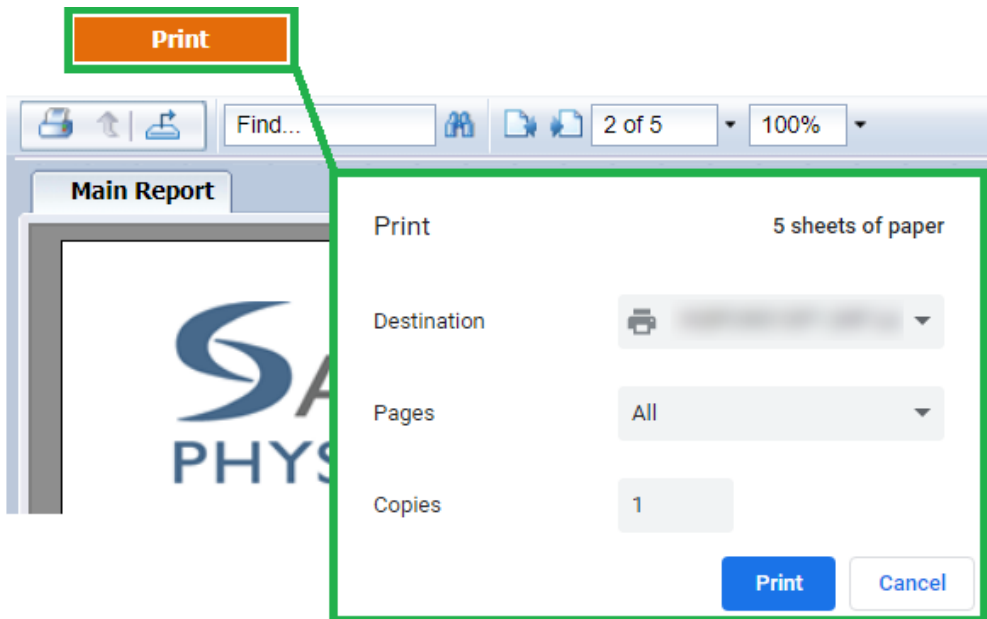
- In **Export** dialogue box, select the desired file format from the drop down menu.

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

o 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**.

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

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

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.

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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For questions and inquiries, please email Santé Physician Services at:
SDL_Sante-PhysicianServices@santehealth.net
or
PortalSupport@santehealth.net

www.santephysicians.com