



Provider Web Portal Quick Guide: Submitting a Professional Claim

1. Login to Provider Web Portal.

2. Select Claims in the header.

The screenshot shows the Health First Colorado Provider Web Portal interface. At the top left is the Colorado HCPF logo and the text 'COLORADO Department of Health Care Policy & Financing'. At the top right is the 'Health First COLORADO' logo with the tagline 'Colorado's Medicaid Program' and links for 'Contact Us' and 'Logout'. Below the logos is a navigation bar with the following items: Home, Eligibility, **Claims** (highlighted with an orange box), Care Management, and Resources. Below the navigation bar, the page content includes a 'Home' breadcrumb, the date and time 'Tuesday 05/08/2018 04:50 PM MST', and a search area for 'Provider Name', 'Provider ID', 'Location', and 'Taxonomy'. On the left side, there are sections for 'User Details' (with a 'Welcome' message and links for 'My Profile' and 'Manage Accounts') and 'Provider' (with fields for 'Name', 'Provider ID', and 'Location ID', and links for 'Provider Maintenance', 'EFT/ERA (\$35) Enrollment', and 'Disenroll'). On the right side, there is a 'Welcome Health Care Professional!' message, a photo of two healthcare professionals, and a list of links: 'Contact Us', 'Notify Me', 'Alerts', and 'Secure Correspondence'. At the bottom of the photo area, there is a paragraph of text: 'We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.'

3. Select Submit Claim Prof.

The screenshot shows a web portal interface with a blue navigation bar at the top containing 'Home', 'Eligibility', 'Claims', 'Care Management', and 'Resources'. Below the navigation bar is a green search bar with links for 'Search Claims', 'Submit Claim Dental', 'Submit Claim Inst', 'Submit Claim Prof', and 'Search Payment History'. The main content area is titled 'Claims' and includes a date 'Tuesday 05/08/2018 05:02 PM MST'. A search filter section contains fields for 'Provider Name' (LFNAME LLNAME), 'Provider ID' (Providers -), 'Location' (LLNAME, LFNAME), and 'Taxonomy'. Below this is a 'Claims' section with a list of links: 'Search Claims', 'Submit Claim Dental', 'Submit Claim Inst', 'Submit Claim Prof' (highlighted with an orange box), and 'Search Payment History'.

4. Select the “Claim Type” (Professional, Professional Crossover) then enter the information needed for the claim on the Submit Professional Claim: Step 1 page and click “Continue”.

To enter Medicare information, select a claim type of Professional Crossover. Professional Crossover Medicare information will be entered on Submit Professional Claim: Step 3 page.

NOTE: Rendering provider will be entered on the detail line.

Check the “Include Other Insurance” box to indicate a commercial (Non-Medicare) Third-Party Liability (TPL) coverage. Please refer to the [Submitting a Claim with Other Insurance or Medicare Crossover Information Quick Guide](#) for more information.

Submit Professional Claim: Step 1

* Indicates a required field.

Claim Type: Professional

Provider Information

Billing Provider ID **←** **Billing Provider – Organization, such as a clinic, that receives payment on behalf of the individual who is providing the service.**

Taxonomy: Emergency Medicine

Referring Provider ID **↑** **The “Referring Provider ID” is an optional field. Providers may provide this information if the information is relevant to the claim.**

Taxonomy ID Type

ID Type

ID Type Name

Last Name First Name

Birth Date

Address

City

State Zip Code

Claim Information

Date Type Date of Current

Accident Related Reason

* Patient Number

* Transport Certification Yes No **←** **Note: If “Transport Certification” is marked “Yes”, additional information will be requested within this page.**

Previous Claim ICN

Note

* Does the provider have a signature on file? Yes No

Include Other Insurance **←**

Total Charged Amount \$0.00

→

5. Enter the “Diagnosis Type” and “Diagnosis Code” information on the Submit Professional Claim: Step 2 page under “Diagnosis Codes”, click “Add”, and then click “Continue”.

Submit Professional Claim: Step 2 ?

* Indicates a required field.

Claim Type Professional

Provider Information

Billing Provider ID **ID Type** NPI **Name** LFNAME LLNAME
Taxonomy Emergency Medicine

Patient and Claim Information

Member ID **Gender**
Member **Birth Date** **Total Charged Amount** \$0.00

[Expand All](#) | [Collapse All](#)

Diagnosis Codes -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.
 Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code	Action
<u>1</u>			
1	* Diagnosis Type ICD-10-CM ▼	* Diagnosis Code <input style="width: 100%;" type="text"/>	

Back to Step 1
Continue

6. On the **Submit Professional Claim: Step 3** page under “**Service Details**”, enter the service detail information and click “**Add**”. If applicable, upload any supporting documents under “**Attachments**” by clicking the “**+**” symbol. Once finished, click “**Submit**”.

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1							

1 *From Date [] To Date [] *Place of Service [] EMG [N]

*Procedure Code [] Modifiers [] *Diagnosis Pointers []

*Charge Amount [] *Units [] *Unit Type [] EPSTD Service [] Family Plan Service []

CLIA Number []

Rendering Provider ID []

Taxonomy []

Referring Provider ID [] ID Type []

Taxonomy []

NDCs for Svc. # 1

[Add] [Reset]

Rendering Provider (Individual within a Group) – Individual, such as a doctor, who performs billed services for Health First Colorado members.

Note: Select N or Y in the “EMG” field to indicate non-emergency or emergency status.

Note: The “Add” button adds information entered in the “Service Details” into the table.

Note: The “Reset” button clears information entered in the “Service Details” fields.

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1							

1 *From Date To Date *Place of Service EMG

*Procedure Code Modifiers *Diagnosis Pointers

*Charge Amount *Units *Unit Type EPSDT Service Family Plan Service

CLIA Number

Rendering Provider ID ID Type

Taxonomy ID Type

Attachments

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/>	Click to add attachment.				

[Back to Step 1](#) [Back to Step 2](#) [Submit](#)

If applicable, upload any supporting documents under "Attachments" by clicking the "+" symbol. Once finished, click "Submit".



7. Review the information entered on the Confirm Professional Claim, then click “Confirm”.

If changes need to be made, navigate back to the appropriate section using the “Back to Step X” buttons at the bottom of the page. Do not use the web browser’s “back” button as it can cause errors on the claim.

Confirm Professional Claim

Select Print Preview **before** you Confirm if you want to assure you view the claim as you entered it. After confirmation, Print Preview may reflect changes as the claim has been saved on the payer system.

Claim Type Professional

Provider Information

Billing Provider ID	<input type="text"/>	ID Type	NPI	Name	LFNAME LLNAME
Taxonomy	<input type="text"/>				
Referring Provider ID	<input type="text"/>	ID Type	<input type="text"/>	Name	<input type="text"/>
Taxonomy	<input type="text"/>				
Supervising Provider ID	<input type="text"/>	ID Type	<input type="text"/>	Name	<input type="text"/>
Taxonomy	<input type="text"/>				
Service Facility Location ID	<input type="text"/>	ID Type	<input type="text"/>	Name	<input type="text"/>
Taxonomy	<input type="text"/>				

Member Information

Member ID	<input type="text"/>	Gender	<input type="text"/>
Member Birth Date	<input type="text"/>		
Address	<input type="text"/>		
City	<input type="text"/>		
State	<input type="text"/>	Zip Code	<input type="text"/>

Claim Information

Date Type	<input type="text"/>	Date of Current	<input type="text"/>
Accident Related Reason	<input type="text"/>		
Patient Number	<input type="text"/>		
Transport Certification	No		
Previous Claim ICN	<input type="text"/>		
Note	<input type="text"/>		
Signature on file?	No		
Total Charged Amount	<input type="text"/>		

[Expand All](#) | [Collapse All](#)

No Attachments exist for this claim

Back to Step 1
Back to Step 2
Back to Step 3
Print Preview
Confirm

Note: If changes need to be made, navigate back to the appropriate section using the “Back to Step X” buttons at the bottom of the page.

8. The claim status and Claim ID will be displayed on the Submit Professional Claim: Confirmation page. This will also appear on the RA.

Submit Professional Claim: Confirmation ?

Professional Claim Receipt

Your Professional Claim was successfully submitted. The claim status is Denied.

The Claim ID is

Click **Print Preview** to view the claim details as they have been saved on the payer's system.
Click **Copy** to copy member or claim data.
Click **New** to submit a new claim.
Click **View** to view the details of the submitted claim.

Print Preview **Copy** **New** **View**

Please note, one of three claim status values will appear on this page:

- 1. Approved**
- 2. Denied**
- 3. Suspend**

Note: A "Suspended" claim status in the Provider Web Portal means that the claim requires manual review by DXC claims staff before a final disposition (status) can be assigned.

Suspended claims only show up **once** on the Remittance Advice (RA). The claim won't appear again on the RA until the claim either denies or pays. Once the claim is finalized, it will be reported on the RA and the 835. Suspended claims are not reported on the 835, only on the RA.

Need More Help?

Please visit the [Quick Guides and Webinars](#) web page to find all the Provider Web Portal Quick Guides:

Aid Code and Benefit Plan Acronyms

Are You Billing from the Correct Account?

Copy, Adjust, or Void a Claim

Delegates

Delegate Access Definitions

Entering Third Party Liability

Provider Maintenance

Provider Maintenance – License Update

Pulling your 835 - Linking to your own TPID

Pulling your Remittance Advice (RA)

Reading your Remittance Advice (RA)

- Internal Control Number (ICN) Information Sheet
- Region Code Information Sheet

Submitting a Claim with Other Insurance or Medicare Crossover Information

Adding and Updating TPL Information

Validating a Trading Partner ID (TPID)

Verifying Member Eligibility and Co-Pay

- Managed Care Assignments
- Primary Care Provider
- Medicare Coverage
- Member Co-Pay Amounts

Updating your EFT Information

Updating your ERA Information

Viewing Prior Authorizations in the Portal

Web Portal Registration

Provider Web Portal – Frequently Asked Questions (FAQs)

Please visit the [Provider FAQ Central](#) web page and look under the Billing and Web Portal headings to see Provider Web Portal FAQs.

Provider Web Portal – Recorded Webinars

Click the links below to access the recorded webinars:

[Session #1](#) Access the new Portal, Portal Registration, Log in, My Profile, Manage Accounts (including delegates)

[Session #2](#) Provider Maintenance (including updates and affiliations), EFT/ERA Enrollment, Disenrollment

[Session #3](#) Member Information and Eligibility Verification

[Session #4](#) Remittance Advice (RA), Search Payment History, Search for Accounts Receivable Records, Make a Payment

[Session #5](#) Notify Me, Alerts, Secure Correspondence

[Session #6](#) Files Exchange, Resources

[Session #7](#) Search & Submit CMS 1500, UB-04, Emergency Dental Claims, Prior Authorizations (Nursing Facility PETI PARs only)

[Bridge](#) Bridge training for Community Centered Boards (CCBs) only