Provider Portal Manual

PACE BY IIH

Contents

Introduction

Welcome to the QuickCap provider portal! With this Provider Portal guide, you can learn how to use features such as submitting authorization requests and claims, viewing statuses of existing records, and communicating directly with **Innovative Integrated Health, Inc. (PACE).** You can also use other available features for better user experience.

The QuickCap Home Screen

The QuickCap home screen has the following major parts: the left pane and the right pane. The left pane shows the list of modules in QuickCap. Clicking on this pane will expand the module and provide links within the system to click on. Depending on your configurations, the right pane may first show summary dashboards of your profiles data. After clicking on module links, the right pane will show the content for that specific submodule.

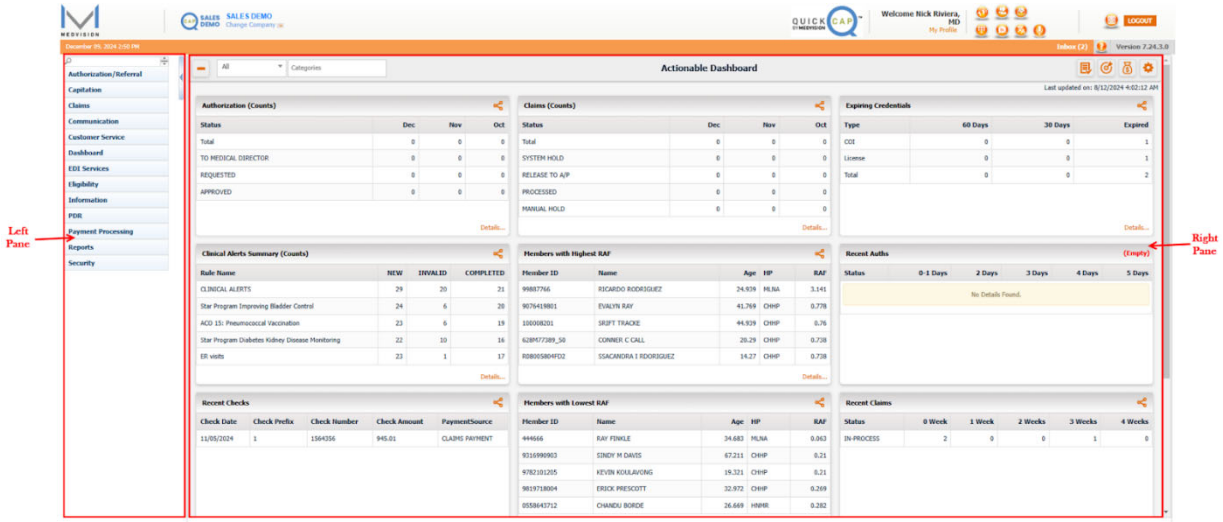


Figure 1 The QuickCap home screen

Objectives

With this user guide, you can learn the functionality of the following modules:

- Authorization/Referral
- Claims
- Customer Service
- EDI Services
- Eligibility
- Claims Information
- Payment Processing
- Security

The My Profile Pane

In the **My Profile** pane, you can view and update your existing password and contact information.

This pane opens when you click the **My Profile** link on the top right beside the tools section where you can also view your name.

Figure 2 The **My Profile** link

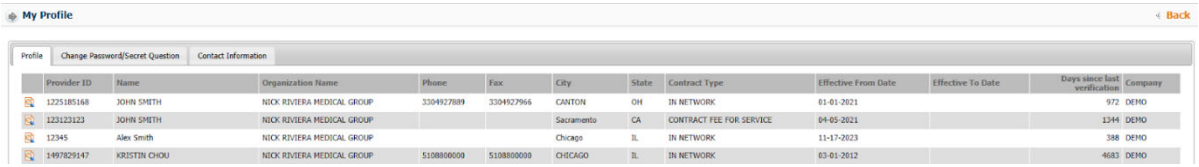


Figure 3 The **My Profile** pane

My Profile has the following tabs:

- In the **Profile tab**, you can view the list of names with their provider IDs and organization associated with the signed in user.
- In the **Change Password/Secret Question tab**, you can view the **Security** section where you can update your password and email address.
- **In the Contact Information tab**, you can update your contact information such as title first and last name, office phone number, fax, address, city, state, ZIP, and phone number.

Update your password

To update your password, do the following:

1. In **Username**, you can view your username.
2. In the **Old Password** box, type your current password.
3. In the **New Password** box, type your new password.

   You can only type a maximum of 25 characters including alphanumeric and special characters.

Note:
Your password must include at least one alphabet, two numbers from 0-9, and one special character.

4. In the **Confirm Password** box, enter your new password.
5. In the **Email** box, you can view your email.

   By default, your registered email address appears.
6. In the **Alternate Email** box, you can type an alternate email address.

Note:
You can select five secret questions for password security.

The Authorization/Referral Module

In the **Authorization/Referral** module, you can submit a new authorization and referral and check the status of an existing authorization.

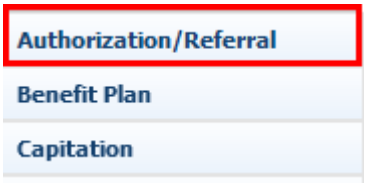


Figure 4 The Authorization/Referral module

How to submit an authorization/referral request

To submit an authorization/referral request, follow these steps:

1. Under the Authorization/Referral module, select **New Auth Entry**.

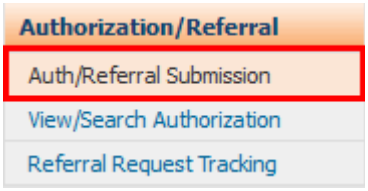


Figure 5 The Auth/Referral Submission submodule

2. When you click **New Auth Entry**, the applicable pane appears as shown below.

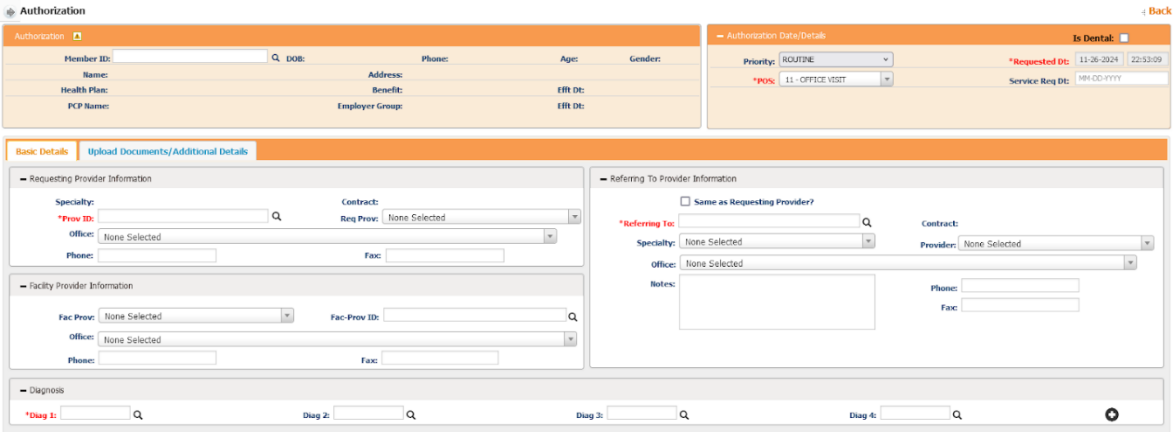


Figure 6 The **Authorization** pane

This pane has three sections where you can add a particular authorization.

3. In the **Authorization** section, you can do either of following to populate the member details:

   - Enter the necessary details required to find a member.

   The system auto-suggests all the available records under the user's available members.

Figure 7 The system will show auto-suggest records when you enter a full or a partial member ID

Note:

You are required to enter different information in order to locate a member based on your provider setup.

If you are built as a primary care physician (PCP) user or office, you can enter minimal information to find any members attached to your provider profile or Tax ID. This includes partial letters of first or last name, partial IDs, or combinations of all this information.

If you are built as a non-PCP user, you are required to provide details of the member that includes the member ID, first name, last name, and date of birth.

Once the mentioned details are provided and your first authorizations are created, you can create authorizations for these same members using just their member IDs.

- If member ID is not available, you can click the search symbol to display the **Member Lookup** window where you can search using a combination of **Member ID, Health Plan**, **Name,** and **DOB** to find the record.

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

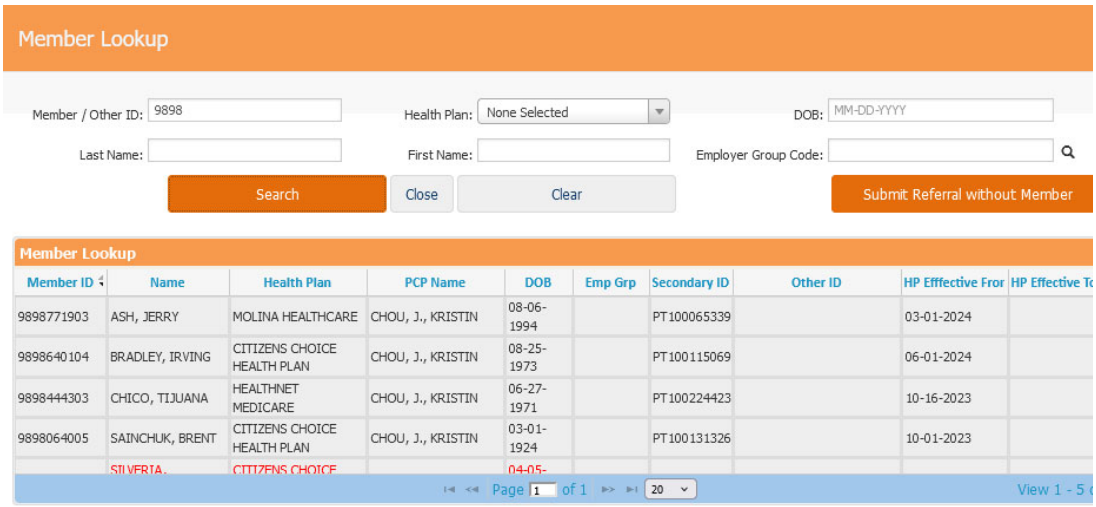


Figure 8 The **Member Lookup** window

The detail of the selected member automatically appears on the screen and the system will default the **Requesting Provider** information matching the organization and provider logged in.

4. In the **Authorization Date/Details** section, you can do the following:

- From the **Priority** drop-down list, select the priority of the request.

If you select **Urgent** from the **Priority** drop-down list, the **Required information for urgent requests** window opens where you can enter the applicable details.

Note:
The **Required information for urgent requests** window opens only if it is configured in the system.

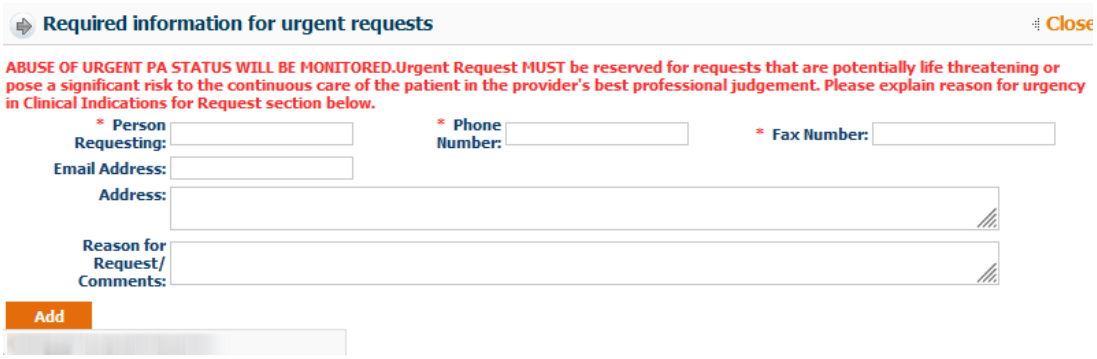


Figure 9 The **Required information for urgent requests** window

If you select **Retro**, the **Retro Dt** box appears where you can enter the applicable prior date to the request date.

- In the **Requested Dt** box, you can view the requested date of the submission.

Note:
The **Requested Dt** box is not editable and always default to the date and exact time of submission.

- From the **POS** drop-down list, select the place of service.

Note:
If you select inpatient places of service, the **Admit Dt** and **Types of Diagnosis Codes** boxes appear.

- Optionally, in the **Service Req Dt** box, enter a future date when the service should be performed, scheduled for, or for the authorization to become effective. The entered date will be reviewed by your contracted medical or administrative group and approval is subject to their discretion.

5. In the **Basic Details** tab, do the following:

- In **Requesting Provider Information**, you can view the necessary details such as provider ID, requesting provider, office, phone number and fax number.

You can also click the search symbol to open the **Provider Search** window where you can search for a provider ID.

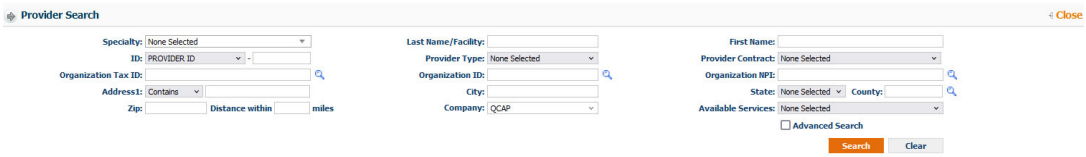


Figure 10 The **Provider Search** window

- In **Referring To Provider Information**, enter the necessary details such as referring provider, contact, specialty, provider, office, phone number, and fax number.

You can also click the search symbol to open the **Provider Search** window where you can search for a provider ID.

Note:

If the referring to provider is the same as the requesting provider, select the **Same as Requesting Provider?** check box and the applicable information automatically appears in the necessary fields.

- In **Facility Provider Information**, enter the facility provider details.

Note:

A facility can be added directly into the **Referring To Provider** box.

The **Facility Provider Information** section is only used if a specific individual is selected in the **Referring To Provider** box, and where the service is performed in a specific facility.
Moreover, **Facility Provider Information** is not mandatory.

- In **Diagnosis**, enter all the ICD codes related to the request.

Note:
It is mandatory to enter at least one diagnosis code.

You can also click the search symbol to open the **Diagnosis Search** window where you can search for the applicable ICD codes.

In the said window, you can enter either the diagnosis code or the description of the code.

You can select the **Show Mapping** check box if you want to show the mapping of the code.

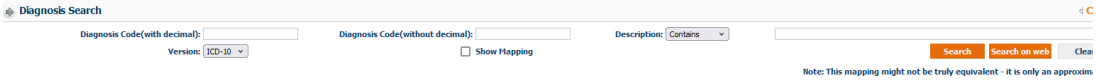


Figure 11 The **Diagnosis Search** window

Note:
You can add up to 12 distinct diagnosis codes at maximum.

- In **Service Requested**, enter all the Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes and the applicable information related to the requested services.

  You can also change the drop-down to select a service package that includes multiple CPT codes, depending on the system configurations.

- In **Clinical Indication For Request**, type any applicable member's past medical history, physical findings, requested services, and necessary medical records that are important for the clinical team reviewing the authorization request.

Note:
Any referral submitted without clinical information may result in delayed processing.

6. In the **Upload Documents/Additional Details** tab, you can upload and fax documents and upload **Continuity of Care Documents** (**CCD**).

   If you want to fax the documents, click the **Fax Cover Page** link.

7. In the **Documents** section, do the following:

   - In the **Category** column, select the document category.

     When you upload a file in the Documents section without a document category, the "Please Select Document Category." validation message appears.

   - In the **Priority** column, select the priority.
   - In the **File** column, click the **Browse** button to download a document.
   - In the **Notes** column, type the applicable notes.

   If you want to add another document, click the **Add Additional Documents** button.

   If you want to upload a continuity of care document (CCD), click the **Upload CCD** symbol  .

   If you want to fax any documents instead of directly attaching them to the authorization request, click the **Fax Cover Page** link to download the required cover page.

Note:
You must use the cover page linked above when faxing authorization documents.

If you use any other cover page, or no cover page at all, the authorization will not be processed or the review process will be delayed.

Furthermore, **FAX** is not enabled for all IPAs or medical groups. Please contact the system administrator for more information.

8. After you verify the entered information, click **Save**.

Click **Save & Add for same Member** if you want to add another request for the same member.

Once the authorization/referral request is successfully submitted, you will receive a notification detailing the authorization number and also the current status.

The same authorization number will be displayed automatically on the header portion of the new auth entry pane.

After you save the authorization request, the **Print Auth** button appears.

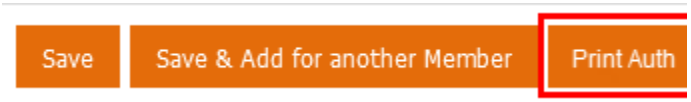


Figure 12 The **Print Auth** button

You can click the said button to print or export the authorization request.

If you want to export the document, the following export options are available:

- 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

Search for an authorization

To search for an authorization, do the following:

1. In the left pane of the QuickCap home screen, click the View/Search Authorization submodule to open the **Authorization/Referral-Status Search** pane.

2. In the search criteria section, you can do any of the following:

- In the **Member ID** box, type the ID of the member.

You can also click the search symbol to open the **Member Search** window where you can search and select for a specific member.

- In the **Last Name** box, type the last name of the member.
- In the **First Name** box, type the first name of the member.
- In the **DOB** box, enter the date of birth (DOB) of the member.
- In the **Auth. No** box, type the authorization number.
- From the **Group** drop-down list, select the applicable group name.

- In the **Request/Receive Date From** and **Request/Receive Date To** boxes, enter the request or receive date range of the authorization.
- From the **Group Location** drop-down list, select the applicable group location name.
- In the **Auth. Date From** and **Auth. Date To** boxes, enter the date range of the authorization.
- In **Place of Service**, enter the place of service (POS) that you want to include or exclude in the search.
- In the **Requesting physician ID** box, type the ID of the requesting physician.

  You can also click the search symbol to open the Provider **Search** window where you can search and select for a provider.
- From the **Status** drop-down list, select the status of the authorization.
- From the **Reason** drop-down list, select the applicable reason.
- In the **Requesting Org ID** box, enter the ID of the requesting organization.

You can also click the search symbol to open the **Organization Search** window where you search and select for an organization.

- In the **Referring To physician ID** box, enter the ID of the referring physician.

  You can also click the search symbol to open the Provider Search window where you can search and select for a provider.
- From the **Assigned** drop-down list, select **Assigned To Me** to only include the authorizations assigned to you and **Assigned By Me** to only include authorizations assigned by you.
- In the **Referring To Org ID** box, type the ID of the referring organization.

  You can also click the search symbol to open the **Organization Search** window where you can search and select for an organization.
- In the **Created By** box, type the name of the user that created the authorization.
- In the **Admit Date From** and **Admit Date To** boxes, enter the admission date range of the authorization.
- From the **Referring to Specialty** drop-down list, select the specialty of the referring-to provider.
- In the **Discharge Date From** and **Discharge Date To** boxes, enter the discharge date range of the authorization.
- From the **Request Type** drop-down list, select the type of authorizations that you want to search in the **Authorization/Referral-Status Search** pane.
- Select the **Show Additional Document Requested Auths** check box to include only those authorizations with requested additional documents.

2. Click **Search**.

You can also click **Clear** to remove all the details you entered.

After you click **Search**, the **Authorization Detail** page opens where you can view statuses of the applicable authorization.

Note:
You can view the following authorization statuses : **Requested**, **Approved**, and **Denied** in the **Authorization No. Status** column.

Upload document and submit it electronically with a referral request

To upload documentation and submit it electronically with a referral request, follow these steps:

1. Select the category and priority of the document.
2. Click **Browse** to find the file on your computer directory

You can upload a document in the .doc,.docx,.xls,.xlsx,.pptx,.xps,.psd,.htm,.pdf,.tiff, .rtf or text formats only.

3. If you want to add more than one document, click the **Add a Document** button.

Upload continuity of care document

To upload continuity of care document, follow these steps:

Click the **Upload CCD** symbol 

to open the **CCD Data: Upload** window.

Figure 13 The **CCD Data: Upload** window

1. In the **Member** box, enter the name of the member. You can also click the search symbol  to search for a particular member.
2. In **CCD Data**, select either **Upload File** or **Paste XML Data**.

If you select **Upload File**, click the **Browse** button.

If you select **Paste XML Data**, enter the XML data in the text box.

3. Click **Save** to save the entered information.

Click **Reset** to remove the entered information.

Note:
You can only upload XML data. Furthermore, you can only upload CCD if the feature is configured in the system.

View the status of the authorization request

To view the status of the authorization request, do the following steps:

1. In the left pane of the QuickCap home screen, click the **View/Search Authorization** submodule.
2. In the **Authorization/Referral-Status Search** pane enter the necessary information in the search criteria.
3. Click **Search**.
4. In the detailed page of the **Authorization/Referral – Quick Review** pane you can view statuses of the applicable authorization.

Note:
You can view the following authorization statuses : **Requested**, **Approved**, and **Denied** in the **Authorization No. Status** column.

The Claims Module

In the **Claims** module, users are able to submit a new claim view and search for previously submitted claims.

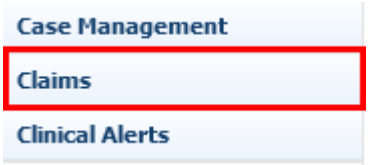


Figure 14 The **Claims** module

Submit a claim

To submit a claim, follow these steps:

1. In the search criteria section, enter the applicable information, and then click **Search**.
2. In the search results section, click the **CMS1500** or the **Dental** button of the selected claim.

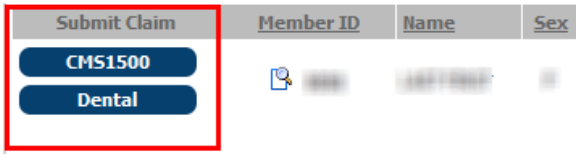


Figure 15 The **Submit Claim** column

3. In the **Claim Submission** or the **Dental Claim Submission** pane, do the following steps:
   - In the **Referring Provider Information** section, type the applicable provider ID.

- You can also click the search symbol to open the **Provider Search** window where you can search for the applicable provider.

Note:

You are required to enter different information to locate a member based on your provider setup.
If you are built as a PCP user or office, you can enter minimal information to find any members attached to your provider profile or tax ID. This includes key letters, partial IDs or combinations of all this information.
If you are built as a non-PCP user, you are required to provide details of the member that includes the member ID, first name, last name, and date of birth.
Once this is provided and your first authorizations are created, you may create authorizations for these same members using just their member IDs.
Moreover, it is recommended to first add the authorization to automatically populate many other details of the claim and to ensure more timely processing of the claim once submitted.

- In the **Additional Information** section, do the following:
  - In the **Provider Claim/Patient Account** # box, type a provider claim number or patient account number.
  - In the **Patient Paid Amount** box, type the applicable amount.
  - In the **Purchase Service Amount** box, type the applicable amount.
- In the **Claim Details** section, do the following:
  - From the **POS** drop-down list, select the place of service.
  - In the **Admission Date** and **Discharge Date** boxes, enter the applicable dates.
- In the **Diagnosis** section, type the diagnosis code in the **Diagnosis Code** box, and then click **Add**.
- In the **Services Requested** section, do the following steps:
  - In the **MM-DD-YYYY** box, type the date.

    The date you enter in this box automatically appears in the **From** and **To** boxes present in the service line details.

Note:
This is only applicable when there is no existing from and to date present in the service line item.

  - In the **Service Date** column, enter the service date range in the From and To boxes.
  - In the **Service Code** column, type the service code.

    You can also click the search symbol to open the **Service Search** window where you can search for the applicable service code.

  - In the **NDC Code – Qty – Unit Type** column, do the following:

- Select the National Drug Code (NDC) format

By default, **11-digit 5-4-2** is selected.

You can also click the search symbol to open the **NDC Search** window where you can search for the applicable code.

- Type the applicable code
- Type the applicable quantity
- Select the unit type

When you select any 10-digit format and save the claim, the system automatically changes it to 11-digit. This is visible once you open the claim in the claims adjudication pane.

If you save an invalid NDC, the "The NDC may be incorrect. Please submit the code in the service line notes" message appears.

o In the **Modif. 1.** box of the **Modifiers** column, type the applicable modifier code to modify the diagnosis code in the **Ref. 1** box of the **Diag. Ref.** column.

The **Modif. 2.**, **Modif. 3.**, and **Modif. 4.** boxes have a similar functionality with the **Modif. 1.** box.

o In the **Diag. Ref** column, type the applicable diagnosis code in the diagnosis reference boxes.

You can enter any number from 1 to 12.

The **Ref. 2.**, **Ref. 3.**, and **Ref. 4.** boxes have a similar functionality with the **Ref. 1.** box.

o In the **Qty - Billed** column, type the quantity of the service and the billed amount.

The quantity value in **Qty - Billed** column resets to 1:00 and the time under **Service Date-Time** resets to 00:00 when you change the unit type to **Units**.

o In the **Notes** box, type the notes for the service details.

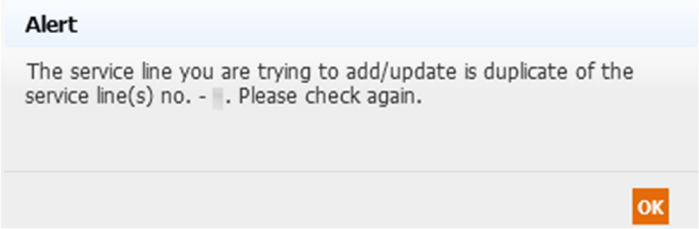


Figure 16 The "The service line you are trying to add/update is a duplicate of the service line(s) no. – *number*. Please check again." message

4. In the **Clinical Indications for request** section, type the clinical details of the claim

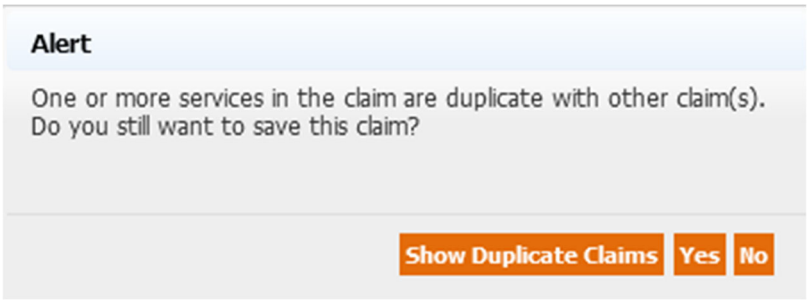
5. In the **Documents** section, click **Browse** to search and upload a document file. You can click **+ Add more documents** to add a new row for another document file.

6. Click **Submit**.

If you submit a duplicate claim, the "One or more services in the claim are duplicate with other claim(s). Do you still want to save this claim?" message appears when you click **Save**.

Once the claim is successfully saved, the "Claim Saved Successfully. Claim Number [*number*] " validation message appears.

You can click **PRINT CLAIM** to print the claim or click **OK** to close the message.



> **Figure 17** The "One or more services in the claim are duplicate with other claim(s). Do you still want to save this claim?" message

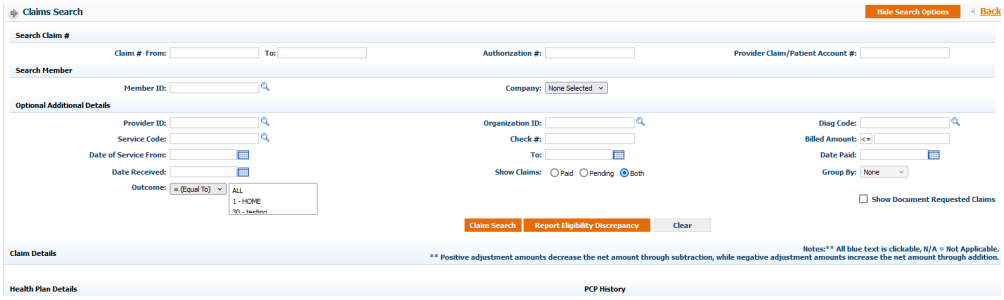
Click **Yes** to save the claim, otherwise click **No**.

Click **Submit & Add for Same Member** if you want to add another claim for the same member.

Verify the status of a claim

To verify the status of a claim, follow these steps:

1. From the Claims module, select the Claims Search/Status submodule to open the **Claims Search** pane.
2. In the **Claims Search** pane, enter the necessary information in the search criteria section.



> **Figure 18** The **Claim Search** pane

3. Click **Claim Search** to show the results in the **Claim Details** section of the entered information in search criteria.

Note:
It is mandatory to enter the applicable information in at least one field to search for claims.

You can view the status of the claim in the **Status** column.

Click **Print CMS 1500** if you want to view and print the claim in CMS 1500 format.

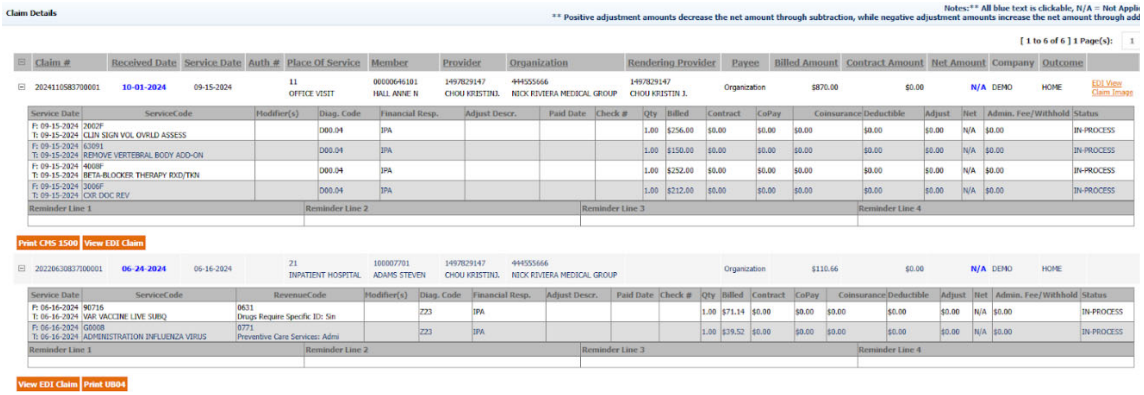


Figure 19 The **Claim Details** section

Note:
The adjustment code and net amount on the claim may be subject to change until the **Status** is **Processed**.
Additionally, the **Show EOB** button appears if the status of the claim is **Processed.**

Figure 20 The **Show EOB** button

The Customer Service Module

In the Customer Service module, users can add and view existing customer service requests for their organization.

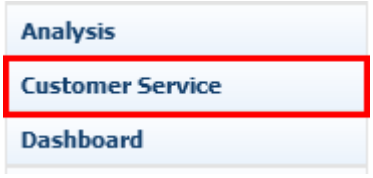


Figure 21 The Customer Service module

Search for a customer service request

To search for a customer service request, follow these steps:

1. From the **Customer Service** module, select the **Customer Service Request** submodule to open the **Customer Service Request** pane.

Figure 22 The Customer Service Request submodule

2. In the **Customer Service Request** pane, enter the necessary information in the search criteria section.

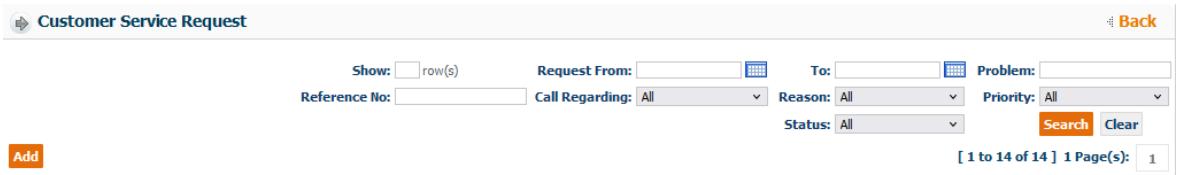


Figure 23 The search criteria section

3. Click **Search**.

Add a customer service request

To add a customer service request, follow these steps:

1. From the **Customer Service module**, select the **Customer Service Request** submodule to open the **Customer Service Request** pane.

2. In the **Customer Service Request** pane, click the **Add** button to open the **Customer Service Request – Add** pane.

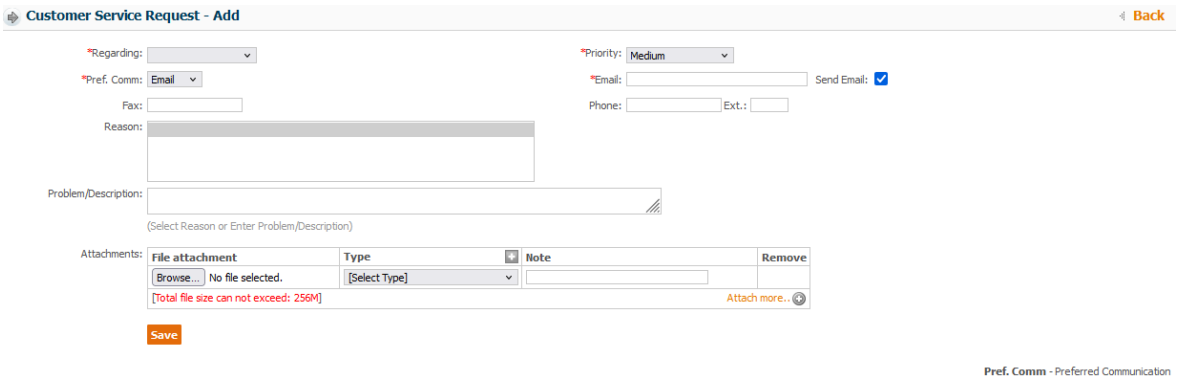


Figure 24 The **Customer Service Request – Add** pane

3. In the **Customer Service Request – Add** pane, do the following:

- From the **Regarding** drop-down list, select the purpose of the submission.

- From the **Priority** drop-down list, select the priority of the request.
- From the **Pref.Comm** drop-down list, select the preferred means of communication in case a follow up is needed.
- In the **Email** box, type the email address where the email should be sent.
- Select the **Send Email** check box if you want to send email.

Clear **Send Email** if you don't want to send email.

- In the **Fax** box, type the fax number.
- In the **Phone** box, type the phone number.
- In the **Ext** box, type the phone extension number.
- Click the communication symbol to open the **Communication** window where you can view the sent messages.
- In the **Reason** box, type the reason of the request.

Depending on what is selected from the **Call Regarding** drop-down list, the **Reasons** will change.

- In the **Problem/Description** box, you can add a description to explain further the purpose of this request. This information will assist the representative reviewing the request.
- In the **Attachment** box, you can add any relevant attachments that may help assist in processing your customer service ticket/claim. It is recommended to include anything helpful, if possible.

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

Once the request is successfully submitted, the "Support ticket saved successfully. Reference Number: [*number*] validation message appears.

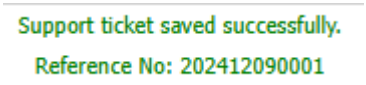


Figure 25 The validation message

The EDI Services Module

In the EDI Services module, you can generate and download a new electronic remittance advice (ERA) file in the system.

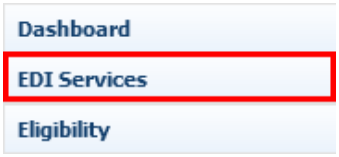


Figure 26 The EDI Services module

The 835 Download Submodule

In the 835 Download submodule, you can download ERA files from the system. The 835 files are the electronic claim payment details in a standard X12 file format. These files contain the same information as a paper EOB used by groups to make payments to providers and to provide explanations of benefits (EOB).

If you cannot find any 835 files in this submodule, you may reach out to the IPA or medical group for assistance to configure the said feature.

This submodule requires the enrollment of a trading partner in the **OUT 835** tab of the **Trading Partner Enrollment** pane.

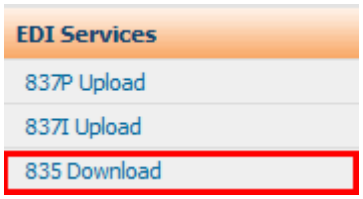


Figure 27 The 835 Download submodule

Download 835 files

To download 835 files, follow these steps:

1. In the **Electronic Remittance Advice (835) Download** pane, click the **835 ERA Generation** tab.
2. In the **Search Files** section, search for the applicable ERA files.
3. In the search results section, click **Download** in the **Download ERA** column of the respective ERA file.

The Eligibility Module

In the Eligibility module, you can verify the member eligibility and add any eligibility discrepancies.

Figure 28 The Eligibility module

Verify a member eligibility

To verify a member eligibility, follow these steps:

1. From the **Eligibility** module, select the **Member Verification** submodule to open the **Eligibility – Member Verification** pane.

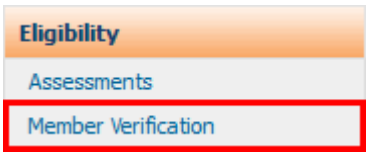


Figure 29 The Member Verification submodule

2. In the **Eligibility – Member Verification** pane, enter the necessary information in the search criteria section.

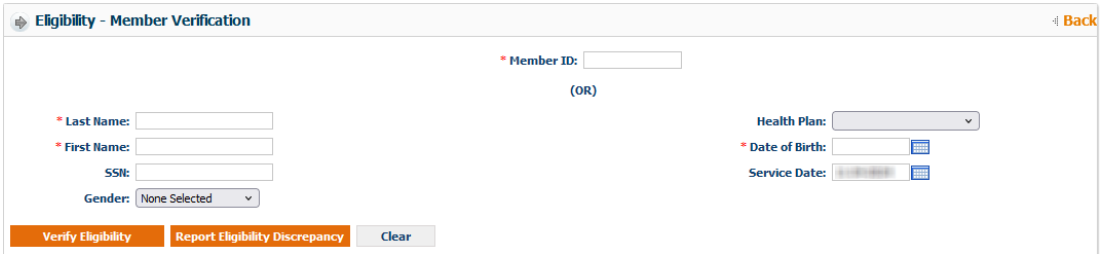


Figure 30 The **Eligibility – Member Verification** pane

3. Click **Verify Eligibility**.

If the member exists in the system, their details will be displayed as shown below.

Figure 31 The member details in the search results section if the member is verified

You can click the **View Details** symbol to view additional member information.

1. Click **Save**.

The Information Module

In the Information module, you can search and view the code references for ICD codes, CPT codes, and modifiers.

Figure 34 The Information module

Search for CPT codes

To search for CPT codes, follow these steps:

1. From the Information module, select the Code Reference - CPT submodule to open the **CPT Search** pane.

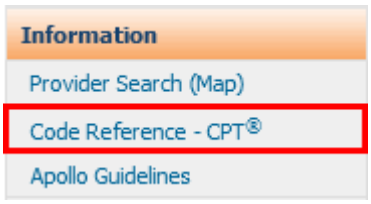


Figure 35 The Code Reference – CPT submodule

2. In the **CPT Search** pane enter the necessary information in the search criteria section.

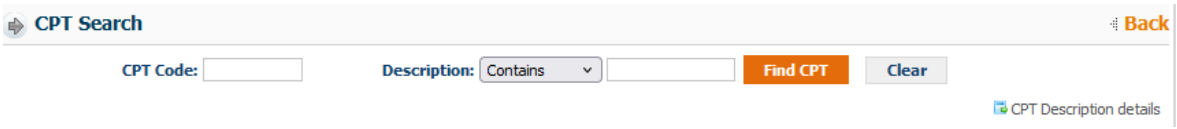


Figure 36 The **CPT Search** pane

3. Click **Search**.

Search for ICD codes

To search for ICD codes, follow these steps:

1. From the Information module, select the Code Reference - ICD submodule to open the **ICD Search** pane.

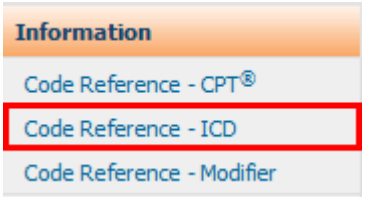


Figure 37 The Code Reference – ICD submodule

2. In the **ICD Search** pane, enter the necessary information in the search criteria section.

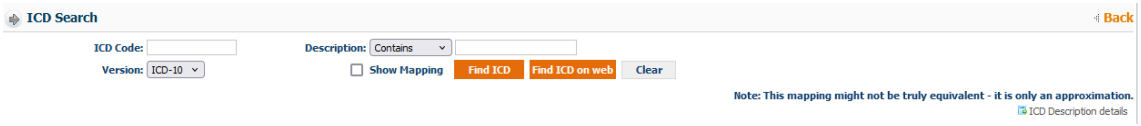
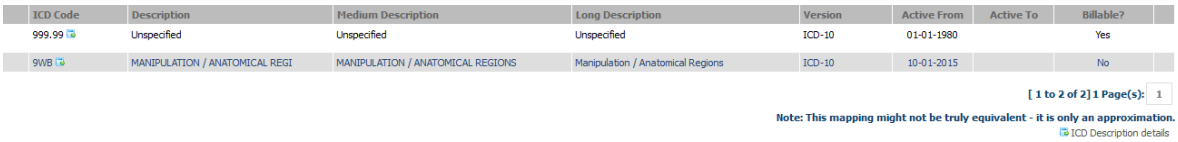


Figure 38 The **ICD Search** pane

Note:
Select the **Show Mapping** button if you want to have comparable ICD code map between ICD-9 and ICD-10.

3. Click **Search**.

The search results section will display as shown below.



ICD Code	Description	Medium Description	Long Description	Version	Active From	Active To	Billable?
999.99	Unspecified	Unspecified	Unspecified	ICD-10	01-01-1980		Yes
9WB	MANIPULATION / ANATOMICAL REGI	MANIPULATION / ANATOMICAL REGIONS	Manipulation / Anatomical Regions	ICD-10	10-01-2015		No

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

Note: This mapping might not be truly equivalent - it is only an approximation.

ICD Description details

Figure 39 The search results section

Click the **ICD Description Details** symbol to view more detailed information.

Search for modifier codes

To search for modifier codes, follow these steps:

1. From the **Information** module, select the **Code Reference - Modifier** submodule to open the **Modifier Search** pane.

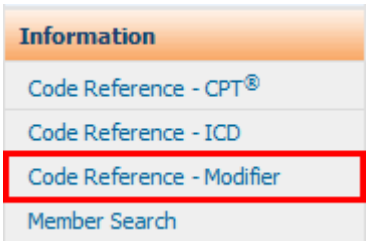


Figure 40 The Code Reference – Modifier submodule

2. In the **Modifier Search** pane, enter the necessary information in the search criteria section.

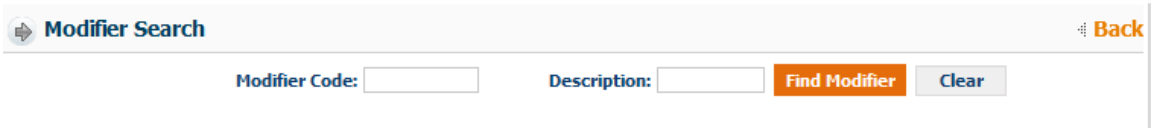


Figure 41 The **Modifier Search** pane

3. Click **Find Modifier**.

The Document Management Submodule

In the Document Management submodule, you may have access to documents your contracted medical or administrative group would like to give you access to. These documents can potentially be any guidelines, policies and procedures, reference materials, training guides, or other informational and important changes.

Note:
Only the medical or administrative group users can upload documents into this section.

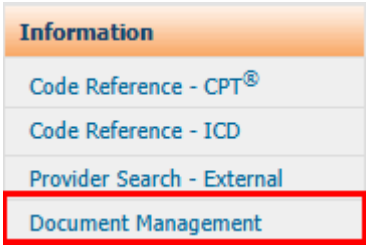


Figure 42 The **Document Management** submodule

Download a document

To download a document, follow these steps:

1. In the search criteria section, search for the applicable document.
2. In the search results section, click the **Download Document** symbol of the particular document that you want to download.

The Payment Processing Module

In the **Payment Processing** module, you can generate explanation of benefits (EOBs) for members whose claims are submitted and paid.

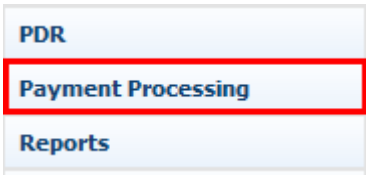


Figure 43 The Payment Processing submodule

Print a claim explanation of benefits

To print a claim explanation of benefits, follow these steps:

1. From the **Payment Processing** module, select the **Claims EOB** submodule to open the **Claims – Explanation of Benefits** pane.

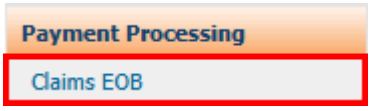


Figure 44 The Claims EOB submodule

2. In the **Claims – Explanation of Benefits** pane, enter the necessary information in the applicable boxes.

   You can also click the search symbol to open the applicable window where you can search for members, organizations, and providers.

> **Note:**
> You can skip the search criteria if you want to generate EOBs for multiple members from a particular organization.

3. In the **Check No** box, enter the check number used to pay the EOB.

You can click the **Retrieve Checks** button to open the **Check No Search** window where you can search for the check number.

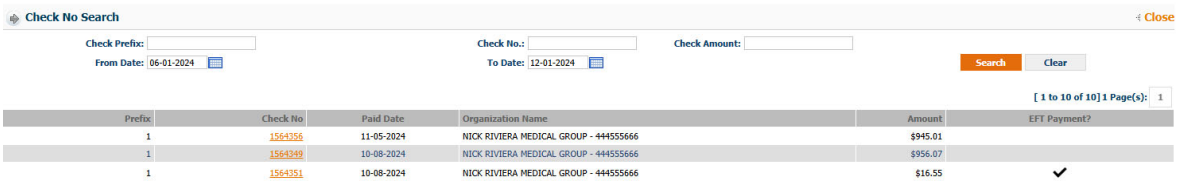


Figure 45 The **Check No Search** window

In the said window, you can enter the check number or the date range to search for a particular check.

When you enter the check number, the applicable date automatically appears in the **Paid Date From** and **To boxes.**

4. Click the **Summary EOB** button to view the explanation of payments document as shown below.

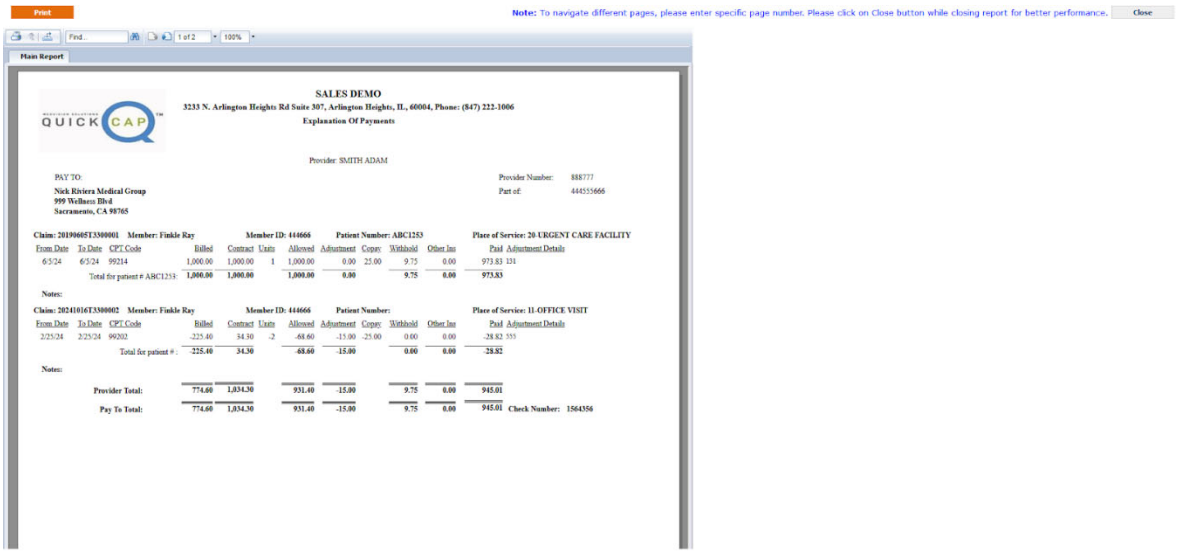


Figure 46 The Explanation of Benefits summary

5. Click the **Print** button to print the document.

You can also click the **Print this report** symbol to print the document.

Click the **Export this report** symbol to export the document.

You can export the document in RPT, PDF, Word, Excel, RTF, CSV and XML file format.

Resources Module

Resources Module

The **Resources** module provides access to documents and helpful materials made available by IIH. These resources may include enrollment forms, informational letters, training materials, and other documents that providers can download for reference.

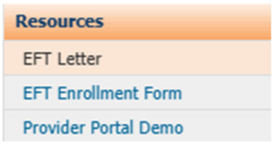


Figure 47 The Resource module

Access Resource Documents

To access a resource document, follow these steps:

1. From the left navigation pane, select the **Resources** module.
2. Click the desired resource from the list. Available resources may include:
   - **EFT Letter**
   - **EFT Enrollment Form**
3. **Provider Portal Demo** Review, save, or print the document as needed.

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