

Provider Portal

Recurring Claim Submission

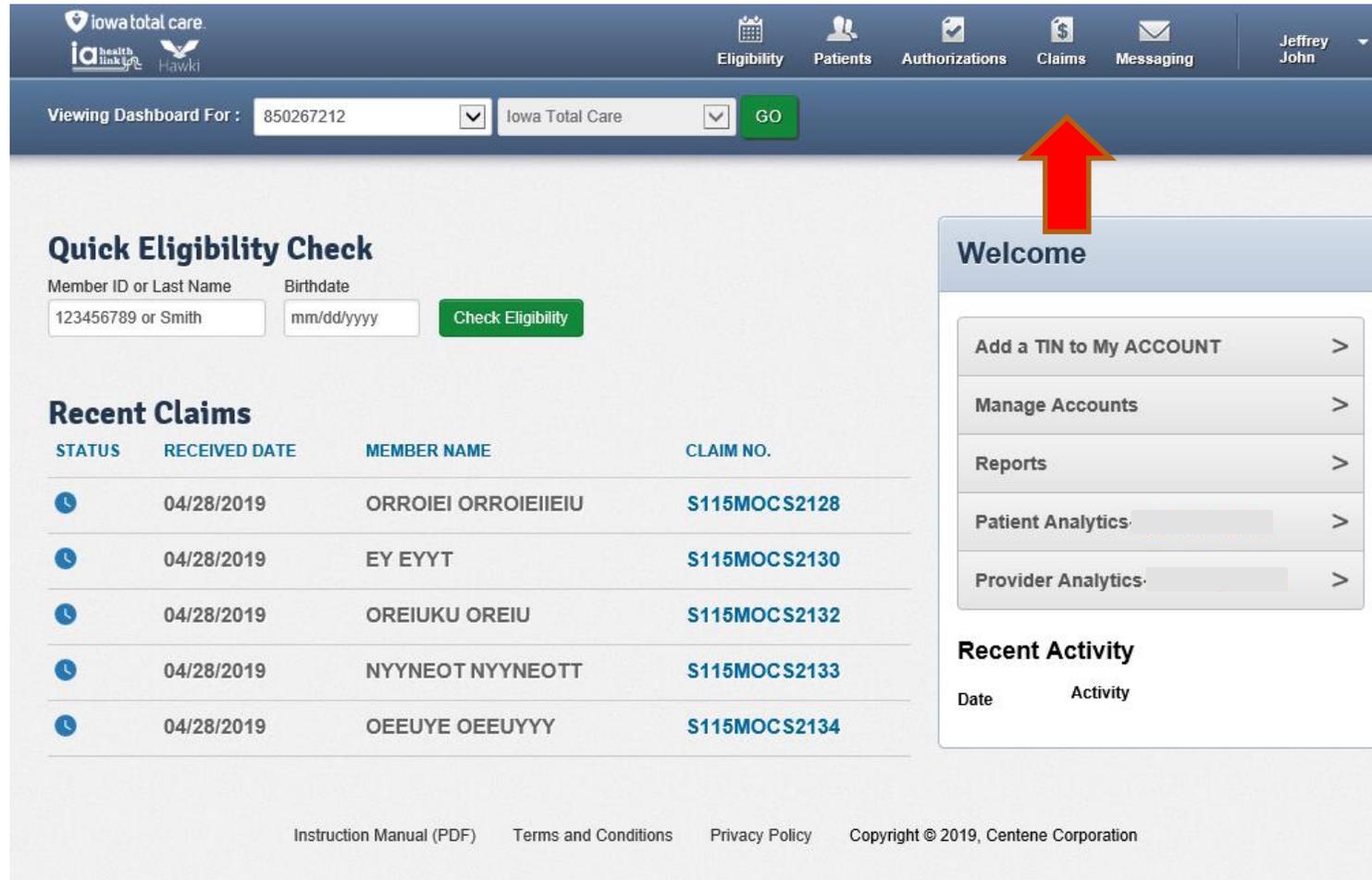
Recurring claims can be created when member services are delivered and billed on a regular basis.

This feature creates efficiencies by:

- Eliminating the need to create new claims each month
- Pulling prior billed claim information and allowing the user to adjust pieces of the claim information necessary prior to resubmitting the claim
- Providing the ability to create a member list for submitting a group of recurring claims

Recurring Claim Submission

From the Home Screen – Click on ‘Claims’



The screenshot shows the Iowa Total Care web application interface. At the top, there is a navigation bar with icons for Eligibility, Patients, Authorizations, Claims, and Messaging. The 'Claims' icon is highlighted with a red arrow. Below the navigation bar, there is a 'Viewing Dashboard For' section with dropdown menus for Member ID (850267212) and Organization (Iowa Total Care), and a 'GO' button. The main content area is divided into two columns. The left column contains a 'Quick Eligibility Check' form with input fields for Member ID or Last Name (123456789 or Smith) and Birthdate (mm/dd/yyyy), and a 'Check Eligibility' button. Below this is a 'Recent Claims' table. The right column contains a 'Welcome' sidebar with a list of menu items: Add a TIN to My ACCOUNT, Manage Accounts, Reports, Patient Analytics, and Provider Analytics. Below the sidebar is a 'Recent Activity' section with columns for Date and Activity. At the bottom of the page, there are links for Instruction Manual (PDF), Terms and Conditions, Privacy Policy, and Copyright © 2019, Centene Corporation.

Quick Eligibility Check

Member ID or Last Name: Birthdate: [Check Eligibility](#)

Recent Claims

STATUS	RECEIVED DATE	MEMBER NAME	CLAIM NO.
	04/28/2019	ORROIEI ORROIEIIEIU	S115MOCs2128
	04/28/2019	EY EYYT	S115MOCs2130
	04/28/2019	OREIUKU OREIU	S115MOCs2132
	04/28/2019	NYYNEOT NYNEOTT	S115MOCs2133
	04/28/2019	OEEUYE OEEUYYY	S115MOCs2134

Welcome

- Add a TIN to My ACCOUNT >
- Manage Accounts >
- Reports >
- Patient Analytics >
- Provider Analytics >

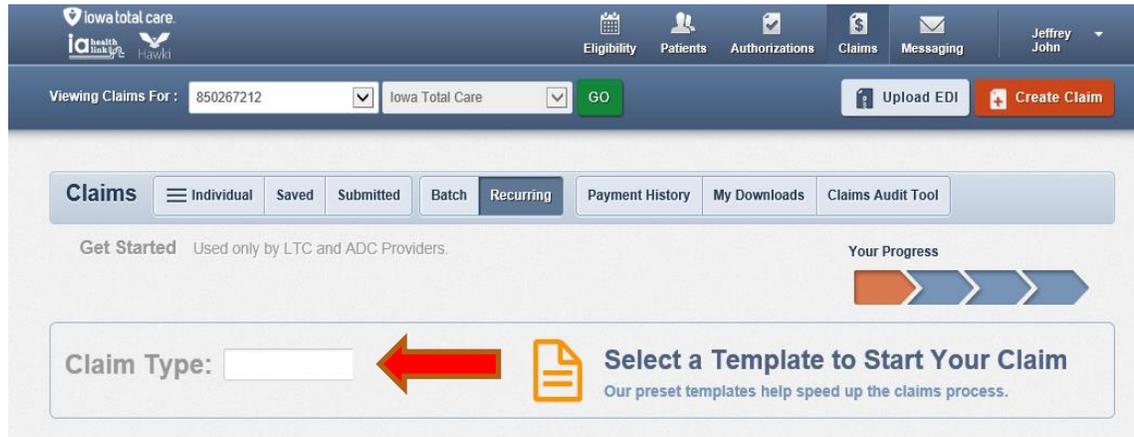
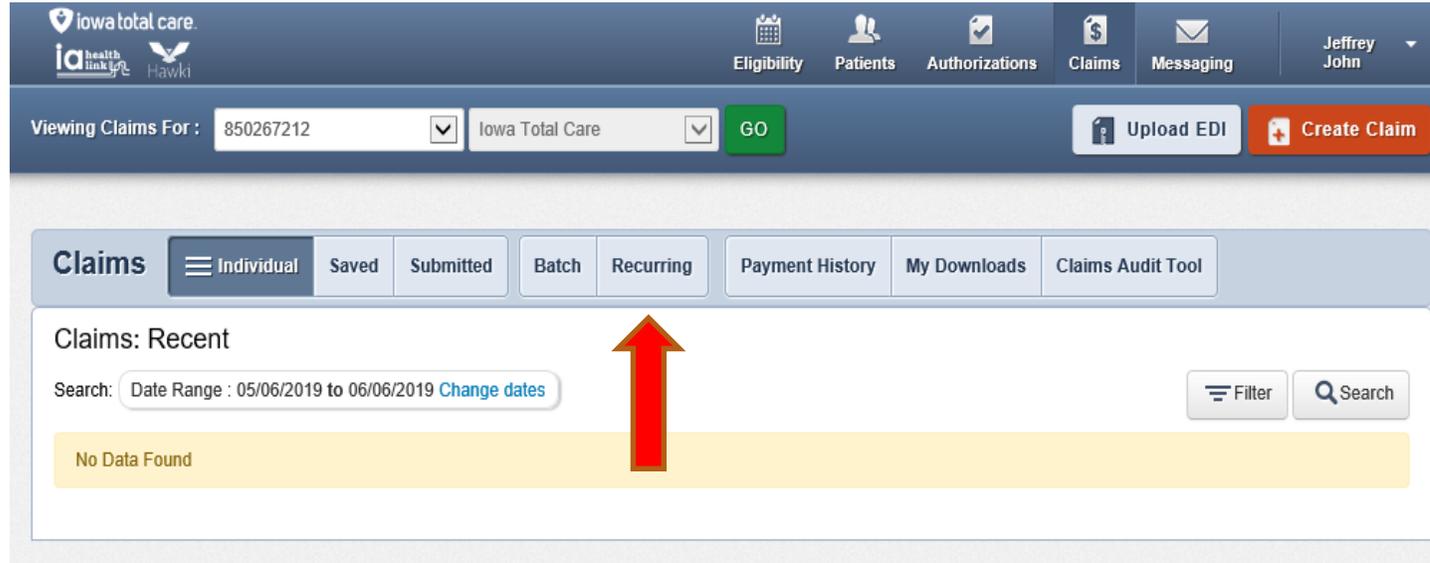
Recent Activity

Date	Activity
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Recurring Claim Submission

Click
'Recurring'



Choose 'Claim Type'

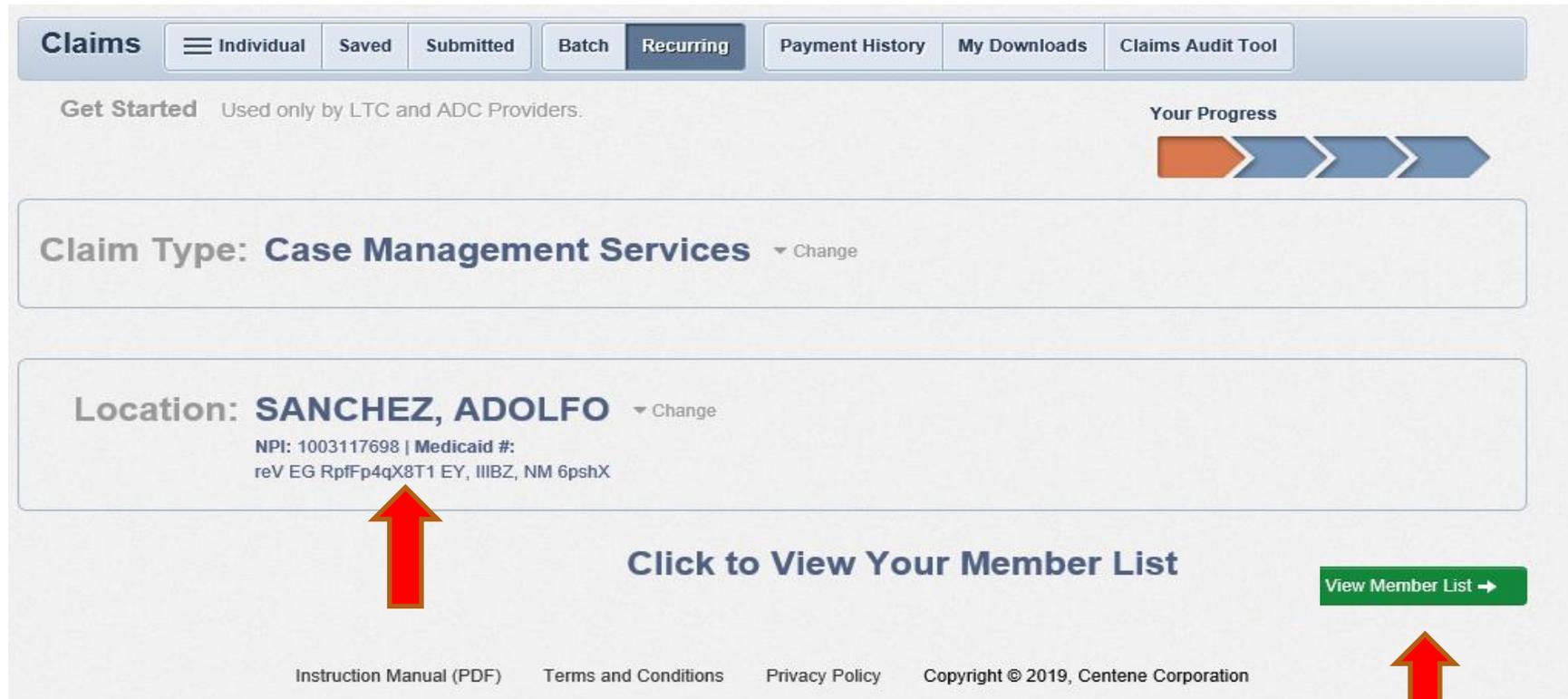
NOTE
The Claim Type selected will determine the claim fields available to complete based on whether UB or 1500 form

Recurring Claim Submission

Service locations will be displayed based on the TIN being used

- If more than one service location is listed, select the desired service location

Then click on 'View Your Member List'



Claims Individual Saved Submitted Batch **Recurring** Payment History My Downloads Claims Audit Tool

Get Started Used only by LTC and ADC Providers. **Your Progress**

Claim Type: Case Management Services Change

Location: SANCHEZ, ADOLFO Change
NPI: 1003117698 | Medicaid #: reV EG RpfFp4qX8T1 EY, IIBZ, NM 6pshX

Click to View Your Member List [View Member List →](#)

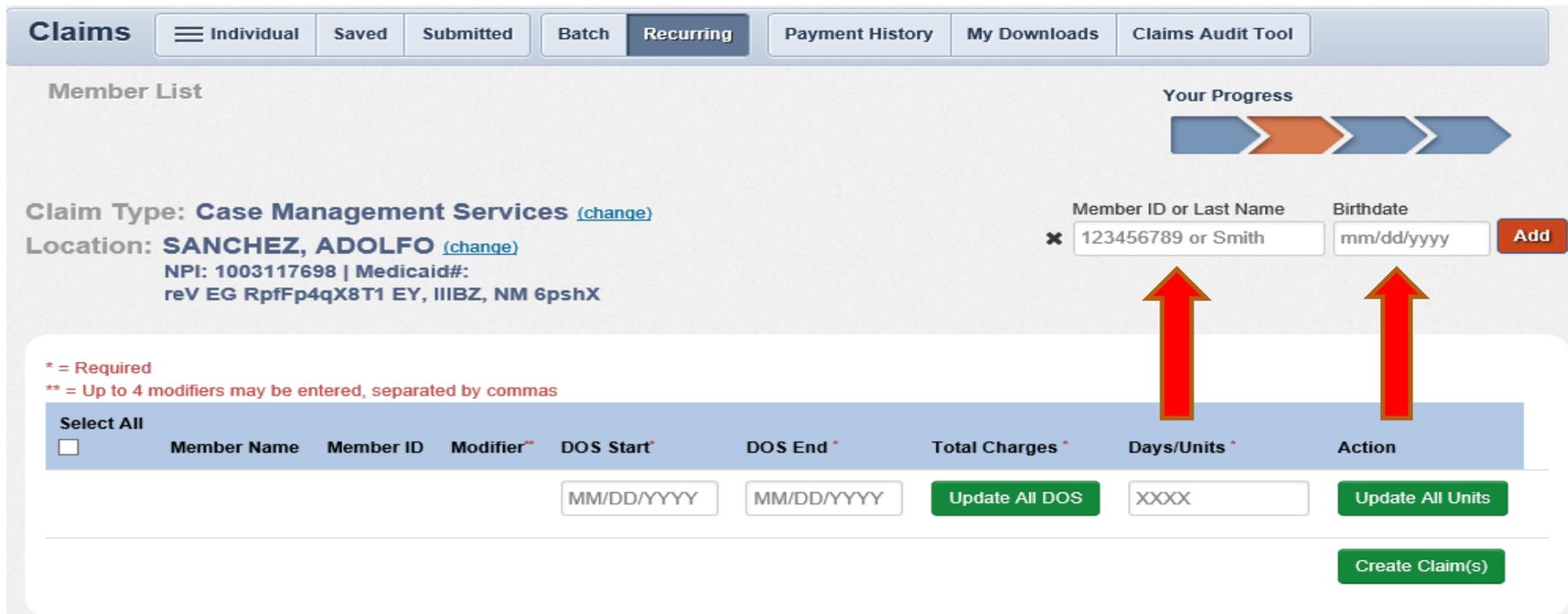
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Recurring Claim Submission

A member list can be created by completing the fields titled

- Member ID or Last Name
- Birthdate

Then click Add



Claims Individual Saved Submitted Batch **Recurring** Payment History My Downloads Claims Audit Tool

Member List Your Progress

Claim Type: **Case Management Services** [\(change\)](#)

Location: **SANCHEZ, ADOLFO** [\(change\)](#)
NPI: 1003117698 | Medicaid#: reV EG RpfFp4qX8T1 EY, IIBZ, NM 6pshX

Member ID or Last Name: Birthdate: **Add**

* = Required
** = Up to 4 modifiers may be entered, separated by commas

Select All	Member Name	Member ID	Modifier**	DOS Start*	DOS End*	Total Charges*	Days/Units*	Action
<input type="checkbox"/>				<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="button" value="Update All DOS"/>	<input type="text" value="XXXX"/>	<input type="button" value="Update All Units"/>
								<input type="button" value="Create Claim(s)"/>

Recurring Claim Submission

Member Added will be displayed along with the member name and ID

Additional members can be added by repeating the process

- If a member does not appear, check the member ID and birthdate and if still not found check eligibility of member

Claim Type: **Counseling** [\(change\)](#)

Location: **SANCHEZ, ADOLFO** [\(change\)](#)
NPI: 1003117698 | Medicaid#: reV EG RpfFp4qX8T1 EY, IIBZ, NM 6pshX



* = Required
** = Up to 4 modifiers may be entered, separated by commas

Member Added.

Select All

<input type="checkbox"/>	Member Name	Member ID	Modifier**	DOS Start*	DOS End*	Total Charges*	Days/Units*	Action
<input type="checkbox"/>	ORROIEI ORROIEIEIU	0020781T	XX,XX,XX,XX	MM/DD/YYYY	MM/DD/YYYY	XX.XX	XXXX	<input type="checkbox"/>
				MM/DD/YYYY	MM/DD/YYYY	<input type="button" value="Update All DOS"/>	XXXX	<input type="button" value="Update All Units"/>
								<input type="button" value="Create Claim(s)"/>

To complete and submit multiple claims, click the white box

To remove a member from the list, click the box

Recurring Claim Submission

Complete all claim fields

- Available claim fields depend on the claim type selected – UB or 1500 form
- Once all fields are completed, click Create Claim

Claim Type: **Counseling** [\(change\)](#)

Location: **SANCHEZ, ADOLFO** [\(change\)](#)
NPI: 1003117698 | Medicaid#: reV EG RpfFp4qX8T1 EY, IIBZ, NM 6pshX

[Add Member](#)

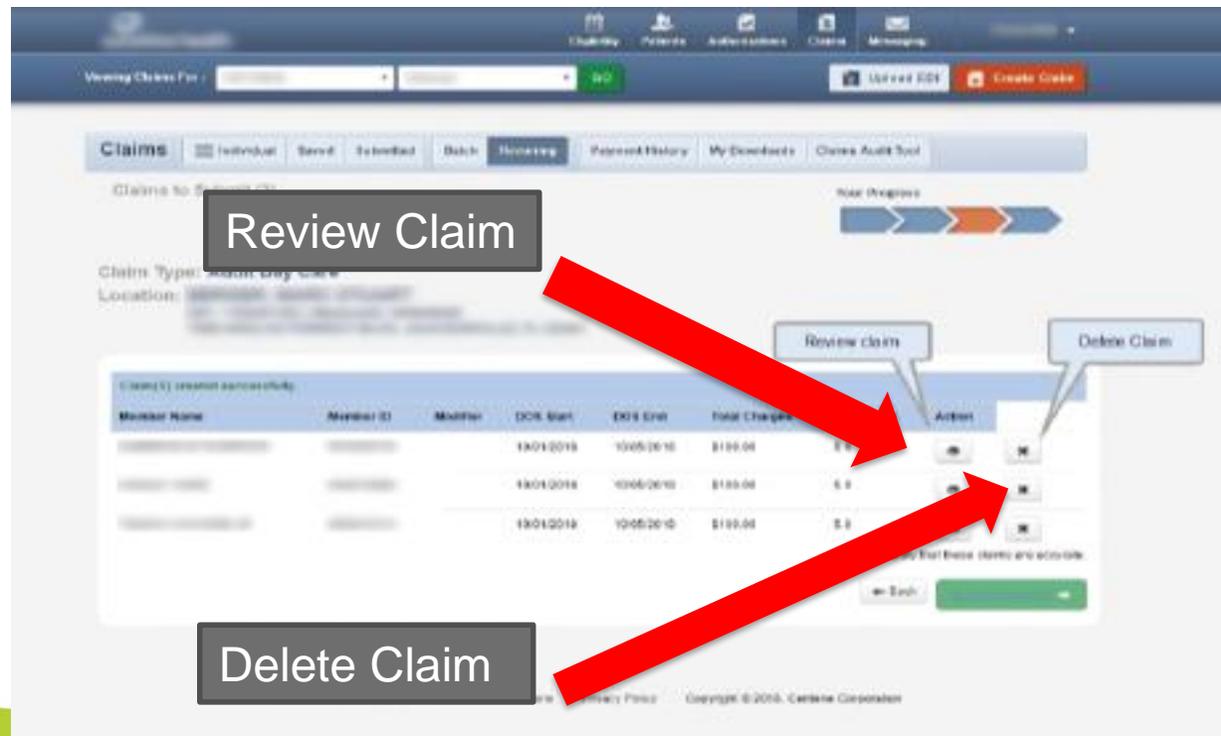
* = Required
** = Up to 4 modifiers may be entered, separated by commas

Member Added.

Select	Member Name	Member ID	Modifier**	DOS Start*	DOS End*	Total Charges*	Days/Units*	Action
<input type="checkbox"/>	ORROIEI ORROIEIEIU	0020781T	<input type="text" value="XX,XX,XX,XX"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="XX.XX"/>	<input type="text" value="XXXX"/>	<input type="button" value="x"/>
				<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="button" value="Update All DOS"/>	<input type="text" value="XXXX"/>	<input type="button" value="Update All Units"/>
								<input type="button" value="Create Claim(s)"/>

To review a completed claim, click on the Action icon

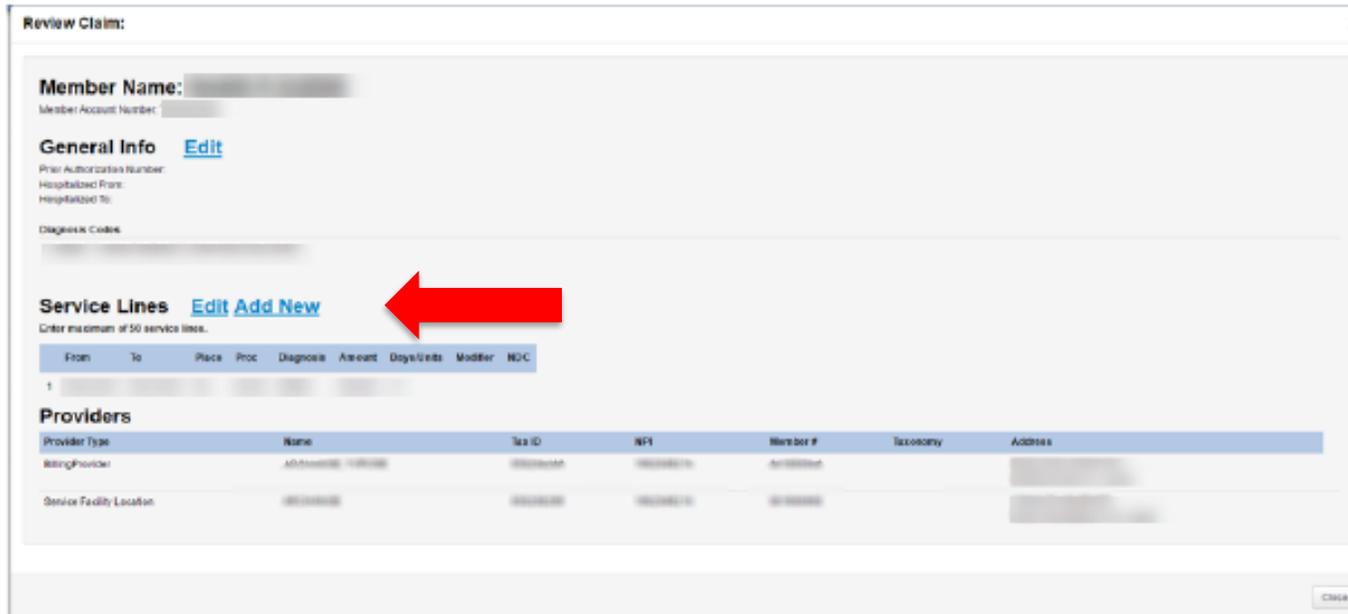
- The claim can be viewed or updates can be made when applicable
- There are certain claim fields that cannot be edited within the portal
- If changes need to be made to fields that cannot be edited, the claim will need to be deleted and a new claim submitted



Recurring Claim Submission

Once Review Claim is clicked, three options are available

- Review the claim
- Update claim information by clicking on Edit Add New
- Add additional claim lines by clicking on Edit Add New, once completed click the Certification box and Submit



Review Claim:

Member Name: [Redacted]
Member Account Number: [Redacted]

General Info [Edit](#)
Prior Authorization Number:
Hospitalized From:
Hospitalized To:
Diagnosis Code:

Service Lines [Edit Add New](#) ←
Enter maximum of 50 service lines.

From	To	Place	Proc	Diagnosis	Amount	Days/Units	Modifier	NC
1								

Providers

Provider Type	Name	Tax ID	NPI	Member #	Secondary	Address
Billing Provider	[Redacted]	[Redacted]	[Redacted]	[Redacted]		[Redacted]
Service Facility Location	[Redacted]	[Redacted]	[Redacted]	[Redacted]		[Redacted]

Close

To close a claim after a Review is done, click Close

