

# Provider Portal Claims Redesign

## What has changed?

- Introducing new Claims Dashboard providing quick and easy access to the most relevant claims information.
- All-new Claims Status Tiles and Pages, with sort, filter, keyword search, row count, and pagination capabilities.
- Search button replaced with a hyperlink and renamed Advanced Search, offering two new search options.
- Portal users will be able to search for Claims by Claim number, up to 10 claims at once, from Claims Dashboard and Advanced Search.
- Expanded Claim Details page will display reference numbers associated to a claim (i.e., Reconsideration number, Appeal number, etc.).

## Claims Dashboard: Previous View

The previous Claims Dashboard interface features a top navigation bar with tabs for Eligibility, Patients, Authorizations, Claims (highlighted with a red box), and Messaging. Below this, a section for 'Viewing Claims For' includes dropdowns for TIN and Plan Type (Medicaid), a GO button, and links for Upload EDI and Create Claim. A sub-navigation bar for Claims includes tabs for Individual, Saved, Submitted, Batch, Payment History, and Claims Audit Tool. A note states: 'Claims for patients who are former WellCare members (for dates prior to 05/01/2021) can be found on the WellCare Provider Portal.' The main section, 'Claims: Recent', includes a search bar with a date range (05/01/2022 to 06/01/2022) and a table of recent claims.

CLAIM NO.	CLAIM TYPE	MEMBER NAME	SERVICE DATE(S)	BILLED/PAID	CLAIM STATUS
V130	CMS-1500	[REDACTED]	05/17/2022 - 05/17/2022	\$463.00 / \$184.78	Paid
V145	CMS-1500	[REDACTED]	05/16/2022 - 05/16/2022	\$436.00 / \$207.52	Paid
V145	CMS-1500	[REDACTED]	05/16/2022 - 05/16/2022	\$4,582.00 / \$2,997.00	Paid
V137	CMS-1500	[REDACTED]	05/13/2022 - 05/13/2022	\$436.00 / \$207.52	Paid
V137	CMS-1500	[REDACTED]	05/13/2022 - 05/13/2022	\$1,758.00 / \$0.00	Denied
V138	CMS-1500	[REDACTED]	05/13/2022 - 05/13/2022	\$436.00 / \$207.52	Paid
V138	CMS-1500	[REDACTED]	05/12/2022 - 05/12/2022	\$957.00 / \$571.82	Paid
V151	CMS-1500	[REDACTED]	05/12/2022 - 05/12/2022	\$4,908.00 / \$2,186.46	Pending
V137	CMS-1500	[REDACTED]	06/13/2022 - 06/13/2022	\$1,036.00 / \$434.32	Paid

## Claims Dashboard: New View

The new Claims Dashboard interface features a top navigation bar with tabs for Eligibility, Patients, Authorizations, Claims (highlighted with a red box), and Messaging. Below this, a section for 'Viewing Claims For' includes dropdowns for TIN and Plan Type (Medicaid), a GO button, and links for Upload EDI and Create Claim. A sub-navigation bar for Claims includes tabs for Individual, Saved, Submitted, Batch, Payment History, and Claims Audit Tool. A note states: 'Claims for patients who are former WellCare members (for dates prior to 05/01/2021) can be found on the WellCare Provider Portal.' The main section, 'Claims', includes a search bar with a date range (03/29/2022 to 04/28/2022) and a table of recent claims. The table is divided into three columns: REJECTED (08), DENIED (23), and PENDING (58). Below the table, there are sections for 'Search for Claims' (Check Status by Claim Number and Search by Member Info), 'Create Claims' (Start a CMS 1500 / Professional or CMS UB-04 / Institutional Claim, Recurring Claim, Upload EDI / Batch), 'Manage Finances' (Explanation of Payment (EOP), Reports & Tools), and 'Resources' (Instruction Manual, CMS-1500 Claim Form, CMS-UB-04 Claim Form).

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V137	CMS-1500	[REDACTED]	06/13/2022 - 06/13/2022	\$1,036.00 / \$434.32	Paid

# Provider Portal Claims Redesign

## Claims Details Page: Previous View

Viewing Claims For: TIN [ ] Plan Type [ ] GO [ ] Upload EDI [ ] Create Claim [ ]

Most Recent Payment details do not show final claim status until a payment date is available. Check back before your timely filing deadline.

[Back to Claims](#) **Claim Details**

Claim #V308 [ ] : Paid

[+Copy Claim](#) [Correct Claim](#) [Reconsider Claim](#)

Claim Accepted In Process Paid

Member	Provider	Claim	Most Recent Payment
Member Name: [ ] Member ID: [ ] Member DOB: [ ]	Ref/Account No.: 621296080000 Serving Provider: [ ] Serving NPI: [ ]	DOS Range: 10/30/2022 - 10/30/2022 Received Date: 11/04/2022 Billed Amount: \$440.02	Payment Date: 11/09/2022 Check/EFT Number: [ ] Check Date: 11/08/2022 Paid Claim Amount: \$112.41 Total Check Amount: \$96,031.03

**Service Lines**

Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Paid Amount	Payment Date	Check/EFT Number	Status	Payment Codes
1	10/30/2022	87635	J950, Z20822		20	\$150.00	\$53.96	11/09/2022	04090024 6682	PAID	92
2	10/30/2022	02023	J950, Z20822		20	\$63.00	\$24.67	11/09/2022	04090024 6682	PAID	92
3	10/30/2022	99212	J950, Z20822		20	\$210.00	\$31.25	11/09/2022	04090024 6682	PAID	0c
4	10/30/2022	J1100	J950, Z20822		20	\$17.02	\$2.53	11/09/2022	04090024 6682	PAID	0c

**Payment Description**

Payment Code	Description
0c	PAY. CHARGES PAID AT PROVIDERS COST-TO-RATIO ON DATE OF PAYMENT
92	PAID IN FULL

## Claims Details Page: New View

Viewing Claims For: TIN [ ] Plan Type [ ] GO [ ]

Most Recent Payment details do not show final claim status until a payment date is available. Check back before your timely filing deadline.

**Claim: V258**  
Status: PENDING

Submitted V258 [ ] Current Status Pending V258 [ ]

Member	Type and Dates
Member Name: [ ] Date of Birth: [ ] Member ID: [ ] Medicaid ID: [ ] Plan Type: Medicaid	Type: UB-04 Service Dates: 09/07/2022 - 09/07/2022 Submit Date: 09/14/2022

Payment	Check # / EFT
Billed: \$402.00 Paid: \$51.05 Payment Date: [ ]	Check Date: [ ] Total Check Amount: \$0.00

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**Claim Info**

Original Claim: V258  
Status: Pending  
Type: UB-04  
Service Dates: 09/08/2022 - 09/08/2022  
Submit Date: 09/15/2022

**Provider**

Ref/Account #: [ ]  
Billing Provider: [ ]  
Billing NPI: [ ]  
TIN: [ ]

**Service Lines**

Line	Date of Service	Proc	Diag	Mod	Place of Service	Charged	Paid	Check #	Payment Codes	Status
1	09/07/2022	G0480	F1120		LC22	\$96.00	\$0.00	N/A	MF	Denied
2	09/07/2022	80307	F1120		LC22	\$306.00	\$51.05	N/A	92	Paid

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**Payment Codes Description**

MF DENY: NO AUTHORIZATION ON FILE THAT MATCHES SERVICE(S) BILLED  
92 PAID IN FULL

**Reference Numbers**

Reference Type	Reference Number
Referral	[ ]
Prior Authorization	[ ]
Original Claim Number	V258 [ ]