

Job Aid: Provider Portal Claims



Overview

This job aid details how providers access and navigate claims information in Vaya Health's (Vaya's) Provider Portal. The portal's claims section includes search options and filters that allow providers to view their claims history or search by claim type. Providers also can use the portal to submit both professional and institutional claims.

Click any section below for details:

- [Getting Started](#)
- [Claims Homepage](#)
- [Search](#)
- [Viewing Claim Details](#)
- [Editing Claims](#)
- [Uploading/Downloading with 837 Claims](#)
- [Creating a Claim](#)
- [Saving, Validating, and Submitting a Claim](#)
- [Remittance Advice \(RA\) Reports](#)
- [Extracting a Claim](#)
- [Claims Attachments](#)

Getting Started

Step 1

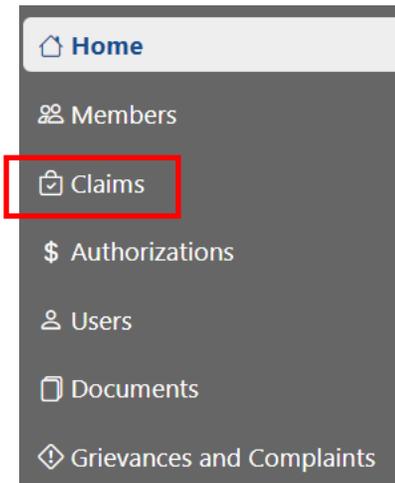
On the Provider Portal homepage, select "Claims" from the menu on the left side of the screen.

Step 2

The Claims homepage will appear.

Step 3

Your access level determines the type of information you can view in the claims section.



Job Aid: Provider Portal Claims

Page 2 of 10



Claims Homepage

Claims Homepage Terminology

- “Portal ID” is claim’s ID in the Provider Portal before it is submitted to Health Solutions Plus (HSP).
- “Member ID” is the member’s/recipient’s Vaya identification number.
- “HSP ID” is the ID the claim is given once it is processed in HSP.

CREATE UB04		CREATE CMS1500		EXTRACT CLAIMS (CSV)		EXTRACT CLAIMS (XLSX)			
Type	Submission Type	Provider ID	Portal ID	HSP ID	Billing NPI	Provider Name	Office ID	Office Name	M...
<p>◀ ◁ 0 ▷ ▶ ▶▶ 10 items per page No items to display</p>									

Submitted and Status Categories

The “Submitted?” column will show “true” beside a claim if it has been submitted and “false” if it has not been submitted.

The “Status” column identifies the claim’s status as one of the following:

- Pended – The claim is pended in HSP and awaiting manual review by Vaya’s Business Services (Claims) Department.
- Completed – At least one line of the claim has been approved.
- Denied – The claim has been denied.
- TBD – To be determined.

Submitted?
true

Viewing Claim Details on the Claims Homepage

To view more details of a claim on the Claims homepage, select the arrow button beside that claim.

Filters			
CREATE UB04		CREATE CMS1500	
Type	Submission Type		
▶ CMS1500	HSP		
▶ CMS1500	HSP		
▶ CMS1500	HSP		

CREATE UB04		CREATE CMS1500		EXTRACT CLAIMS (CSV)		EXTRACT CLAIMS (XLSX)			
Type	Submission Type	Provider ID	Portal ID	HSP ID	Billing NPI	Provider Name	Office ID	Office Name	M...
<p>◀ ◁ 0 ▷ ▶ ▶▶ 10 items per page</p>									

Job Aid: Provider Portal Claims

Page 3 of 10



Search

To search for a specific claim or type of claim:

Step 1

Enter the relevant search information under any of the column headings and/or by using the dropdown menus for the claims “Start Date,” “End Date,” “Claim Source,” and/or “Type.”

Step 2

Select “Filter.”

To review a claim sent via an 837 file:

Step 1

Select the “Vendor,” “Office,” and “Provider” from the dropdown menus

Step 2

Select “837” from the dropdown menu under “Claim Source.”

To conduct a historical search (for claims older than 90 days):

Step 1

Select “More Filters.”

Step 2

The “Search for Historical Values” section will appear in the middle of the page.

Step 3

This search sets the “Claim Source” dropdown over the grid to filter for historical claims.

Note: Historical searches look for archived records within the date range specified. If the date range is not provided, the search will bring up results from the last two years. Results for this type of search are limited to 100 rows.

Job Aid: Provider Portal Claims

Page 4 of 10



Using additional filters:

Step 1

To access the filter search on the “Claims Home” page, select the word “Filter” in blue on the left side of the page.

A rectangular button with a thin black border and the word "Filters" in blue text.

Step 2

Quick search options that include “Portal ID” (the claim number in the portal), “HSP ID” (the ID the claim will be given in HSP), and “Name” will display.

Step 3

Enter claim filters.

Step 4

Select “Filter.”

A screenshot of a web application's search and filter interface. At the top, it says "Quick Search". Below this are three search options: "Search by Portal ID", "Search by HSP ID", and "Search By Name", each with a dropdown arrow. Under "Search By Name", there are two input fields: "Last Name *" and "First Name *". Below these are four filter categories: "Start Date" and "End Date" (each with a calendar icon), "Claim Source" (with a dropdown menu set to "All"), and "Type" (with a dropdown menu set to "All"). At the bottom right of the filter section are two buttons: a blue "Filter" button and a grey "RESET" button. A "Filters" link is visible in the bottom left corner of the screenshot.

Viewing Claim Details

Step 1

Find the claim you want to view on the Claims homepage.

Step 2

Using the scroll feature, select “View” on the right side of the Claims homepage.

Step 3

The claim and details will appear.

Job Aid: Provider Portal Claims

Page 5 of 10



Editing Claims

You can enter claims either through the Provider Portal or electronically via 837 files (for more information about 837 claims, please reference the Vaya Health Provider Operations Manual). While you may edit a claim entered through the Provider Portal until it is submitted for payment, claims submitted electronically via 837 files cannot be edited.

To edit a claim submitted through the Provider Portal:

Step 1

Find the claim on the Claims homepage and select **"Edit."** The claim details will display.

Step 2

Edit the claim information and select **"Save."**

Step 3

To ensure information is accurate, select the blue **"Validate Claim"** button at the bottom middle of the screen.

Step 4

After validating the claim, select **"Submit Claim"** in the right corner of the page. Once the claim has been submitted, the claim type and number will show at the top of the screen.

Copying Claims

To copy a claim saved in or submitted through the Provider Portal:

Step 1

Find the claim on the Claims homepage and select **"Copy."** The claim details will display.

Step 2

Change the desired claim information and select **"Save."**

Step 3

To ensure information is accurate, select the blue **"Validate Claim"** button at the bottom middle of the screen.

Step 4

After validating the claim, select **"Submit Claim"** in the right corner of the page. Once the claim has been submitted, the claim type and number will show at the top of the screen.

Uploading/Downloading with 837 Claims

An 837 claim can be submitted or downloaded on the Provider Portal resource page in the Quick Access section.

Step 1

Select **["Upload or review your EDI transactions."](#)** A new window will open with the CrushFTP application.

Step 2

Log in and upload 837 files to the **"Upload"** folder or access response files via the **"Download"** folder. Folder names may vary.

Job Aid: Provider Portal Claims

Page 6 of 10



Creating a Claim

Step 1

On the Claims homepage, use the dropdown menus to select the correct vendor, office, and provider in the order they appear on the screen.

- For “Vendor,” select the National Provider Identifier (NPI).
- For “Office,” select the specific location or office.
- For “Provider,” select the person performing the service.

After you select these options, some fields will automatically populate.

A screenshot of the "Claims" homepage. The page title is "Claims" in blue. Below the title is a subtitle: "Review existing claims, create new claims, or edit unsubmitted claims. Use the Filter to search for specific claims." There are three dropdown menus: "Vendor" (with a small downward arrow icon), "Office", and "Provider". Each dropdown menu is currently empty.

Step 2

Choose the type of claim you would like to create by selecting one of the options displayed in the middle of the page: “CMS UB04/Institutional Claim” or “CMS 1500/Professional Claim.”

Step 3

The “Create a Claim” page will open.

Step 4

Complete the claim.

Note: Fields marked with an asterisk (*) in the Provider Portal are required. Complete all drop boxes and text fields to ensure you submit a “clean” claim.

CMS UB04/Institutional Claims	CMS 1500/Professional Claims
<p>To create and submit a CMS UB04 claim, use the dropdown menu to select rendering provider and office.</p> <p>Enter the patient’s first name, last name, and date of birth; select “Search,” and provide the following information:</p> <ul style="list-style-type: none">• Demographics/patient information (should autofill from a member search):<ul style="list-style-type: none">○ First and last name○ Date of birth	<p>To create and submit a CMS 1550 claim, use the dropdown menu to select rendering provider, taxonomy, and office.</p> <p>Enter the patient’s first and last name, select “Search,” and provide the following information:</p> <ul style="list-style-type: none">• Demographics/patient information (should autofill from a member search):<ul style="list-style-type: none">○ First and last name○ Date of birth○ SSN

Job Aid: Provider Portal Claims

Page 7 of 10



CMS UB04/Institutional Claims	CMS 1500/Professional Claims
<ul style="list-style-type: none"><ul style="list-style-type: none"><input type="radio"/> SSN<input type="radio"/> Gender<input type="radio"/> Address• Billing provider's information and pay-to information:<ul style="list-style-type: none"><input type="radio"/> Office name<input type="radio"/> Address<input type="radio"/> Telephone• Patient control number and MRN• Bill type (required)• Federal tax ID number• Statement covers period from/through• Patient identifier and name:<ul style="list-style-type: none"><input type="radio"/> First name<input type="radio"/> Last name<input type="radio"/> Patient address<input type="radio"/> Birth date<input type="radio"/> Gender• Admission information:<ul style="list-style-type: none"><input type="radio"/> Date<input type="radio"/> Time<input type="radio"/> Type<input type="radio"/> Source• Discharge information:<ul style="list-style-type: none"><input type="radio"/> Hour<input type="radio"/> Status• Condition codes• Accident state• Occurrence code and date• Occurrence span:<ul style="list-style-type: none"><input type="radio"/> Code<input type="radio"/> Date• Responsible party:<ul style="list-style-type: none"><input type="radio"/> Name<input type="radio"/> Address• Value codes:<ul style="list-style-type: none"><input type="radio"/> Code<input type="radio"/> Amount• Service lines – Select "Expand Editor"	<ul style="list-style-type: none"><ul style="list-style-type: none"><input type="radio"/> Gender<input type="radio"/> Address• Insurance information:<ul style="list-style-type: none"><input type="radio"/> Insurer's ID number• Patient name:<ul style="list-style-type: none"><input type="radio"/> First name<input type="radio"/> Last name• Patient demographics:<ul style="list-style-type: none"><input type="radio"/> Patient birth date<input type="radio"/> Patient gender• Insured name:<ul style="list-style-type: none"><input type="radio"/> First name<input type="radio"/> Last name• Patient contact details:<ul style="list-style-type: none"><input type="radio"/> Patient address<input type="radio"/> Telephone• Patient relationship to insured:<ul style="list-style-type: none"><input type="radio"/> Relationship• Insured contact details:<ul style="list-style-type: none"><input type="radio"/> Address• Patient contact condition related to:<ul style="list-style-type: none"><input type="radio"/> Employment<input type="radio"/> Auto accident<input type="radio"/> Auto accident state• Insured information:<ul style="list-style-type: none"><input type="radio"/> Insured policy group or FECA number<input type="radio"/> Birth date<input type="radio"/> Gender<input type="radio"/> Insurance plan name<input type="radio"/> Another health benefit plan• Patient signature values<ul style="list-style-type: none"><input type="radio"/> Signed (options include Y – signature on file, N – no signature on file, I – provider has informed consent to release medical information)<input type="radio"/> Date• Insured or authorized person's signature:<ul style="list-style-type: none"><input type="radio"/> Signature values (options include yes or no)

Job Aid: Provider Portal Claims

Page 8 of 10



CMS UB04/Institutional Claims	CMS 1500/Professional Claims
<ul style="list-style-type: none"> ○ Fill in all information that pertains to the service being billed ○ Add in total charges and non-covered charges ● Payor information: <ul style="list-style-type: none"> ○ Payer identification (enter the payor name and the code will automatically populate) ○ Health plan ID (this field will automatically populate based on the information in the payor identification field) ○ Rel info (options are Y or I – provider has informed consent to release medical information) ○ Asg. Benefits (options are Y, N, or W – not applicable) ○ Prior payments ○ Est. amount due ● Insured information: <ul style="list-style-type: none"> ○ Insured name ○ Relationship type ○ Unique ID ○ Group name ○ Group number ○ Precedence (Options include primary, secondary, and tertiary) ● Authorization number ● Original claim number ● Diagnosis code: <ul style="list-style-type: none"> ○ Diagnosis ○ Present on Admission (POA) indicator (physical health claims) ● DX and ECI codes: <ul style="list-style-type: none"> ○ Admitting code ○ Patient reason for visit code ○ PPS code ○ ECI code ● Procedure codes and dates: <ul style="list-style-type: none"> ○ Procedure ○ Code 	<ul style="list-style-type: none"> ○ Signed and date ● Date of current illness: <ul style="list-style-type: none"> ○ Date ○ Qualifier ● Other date: <ul style="list-style-type: none"> ○ Other date ○ Qualifier ● Date patient unable to work in current occupation: <ul style="list-style-type: none"> ○ From date ○ To date ● Name of referring provider or other source: <ul style="list-style-type: none"> ○ Name ○ Qualifier ○ Other ID ○ Other ID qualifier ○ NPI number ● Hospitalization dates related to current services: <ul style="list-style-type: none"> ○ From date ○ To date ● Additional claim information ● Outside lab charges: <ul style="list-style-type: none"> ○ Outside lab ○ Charges ● Diagnosis, nature of illness, or injury code ● Resubmission code: <ul style="list-style-type: none"> ○ Value ○ Original claim number ● Prior authorization number ● Service lines – Select “Expand Editor” <ul style="list-style-type: none"> ○ Fill in all information that pertains to the service that is being billed. ● Federal tax ID number: <ul style="list-style-type: none"> ○ Tax ID number ○ Is it EIN? ● Prior account number ● Accept assignment ● Total charges ● Total COB amount paid ● Physician signature (If the service is clinician-based,

Job Aid: Provider Portal Claims

Page 9 of 10



CMS UB04/Institutional Claims	CMS 1500/Professional Claims
<ul style="list-style-type: none">○ Date● Attending provider details:<ul style="list-style-type: none">○ First and last○ Name○ NPI○ Qualifier○ Taxonomy● Operating provider:<ul style="list-style-type: none">○ First and last name○ NPI○ Qualifier○ Taxonomy● Remarks● Codes – Code A (Taxonomy)	<p>enter the clinician signature. If the service is not clinician-based, enter the organization name):</p> <ul style="list-style-type: none">○ Signed○ Date● Name and address of facility where services were rendered (if other than home or office):<ul style="list-style-type: none">○ Facility name○ Address○ Telephone○ Facility ID● Physician’s or supplier’s billing address:<ul style="list-style-type: none">○ First and last name○ Address○ Telephone

Saving, Validating, and Submitting a Claim

Save, validate, and submit claims on the “**Create a Claim**” page.

To save a claim and come back to it in the future:

Select “**Save**” on the left side at the bottom of the page. If a claim is in “saved” status, Vaya will not process it.

To validate a claim and ensure all information is accurately entered:

Select “**Validate Claim**” at the bottom of the page in the center.

To submit a claim after it is validated:

Select “**Submit Claim**” on the bottom of the page on the right. Submitted claims may not be edited upon retrieval. To edit a submitted claim, you must copy the existing claim and submit a replacement with the necessary changes.



Job Aid: Provider Portal Claims

Page 10 of 10



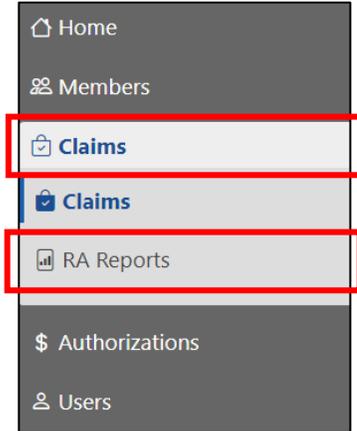
Remittance Advice (RA) Reports

An example of a RA report:

Check Date	Check Num...	Amount	File Name

To access RA reports and to see how payments were applied to your claims:

Select "RA Reports" on the left side of the Claims homepage.



Extracting Claims

To run a report of claims:

Select the "Claim Extract" button and choose the desired format (e.g., CSV or XLSX).

Claims Attachments

Select attachments can be submitted via a 275 claim attachment format or in an 837 file, allowing the provider to link the separately received attachment to the claim for processing. These attachments can be submitted via the Provider Portal in the attachments section that appears at the bottom of a claim form after the provider saves it once.

Attachments are required for the following:

- Consent forms (for example, sterilization forms)
- Certificate of medical necessity (CMN)
- Invoices
- Discharge summaries
- Operative report
- Child medical exam checklist