Job Aid:
ProviderCONNECT Claims

Overview

This job aid details how providers access and navigate claims information in Vaya Partners' ProviderCONNECT 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

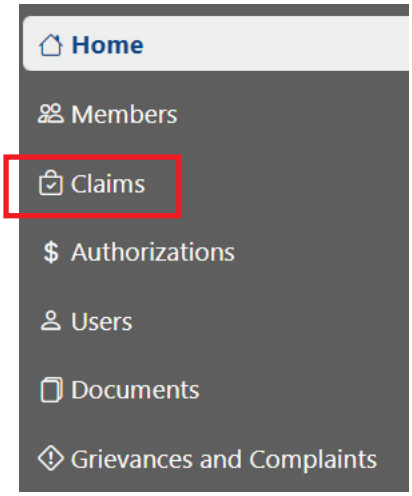
On the ProviderCONNECT homepage, select "**Claims**" from the menu on the left side of the screen.

Step 2

The Claims homepage will appear.

Step 3

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

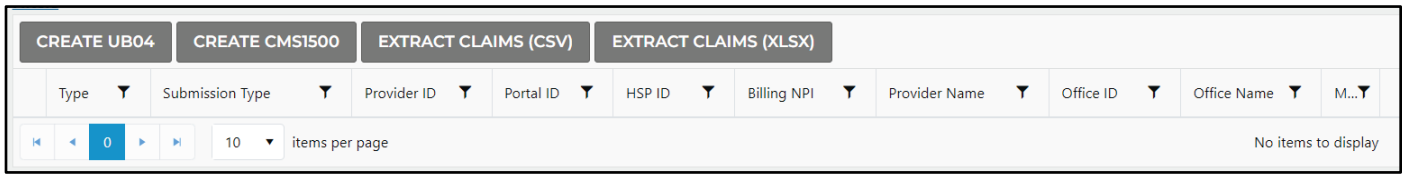


Copyright © 2026 Vaya Partners. All rights reserved.

Claims Homepage

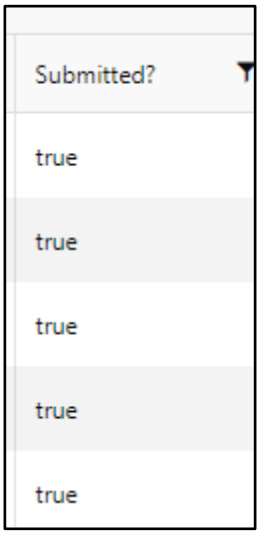
Claims Homepage Terminology

- "**Portal ID**" is claim's ID in ProviderCONNECT before it is submitted to Conduent Health Solutions Plus (HSP).
- "**Member ID**" is the member's/recipient's Vaya Partners identification number.
- "**HSP ID**" is the ID the claim is given once it is processed in Conduent HSP.



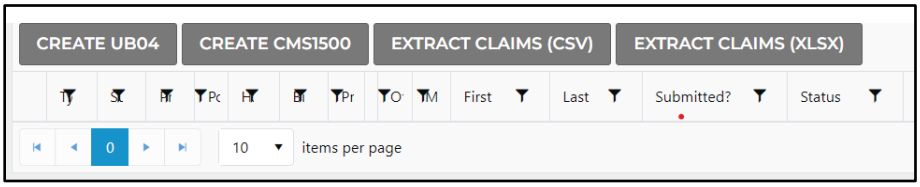
Submitted and Status Categories

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



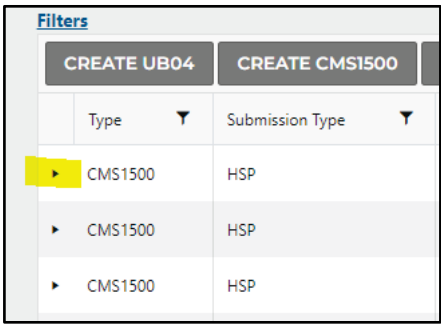
The "**Status"** column identifies the claim's status as one of the following:

- Pended – The claim is pended in Conduent HSP and awaiting manual review by Vaya Partners' Claims Department.
- Completed – At least one line of the claim has been approved.
- Denied – The claim has been denied.
- TBD – To be determined.



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.



Copyright © 2026 Vaya Partners. All rights reserved.

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**."

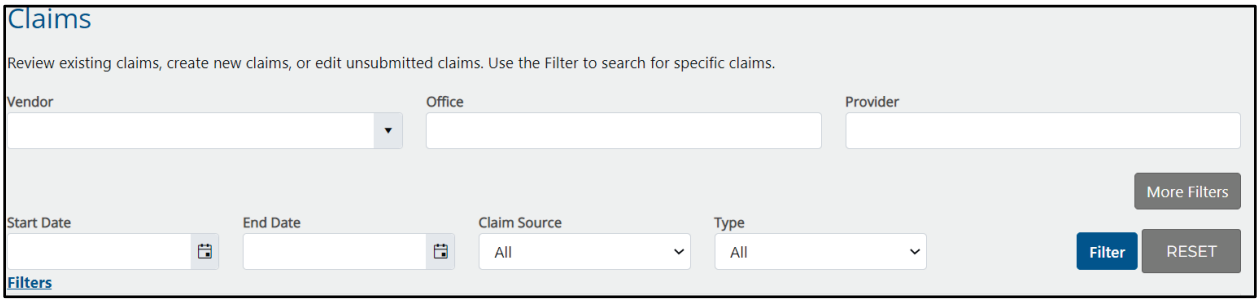
To review a claim sent via an 837 file:

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**."

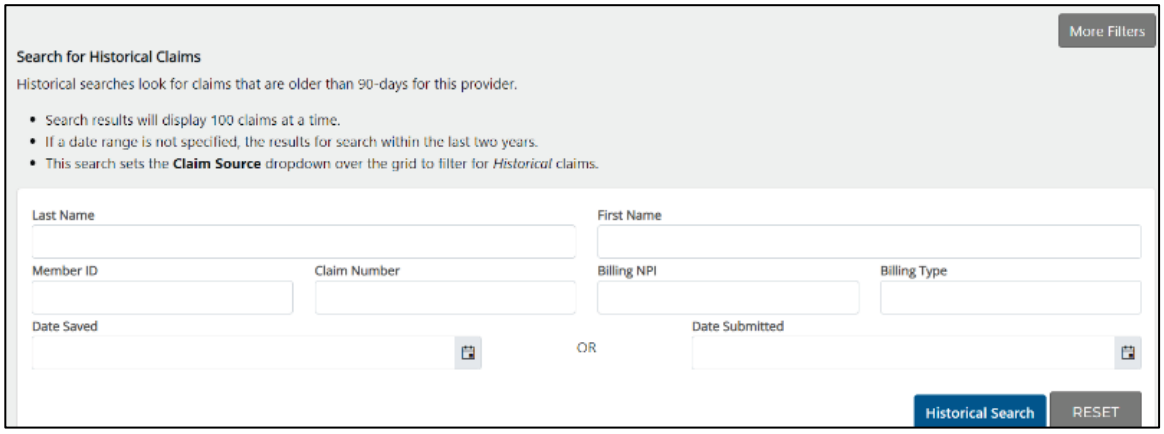
Step 2

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.



Copyright © 2026 Vaya Partners. All rights reserved.

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.



Step 2

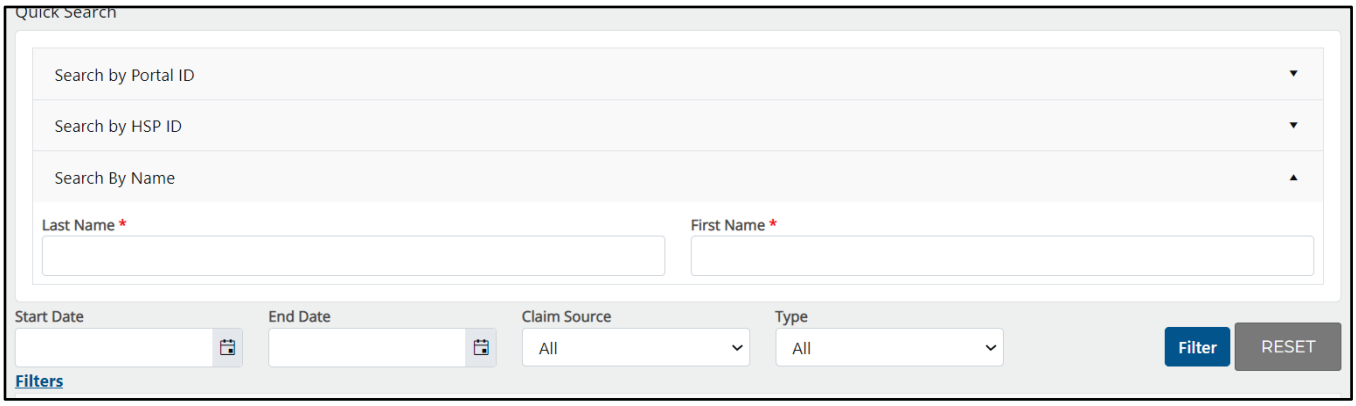
Quick search options that include "**Portal ID**" (the claim number in the portal), "**HSP ID**" (the ID the claim will be given in HSP), and "**Name**" will display.

Step 3

Enter claim filters.

Step 4

Select "**Filter**."



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.

Copyright © 2026 Vaya Partners. All rights reserved.

Editing Claims

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

To edit a claim submitted through ProviderCONNECT:

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 ProviderCONNECT:

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 ProviderCONNECT 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.

Copyright © 2026 Vaya Partners. All rights reserved.

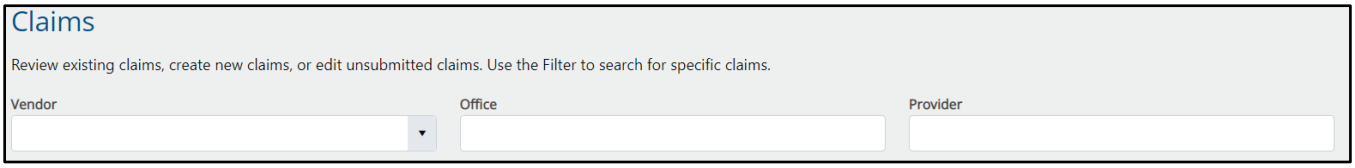
Creating a Claim

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.



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 ProviderCONNECT are required. Complete all drop boxes and text fields to ensure you submit a "clean" claim.

CMS UB04/Institutional Claims	CMS 1500/Professional Claims

To create and submit a CMS UB04 claim, use the dropdown menu to select rendering provider and office.
 	
Enter the patient's first name, last name, and date of birth; select "**Search**;" and provide the following information:
 	
• Demographics/patient information (should autofill from a member search):
  ○ First and last name
  ○ Date of birth
  ○ SSN
	To create and submit a CMS 1550 claim, use the dropdown menu to select rendering provider, taxonomy, and office.
	
	Enter the patient's first and last name, select "**Search**," and provide the following information:
	
	• Demographics/patient information (should autofill from a member search):
	  ○ First and last name
	  ○ Date of birth
	  ○ Social Security number (SSN)
	  ○ Gender

Copyright © 2026 Vaya Partners. All rights reserved.

CMS UB04/Institutional Claims	CMS 1500/Professional Claims

- Gender
- Address
- Billing provider's information and pay-to information:
  - Office name
  - Address
  - Telephone
- Patient control number and MRN
- Bill type (required)
- Federal tax ID number
- Statement covers period from/through
- Patient identifier and name:
  - First name
  - Last name
  - Patient address
  - Birth date
  - Gender
- Admission information:
  - Date
  - Time
  - Type
  - Source
- Discharge information:
  - Hour
  - Status
- Condition codes
- Accident state
- Occurrence code and date
- Occurrence span:
  - Code
  - Date
- Responsible party:
  - Name
  - Address
- Value codes:
  - Code
  - Amount
- Service lines – Select "**Expand Editor**"
  - Fill in all information that pertains to the service being billed

- Address
- Insurance information:
  - Insurer's ID number
- Patient name:
  - First name
  - Last name
- Patient demographics:
  - Patient birth date
  - Patient gender
- Insured name:
  - First name
  - Last name
- Patient contact details:
  - Patient address
  - Telephone
- Patient relationship to insured:
  - Relationship
- Insured contact details:
  - Address
- Patient contact condition related to:
  - Employment
  - Auto accident
  - Auto accident state
- Insured information:
  - Insured policy group or FECA number
  - Birth date
  - Gender
  - Insurance plan name
  - Another health benefit plan
- Patient signature values
  - Signed (options include Y – signature on file, N – no signature on file, I – provider has informed consent to release medical information)
  - Date
- Insured or authorized person's signature:
  - Signature values (options include yes or no)
  - Signed and date
- Date of current illness:

Copyright © 2026 Vaya Partners. All rights reserved.

CMS UB04/Institutional Claims	CMS 1500/Professional Claims

- Add in total charges and non-covered charges
- Payor information:
  - Payor 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:
  - Insured name
  - Relationship type
  - Unique ID
  - Group name
  - Group number
  - Precedence (options include primary, secondary, and tertiary)
- Authorization number
- Original claim number
- Diagnosis code:
  - Diagnosis
  - Present on Admission (POA) indicator (physical health claims)
- DX and ECI codes:
  - Admitting code
  - Patient reason for visit code
  - PPS code
  - ECI code
- Procedure codes and dates:
  - Procedure
  - Code
  - Date
- Attending provider details:
  - First and last
  - Name
  - Date
  - Qualifier
- Other date:
  - Other date
  - Qualifier
- Date patient unable to work in current occupation:
  - From date
  - To date
- Name of referring provider or other source:
  - Name
  - Qualifier
  - Other ID
  - Other ID qualifier
  - NPI number
- Hospitalization dates related to current services:
  - From date
  - To date
- Additional claim information
- Outside lab charges:
  - Outside lab
  - Charges
- Diagnosis, nature of illness, or injury code
- Resubmission code:
  - Value
  - Original claim number
- Prior authorization number
- Service lines – Select "**Expand Editor**"
  - Fill in all information that pertains to the service that is being billed
- Federal tax ID number:
  - 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, enter the clinician signature. If the service is not clinician-based, enter the organization name):
  - Signed

Copyright © 2026 Vaya Partners. All rights reserved.

CMS UB04/Institutional Claims	CMS 1500/Professional Claims
○ NPI ○ Qualifier ○ Taxonomy • Operating provider: ○ First and last name ○ NPI ○ Qualifier ○ Taxonomy • Remarks • Codes – Code A (Taxonomy)	○ Date • Name and address of facility where services were rendered (if other than home or office): ○ Facility name ○ Address ○ Telephone ○ Facility ID • Physician's or supplier's billing address: ○ 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 Partners 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.

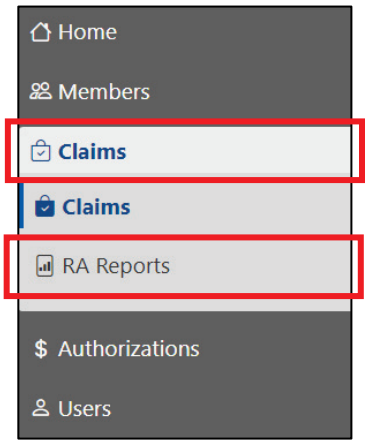


Copyright © 2026 Vaya Partners. All rights reserved.

Remittance Advice (RA) Reports

An example of an 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.

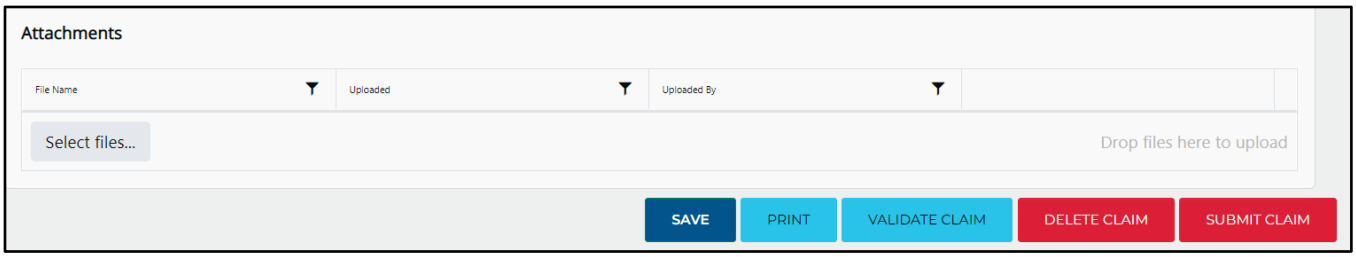
Extracting Claims

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 ProviderCONNECT 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

Copyright © 2026 Vaya Partners. All rights reserved.