ProviderCONNECT:
Claims Submission and Management Training

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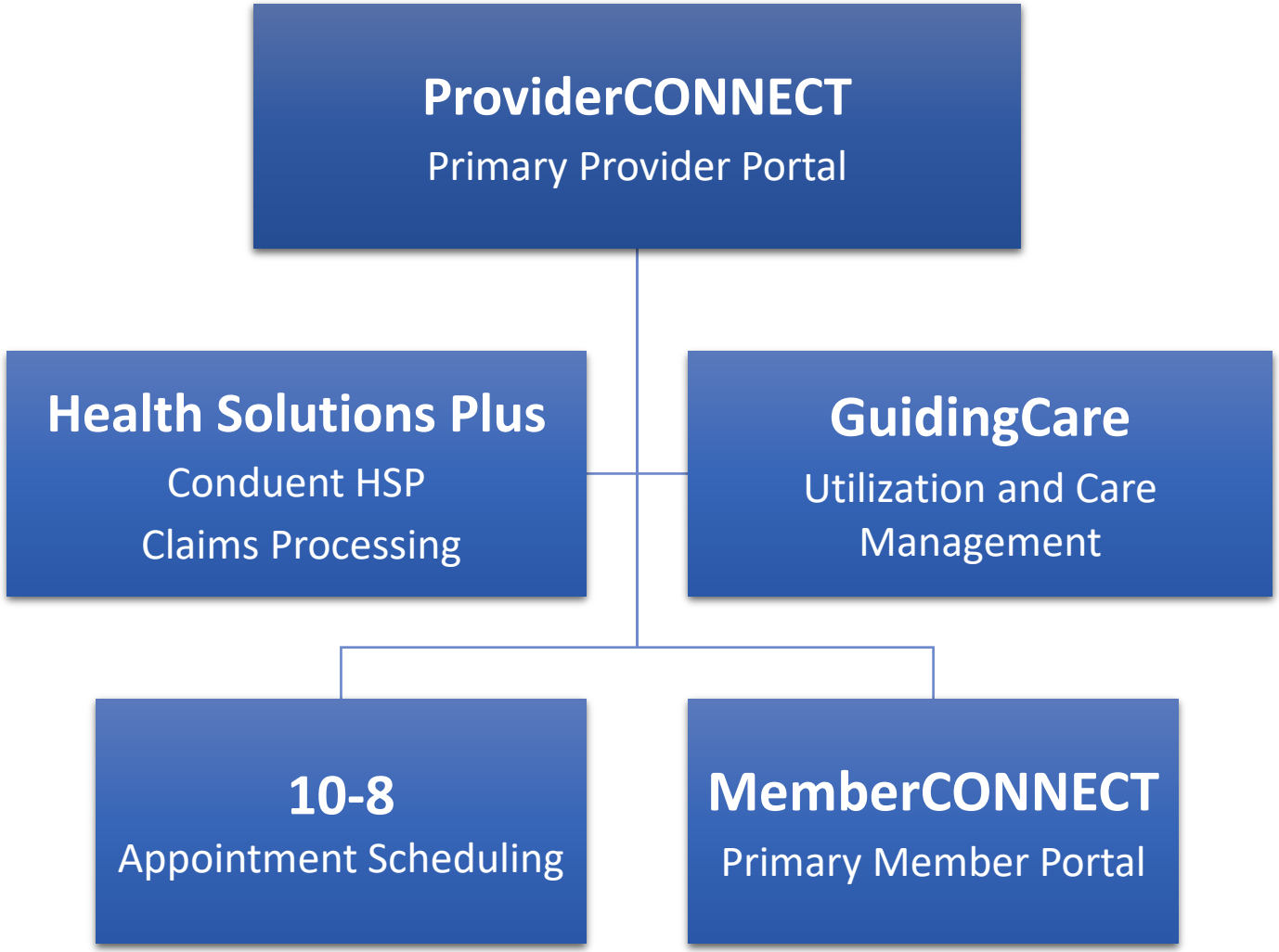
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Learning Objectives

By the end of this training, participants will be able to:

- Access and navigate the ProviderCONNECT portal
- Submit claims through ProviderCONNECT
- View remittance advice (RA) reports
- View, copy, and edit claims

Five Core Systems for Providers

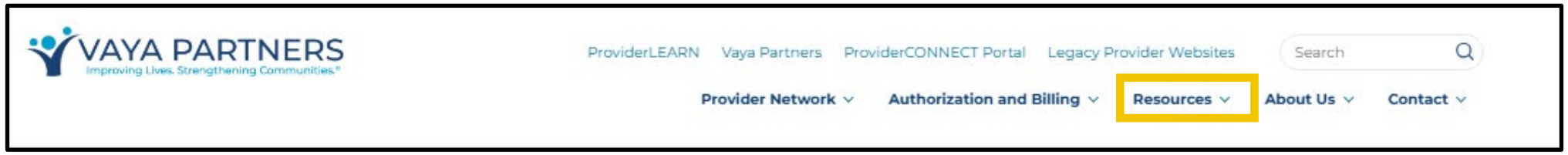


Systems Access Administrator

- During the contracting phase, organizations name a systems access administrator (SAA) for their organization.
- This person can add, amend, or delete users in their organization for the ProviderCONNECT portal.
- If you need portal access, reach out to your SAA.
- If you are the SAA for your organization, please refer to this job aid to set up users.

Systems Access Administrator Job Aid

ProviderCONNECT Training Resources

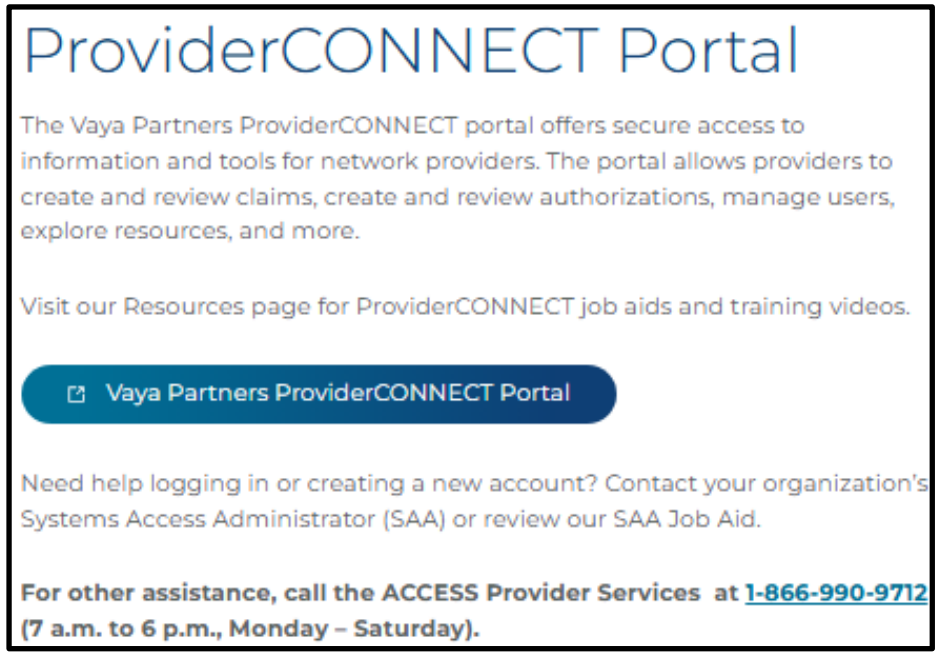


Find on-demand training resources by navigating to ProviderCENTRAL and choosing the Resources dropdown menu:

- Systems Access Administrator
- Service Authorizations
- Claims
- Enrollment, Updates, and Discharges
- Grievances, Appeals, and More

Common Solutions

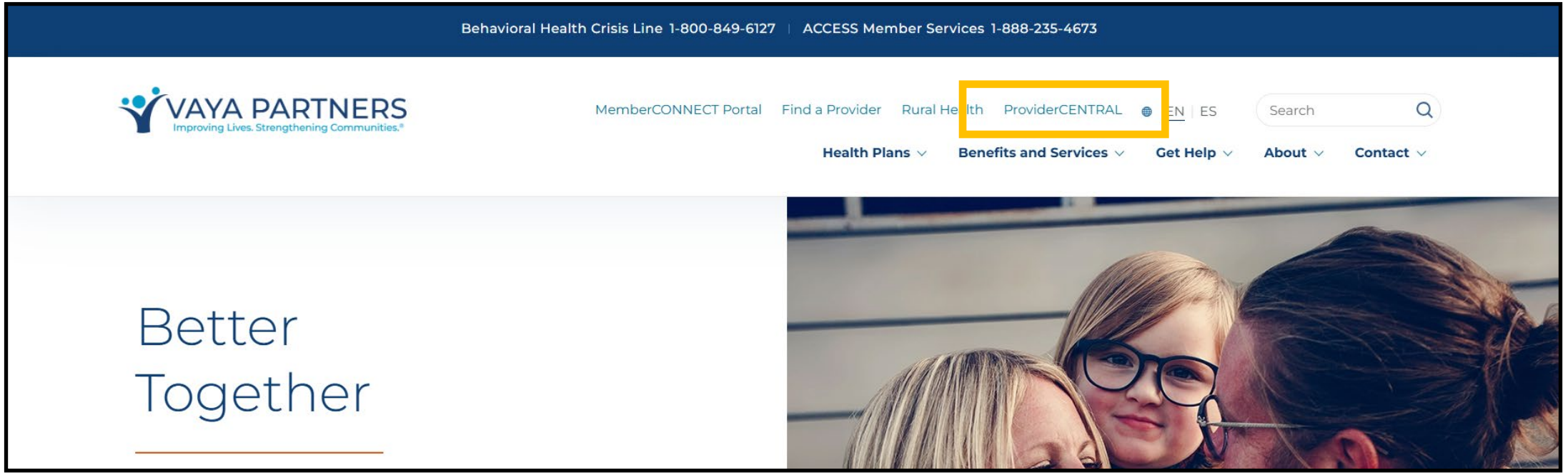
- Visit the new Vaya Partners ProviderCONNECT portal at providers.vayapartners.org/portal.
- Missing vendor locations: Complete a ServiceDesk Request to have locations added to the system.
- Legacy Partners Health Management member IDs are not valid in the Vaya Partners ProviderCONNECT/Conduent HSP claims system.



Logging in to ProviderCONNECT

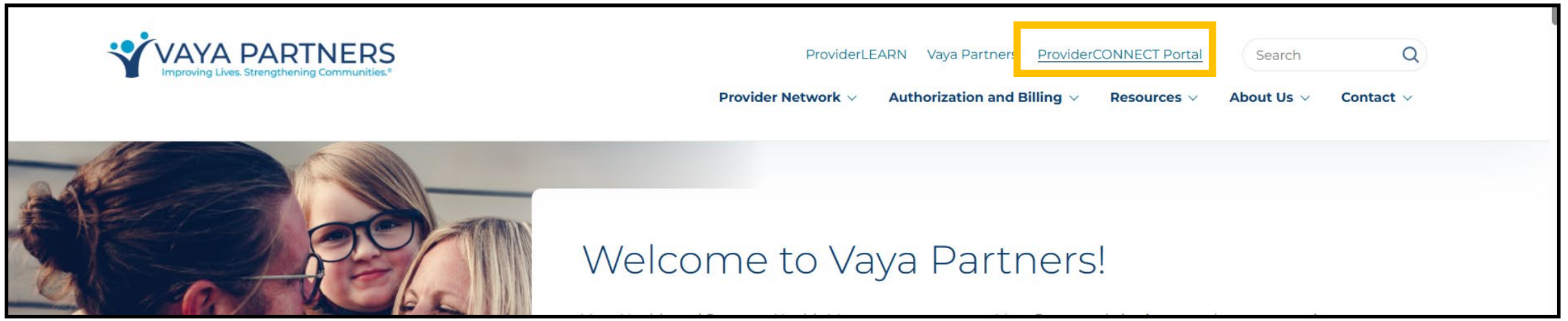
Navigate to ProviderCENTRAL

Navigate to www.VayaPartners.org and select ProviderCENTRAL from the top navigation bar.



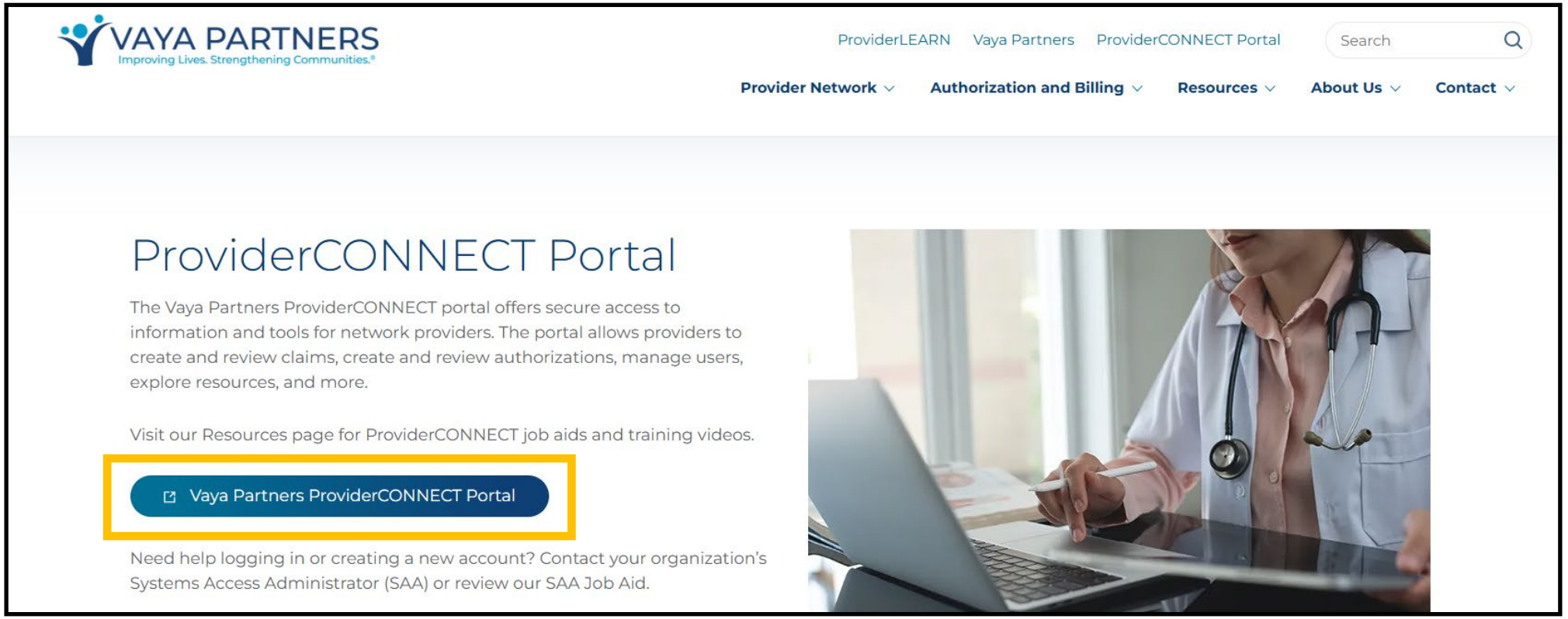
ProviderCONNECT Portal

From ProviderCENTRAL, select ProviderCONNECT Portal.



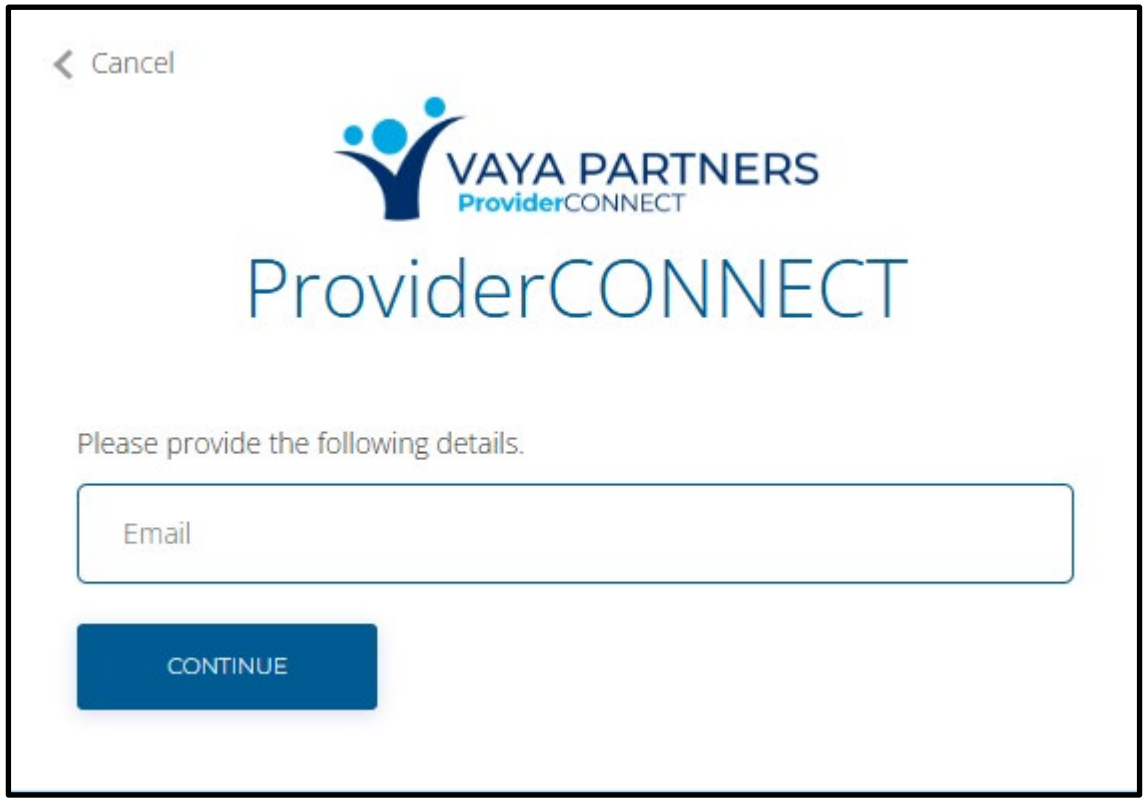
Sign in to ProviderCONNECT

From the ProviderCONNECT Portal page, select the Vaya Partners ProviderCONNECT Portal button to proceed to the login screen.

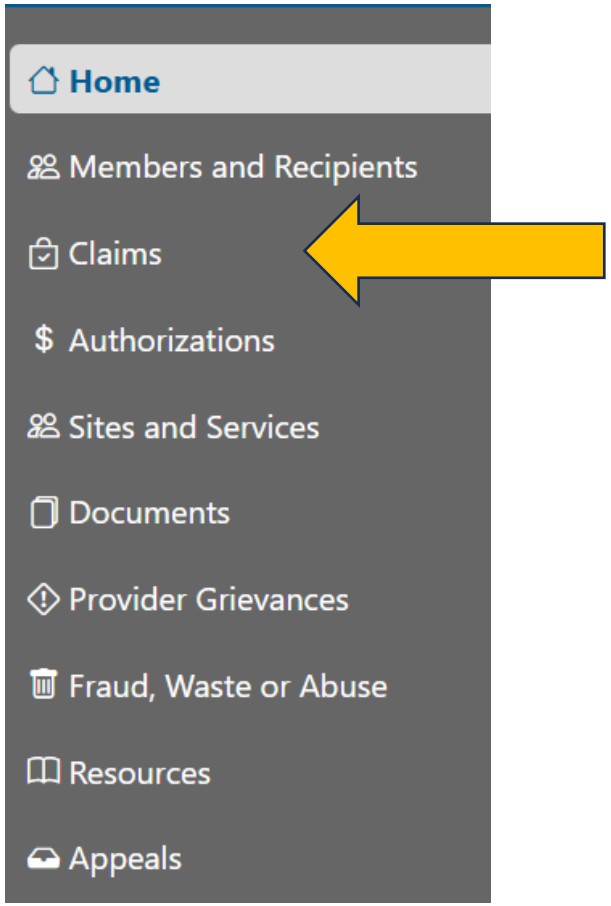


Sign In to ProviderCONNECT

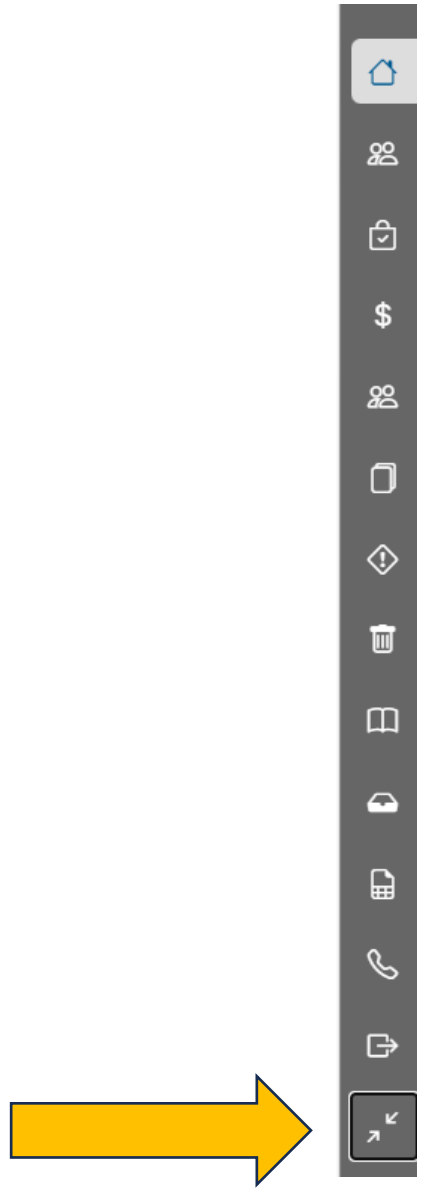
- Enter the email address associated with your ProviderCONNECT account.
- Select **CONTINUE.**
- Enter your password on the next screen.



Navigate to the Claims Page



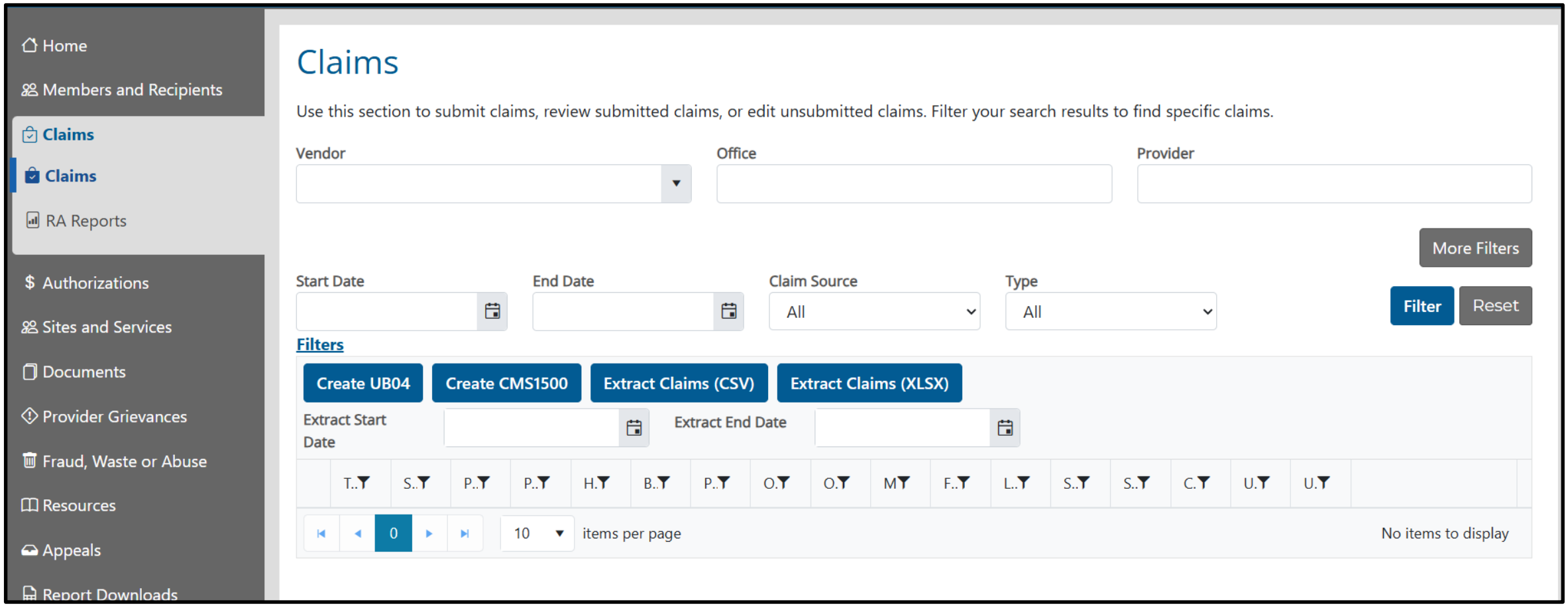
- Select **Claims** from the navigation menu.
- If only icons are displayed, select the expand/collapse button at the bottom of the menu or hover over an icon to view the menu item name.



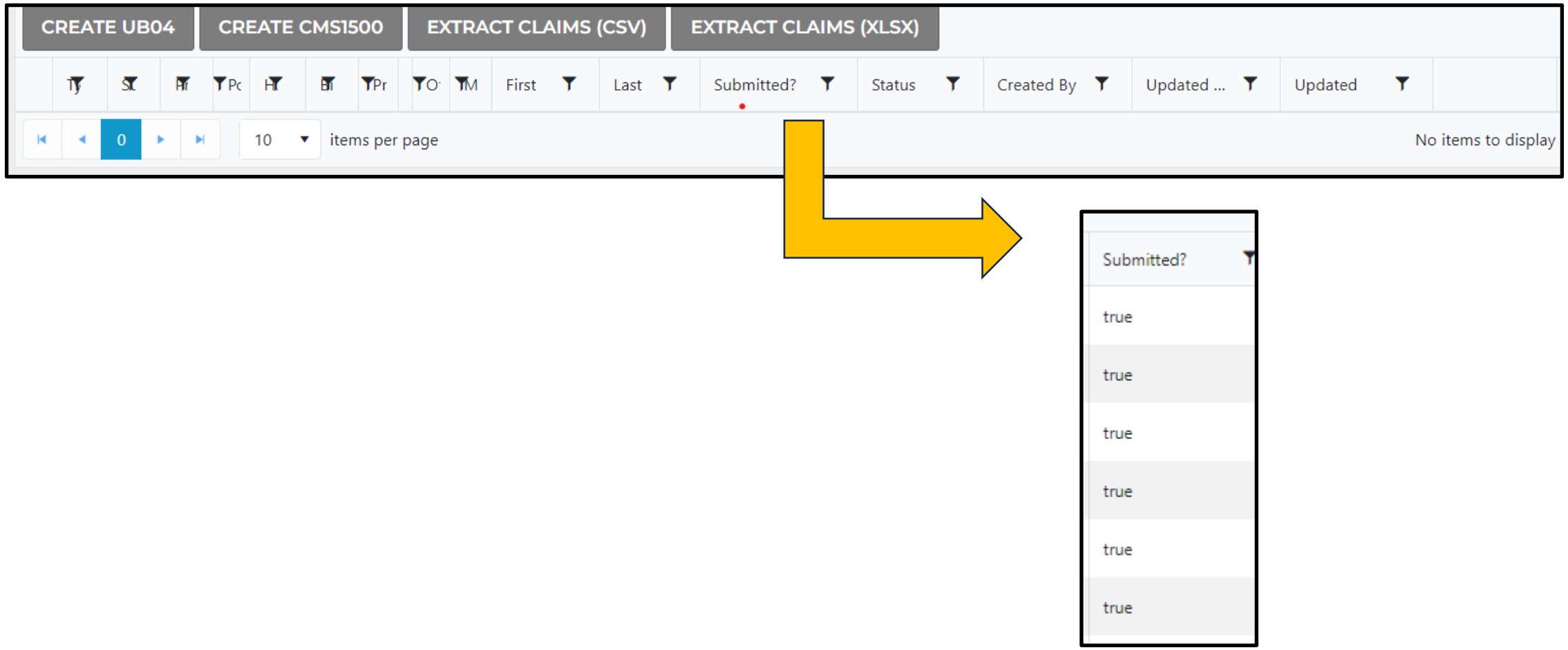
Claims Homepage

Searching, Viewing, and Managing Claims

Claims Homepage Overview

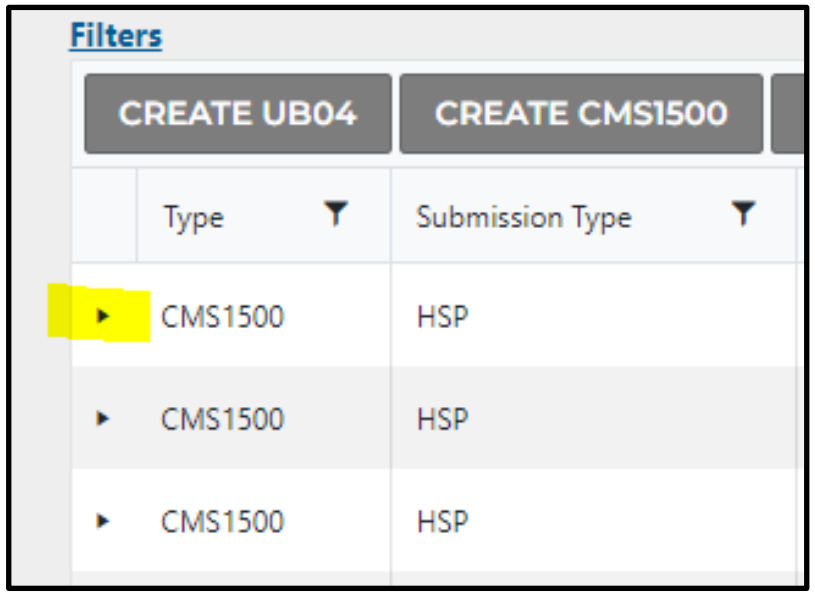


Filter Claim Results



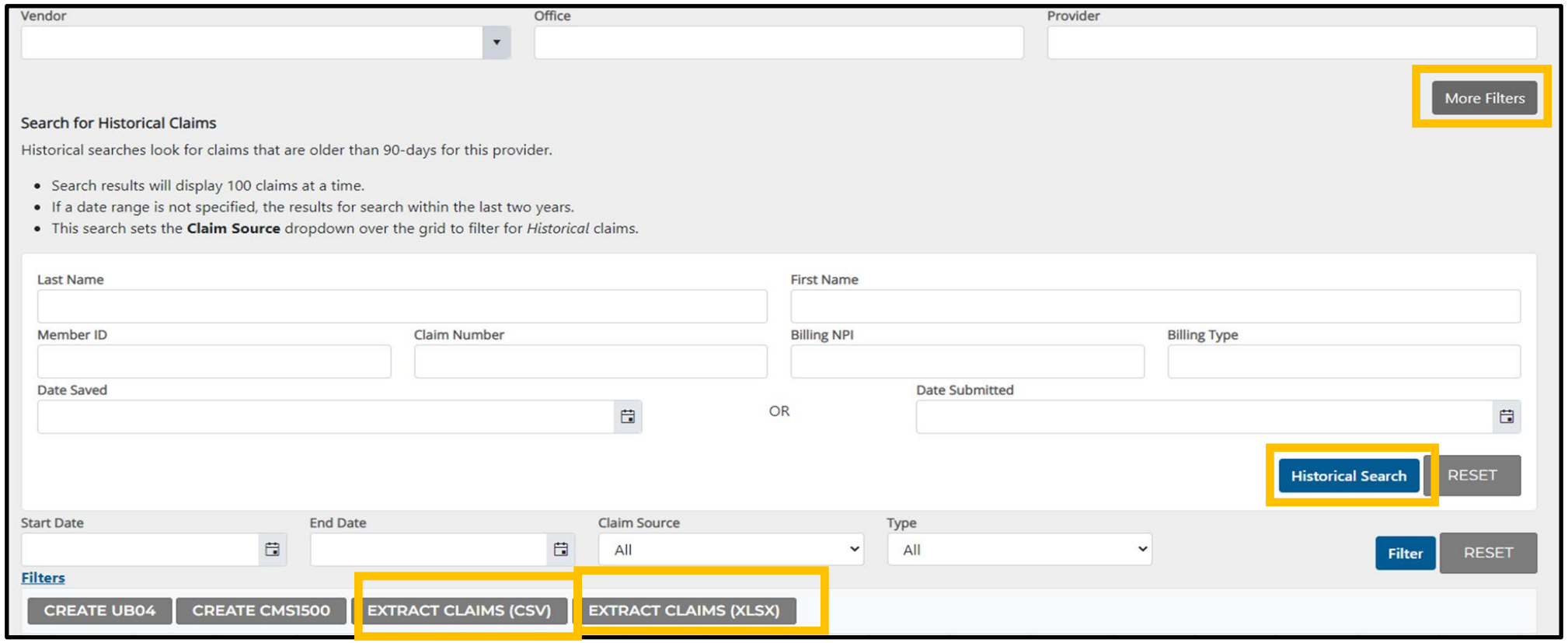
View Claim Details

Select the arrow next to a claim to expand and view additional claim information, including claim status and denial details, when available.



Type	Submission Type	Provider ID	Portal ID	HSP ID	Billing NPI	Provider Name
CMS1500	Submitted	[redacted]	[redacted]	164[redacted]	[redacted]	[redacted]

Historical Claims Search

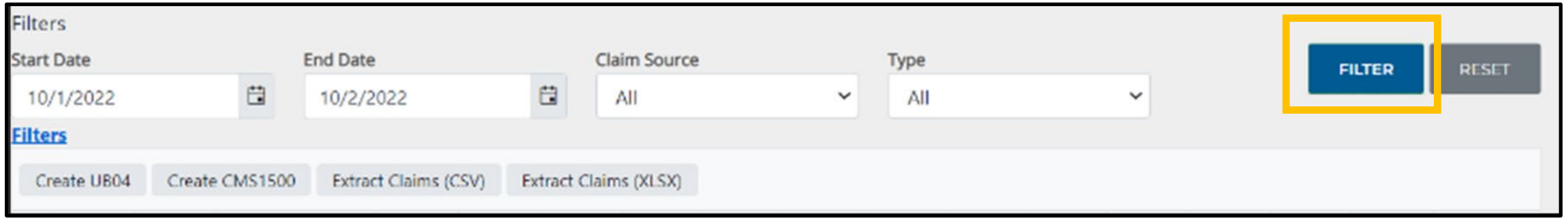


Note: CSV and XLSX are file formats that can be opened in Microsoft Excel.

Search Claims

To search for a specific claim or type of claims:

- Enter the relevant search criteria using the available search fields and filters.
- Select **FILTER** to display matching results.
- To search for claims submitted through an 837 file, select **837** from the **Claim Source** dropdown menu.



Using Additional Filters

- Select the blue **Filters** link to access additional search options.
- Additional filters allow you to search for claims by **Portal ID, HSP ID**, or **Member Name**.





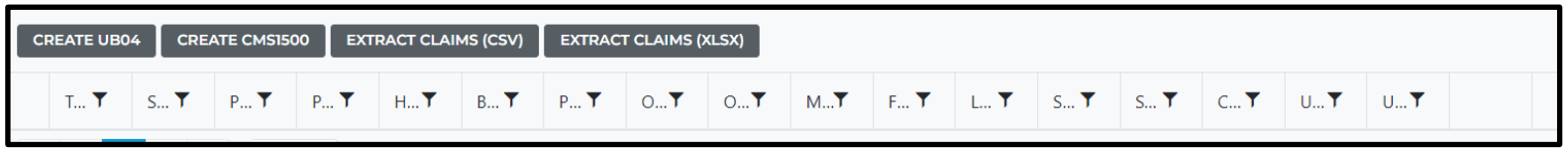
View, Copy, Edit, and Upload Claims

View Claims

To view claim details:

1. Locate the claim on the Claims homepage.
2. Select View from the **Actions** menu.
3. Review the claim details displayed on the screen.

Note: *Claims submitted via an 837 file can be viewed in ProviderCONNECT but cannot be edited or copied. Any claim corrections must be submitted through the 837 process.*

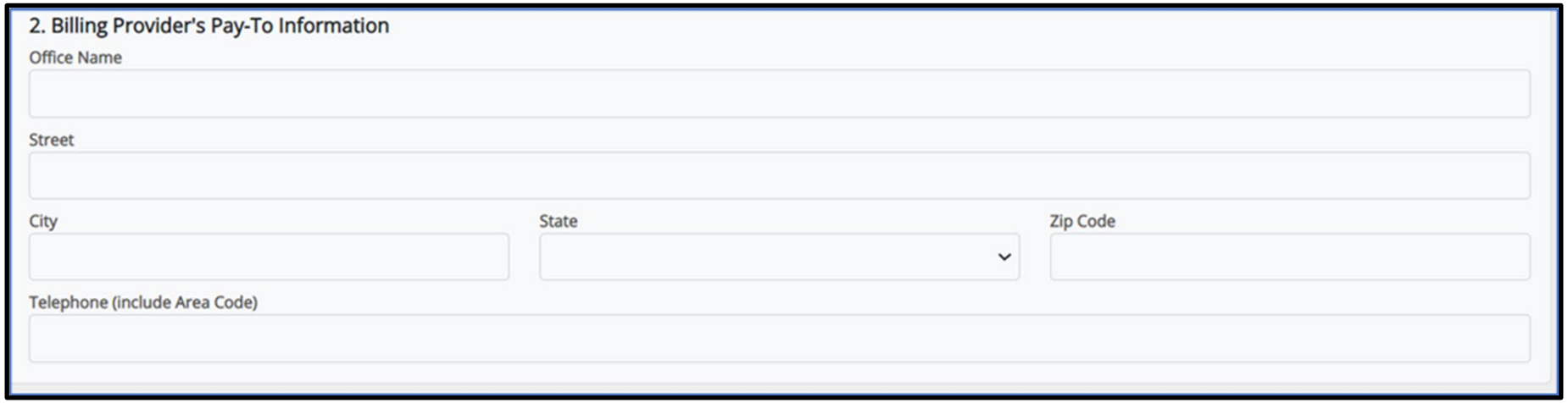




View Claim Details

- After selecting **View**, the claim details will open in a read-only format.
- Review claim information, including billing, service, and provider details.
- Scroll through the claim to review all submitted information.





Editing Claims

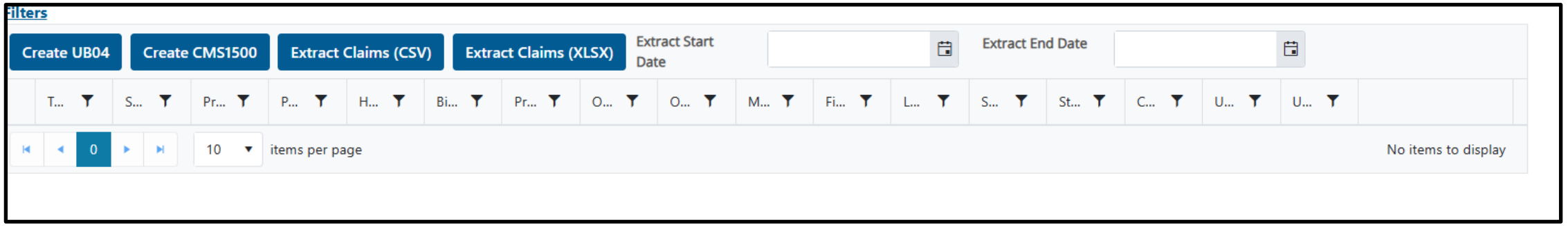
Important:

- Claims entered through ProviderCONNECT can be edited until they are submitted.
- Claims submitted via an 837 file cannot be edited in ProviderCONNECT.

To edit a claim:

- Locate the claim and select Edit.
- Update the Claim Information as needed.
- Select Save.
- Select Validate Claim to check for errors.
- Select Submit Claim to submit the claim for processing.

Copy Claims



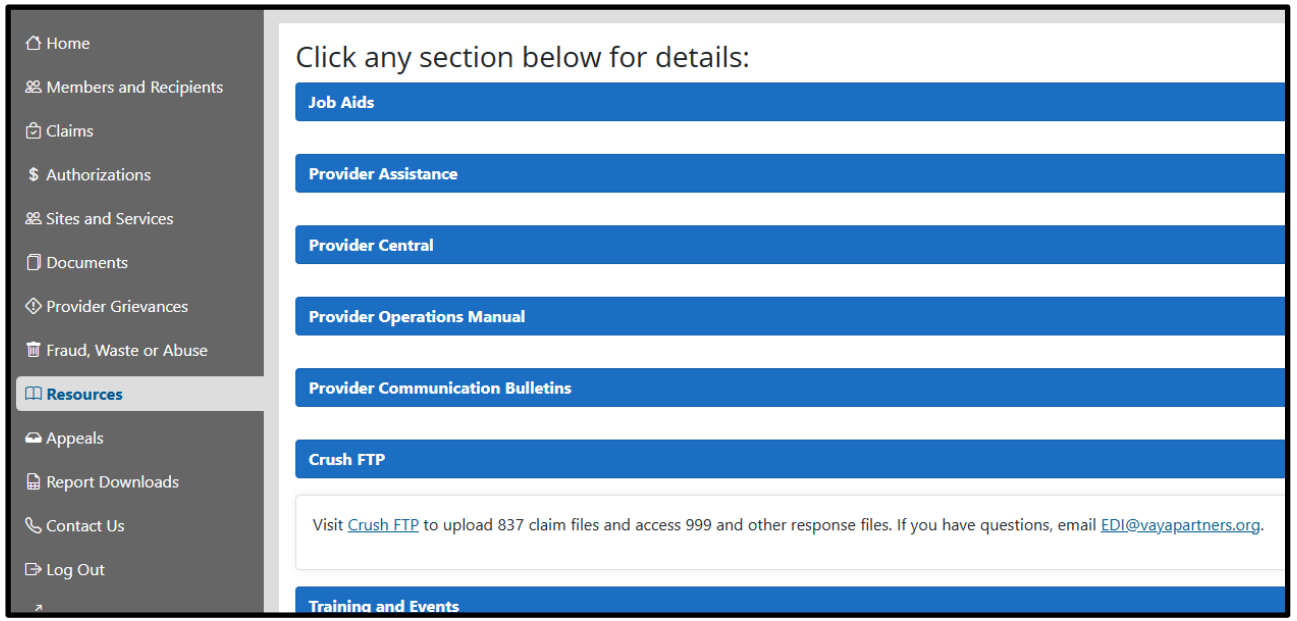
1. Locate the claim on the Claims homepage and select **Copy.**
2. Update the claim information and select **Save**.
3. Review the copied claim for accuracy.
4. Select **Validate Claim.**
5. Select **Submit Claim**.

Important: Only claims entered through ProviderCONNECT can be copied or edited within the portal.

Claims are listed on the Claims homepage below the filter section shown above.

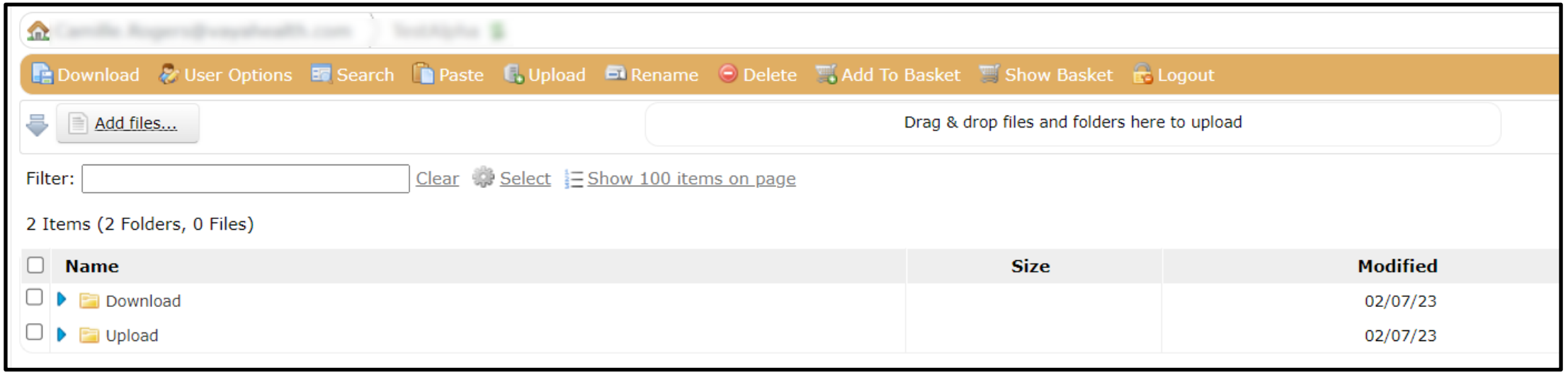
Upload and Download 837 Claims

- Select **Upload or Review Your EDI Transactions** from the ProviderCONNECT Resources page.
- A new window will open in the **CrushFTP** application.
- 837 claims can be viewed in ProviderCONNECT but cannot be edited, copied, voided, or replaced.
- Changes to claims submitted via 837 must be submitted through a new 837 transaction.



Questions? Email EDI@VayaPartners.org

CrushFTP



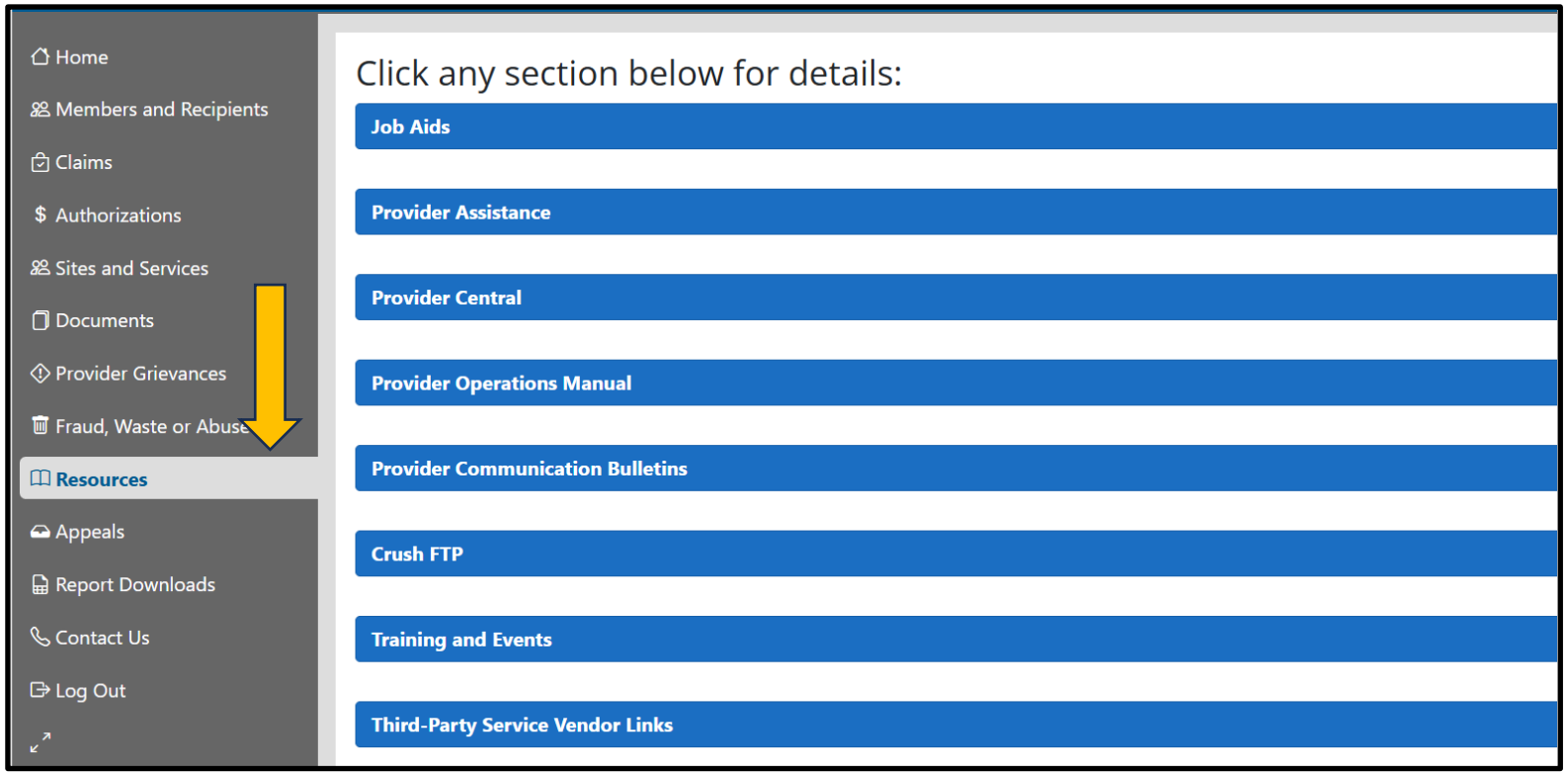
Upload 837 files to the **Upload** folder or access response files via the **Download** folder.

Folder names may vary.

Resources

On the home screen, select **Resources** on the left navigation menu.

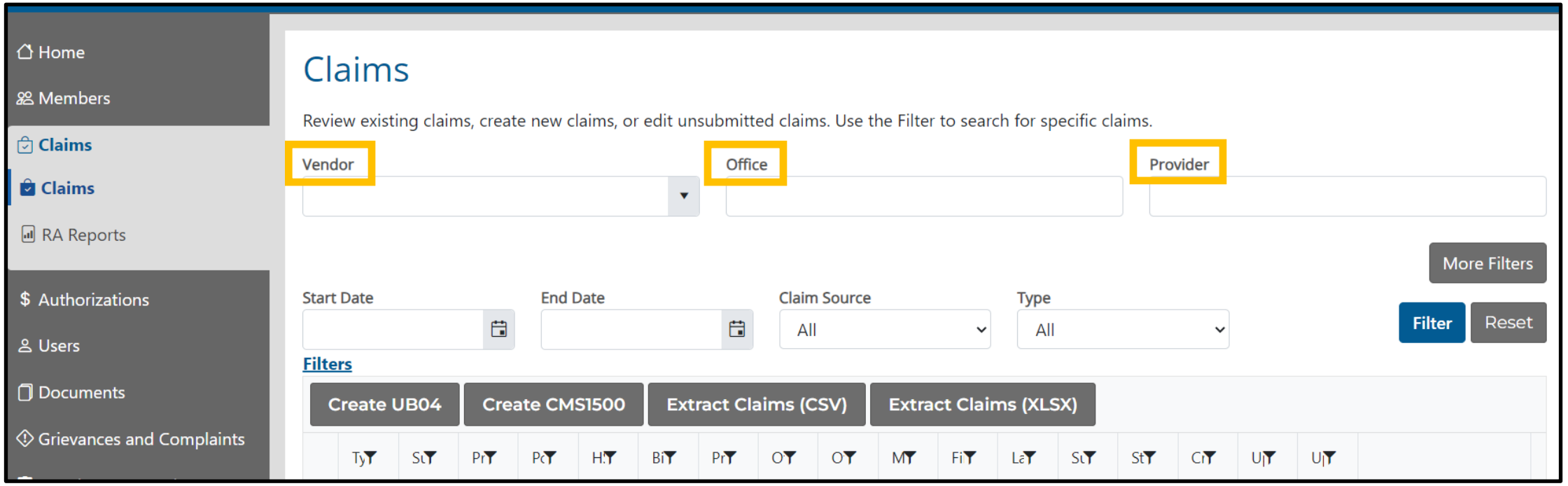
Access forms, policies, training materials, Provider Communication Bulletins, and other reference documents.



Creating a Claim

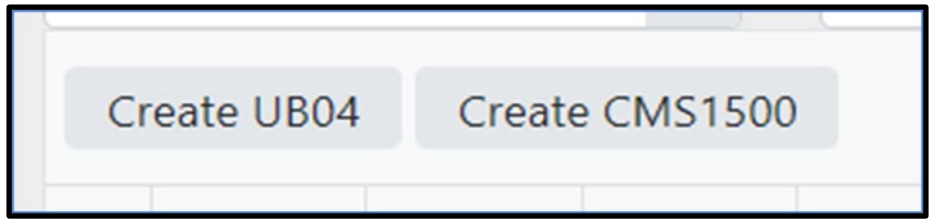
Creating a Claim

On the Claims homepage, select Vendor from the dropdown menu and enter the Office and Provider information.



Creating a Claim

On the Claims homepage, choose the type of claim you would like to create by selecting one of the options displayed in the middle of the page:



- **Option 1:** UB04/Institutional Claim
- **Option 2:** CMS 1500/Professional Claim

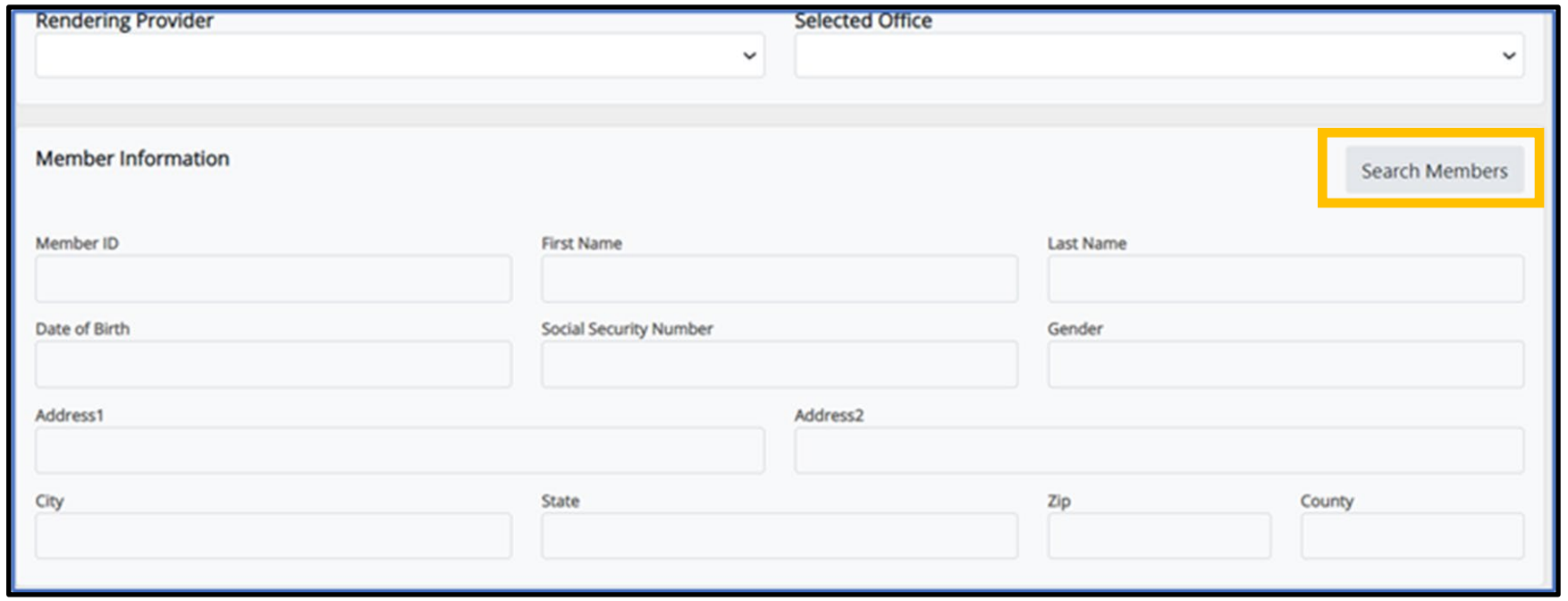
Once either option is chosen, the **Create a Claim** page opens.

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

Completing a UB04 Institutional Claim

Step-by-step walkthrough of the institutional claim submission process

Searching for a Member



Enter the required member search fields:

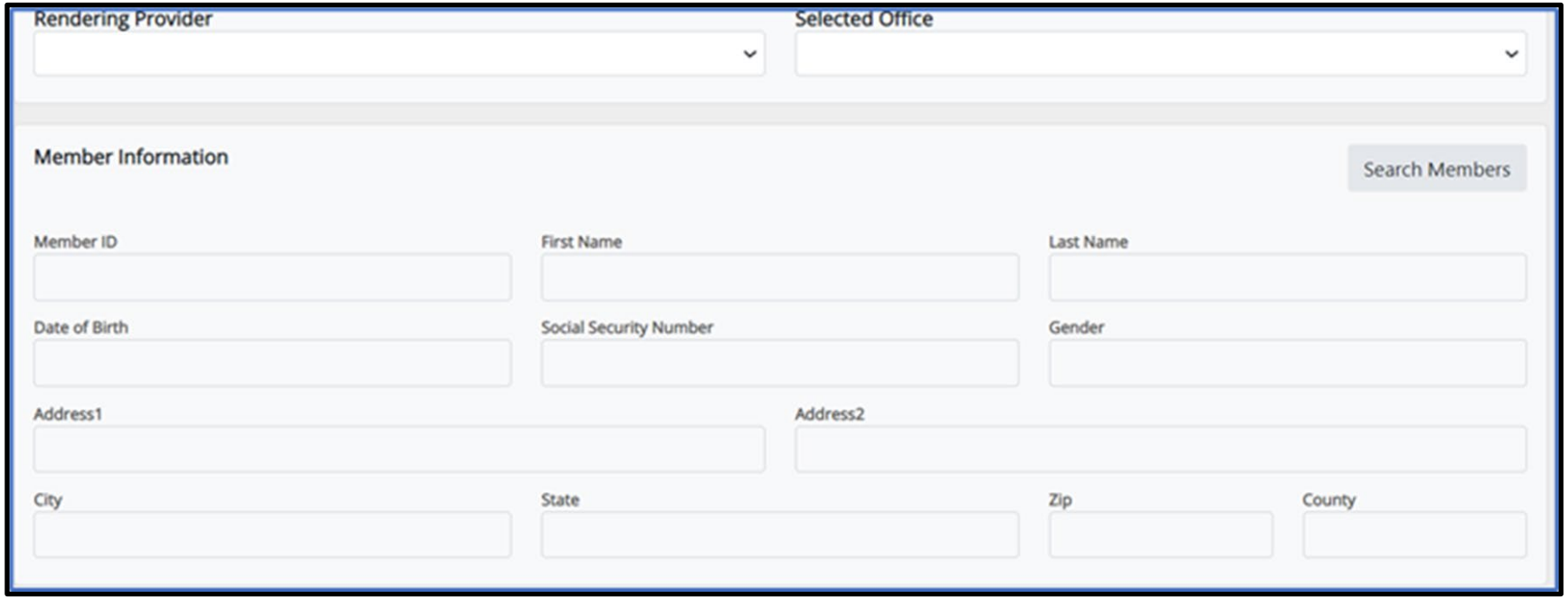
- First Name
- Last Name
- Date of Birth
- Select Search Members

Member Demographics

Once the member has been selected, you can start entering information about the claim.

Demographics:

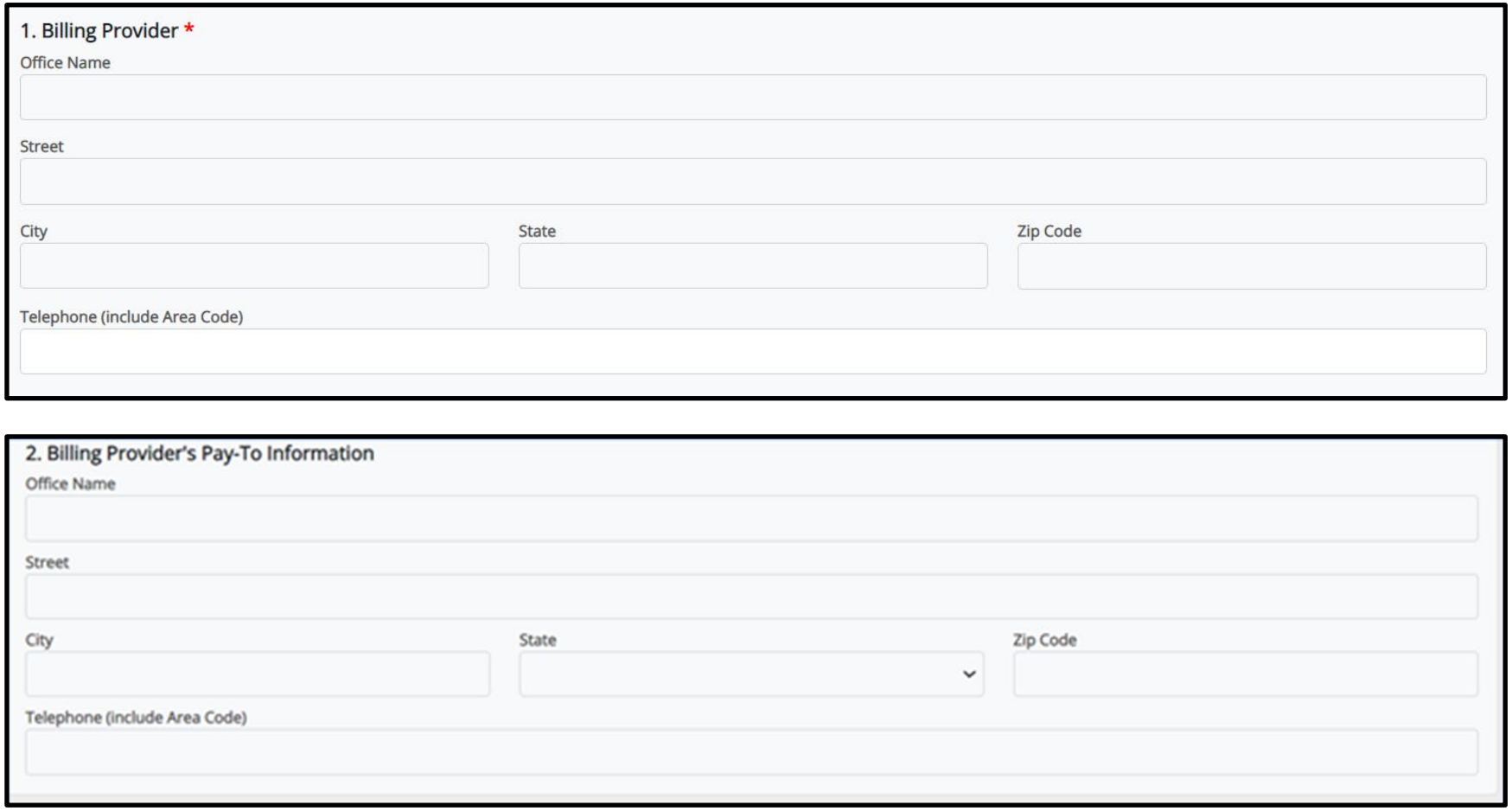
- First Name
- Last name
- Date of Birth
- Social Security Number
- Gender
- Address



Supply Details for the UB04 Claim

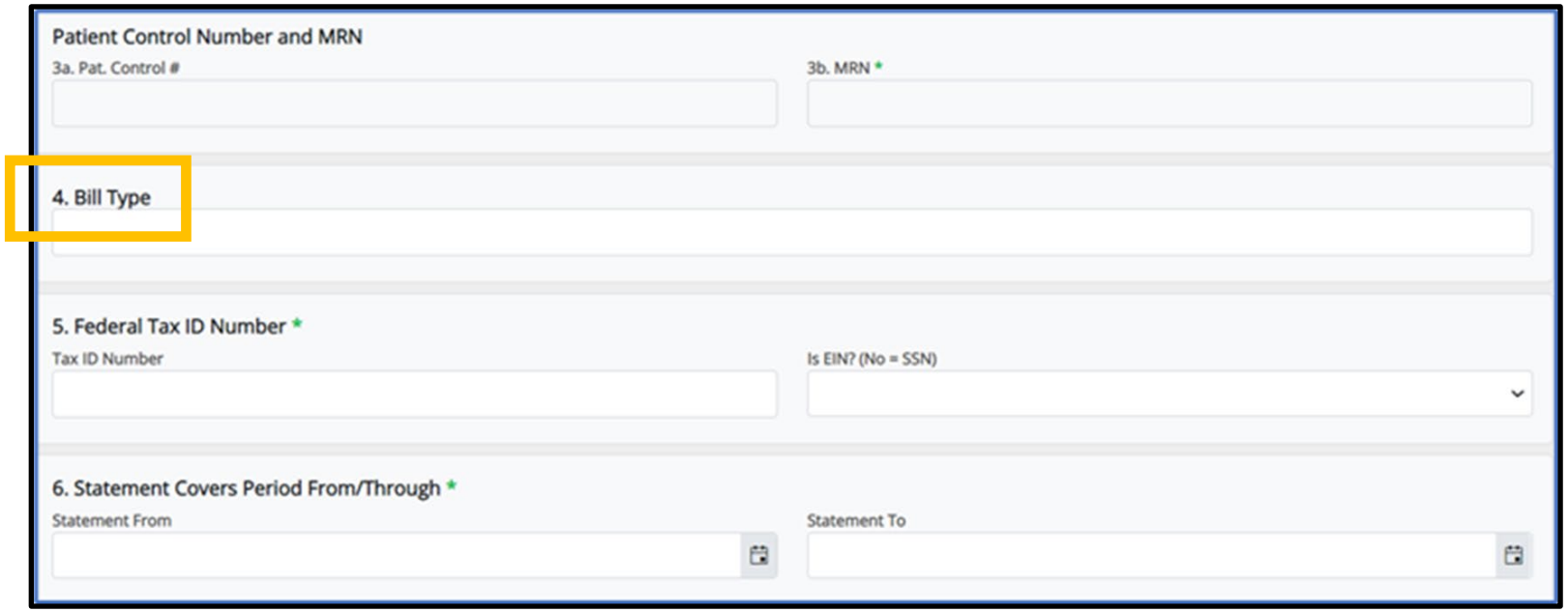
Billing Provider Information and Pay-To Information:

- Office Name
- Address
- Telephone



Patient Details

- Patient Control Number and MRN
- Bill Type
- Federal Tax ID Number (will auto-populate)
- EIN
- Statement Covers Period From/Through



Patient Identifier

Patient Identifier and Name:

- First Name
- Last Name
- Patient Address
- Birth Date and Gender



Admission and Discharge Information

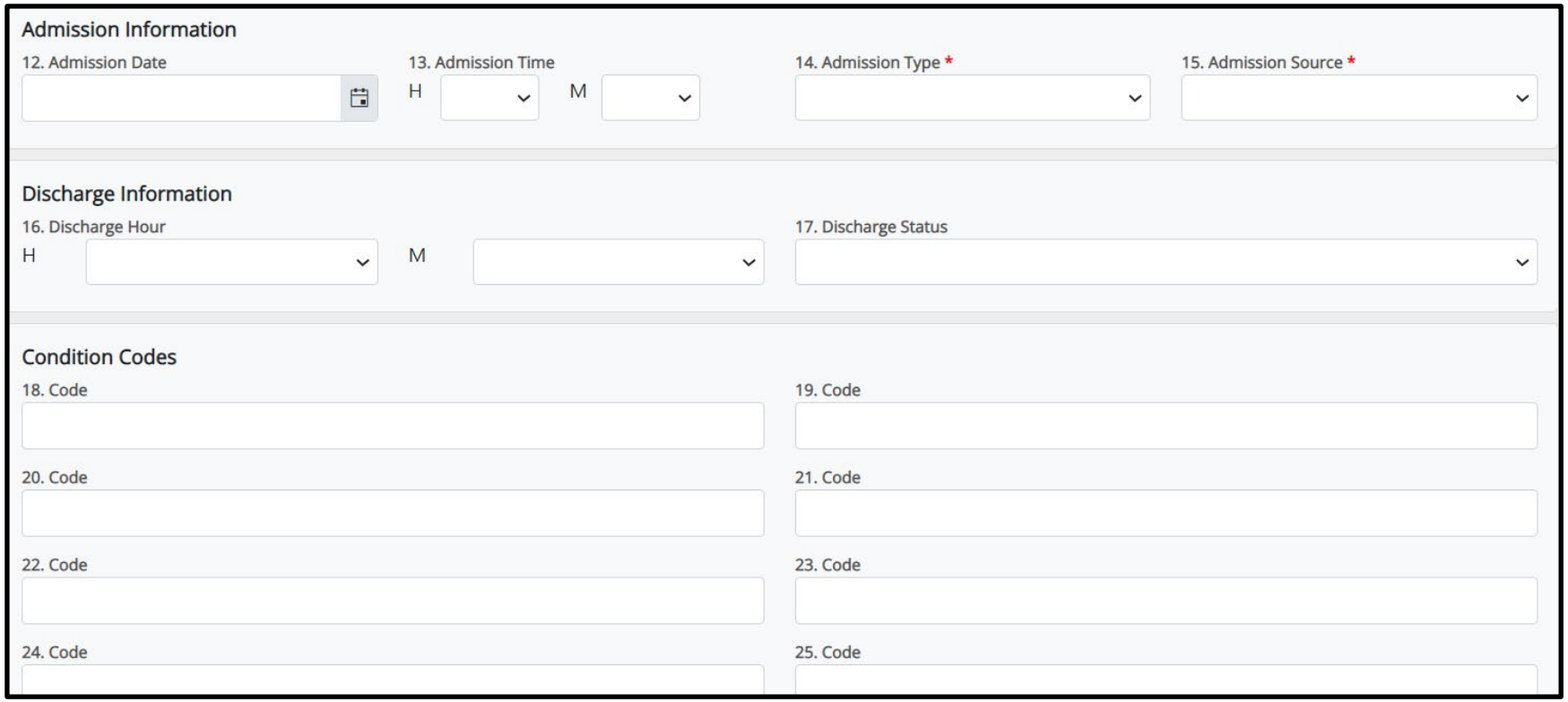
Admission Information:

- Date
- Time
- Type
- Source

Discharge Information:

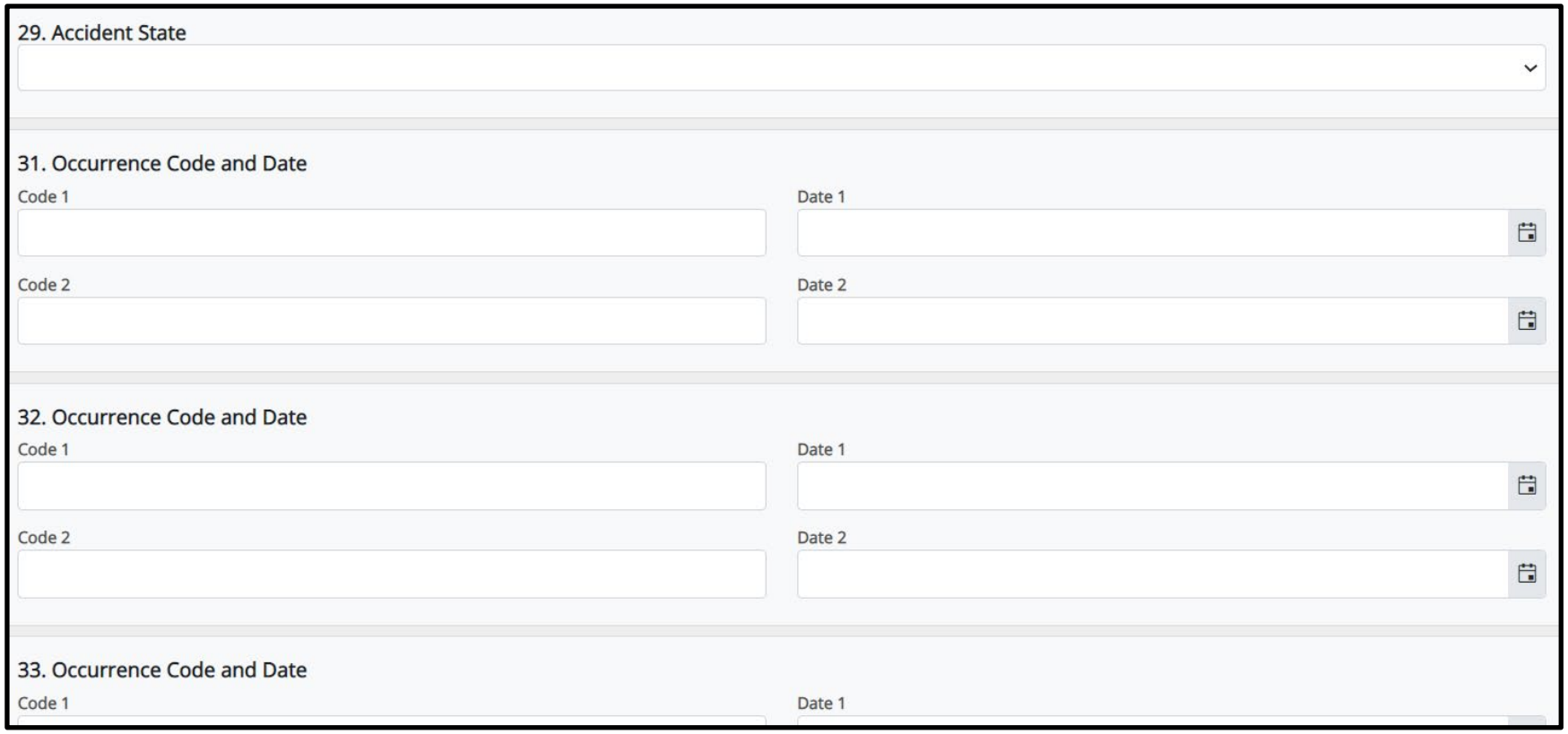
- Hour
- Status

Condition Codes



Accident State and Occurrence

- Accident State
- Occurrence Code and Date



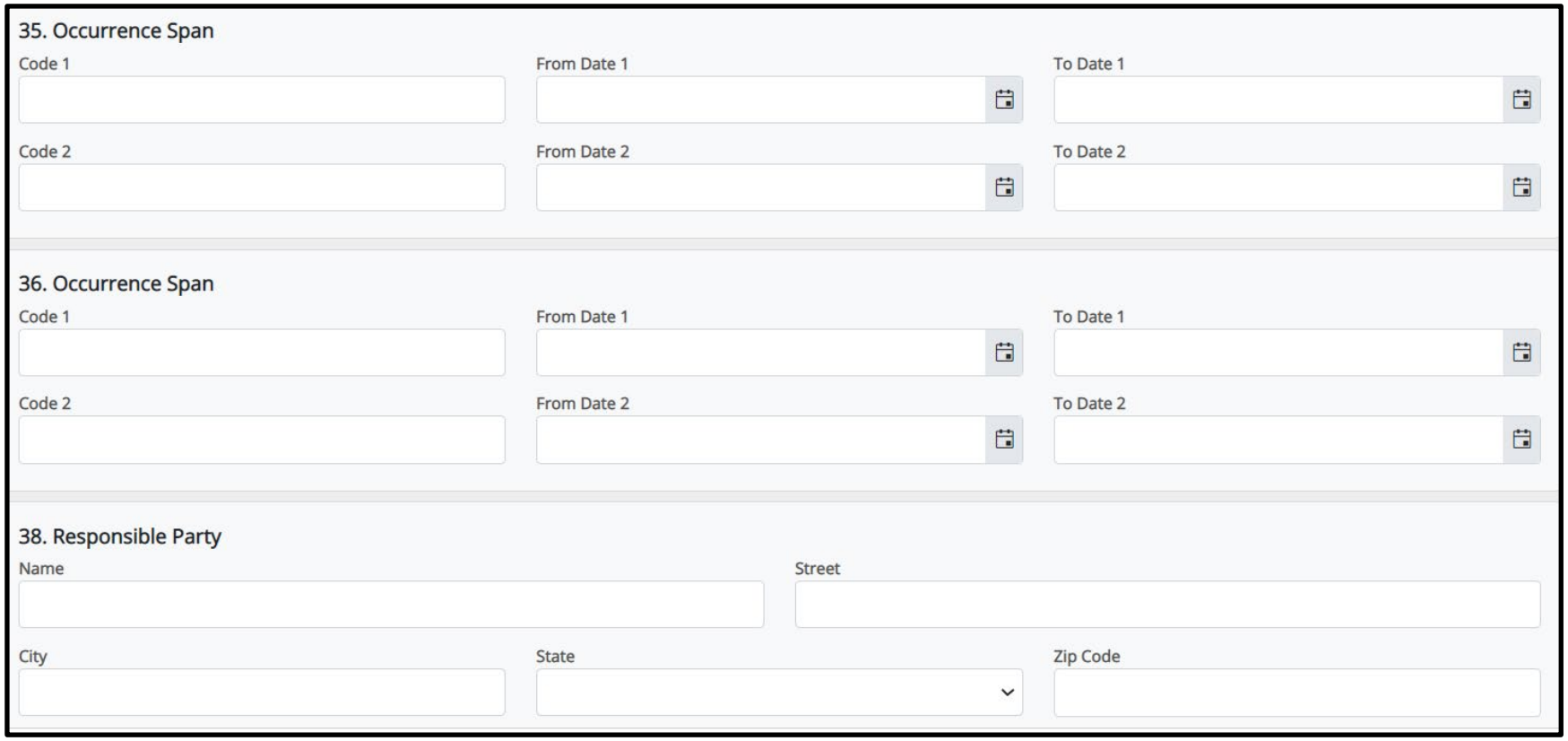
Occurrence Span and Responsible Party

Occurrence Span:

- Code
- Date

Responsible Party:

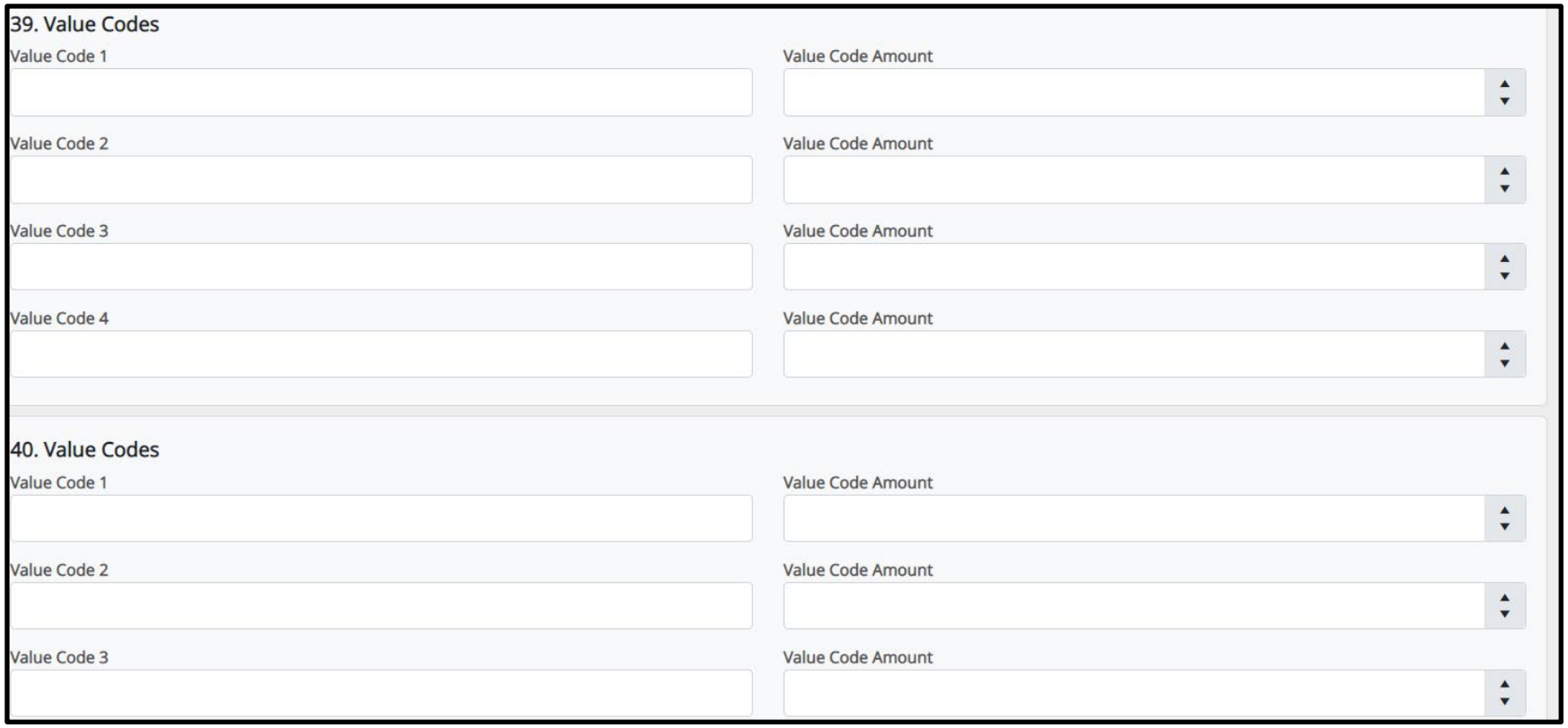
- Name
- Address



Value Codes

Value Codes:

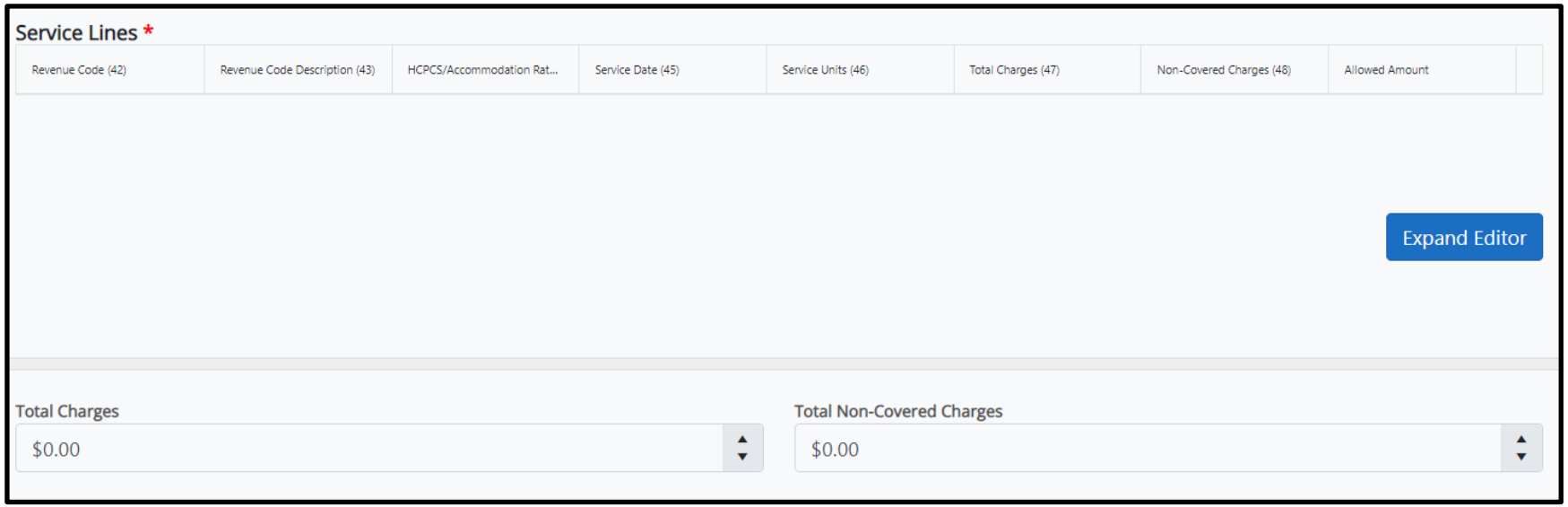
- Code
- Amount



Service Lines

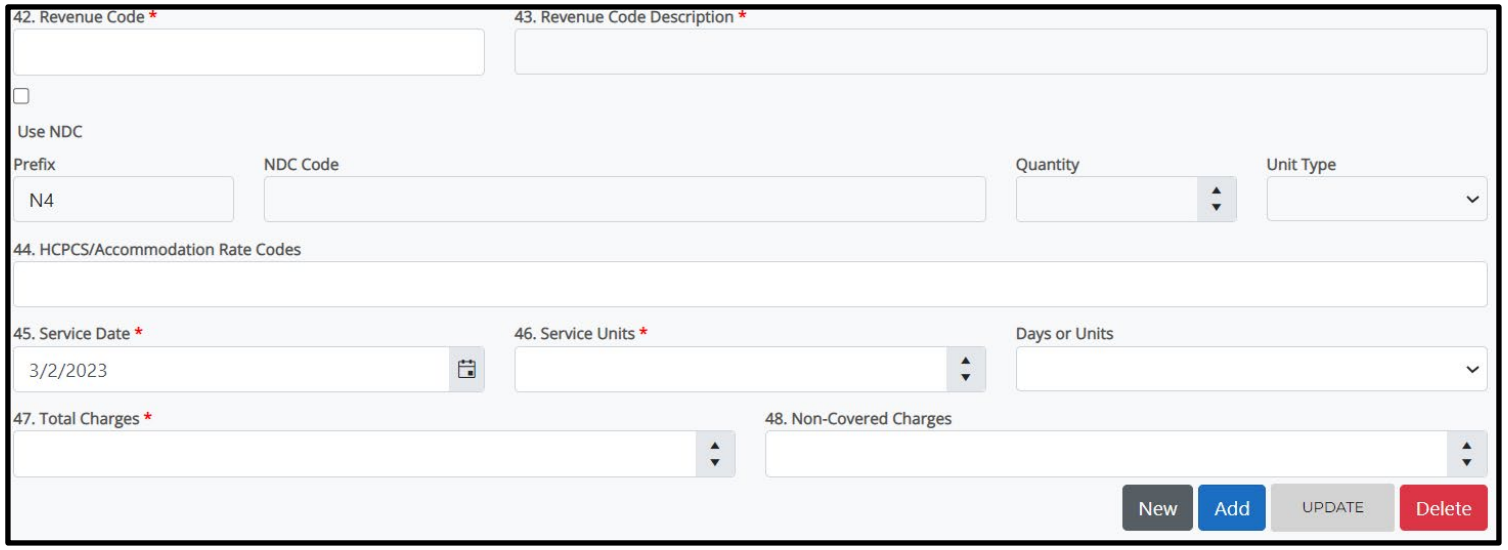
Service Lines:

- Total Charges
- Total Non-Covered Charges



Service Line Details

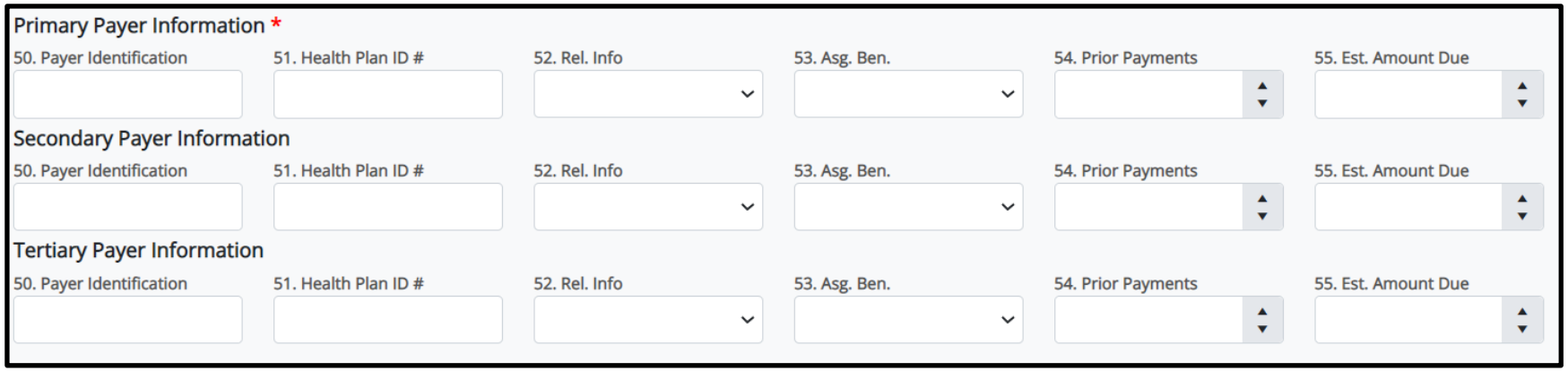
- Revenue Code
- Revenue Code Description
- Prefix
- NDC Code (if applicable)
- Quantity
- Unit Type
- HCPCS/
  Accommodation Rate Codes
- Service Date
- Service Units



Payor Information

Payer Information:

- Payer Identification
- Health Plan ID #
- Rel. Info
- Asg. Ben.
- Prior Payments
- Est. Amount Due



- Options from the dropdown include:
  - Y: Provider has on file a signed statement permitting data release
  - I: Provider has informed consent to release medical information

Supply Details for the UB04 Claim

Insured's Information:

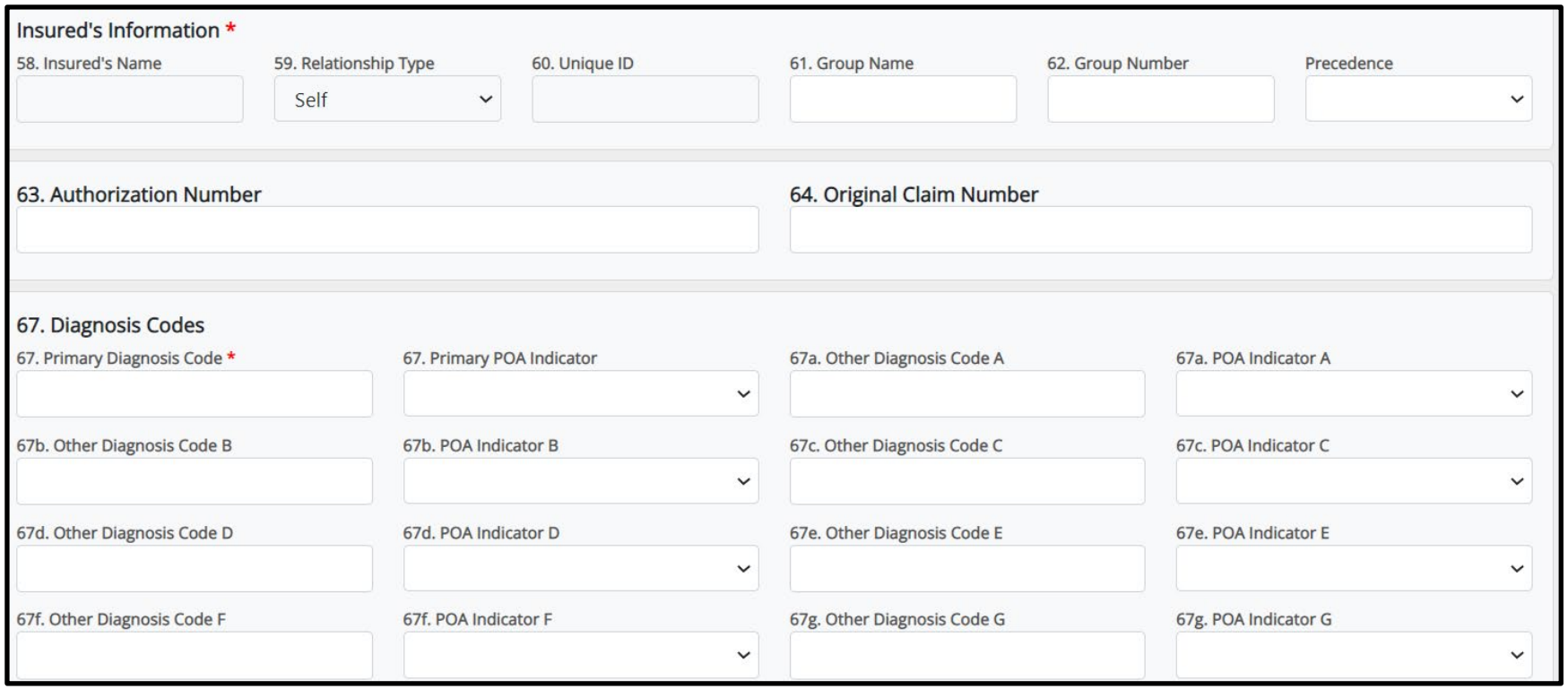
- Insured's Name
- Relationship Type
- Unique ID
- Group Name
- Group Number
- Precedence

Authorization Number

Original Claim Number

Diagnosis Codes

- Diagnosis
- POA Indicator



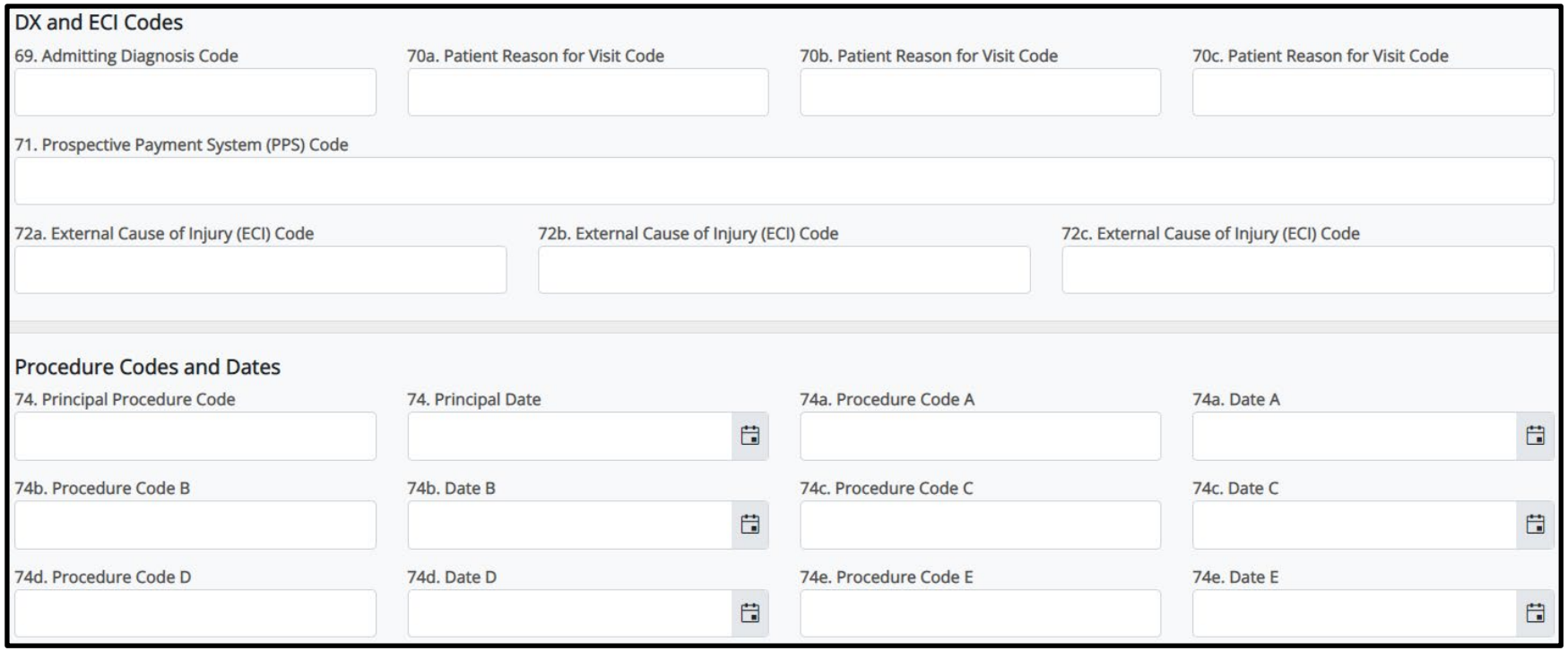
Supply Details for the UB04 Claim

DX and ECI codes:

- Admitting Code
- Patient Reason for Visit Code
- PPS Code
- ECI Code

Procedure Codes and Dates:

- Procedure Code
- Date



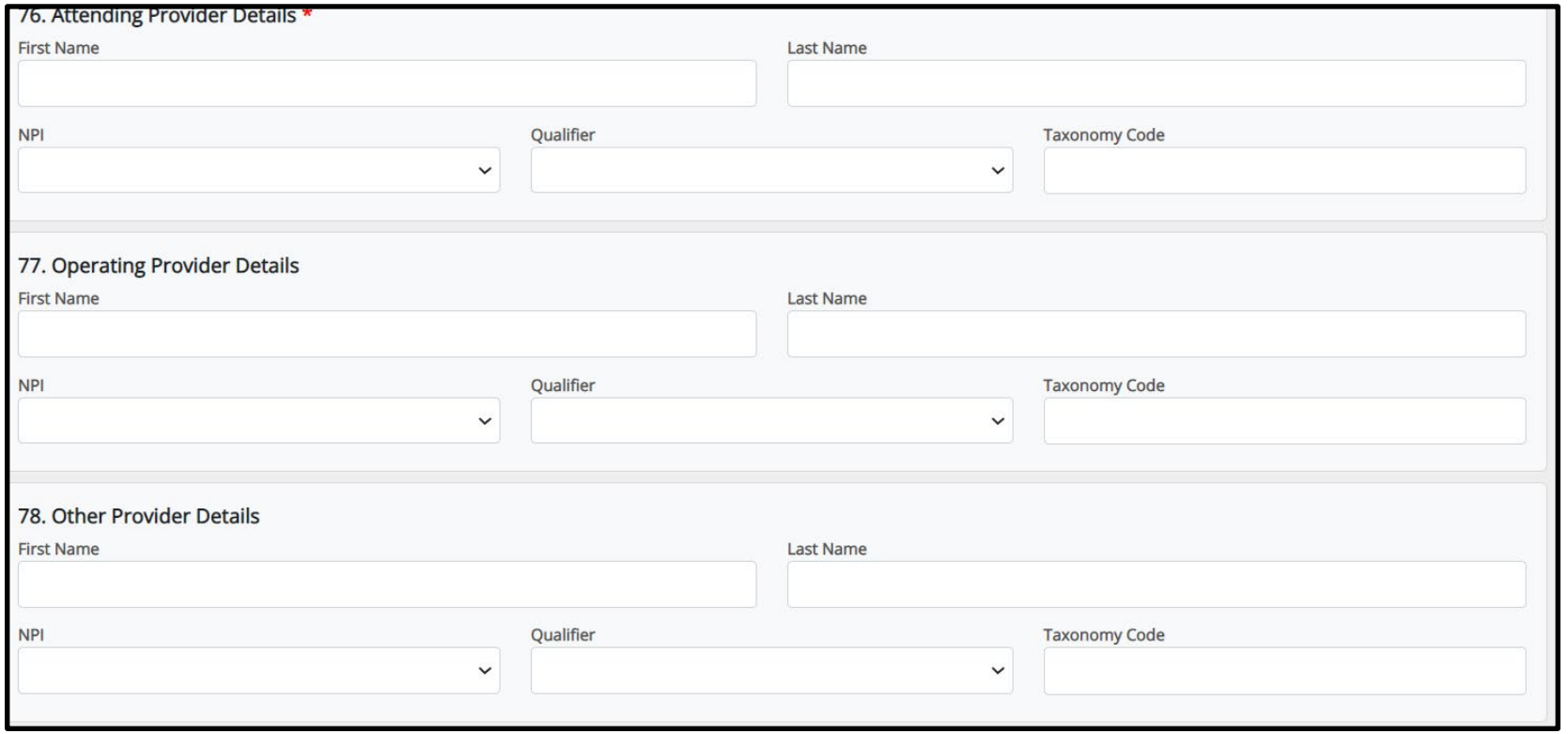
Provider Details

Attending Provider Details:

- First and Last Name
- NPI
- Qualifier
- Taxonomy Code

Operating Provider Details:

- First and Last Name
- NPI
- Qualifier
- Taxonomy Code



Remarks and Code-Codes

- Enter any applicable Remarks.
- Complete the required Code-Codes section.
- Qualifier A auto-populates.
- Enter the taxonomy in Code A.
- Select **Save** and continue.



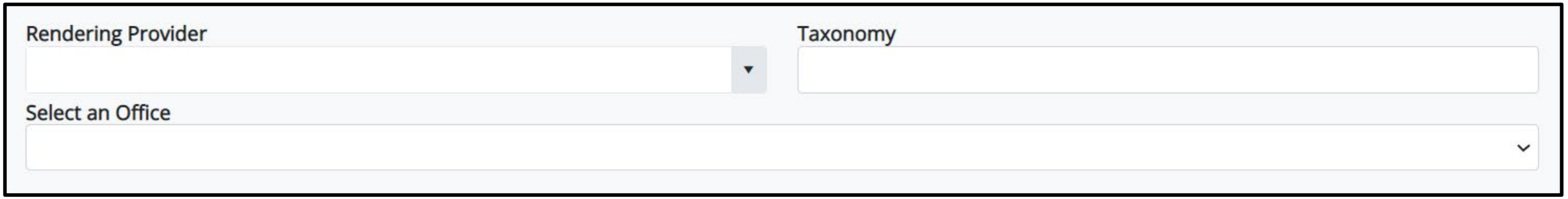
Completing a CMS1500 Professional Claim

Completing a Professional Claim

After selecting **Create CMS1500:**

1. Select Rendering Provider
2. Verify the Taxonomy field populates automatically.
3. Select the appropriate Office.

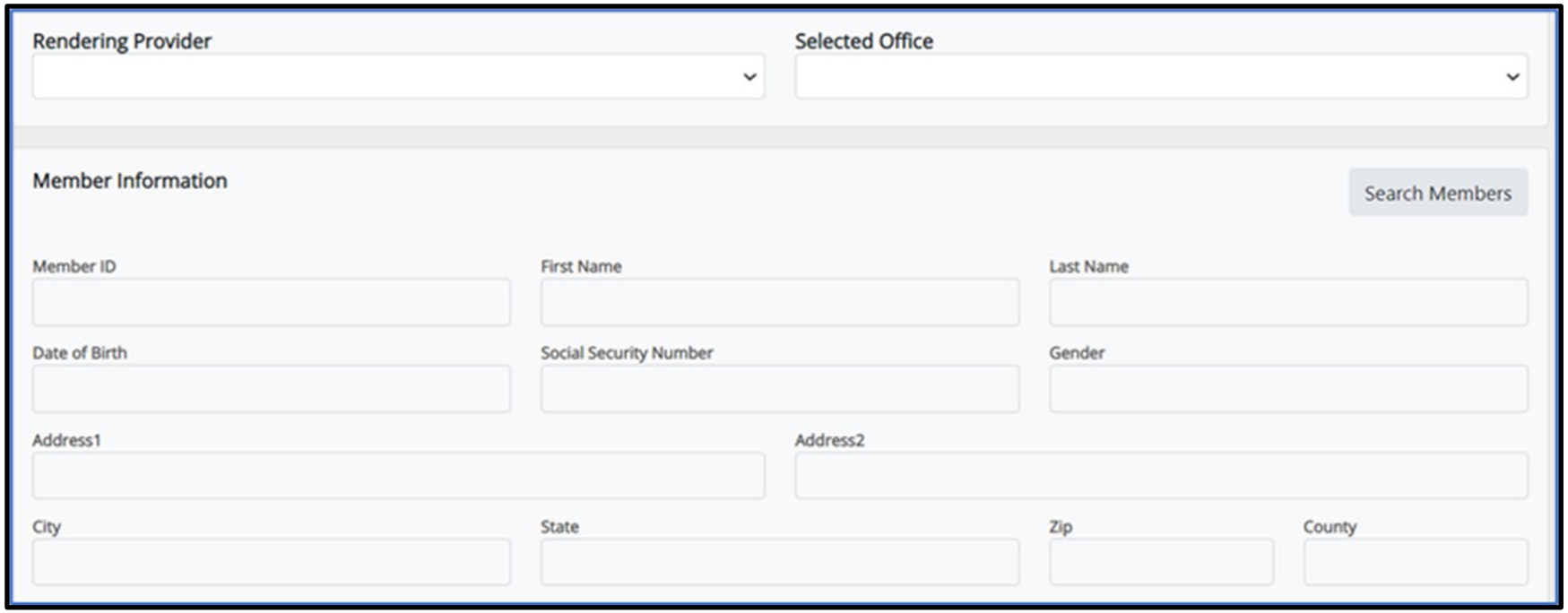




Supply Details for the CMS1500 Claim

Demographics

- First Name
- Last Name
- Date of Birth
- Social Security Number
- Gender
- Address



Supply Details for the CMS1500 Claim

Insurance Information:

- Insured’s ID Number

Patient Name:

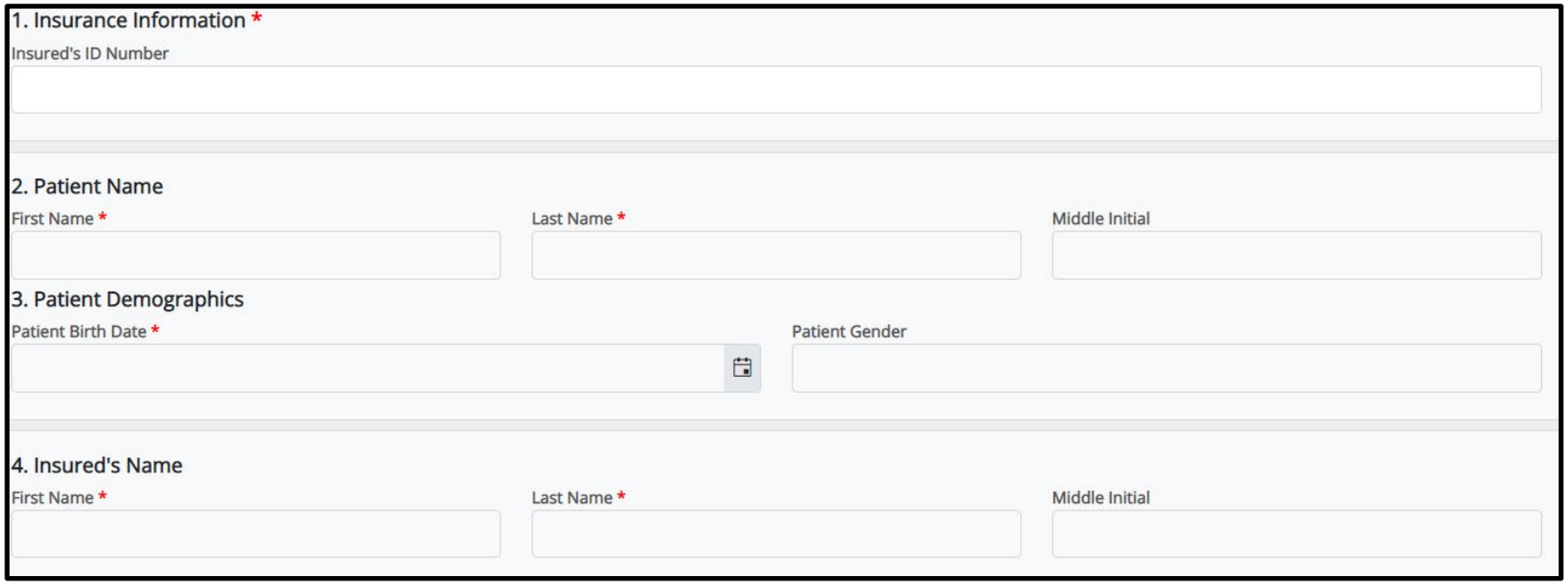
- First Name
- Last Name

Patient Demographics:

- Patient Birth Date
- Patient Gender

Insured’s Name:

- First Name
- Last Name



Supply Details for the CMS1500 Claim

Patient Contact Details:

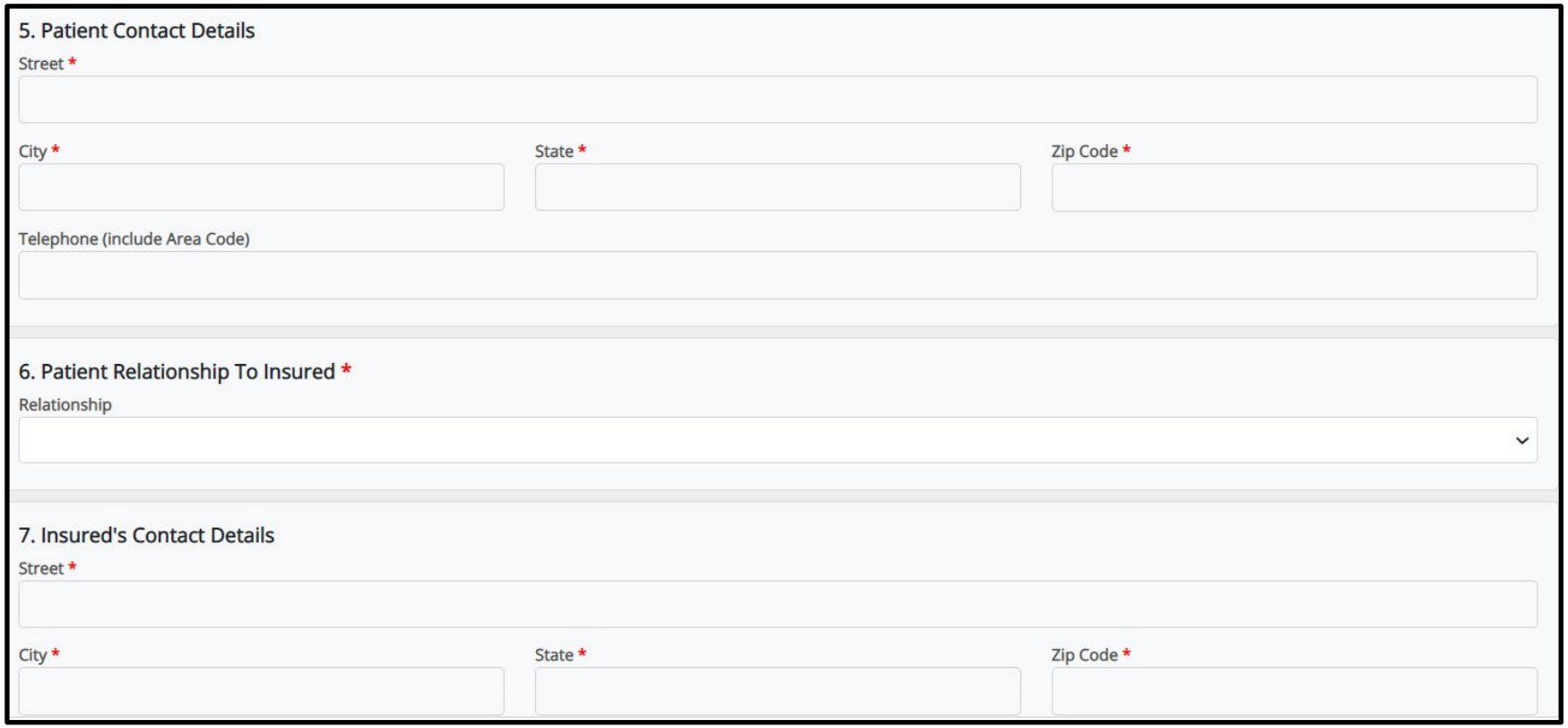
- Patient Address
- Telephone

Patient Relationship to Insured:

- Self
- Spouse
- Child
- Unknown

Insured's Contact Details:

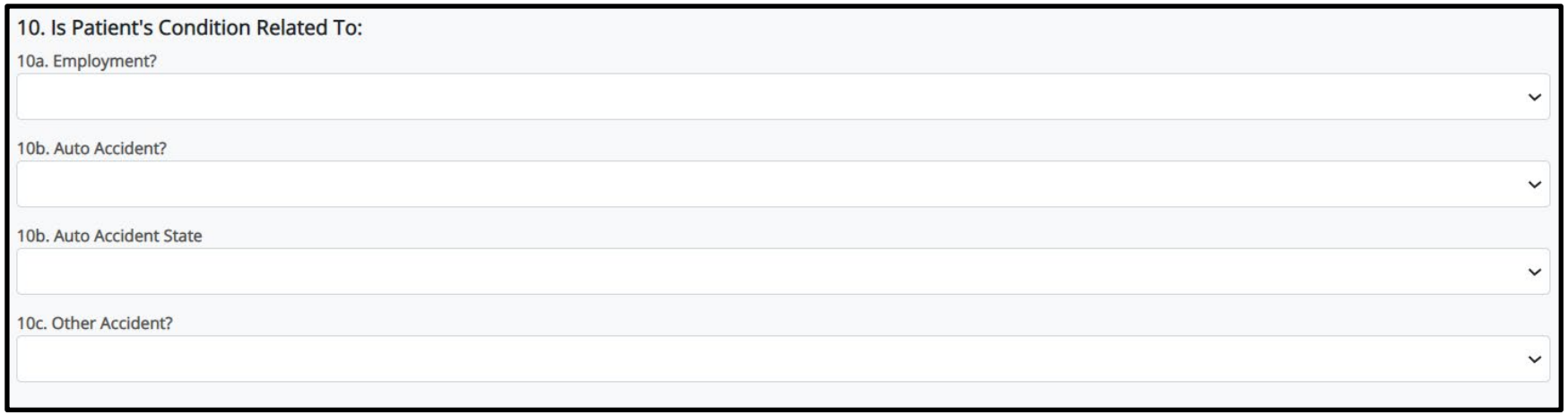
- Address



Supply Details for the CMS1500 Claim

Patient's Condition Related To:

- Employment
- Auto Accident
- Auto Accident State



Supply Details for the CMS1500 Claim

Insured’s Information:

- Insured’s Policy Group or FECA Number
- Birth Date
- Gender
- Insurance Plan Name or Program Name
- Is There Another Health Benefit Plan? (Yes or No)



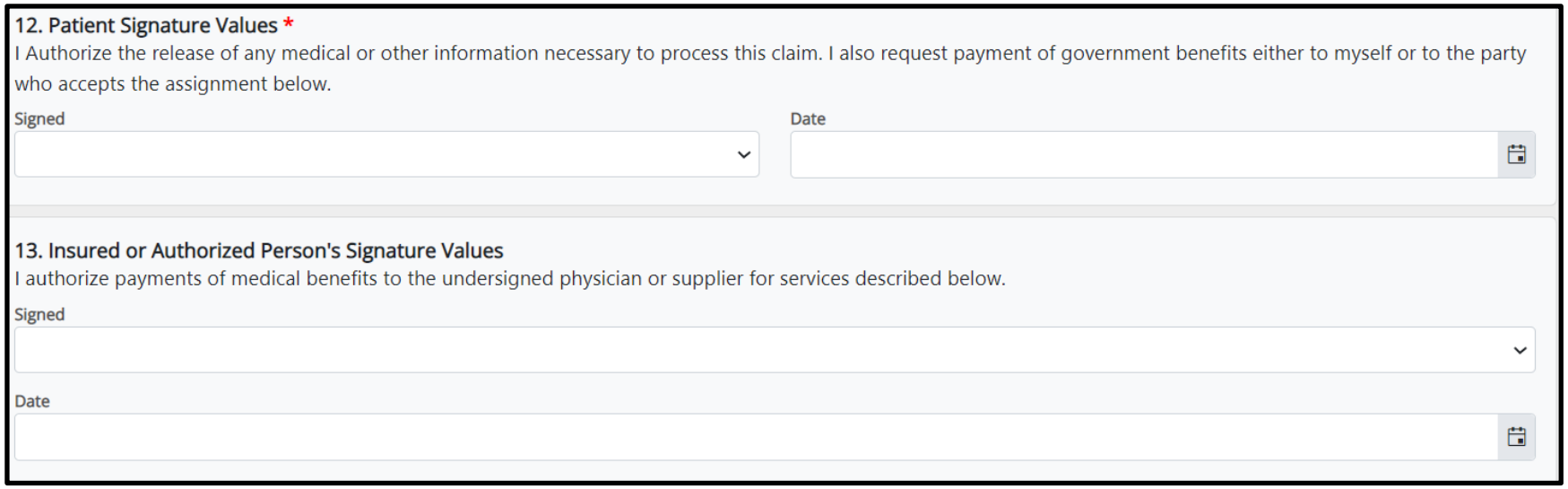
Supply Details for the CMS1500 Claim

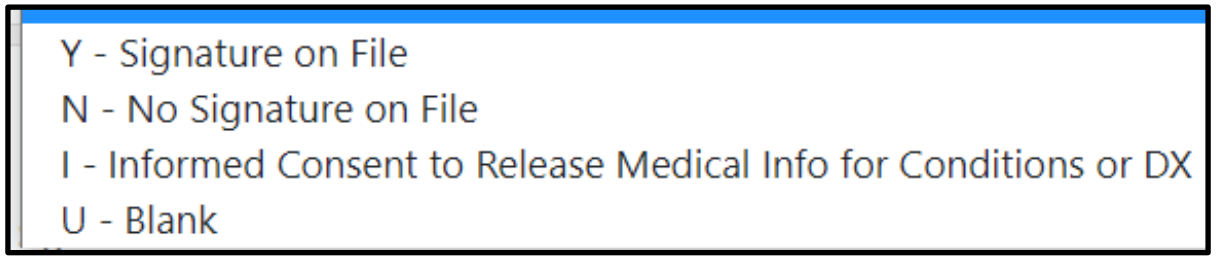
Patient Signature Values:

- Signed
- Date

Insured or Authorized Person's Signature Values:

- Signed
- Date





Supply Details for the CMS1500 Claim

Date of Current Illness:

- Date
- Qualifier

Other Date:

- Other Date
- Qualifier

Date Patient Unable to Work in Current Occupation:

- From Date
- To Date



Supply Details for the CMS1500 Claim

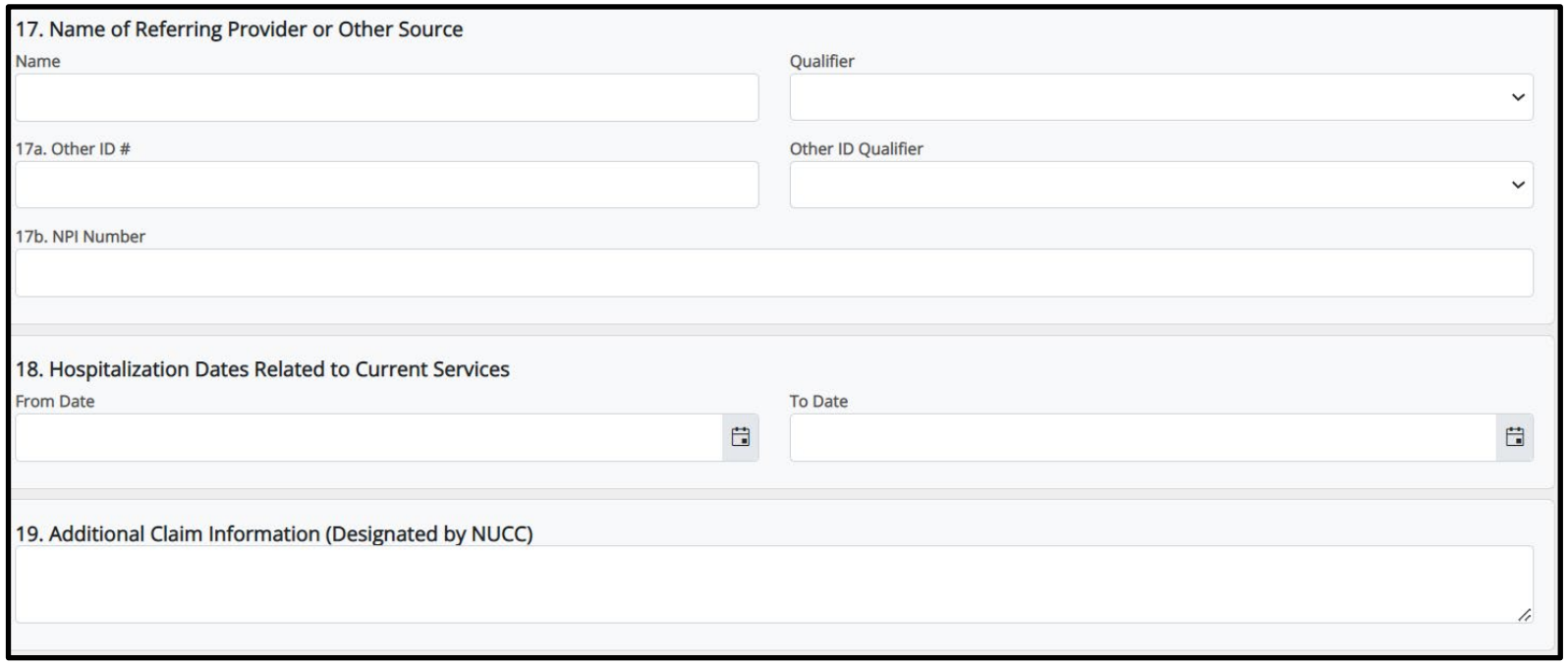
Name of Referring Provider or Other Source:

- Name
- Qualifier
- Other ID #
- Other ID Qualifier
- NPI Number

Hospitalization Dates Related to Current Services:

- From Date
- To Date

Additional Claim Information (Designated by NUCC)



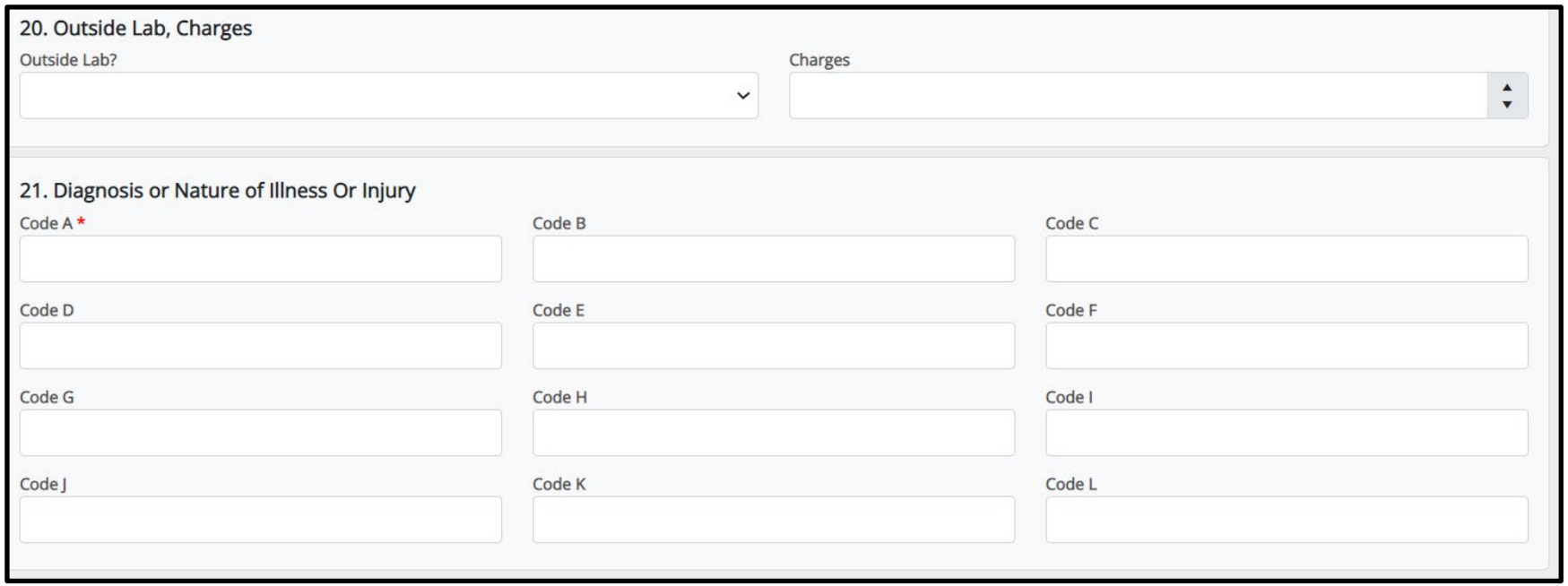
Supply Details for the CMS1500 Claim

Outside Lab, Charges:

- Outside Lab
- Charges

Diagnosis or Nature of Illness or Injury:

- Code



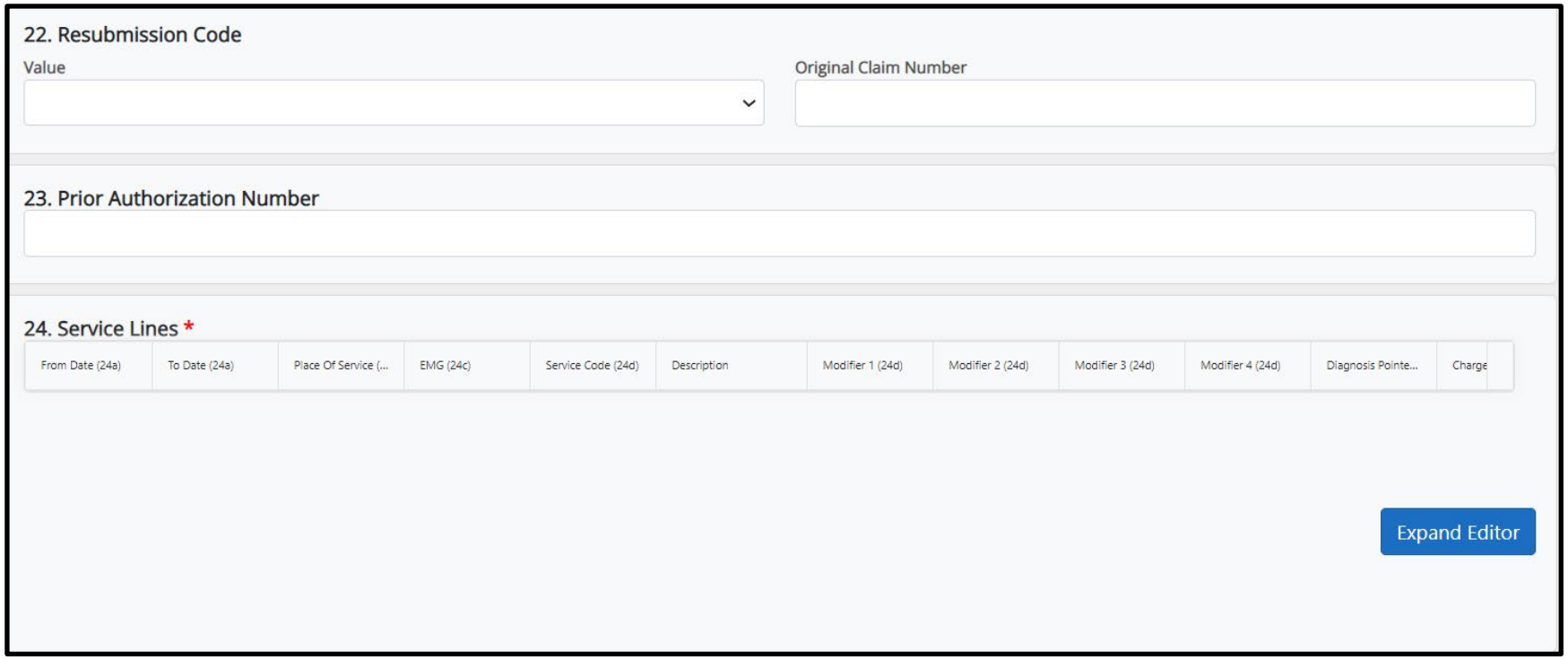
Supply Details for the CMS1500 Claim

Resubmission Code:

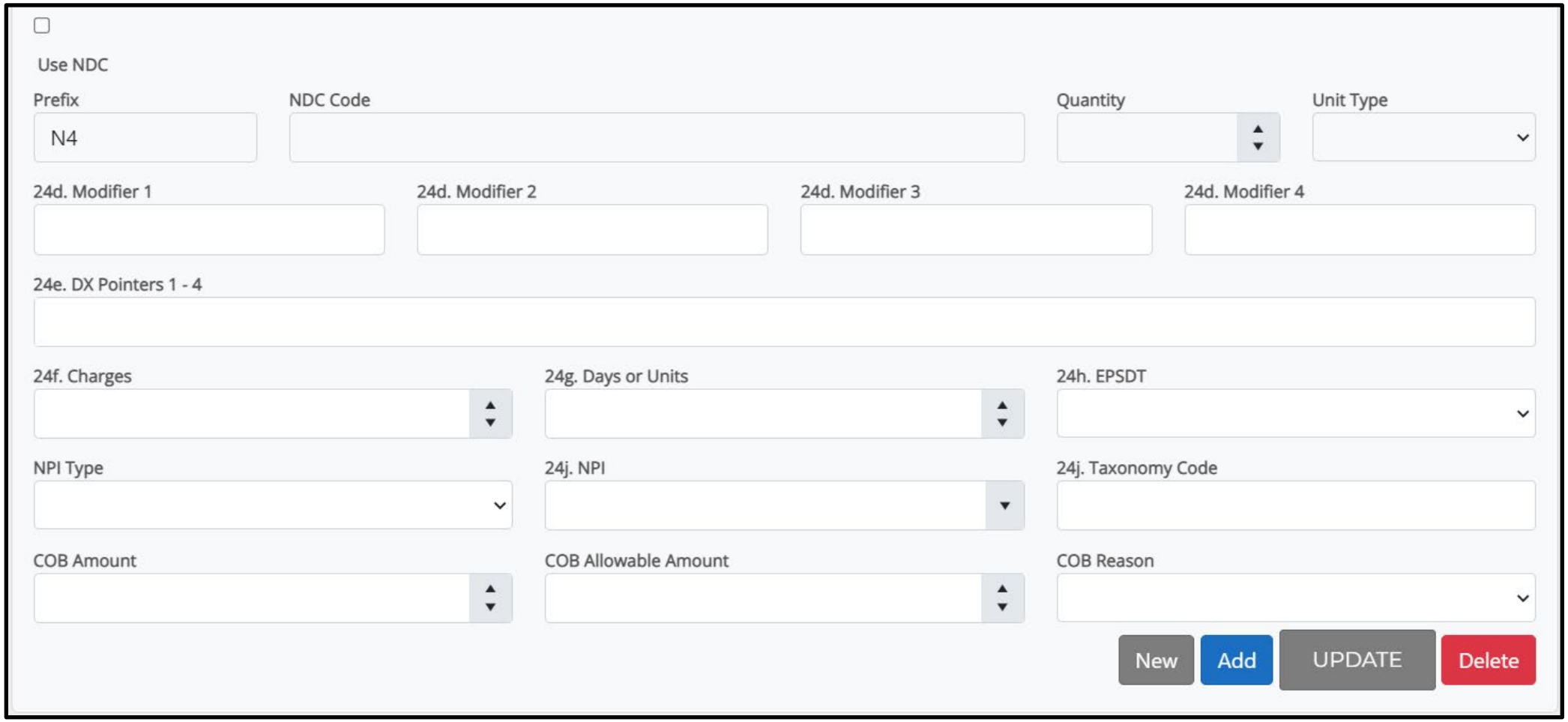
- Value
- Original Claim Number

Prior Authorization Number

Service Lines



Expand Editor



Supply Details for the CMS1500 Claim

Federal Tax ID Number:

- Tax ID number
- Is it EIN?

Prior Account Number

Accept Assignment

Total Charges

Total COB Amount Paid

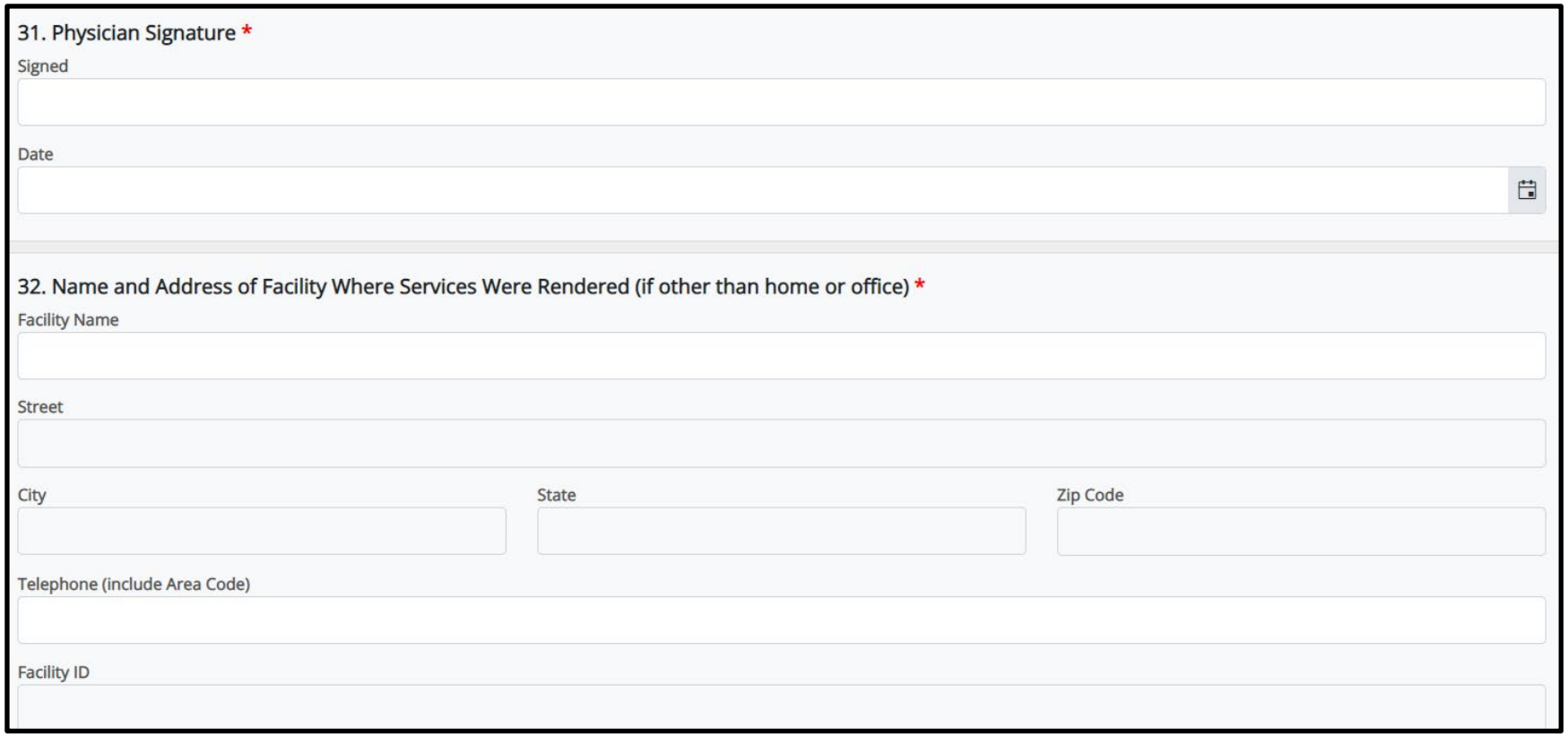
Supply Details for the CMS1500 Claim

Physician Signature:

- Signed
- Date

Name and Address of Facility Where Services Were Rendered (if other than home or office):

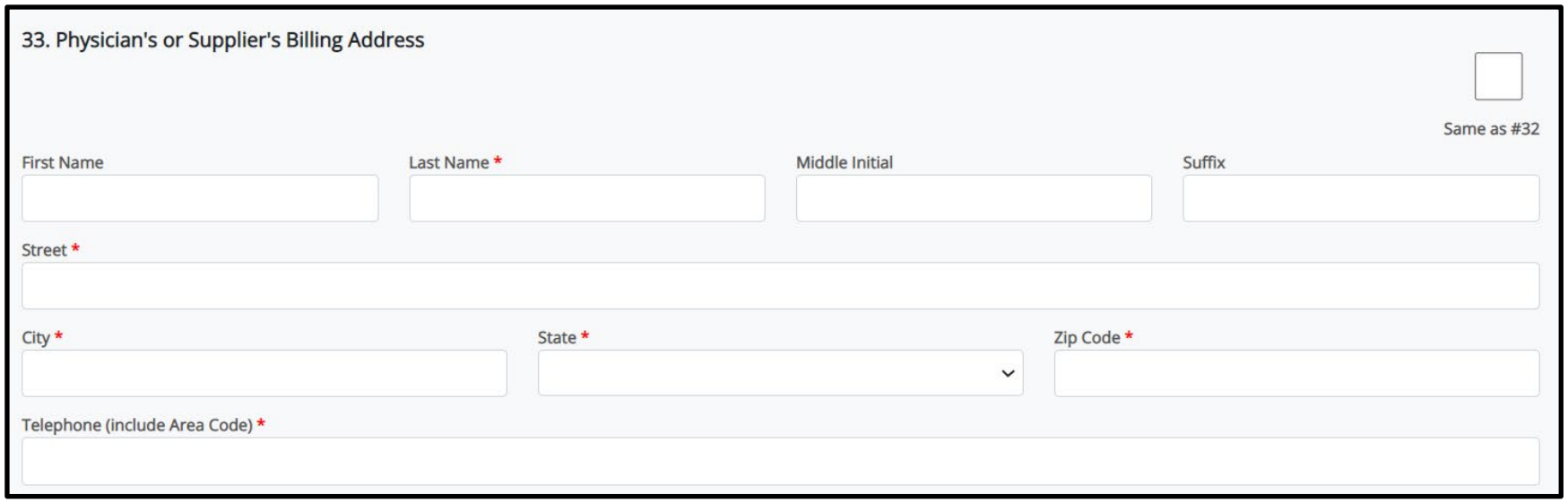
- Facility Name
- Address
- Telephone
- Facility ID



Supply Details for the CMS1500 Claim

Physician's or Supplier's Billing Address:

- First Name
- Last Name
- Address
- Telephone



Save, Submit, and Validate a Claim

Save Claim

To save a claim and come back to it in the future, select **SAVE**.

If a claim is in “**saved**” status, Vaya Partners will not process it.



Validate Claim

To validate a claim and ensure all information is accurately entered, select “**VALIDATE CLAIM**” at the bottom center of the page.



Submit Claim

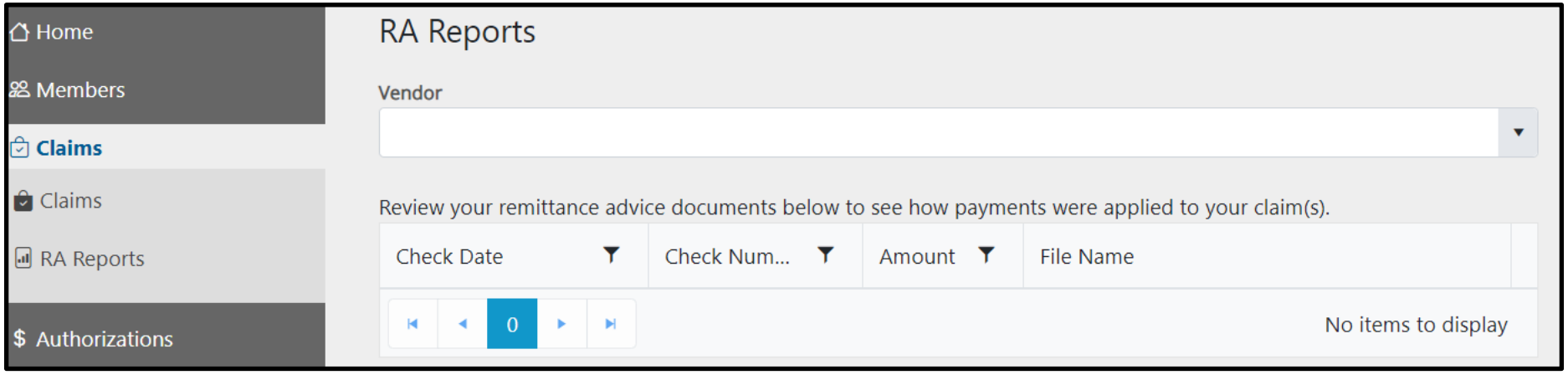
To submit a claim after it is validated, select “**SUBMIT CLAIM**” on the bottom right of the page. Submitted claims may not be edited upon retrieval. To edit a submitted claim, you must copy the existing claim and submit a replacement with the necessary changes.



Remittance Advice (RA) Reports

Navigating to RA Reports

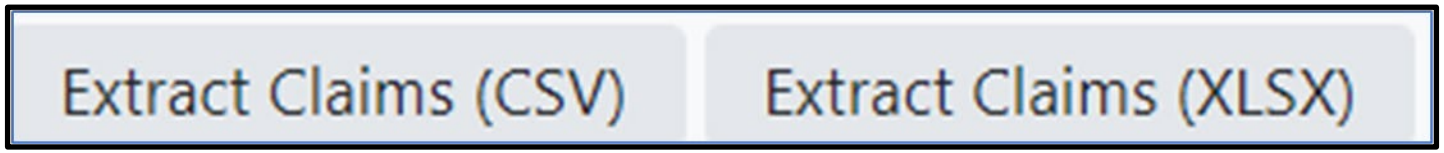
To access RA reports and to see how payments were applied to your claims, select “**RA Reports**” under “**Claims**” on the left side of the Claims homepage.



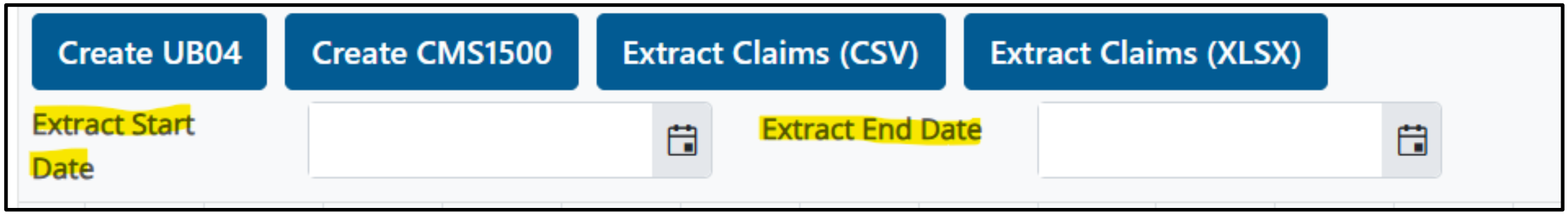
Extract Claims

Extract Claims

To run a report of claims, select the “**Claim Extract**” button and choose the desired format of the report (e.g., CSV or XLSX).



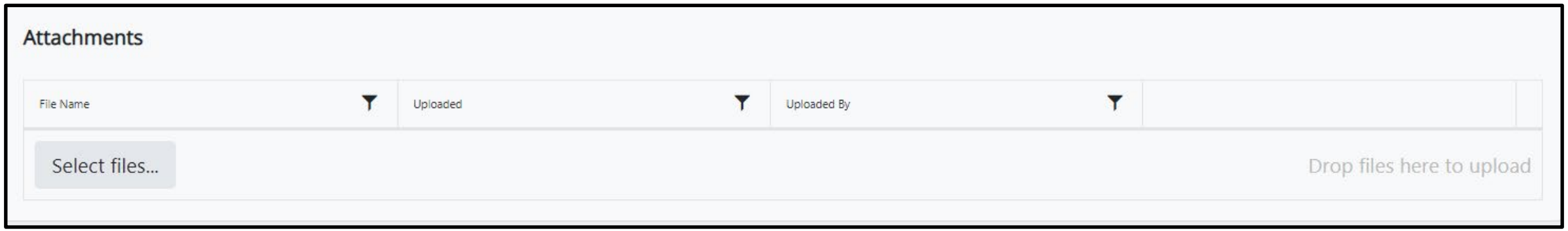
Extract Claims



Claims Attachments

Claims Attachments

- Selected attachments can be submitted via an 837 file, allowing the provider to link the separately received attachments to the claim for processing.
- These attachments can also be submitted via ProviderCONNECT in the Attachments section that appears at the bottom of a claim form **after the provider selects "Save**."



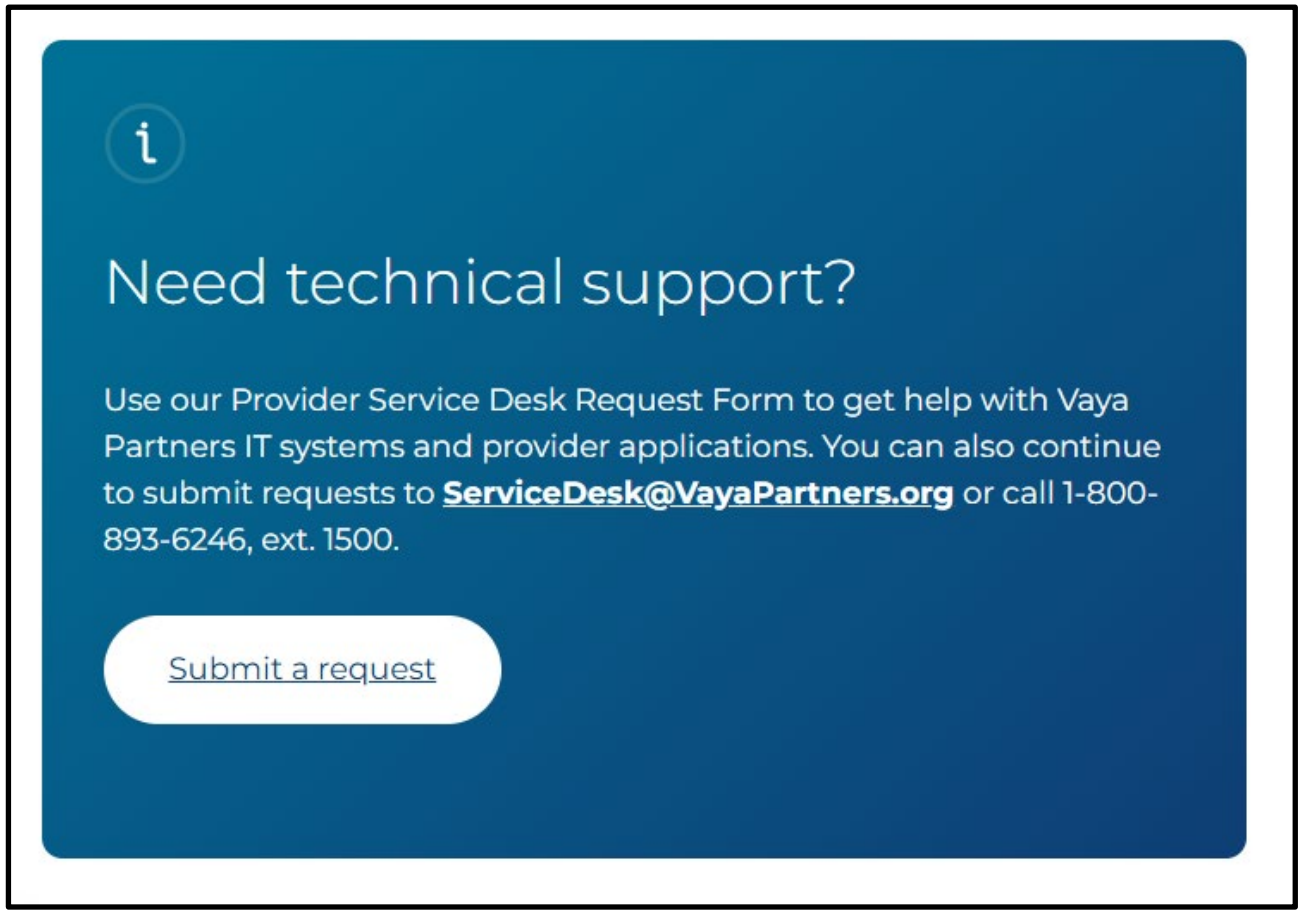
Reasons for Attachments

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

Service Desk Request Form

Navigate to **ProviderCENTRAL** to submit a ServiceDesk request and view technical support contact information.





Thank You

Provider.Training@VayaPartners.org

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