1. Go to the portal landing page and log in with the User ID and password previously created. If you do not have a User ID and password, click Register Now or see the JOB+AID “Registering on the Portal.”

If you have already logged in, skip to step 2.
2. From the “Welcome Health Care Professional” Home page, select the Claims tab.
3. Select the type of claim form the data will be entered for: **Submit Claim Dental**, **Submit Claim Inst** (Institutional) or **Submit Claim Prof** (Professional).

You can also click **Search Claims** to search through claims you have previously submitted, or **Search Payment History** to search through your submitted claims that have already been paid.

**NOTE:** To find a claim that was previously entered, use the ICN or use the Member ID and DOS options.

**Maintain Favorite Providers:** The providers on this list will be available for selection as the Facility or Servicing provider when you are creating a claim. Up to 20 providers can be stored on your favorites list.

**Save Claims:** This function allows you to save a claim for later and resume where you left off. The claim will be saved for 90 days.
4a. After selecting your claim type, enter the following information for **Step 1** as shown on the **Submit a Claim** screen. Please note that all three claim options will lead to the following screens: for the purpose of this job aid, we will walk through a professional claim, which is the most common type of claim:

- **Provider Information** (enter at least one of the following):
  - Performing Provider ID and ID Type, Referring Provider ID and ID Type, Supervising Provider ID and ID Type, Service Facility Location ID and ID Type
NOTE: Performing providers (also known as Rendering providers) must enter their PIN or NPI number in the Performing Provider ID field.

If there are multiple nine-digit provider IDs associated with the NPI, click the magnifying glass to select the correct one.

To select the Provider ID, click on the NPI number in the first column.
4b. **Beneficiary Information**: Beneficiary ID, Last Name, First Name, Birth Date

- **Claim Information** (enter all applicable information available): Date Type, Date of Current, Accident Related, Admission Date, Patient Number, Authorization Number, four “yes/no” questions

Note: If the beneficiary has other insurance, check this box before clicking **Continue**. If there is no other insurance to enter, click **Continue** to complete this step.

*Fields marked with a red asterisk are required.*
If you choose the “Include Other Insurance” option and select “Continue” on Step 1, it will bring you to the bottom of Step 2 in which it shows the panel for “Other Insurance Details.”

If not applicable, proceed to Step #5.

Click on the number next to the correct primary payor to enter all of the other insurance information. If you do not see the correct carrier listed, simply click the + to add the appropriate carrier and other insurance details.

Once the information has been entered and all questions have been answered, select Save Insurance.
5. Continue filling out claim information for **Step 2** as shown on the **Submit a Claim** screen (information at the top of the screen will auto-populate based on what you entered in Step 1):

- **Diagnosis Codes**: Select **Diagnosis Type** (required) and enter a **Diagnosis Code** (required).

- Once the Diagnosis fields have been populated, click **Add**. Click **Reset** to remove diagnosis codes and start over.
6. Click **Continue** to advance to Step 3. Click **Finish Later** if you want to save your claim. Click **Cancel** to cancel the claim or **Back to Step 1** to return to the first step.
7. Continue filling out claim information for Step 3 as shown on the **Submit a Claim** screen (information at the top of the screen will auto-populate based on what you entered in steps 1 and 2). **NOTE:** Not all fields are required; complete only those that are applicable:

- **Service Details:** Use this screen to add, edit, or remove services rendered to the beneficiary. To edit information previously entered, click on the numbered link appearing in the **Svc #** column. To remove information previously entered, click **Remove** in the action column.

  To add a detail, click **Add** and populate any data that applies for the following fields: **From Date; To Date; Place of Service; EMG (Emergency); Procedure Code; Modifiers; Diagnosis Pointers; Charge Amount; Units, Unit Type; EPSDT or Family Plan; CLIA Number; Rendering Provider ID, ID Type and State License #; Referring Provider ID “Ordering Provider ID” and ID Type.

  Please Note: The Ordering Provider field should only be completed when the following services have been delivered: Audiology, Hearing, Laboratory, Radiology, or Therapy (OT, PT, Speech).

  To remove data populated for a detail, but not yet added, click **Reset**.
- **NDCs for Svc.** - NDC for service panel should be used only when an injection and/or drug that requires a NDC number to be entered. You will need to click on the + sign to the right to expand the panel.

8. **Attachments:** Click the + to upload any attachments/documents that apply to the claim. Skip this step if there are no attachments.

9. **Click Submit** to move to the next step of the claim submission process. Click **Back to Step 1** or **Back to Step 2** to revisit previous steps. Click **Finish Later** if you want to save your claim. Click **Cancel** to cancel the claim submission process.
10. Review the information that has been keyed/submitted. Click **Back to Step 1**, **Back to Step 2** or **Back to Step 3** to correct or add any additional information. Click **Print Preview** to preview the claim details entered. Click **Confirm** to submit your claim. Click **Cancel** to cancel the claim submission process.
11. Once a claim is confirmed/submitted, the system will provide a claim receipt along with a 13-digit Claim ID.

12. Click **Print Preview** to preview the claim details entered. Click **Copy** to copy claim. Click **Edit** to edit denied claim. Click **New** to submit a new claim. Click **View** to view the details of your submitted claim.