2025

Fallon Health Provider Portal Training – Claims

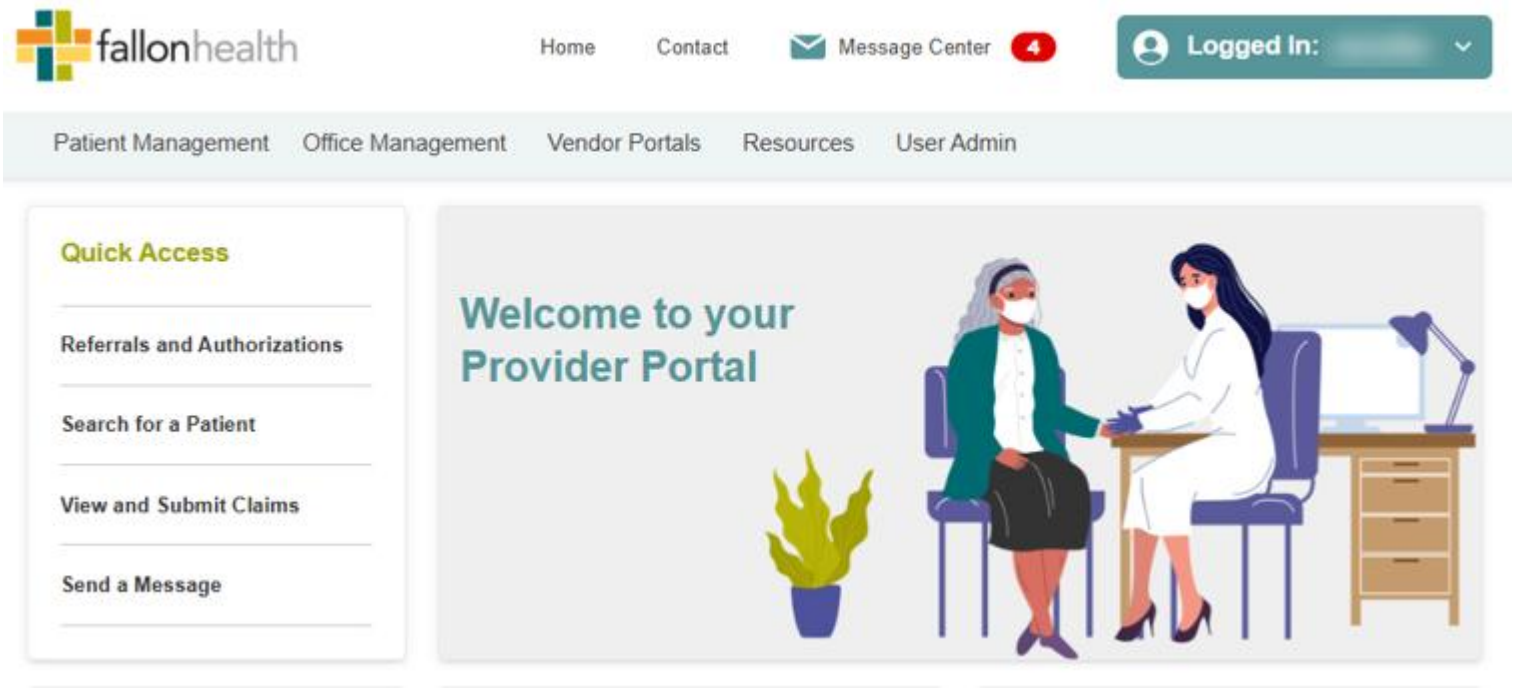
This training contains audio.

fallonhealth

Provider Portal – Claims

This training is designed to help providers navigate Fallon Health's updated provider portal with a focus on viewing and submitting claims, including:

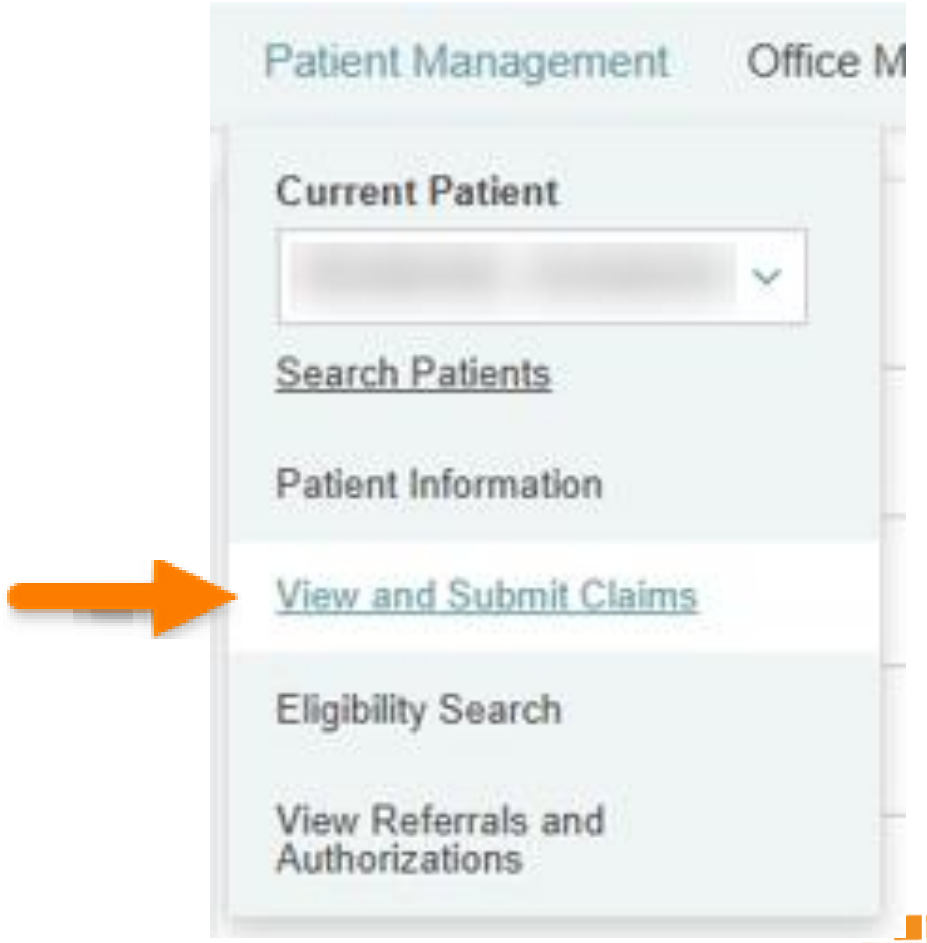
- ✓ Viewing claim status and details
- ✓ Submitting new claims and adjustments
- ✓ Accessing reports and documentation
- ✓ Exporting and managing claim data
- ✓ Locating claim information in Patient Management for quick access, or Office Management for more details



Accessing Claims Information – Patient Management

Claim information can be found in both **Office Management** and **Patient Management**.

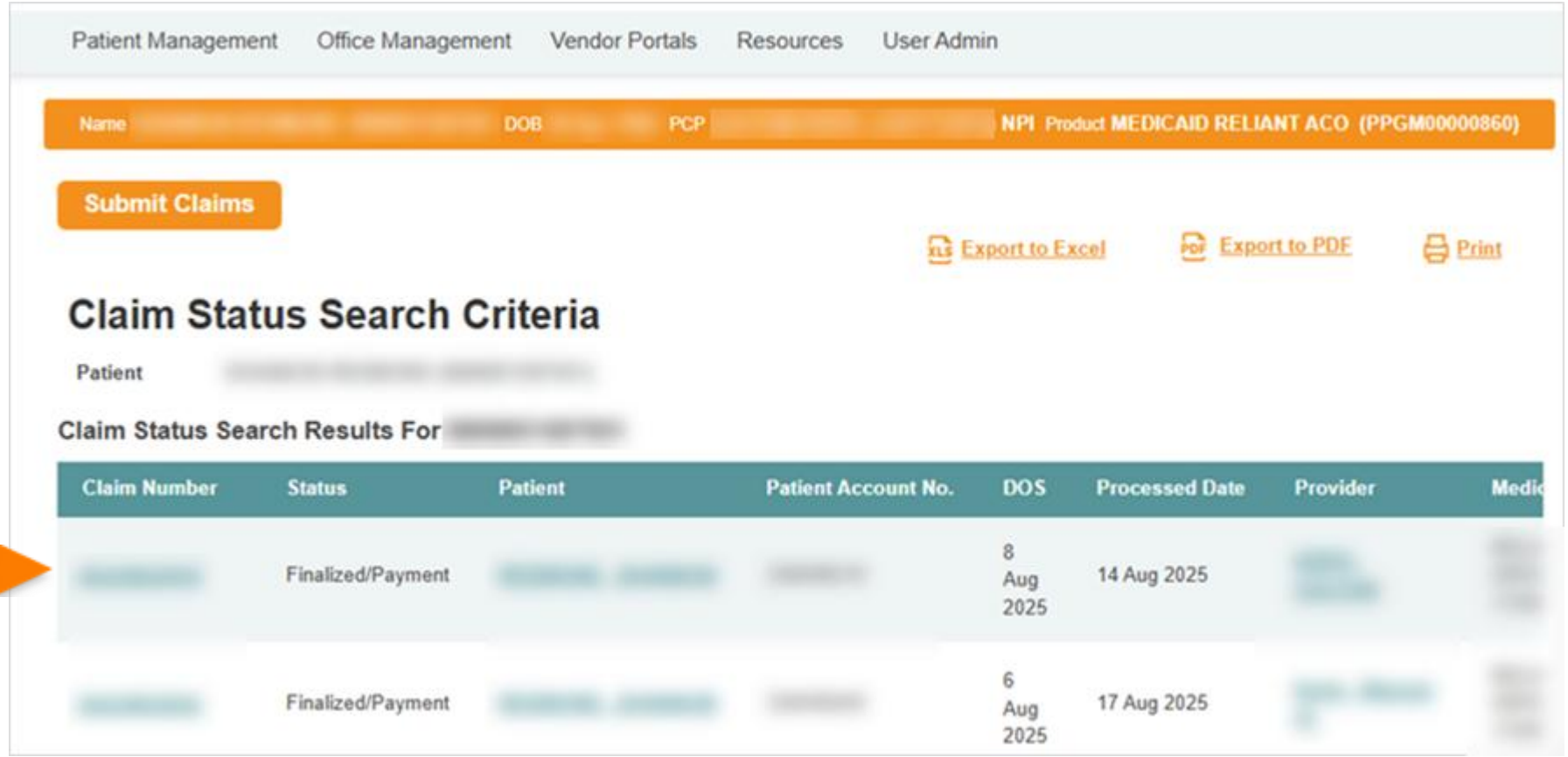
When a patient is selected from the **Current Patient** dropdown, the **Patient Management** menu will automatically update to show that patient's specific details including claim information.



Accessing Claims Information – Patient Management

The **Claim Status Search** tool allows users to view detailed information for a **selected member**, including:

- ✓ claim number
- ✓ current status
- ✓ date of service
- ✓ processed date
- ✓ provider details



Accessing Claims Information – Office Management

More claims information can be found by clicking **Claims** from the **Office Management** menu.

Users can search for claims and view key details, including:

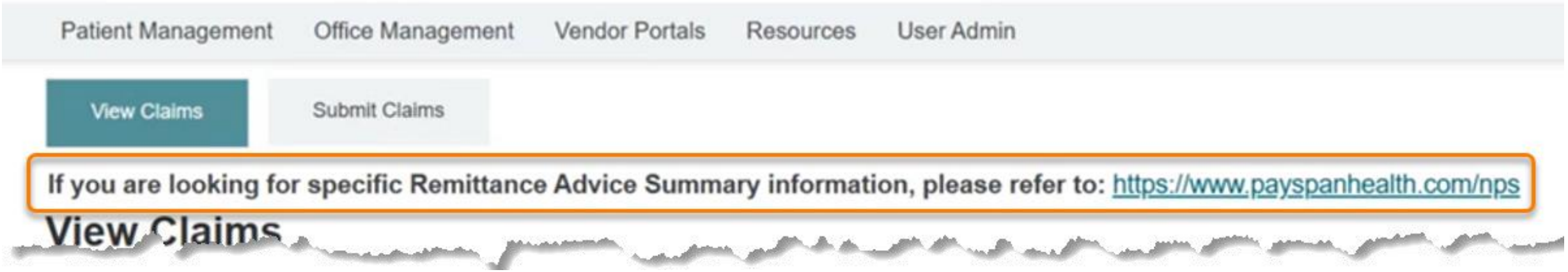
- ✓ Member and provider information
- ✓ Diagnoses and procedures
- ✓ Related documents

Note: Users will only see claims associated with their provider's Tax ID.

Office Management – Claim Status

Claim Status Search

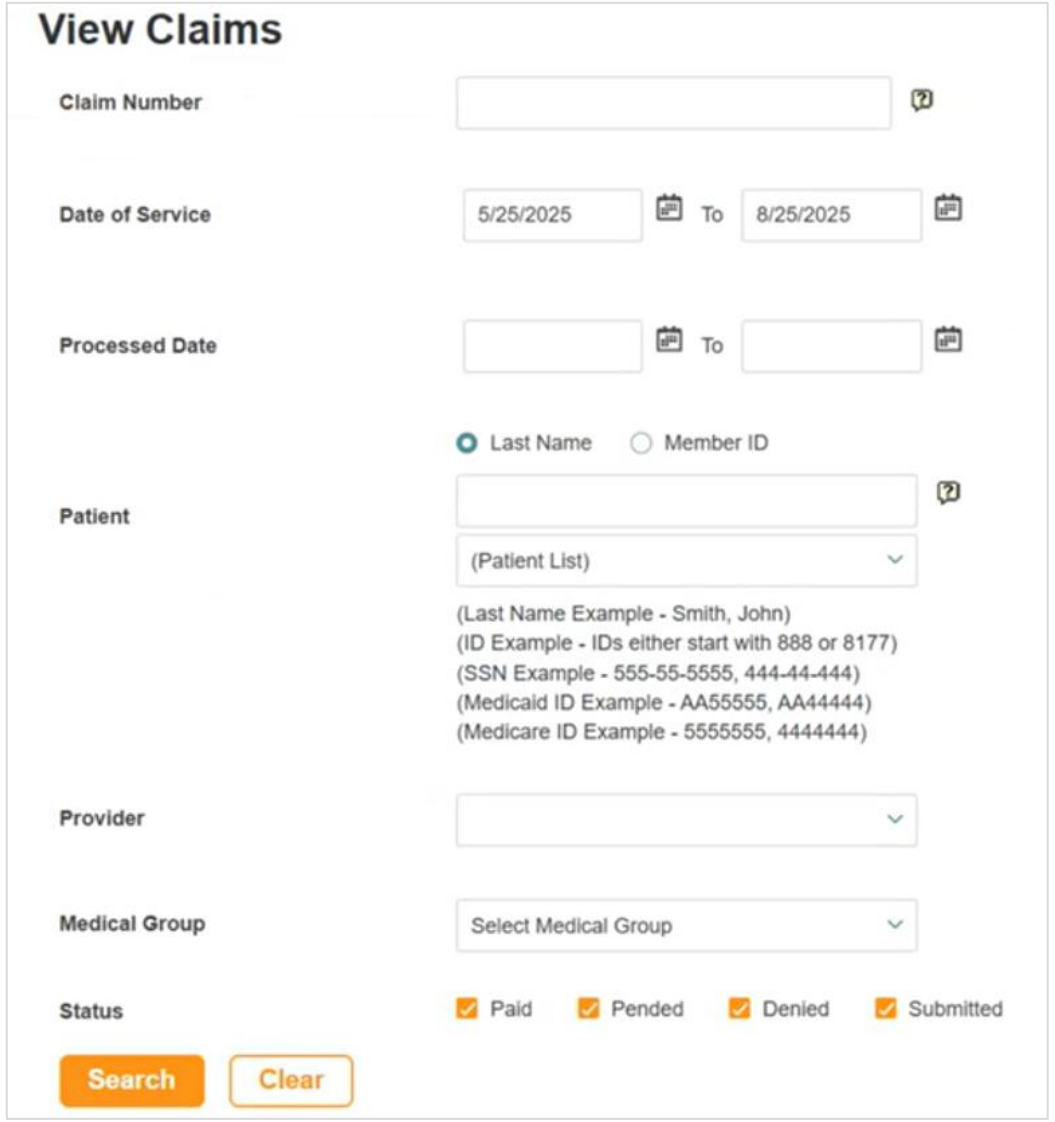
- To begin, select **Claims** from the **Office Management** tab.
- From the Claims page, users can View Claims and Submit Claims.
- Users also have quick access to **Payspan** by using the link at the top of the screen.



Office Management – Claim Status

Claim Search

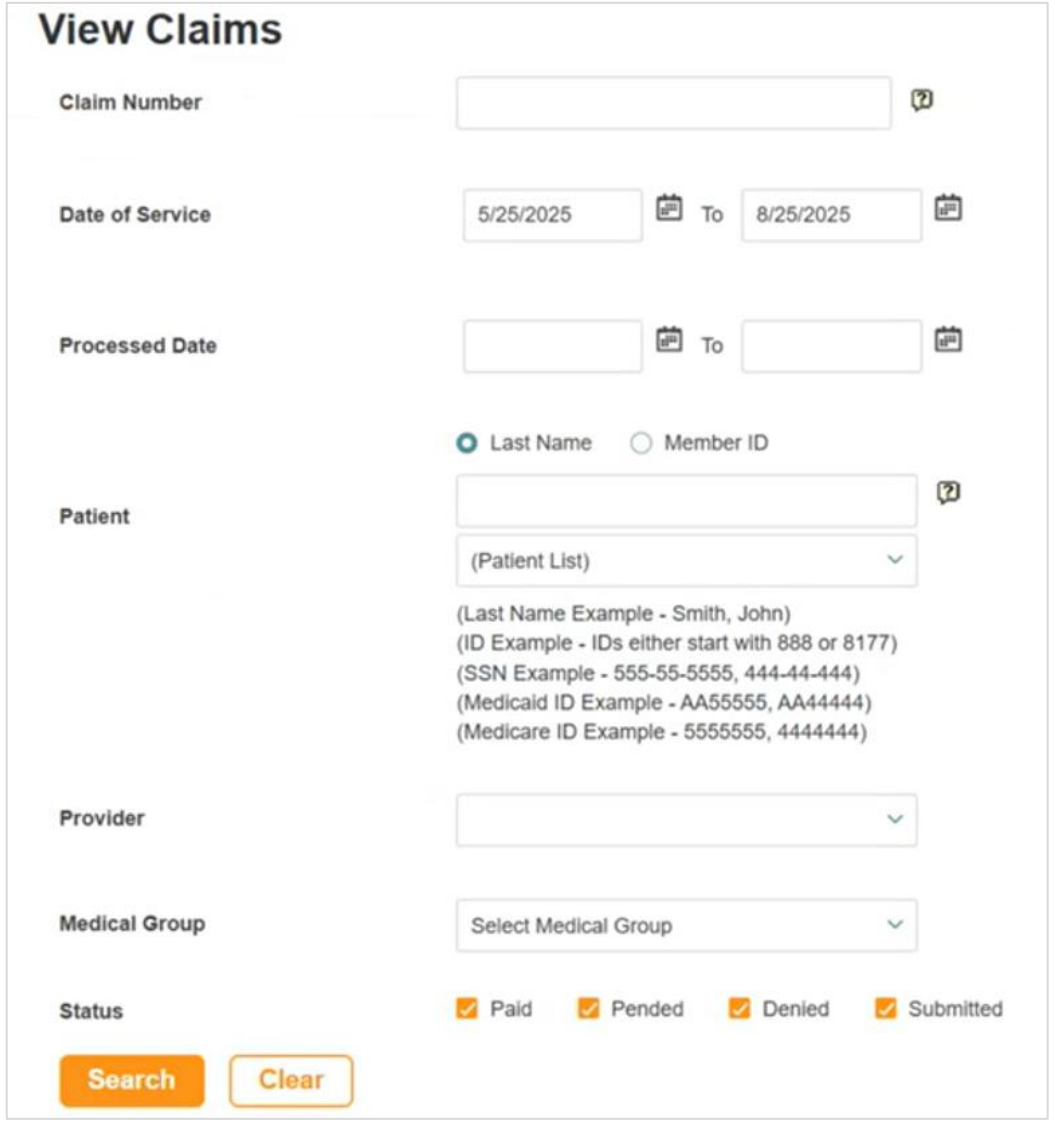
- If available, enter the **Claim Number** for a direct search.
- Users can also search by date range for either the date of service or the processed date.
- To view claims for a specific patient, enter the patient's name or Fallon Health ID, or select a patient from the patient list.



Office Management – Claim Status

Claim Search

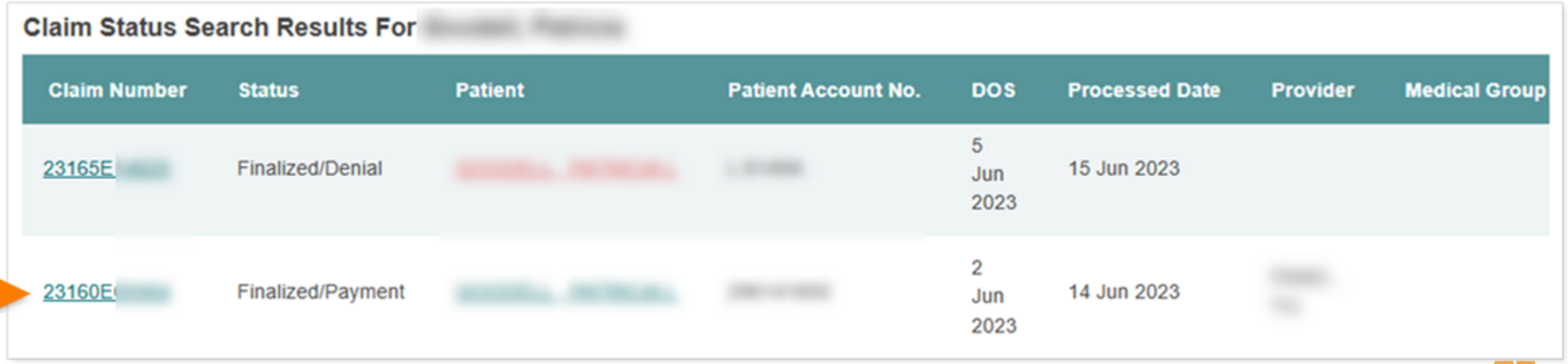
- Users can search by a specific provider or group, or to view all claims associated with the provider's office, leave all fields blank and run the search.
- Sort by claims status by using the check boxes at the bottom to view claims that are paid, pended, denied and submitted.



Claim Status

The **Claim Status Search Results** screen displays all claims that match the search criteria.

Click the **Claim Number** (hyperlinked) to open the **Claim Status Detail** screen, where you can view detailed claim and service information.



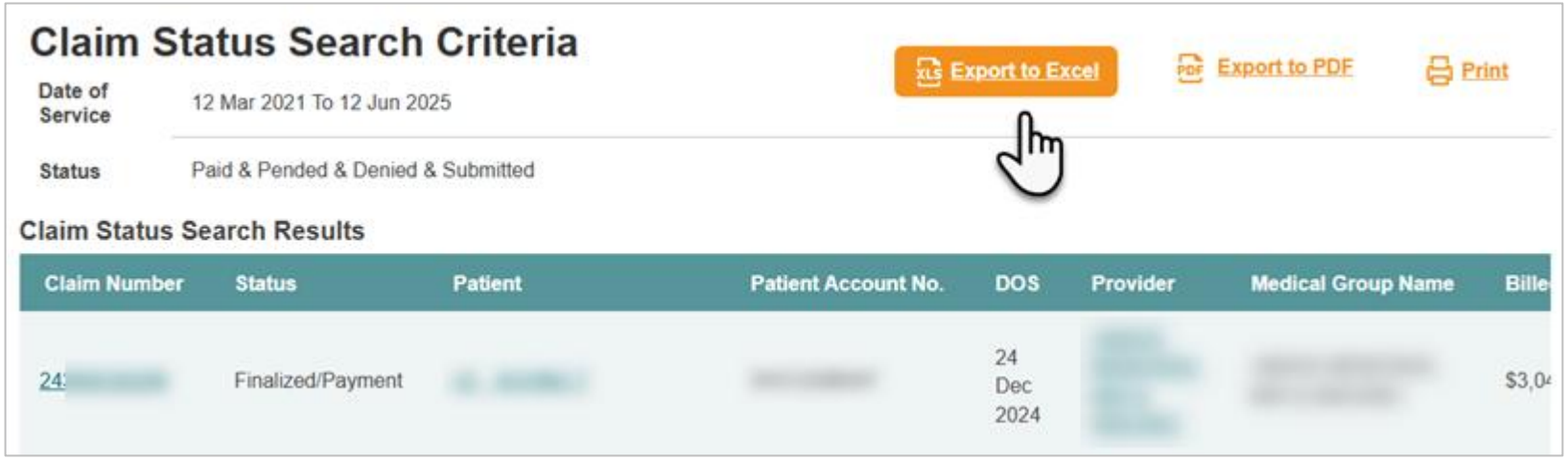
Claim Status Search Results For [redacted]

Claim Number	Status	Patient	Patient Account No.	DOS	Processed Date	Provider	Medical Group
23165E[redacted]	Finalized/Denial	[redacted]	[redacted]	5 Jun 2023	15 Jun 2023		
23160E[redacted]	Finalized/Payment	[redacted]	[redacted]	2 Jun 2023	14 Jun 2023	[redacted]	

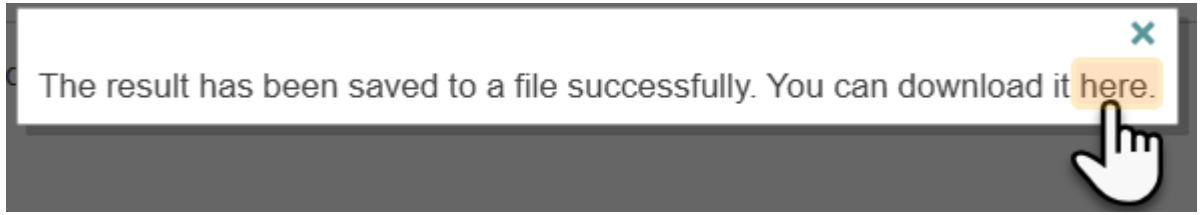
Claim Status

From the **Claim Status Search Results** screen, users also have the option to **export** the list of claims in multiple formats. Available export options include:

- Microsoft Excel (.csv)
- PDF Document (.pdf)
- Direct Printing



To proceed with the export, click the **here** link in the pop-up box. All exports will also be located in **Document Manager**.



Claim Status

Claim Status Detail screen, where you can view detailed claim and service information including referring provider, diagnosis, and detailed line processing.

Claim Level Information

Provider		Practice	
Patient		Patient Account No.	
Ref/Auth Number	OP OP	Medical Claim Receipt Date	2 Oct 2024
Referring Provider			
Diagnosis	F03.90 : Unspecified dementia, unspecified severity, without behavioral disturbance, psych M48.02 : SPINAL STENOSIS CERVICAL REGION		

Service Line Information

Line	Status	Check/EFT Number	Payment Date	Servicing Provider	DOS	Adjudicated Procedure	Procedure	Modifier	Units	Billed Amount	Allowed Amount	Disallowed	Co-Payment	Co-Insurance	Deductible Amount	Patient Responsibility	COB	Paid
001	Finalized/Payment	1784593	13 Nov 2024		1 Aug 2024	T1028	T1028		1	$266.62	$266.62	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$266.62
002	Finalized/Payment	1784593	13 Nov 2024		1 Aug 2024	S5140	S5140	TG	1	$91.31	$91.31	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$91.31
003	Finalized/Payment	1784593	13 Nov 2024		2 Aug	S5140	S5140	TG	1	$91.31	$91.31	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$91.31
006	Finalized/Payment	1784593	13 Nov 2024		Aug 2024	S5140	S5140	TG	1	$91.31	$91.31	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$91.31
Totals										$723.17	$723.17	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$723.17

Office Management – Reports

Checking Claims Status via Reports

Providers who want to check the status of submitted claims can run a report from the **Reports** section of Office Management.

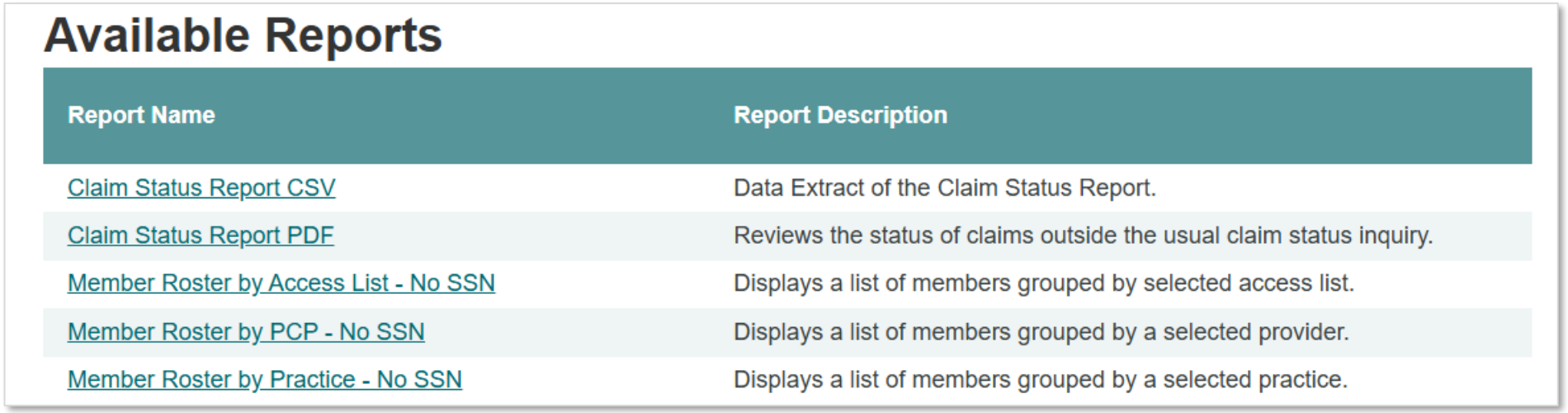
Accessing reports

Navigate to the **Reports** section from the main menu.

Office Management – Reports

Claims Reports

- The **Claim Status Report** can be run as a CSV or PDF.
- Once processed, the report will be delivered to the **Document Manager** for easy access and download.
- Select the report by clicking on the report name.



Available Reports

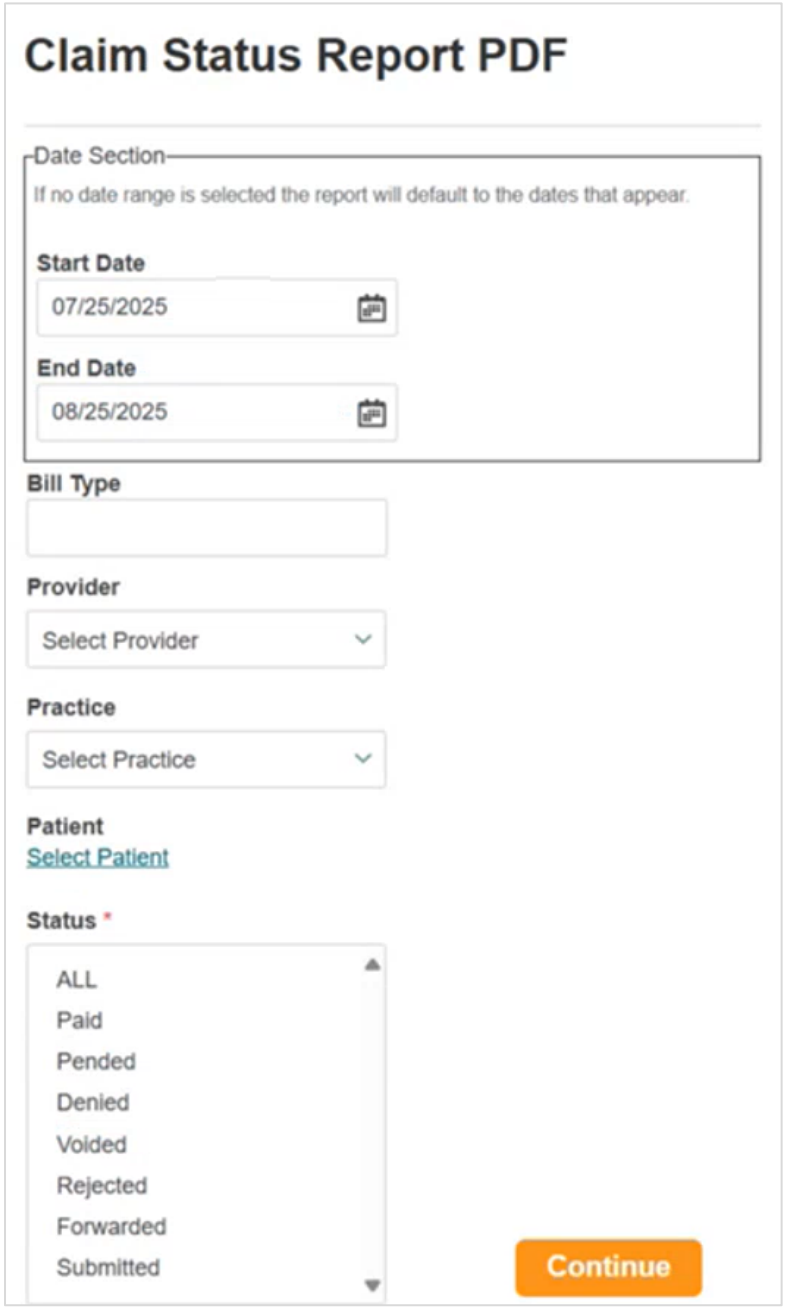
Report Name	Report Description
Claim Status Report CSV	Data Extract of the Claim Status Report.
Claim Status Report PDF	Reviews the status of claims outside the usual claim status inquiry.
Member Roster by Access List - No SSN	Displays a list of members grouped by selected access list.
Member Roster by PCP - No SSN	Displays a list of members grouped by a selected provider.
Member Roster by Practice - No SSN	Displays a list of members grouped by a selected practice.

Office Management – Reports

Claims Status Report

- Enter the required **filters or criteria, such as** date range, provider, practice, patient and claim status as prompted, then click **Continue**.

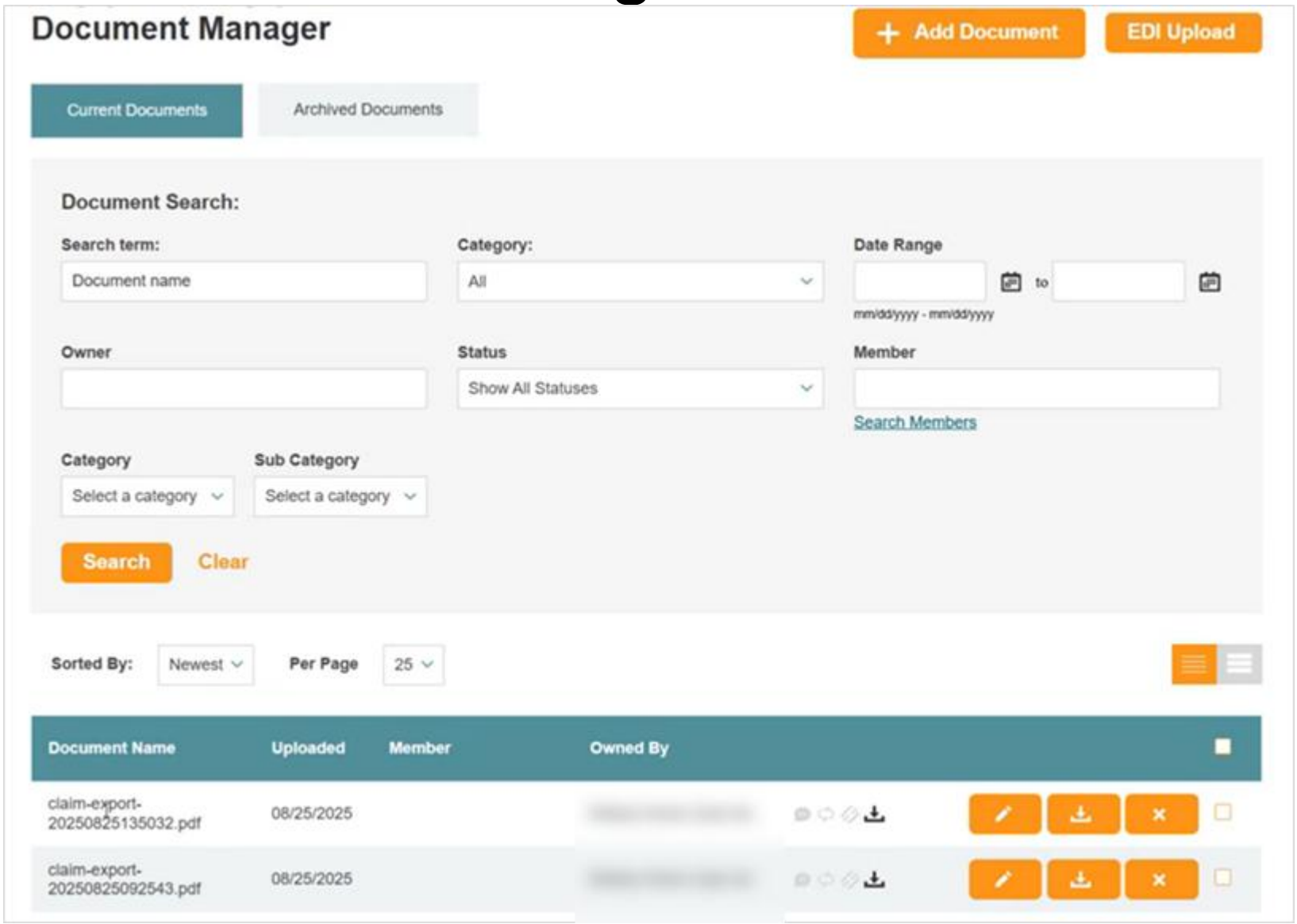
- Once submitted, a confirmation message will appear indicating that the report will be available in **Document Manager** once it's ready.



Office Management – Document Manager

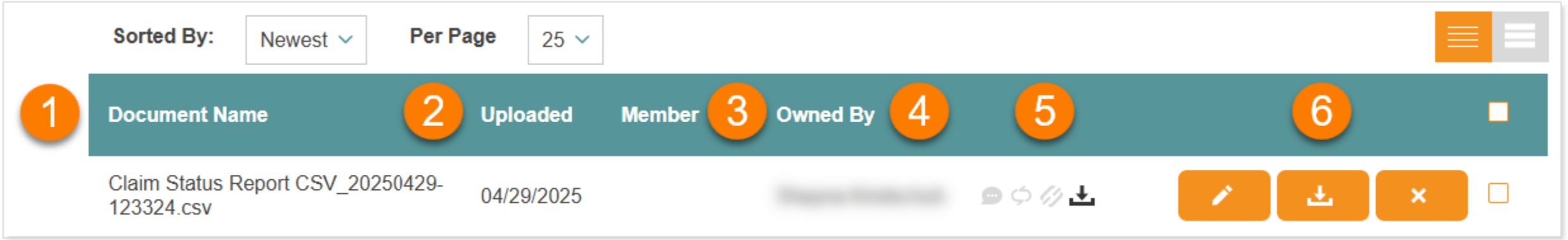
From the Office Manager menu, click on **Document Manager**.

Claim Status reports previously generated will be located at the bottom of the page.



Office Management – Document Manager

The **List View** is a condensed view of each document entry.



1. Document Name
2. Uploaded Date
3. Member Name
4. Owned By

5. Quick View Icons
   - Comment
   - Share
   - Link
   - Download

6. Action Icons
   - View/Edit
   - Download
   - Archive

Office Management – Claim Submissions

The provider portal offers a range of powerful claims features designed to streamline submission, enhance accuracy, and support efficient processing.

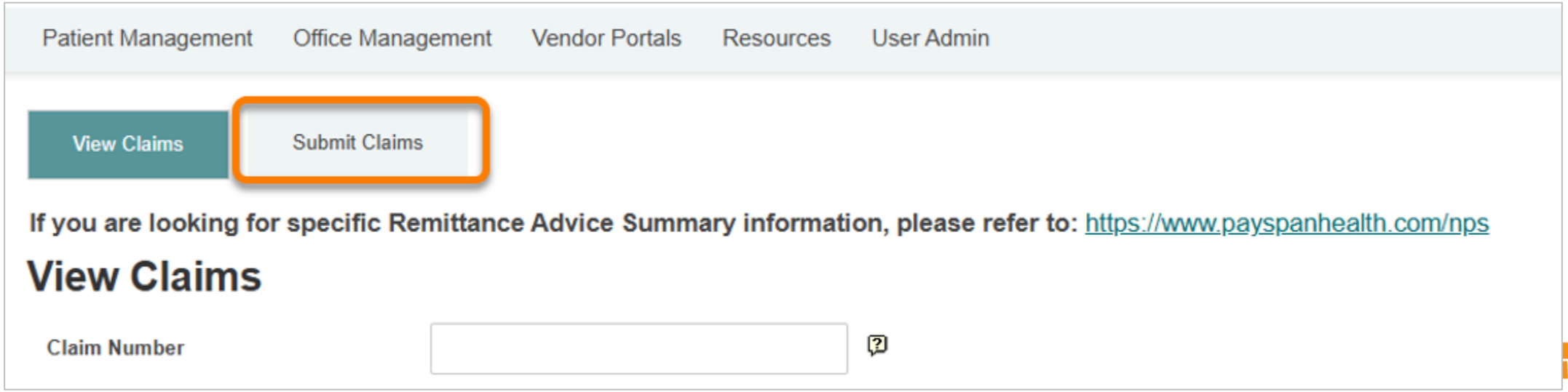
Claims key features include:

- ✓ Electronic Submission
  - Quickly submit professional claims / CMS 1500 through a streamlined digital process with real-time validation.
- ✓ Built-in Code Look-Up
  - Easily find the correct codes with embedded search functionality directly in the form.
- ✓ Supports Adjustments and Replacements
  - Submit new claims or replace/adjust existing ones with full support for both workflows.
- ✓ Automated Processing
  - Claims are validated promptly and included in nightly EDI processing, ensuring timely and efficient handling.

Office Management – Claim Submissions

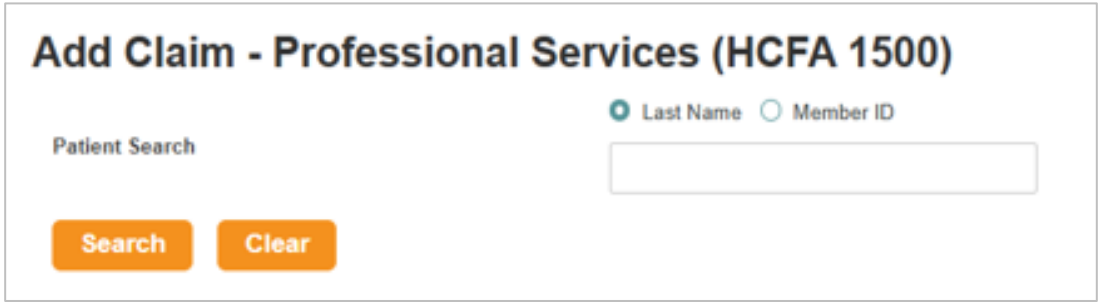
To submit a claim:

- Navigate to the **View and Submit Claims** section under **Office Management**.
- Click **Submit Claims** to begin your submission.

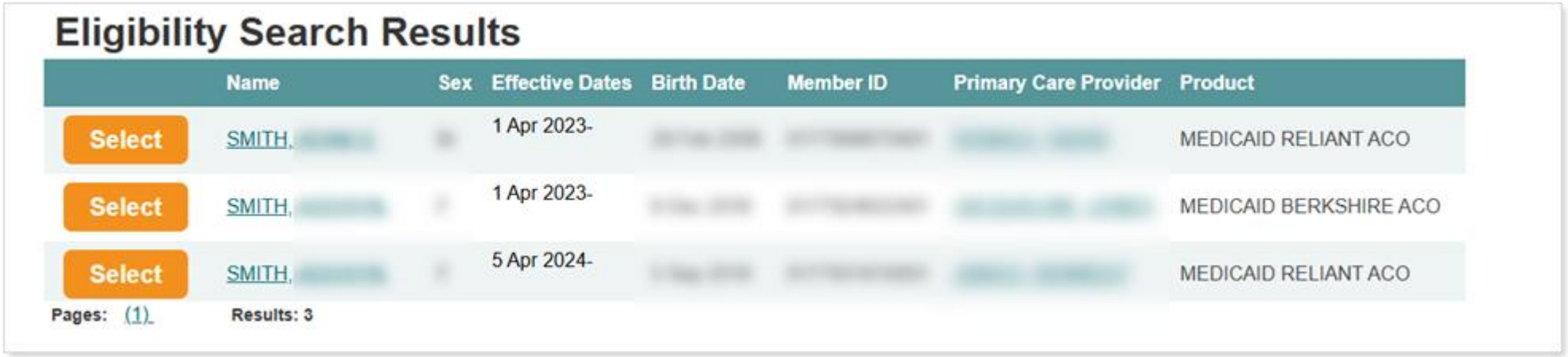


Office Management – Claim Submissions

Begin by entering the member's name or Member ID into the search.



Once the correct member appears in the search results, click on their name to initiate the claim creation process.

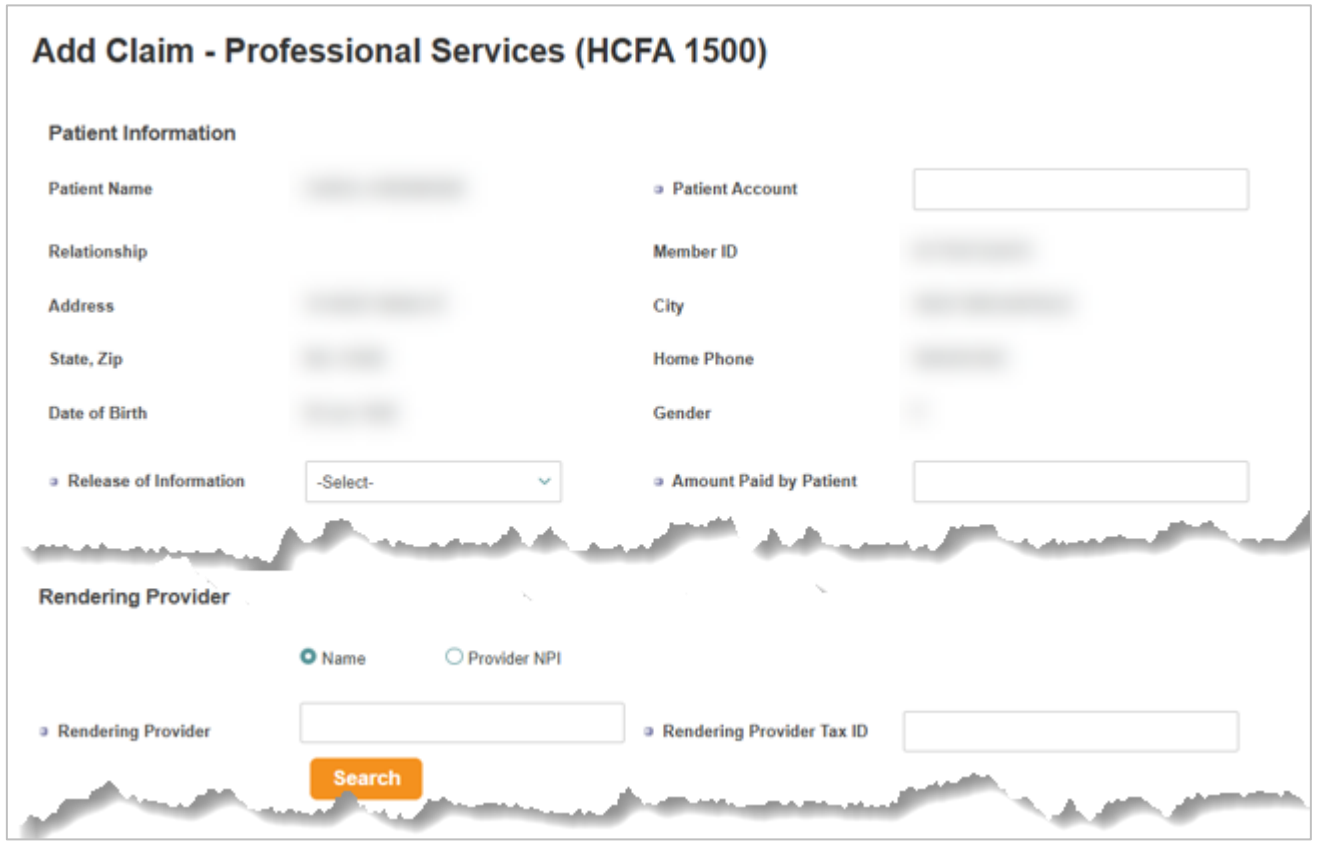


Office Management – Claim Submissions

Submitting a claim

Complete the claim form with all relevant details, including:

- ✓ Member
- ✓ Provider
- ✓ Diagnoses
- ✓ Services rendered

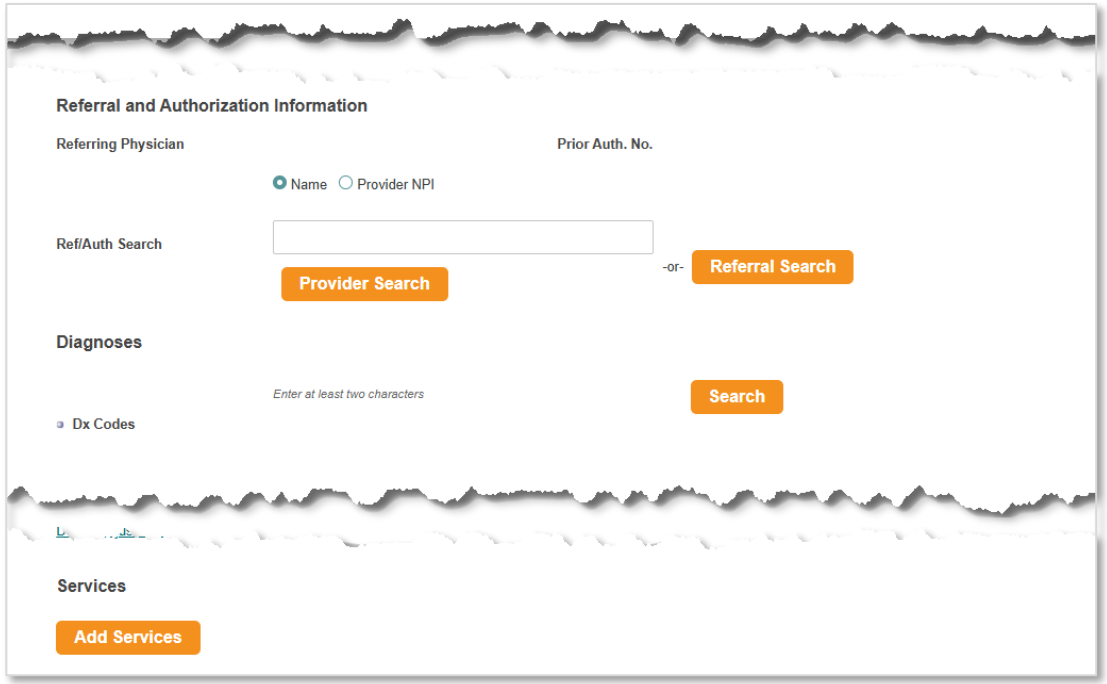


Note: Required fields are marked with a “bubble” and follow **837 electronic claim standards** to ensure compliance.

Office Management – Claim Submissions

Adding services to a claim

- In the **Add Services** section, enter details such as:
  - **Place of service**
  - **CPT/HCPCS codes**
  - **Units**
- Click **Submit** to complete the process.



- A **confirmation number** will be provided immediately upon successful submission.

Note: Modifiers will appear automatically when applicable to the selected service code. Ingenix is the code set resource.

Summary and Key Takeaways

Summary and Key Takeaways

- ✓ **Claim Access**: Use both *Patient Management* and *Office Management* to view claim details.
- ✓ **Claim Search**: Search by claim number, member ID, date of service, or provider.
- ✓ **Claim Details**: View status, service dates, diagnoses, and provider info.
- ✓ **Claim Submission**: Submit new claims or adjustments with built-in code look-up and real-time validation.
- ✓ **Reports**: Generate and download claim status reports from the *Reports* section.
- ✓ **Document Manager**: Access exported claims and reports for easy reference.

If you have any questions, please contact your provider relations representative.