

2025

Fallon Health Provider Portal Training – Claims



This training contains audio.



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:

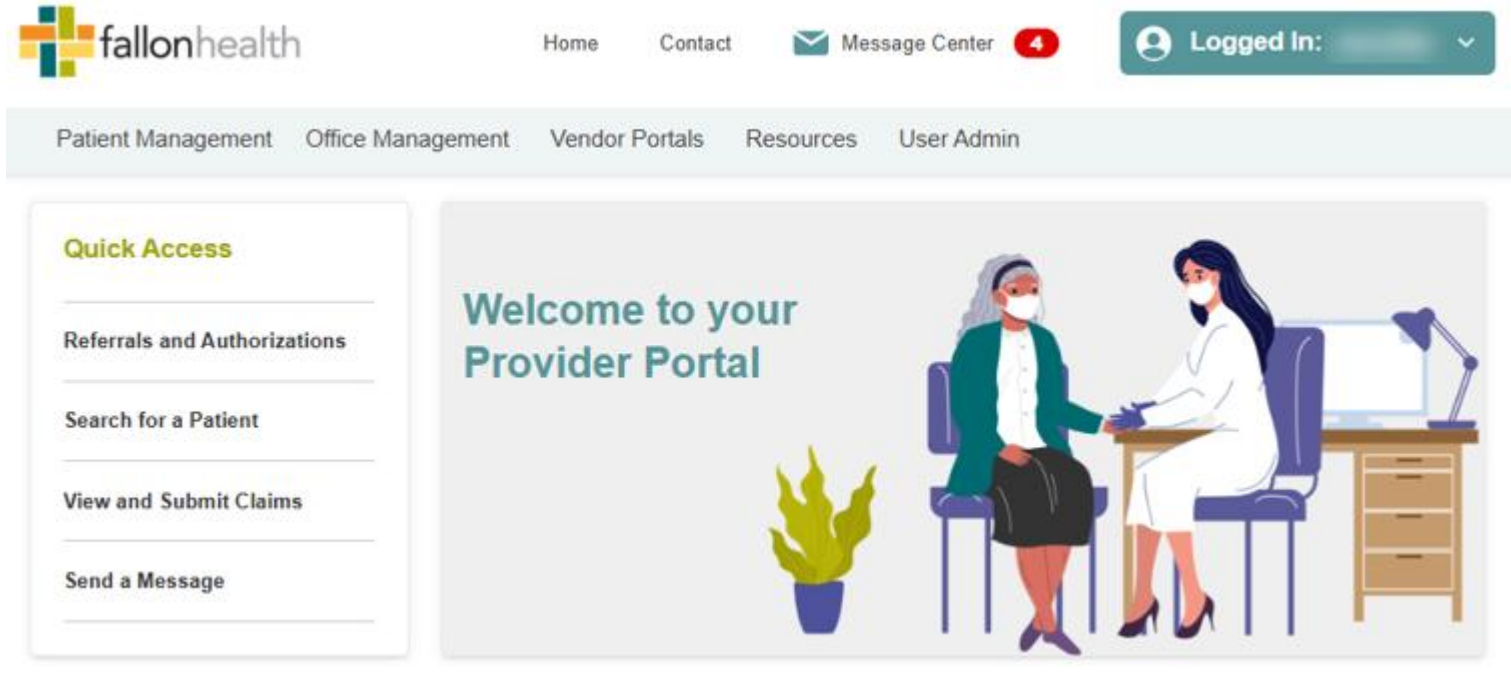
✓ Viewing claim status and details

✓ Submitting new claims and adjustments

✓ Accessing reports and documentation

✓ Exporting and managing claim data

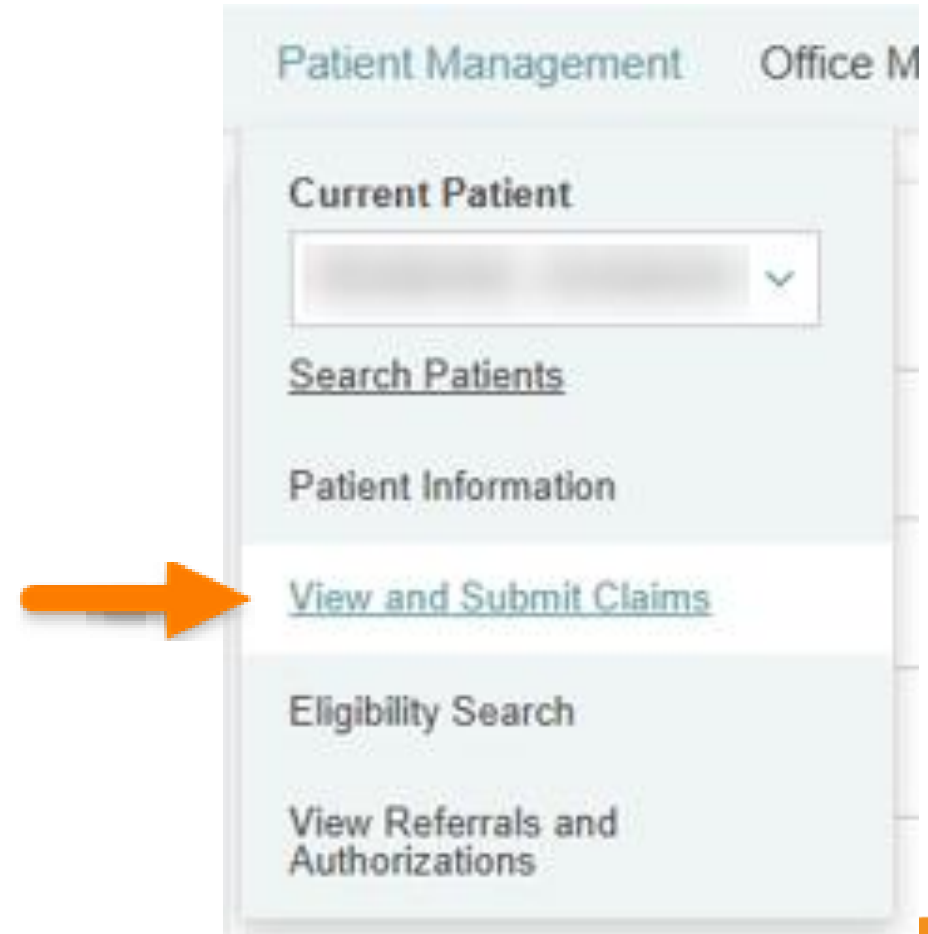
✓ Locating claim information in Patient Management for quick access, or Office Management for more details



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

Patient Management Office Management Vendor Portals Resources User Admin

Name DOB PCP NPI Product MEDICAID RELIANT ACO (PPGM00000860)

Submit Claims

[Export to Excel](#) [Export to PDF](#) [Print](#)

Claim Status Search Criteria

Patient

Claim Status Search Results For

Claim Number	Status	Patient	Patient Account No.	DOS	Processed Date	Provider	Medication
	Finalized/Payment			8 Aug 2025	14 Aug 2025		
	Finalized/Payment			6 Aug 2025	17 Aug 2025		

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



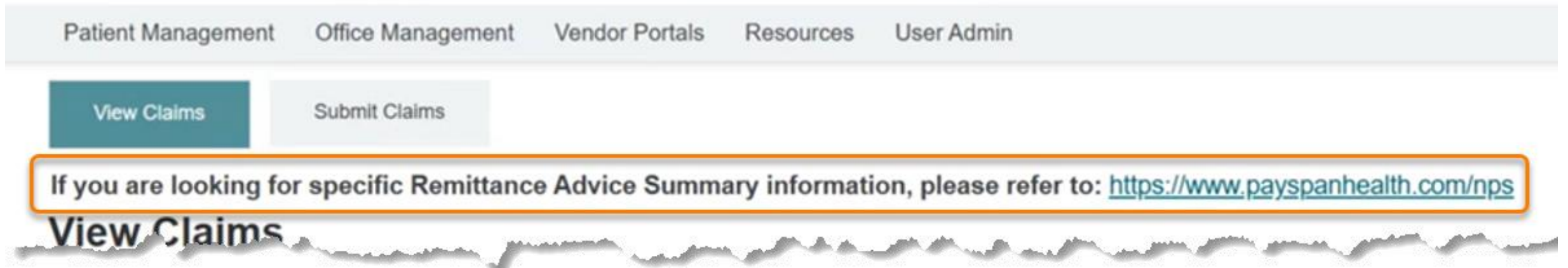
Note: Users will only see claims associated with their provider's Tax ID.



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.

View Claims

Claim Number

?

Date of Service

5/25/2025

📅

To

8/25/2025

📅

Processed Date

📅

To

📅

Patient

?

(Patient List) ▾

(Last Name Example - Smith, John)
(ID Example - IDs either start with 888 or 8177)
(SSN Example - 555-55-5555, 444-44-444)
(Medicaid ID Example - AA55555, AA44444)
(Medicare ID Example - 5555555, 4444444)

Provider

▾

Medical Group

Select Medical Group ▾

Status

☒ Paid ☒ Pended ☒ Denied ☒ Submitted

Search

Clear

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, pending, denied and submitted.

View Claims

Claim Number

Date of Service

To

Processed Date

To

☒ Last Name ☐ Member ID

(Patient List)

(Last Name Example - Smith, John)
(ID Example - IDs either start with 888 or 8177)
(SSN Example - 555-55-5555, 444-44-444)
(Medicaid ID Example - AA55555, AA44444)
(Medicare ID Example - 5555555, 4444444)

Provider

Medical Group

Select Medical Group

Status

☒ Paid ☒ Pending ☒ Denied ☒ Submitted

Search

Clear

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]**

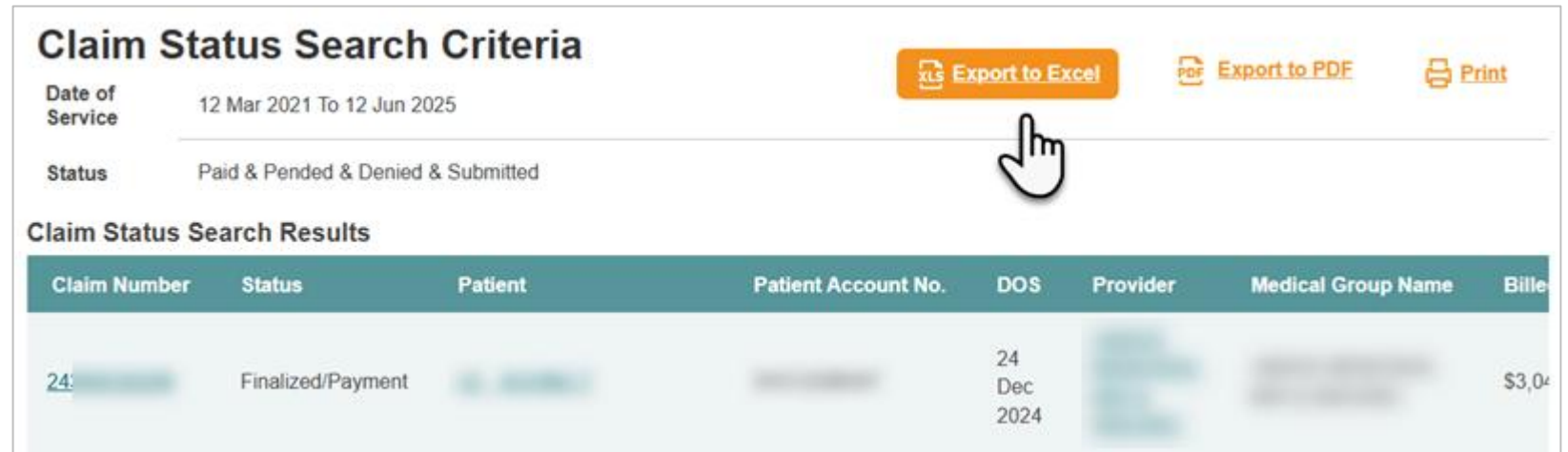
Claim Number	Status	Patient	Patient Account No.	DOS	Processed Date	Provider	Medical Group
23165E	Finalized/Denial	[Redacted]	[Redacted]	5 Jun 2023	15 Jun 2023		
 23160E	Finalized/Payment	[Redacted]	[Redacted]	2 Jun 2023	14 Jun 2023		



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



Claim Status Search Criteria

Date of Service: 12 Mar 2021 To 12 Jun 2025

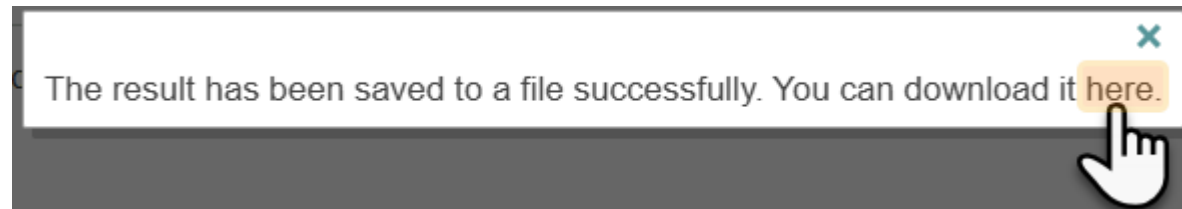
Status: Paid & Pended & Denied & Submitted

Claim Status Search Results

Claim Number	Status	Patient	Patient Account No.	DOS	Provider	Medical Group Name	Billed
24	Finalized/Payment			24 Dec 2024			\$3,04

Buttons: [Export to Excel](#), [Export to PDF](#), [Print](#)

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

Patient

Ref/Auth Number

Referring Provider

Diagnosis

OP

OP

F03.90 : Unspecified dementia, unspecified severity, without behavioral disturbance, psych

M48.02 : SPINAL STENOSIS CERVICAL REGION

Practice

Patient Account No.

Medical Claim Receipt Date

2 Oct 2024

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 2024	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.

Claim Status Report PDF

Date Section

If no date range is selected the report will default to the dates that appear.

Start Date

07/25/2025

End Date

08/25/2025

Bill Type

Provider

Select Provider

Practice

Select Practice

Patient

[Select Patient](#)

Status *

ALL
Paid
Pended
Denied
Voided
Rejected
Forwarded
Submitted

Continue



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.

Document Manager

+ Add Document

EDI Upload

Current Documents

Archived Documents

Document Search:

Search term:

Category:

Date Range

to

mm/dd/yyyy - mm/dd/yyyy

Owner

Status

Member

[Search Members](#)

Category

Sub Category

Search

Clear

Sorted By:

Per Page

Document Name	Uploaded	Member	Owned By	
claim-export-20250825135032.pdf	08/25/2025			
claim-export-20250825092543.pdf	08/25/2025			

Office Management – Document Manager

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

Sorted By:

Newest

Per Page

25

1

Document Name

2

Uploaded

Member

3

Owned By

4

5

6

Claim Status Report CSV_20250429-123324.csv

04/29/2025

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:

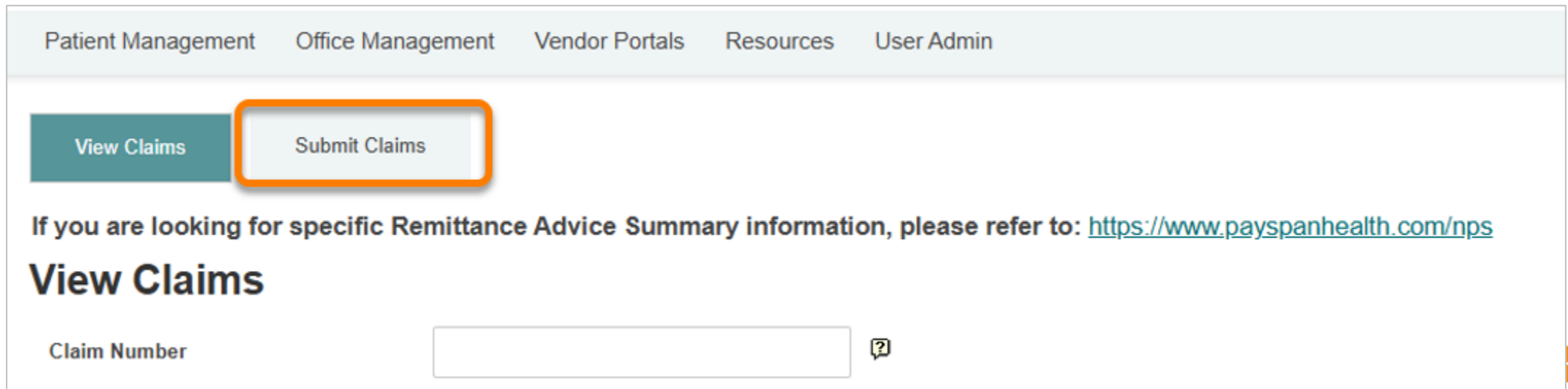
- ✓ **Electronic Submission**
 - Quickly submit professional claims / CMS 1500 through a streamlined digital process with real-time validation.
- ✓ **Built-in Code Look-Up**
 - Easily find the correct codes with embedded search functionality directly in the form.
- ✓ **Supports Adjustments and Replacements**
 - 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.



The screenshot displays a web application interface for Office Management. At the top, a navigation bar includes links for Patient Management, Office Management, Vendor Portals, Resources, and User Admin. Below this, two buttons are visible: 'View Claims' and 'Submit Claims'. The 'Submit Claims' button is highlighted with an orange border. Below the buttons, a text message states: 'If you are looking for specific Remittance Advice Summary information, please refer to: <https://www.payspanhealth.com/nps>'. Underneath this message is a section titled 'View Claims' which contains a text input field labeled 'Claim Number' and a small help icon (a question mark inside a square).



Office Management – Claim Submissions

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

Add Claim - Professional Services (HCFA 1500)

Last Name

Member ID

Patient Search

Search

Clear

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

Eligibility Search Results							
	Name	Sex	Effective Dates	Birth Date	Member ID	Primary Care Provider	Product
Select	SMITH, [REDACTED]	M	1 Apr 2023-	[REDACTED]	[REDACTED]	[REDACTED]	MEDICAID RELIANT ACO
Select	SMITH, [REDACTED]	F	1 Apr 2023-	[REDACTED]	[REDACTED]	[REDACTED]	MEDICAID BERKSHIRE ACO
Select	SMITH, [REDACTED]	F	5 Apr 2024-	[REDACTED]	[REDACTED]	[REDACTED]	MEDICAID RELIANT ACO
Pages: (1)		Results: 3					



Office Management – Claim Submissions

Submitting a claim

Complete the claim form with all relevant details, including:

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

The screenshot shows a web form titled "Add Claim - Professional Services (HCFA 1500)". It is divided into two main sections: "Patient Information" and "Rendering Provider".

Patient Information:

- Patient Name:** A text input field with a required field bubble (a small circle).
- Relationship:** A text input field.
- Address:** A text input field.
- State, Zip:** A text input field.
- Date of Birth:** A text input field.
- Patient Account:** A text input field with a required field bubble.
- Member ID:** A text input field.
- City:** A text input field.
- Home Phone:** A text input field.
- Gender:** A dropdown menu.
- Release of Information:** A dropdown menu currently set to "-Select-".
- Amount Paid by Patient:** A text input field.

Rendering Provider:

- Name / Provider NPI:** Radio buttons to select between "Name" (selected) and "Provider NPI".
- Rendering Provider:** A text input field with a required field bubble.
- Rendering Provider Tax ID:** A text input field.
- Search:** An orange button located below the provider fields.

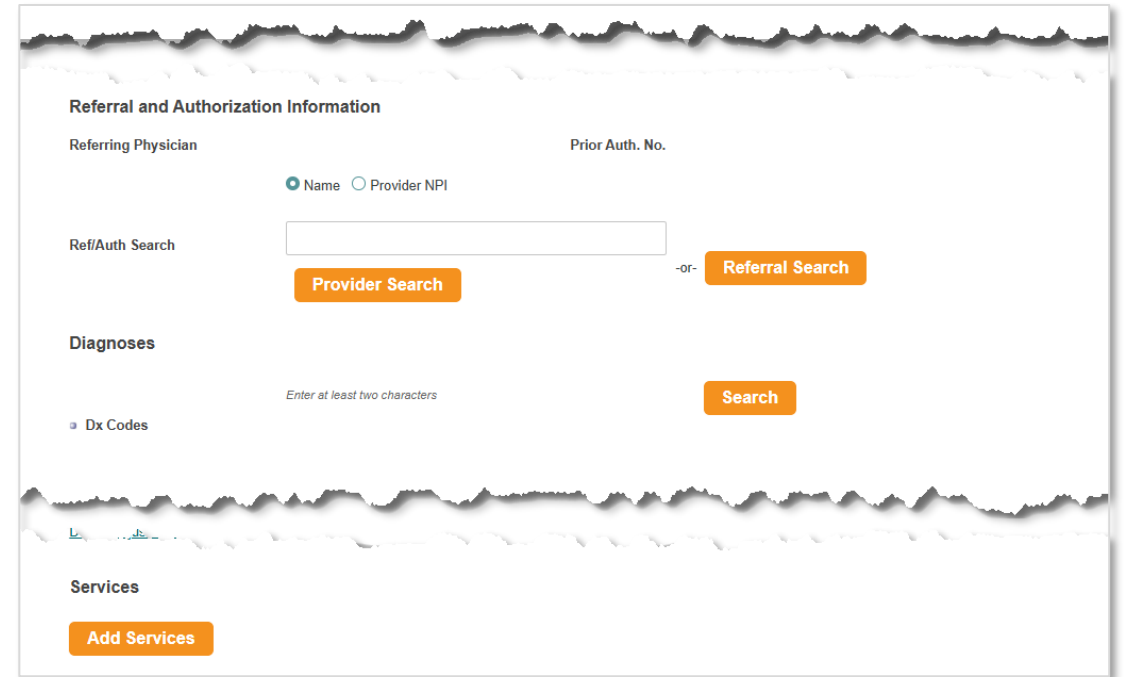
Note: Required fields are marked with a “bubble” and follow **837 electronic claim standards** to ensure compliance.



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.



The screenshot shows a web form titled "Referral and Authorization Information". It includes fields for "Referring Physician" and "Prior Auth. No.". Below these are radio buttons for "Name" (selected) and "Provider NPI". A "Ref/Auth Search" input field is followed by "Provider Search" and "Referral Search" buttons. A "Diagnoses" section has a "Dx Codes" input field with a "Search" button and a note "Enter at least two characters". At the bottom, a "Services" section contains an "Add Services" button.

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.

