



Provider Applications User Guide

Working with us online

The provider applications are a set of tools that make working with us simple. The secure log on system has been streamlined to simplify and better support access to tools and information for providers.

Getting started with provider applications

All providers are eligible to register for CoOpportunity Health web access. The first person that registers with your facility’s credentials is the delegate at your office. As the delegate, they are responsible for managing your facility’s user accounts and answering questions about CoOpportunity Health web access.

The delegate can:

1. Manage current users
 - Add new providers and assign access rights as necessary.
 - Edit users as their information or access rights change.
 - Inactivate accounts for users that leave your facility.
2. Provide web access support for their facility
 - Answer questions on provider applications.

All users can:

1. Access provider secured tools and information
 - Claim Status Search
 - Remittance Inquiry
 - Eligibility
 - Secured information

User guide at a glance

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Claim Status Search

Allows you to check the status of the claims that have been submitted to CoOpportunity Health

Search by Member Number

Clicking **Claims Status Inquiry** from the home page displays the following Claim Status Search application. The search page allows you to perform specific searches per member number (default search tab setting), patient control number, or claim number.

Claim status search ?

Search by

Member # Patient control # Claim #

*Member #

*Service date range  to 

*Provider name

Bill type #

[Clear](#) |

Use the criteria above to conduct a search, and your results will display here.

Search by Patient Control Number

Selecting the **Patient Control Number** radio button on the search page allows you to search per patient control number and then displays a list of claims matching your search in the search results pane.

Claim status search ?

Search by

Member # Patient control # Claim #

*Patient control #

Bill type #

*Provider name

[Clear](#) |

Use the criteria above to conduct a search, and your results will display here.

Search by Claim Number

Selecting the **Claim Number** radio button on the search page allows you to search per claim number and then displays the matching claim in the search results pane.

Claim status search ?

Search by

Member # Patient control # Claim #

* Claim #

[Clear](#) |

Use the criteria above to conduct a search, and your results will display here.

Search Results

The **Search Results** pane appears in the lower portion of the search tab. If you enter criteria in the search fields and click search, the search results pane displays a list of claims matching your search criteria.

Results for search by member

Show 10 entries						
<input type="checkbox"/>	Provider name	Service from	Service to	Status	Claim #	Amount
<input type="checkbox"/>	ABC Medical Group	12/26/2012	12/26/2012	F1	2340326667	109.00
<input type="checkbox"/>	ABC Medical Group	12/30/2012	12/30/2012	F2	2241083055	183.00
<input type="checkbox"/>	ABC Medical Group	02/05/2013	02/05/2013	F1	2849852325	435.00
<input type="checkbox"/>	ABC Medical Group	03/07/2013	03/07/2013	F1	3154865420	209.00
<input type="checkbox"/>	ABC Medical Group	08/16/2013	08/16/2013	F4	3654254214	183.00
<input type="checkbox"/>	ABC Medical Group	12/12/2013	12/12/2013	F1	5454215368	345.00

Showing 1 to 6 of 6 entries First Previous 1 Next Last

View selected

Review Selected Claims

Check one or multiple claim line boxes in the search results pane, and then click the view selected button to display the selected claims. The claims will display on horizontal bars that expand or contract for ease of viewing. Clicking the right arrow next to a claim expands that claim. After your review, clicking the down arrow contracts the claim.

▶ **Claim # 2340326667 / Payer reference # 187320850**

▼ **Claim # 2241083055 / Payer reference # 173346335**

To take further action on this claim, select the More actions button to the right or contact claims at 1.800.444.4558.

Summary

Name	Charlie Andrews	Provider name	ABC Medical Group
Member #	12345678	Claim amount	183.00
Dob	1/1/1970	Claim service dates	1/30/2012 to 1/30,
Gender	Male	Patient control #	1234567890
Claim #	2241083055	Bill type	-----

Claim Results (Remittance)

Checking desired claim line box in the search results pane and then clicking the view selected button displays the corresponding claim status data.

Claim status inquiry ?

Claim # 2340326667 / Payer reference # 187320850 More actions ▾

To take further action on this claim, select the More actions button to the right or contact claims at 1.800.444.4558. [Check eligibility](#)

Summary

Name	Charlie Andrews	Provider name	ABC Medical Group
Member #	12345678	Claim amount	109.00
Dob	1/1/1970	Claim service dates	12/26/2012 to 12/26/2012
Gender	Male	Patient control #	Q784567
Claim #	2340326667	Bill type	-----

Claim information

Payer reference #	187320850	Product	Best Choice Access Plan
Adjudication date	1/10/2013	Payment amount	51.26
Status category	F1	Payment method	CHK
Status date	1/16/2013	Check date	1/16/2013
Status code	1	Check #	54678214

Payment summary

[View claim remit](#) [View full remit](#)

Patient control #	Q784567	Provider liability	58.75
Patient responsibil...	0.00	Other liability	0.00
Claim payment	51.26	State tax	1.01
Remit date	1/15/2013	Withhold	0.00

Payment detail

Line control #	Date of service	Adj svc/mod	Submitted svc/mod	Charged amount	Paid amount	Grp cd/ reason cd	Amt	Remark cd
92004	12/26/2012 - 12/26/2012	92004		109.00	51.26	CO / 105 CO / 45 CO / 137	2.14 56.61 -1.01	

[Back to results](#)

Claim Results (No Remittance)

Checking desired claim line box in the search results pane and then clicking the view selected button displays the corresponding claim status data.

Claim status inquiry ?

Claim # 2340326667 / Payer reference # 187320850 More actions ▾

To take further action on this claim, select the More actions button to the right or contact claims at 1.800.444.4558. Check eligibility

Summary

Name	Charlie Andrews	Provider name	ABC Medical Group
Member #	12345678	Claim amount	109.00
Dob	1/1/1970	Claim service dates	12/26/2012 to 12/26/2012
Gender	Male	Patient control #	Q784567
Claim #	2340326667	Bill type	-----

Claim information

Payer reference #	187320850	Product	Best Choice Access Plan
Adjudication date	1/10/2013	Payment amount	
Status category	IP	Payment method	
Status date	1/10/2013	Check date	
Status code	2	Check #	

Service dates

Line control #	Start date	End date	Line amount	Units	Procedure code
1	12/26/2012	12/26/2012	88.00	1	99212

[Back to results](#)



How to perform a Claim Status Search

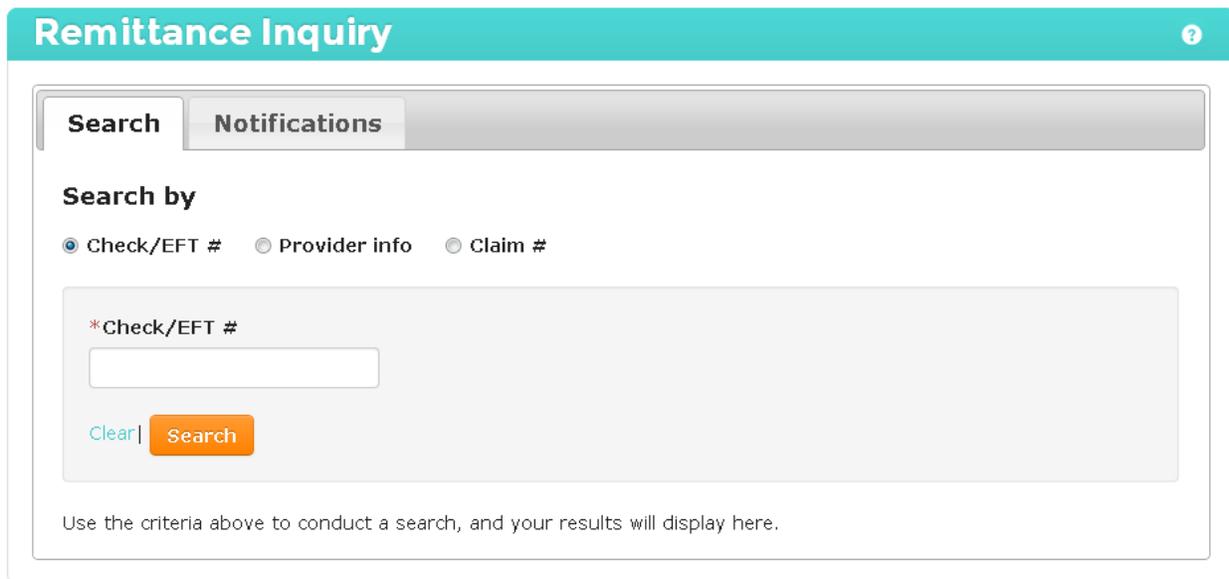
1. Click **Claim Status Search** from the applications menu option on the home page
2. Click desired radio button to search per member number, patient control number, or claim number.
3. Depending upon which search you selected, enter data into one or more of the following search fields:
 - Bill Type Number
 - Claim Number (If searching by claim, enter claim number and then click Search)
 - Member Number
 - Patient Control Number
 - Provider Name
 - Service Dates
4. Click **Search** option to display the list of claims matching your search criteria in the search results pane.
5. Checking desired claim line box and then clicking the view selected button displays the corresponding claim status data.
 - Checking multiple claim line boxes in the search results pane, and then clicking the view selected button, displays the selected claims on horizontal bars that expand or contract for ease of viewing.

Remittance Inquiry

Allows you to review, check or audit claim data corresponding to a remittance check, which covers a batch of submitted claims

Search by Check/EFT

Clicking **Remittance Inquiry** on the home page displays the Remittance Inquiry application, which allows you to review, check or audit the claim data that corresponds to a remittance check that covers a batch of submitted claims. The search tab allows you to perform specific searches per check or EFT number (default search tab setting), or per claim number. It also displays a list of remits when performing a search per provider information.

A screenshot of the "Remittance Inquiry" application interface. The title bar is teal with the text "Remittance Inquiry" and a help icon. Below the title bar are two tabs: "Search" (active) and "Notifications". Under the "Search" tab, there is a "Search by" section with three radio buttons: "Check/EFT #" (selected), "Provider info", and "Claim #". Below this is a search input field with the label "*Check/EFT #". To the left of the input field is a "Clear" link, and to the right is an orange "Search" button. At the bottom of the search area, there is a note: "Use the criteria above to conduct a search, and your results will display here."

Search by Provider Info

Selecting the **Provider Info** radio button on the search tab allows you to search per provider data and then displays a list of remits matching your search in the search results pane.

Remittance Inquiry ?

Search | Notifications

Search by

Check/EFT # Provider info Claim #

***Check/EFT date range**

12/1/2013  12/15/2013 

***Provider**

Select 

Clear | **Search**

Check/EFT amount

\$

Patient control #

Use the criteria above to conduct a search, and your results will display here.

Search by Claim Number

Selecting the **Claim Number** radio button on the search tab allows you to search per claim number and then displays the matching claim in the search results pane.

Remittance Inquiry ?

Search | Notifications

Search by

Check/EFT # Provider info Claim #

***Claim #**

Clear | **Search**

Use the criteria above to conduct a search, and your results will display here.

Search Results

The **Search Results** pane appears in the lower portion of the search tab. If you enter criteria in the search fields and click search, the search results pane displays all of the remittance checks matching your search criteria.

 [Print](#) Results for search by Check/EFT #

Show 10 entries						
Payee name ^	NPI ^	Check/EFT date ^	Pay type ^	Check/EFT # ^	Amount ^	View PDF
ABC PROVIDER HEALTH CARE	1700170073	3/8/2012	CHK	17001700	604.22	Claim Full

Showing 1 to 1 of 1 entries First Previous 1 Next Last

Notifications Tab

The **Notifications** tab allows you to select providers from which you can receive remittance notifications, view or unsubscribe to your current subscriptions, as well as change the email address to which these notifications are sent. Remittance notifications arrive via email whenever new remits are generated by the claims department. Upon receiving an email alert, you can access the Remittance Inquiry application to view or print the remits.

Search

Notifications

Select provider(s) you would like to receive notifications for. Notifications may be received via EFT or check. 

Need to [change your email address](#)? Your email is safe with us- we will not sell or share your information. Notifications will be sent to jsmith@yahoo.com.

Available notifications

Select all [Subscribe](#)

<input type="checkbox"/> ABC PROVIDER HEALTH CARE PRODUCTS	1215912159
<input type="checkbox"/> ABC PROVIDER HEALTH CARE PRODUCTS	1033110331

Current subscriptions

Select all [Unsubscribe](#)

<input type="checkbox"/> ABC INSTITUTE	1578715787
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Search for a Remittance

1. Click **Remittance Inquiry** from the applications menu option on the home page
2. Click desired radio button to search per check or EFT number, provider information, or claim number.
3. Depending upon which search you selected, enter data into one or more of the following search fields:
 - Check/EFT Amount
 - Check/EFT Date
 - Check/EFT Number
 - Claim Number
 - Patient Control Number
 - Provider
4. Click **Search** option to display the search results pane in the lower portion of the search tab.
 - The search results pane displays all of the remittance checks matching your search criteria.
5. Clicking the desired **Full** link under the view column displays the remittance data for the selected remittance check in PDF format.
 - Clicking the **Claim** link displays a snapshot of the full remittance data for the selected remittance check in PDF format, that is, it displays remittance detail for a specific claim. This is for the user's convenience so they don't always have to open an entire remit, which may sometimes be hundreds of pages.

Eligibility

Allows you to determine a member's eligibility and copayment for particular services.

Search by Member Number

Clicking **Eligibility** on the home page displays a Member Eligibility Disclaimer page. After reviewing the disclaimer information, click the continue button to display the following Member Eligibility - Search page. This page allows you to perform an eligibility inquiry by member number.

Eligibility Inquiry



Search

You may search up to two prior years of a member's eligibility and benefits.

- Member # Member name Social Security #

*Member #

*Service start date

12/15/2013



*Service end date

01/29/2014



Optional: Enter a provider and practitioner to get specific benefit level on tiered products.
You may also select a service type to narrow results.

Provider name

Select



Practitioner



Search by: practitioner name (last, first) or practitioner's NPI

Service type



Clear |

Search

Search by Member Name

This page allows you to perform an eligibility inquiry by member name and date of birth.

Eligibility Inquiry



Search

You may search up to two prior years of a member's eligibility and benefits.

Member # Member name Social Security #

*First name

*Last name

*Date of birth

*Service start date

*Service end date

Optional: Enter a provider and practitioner to get specific benefit level on tiered products.
You may also select a service type to narrow results.

Provider name

Practitioner

Search by: practitioner name (last, first) or practitioner's NPI

Service type

[Clear](#) |

Search by Social Security Number

This page allows you to perform an eligibility inquiry by social security number.

Eligibility Inquiry



Search

You may search up to two prior years of a member's eligibility and benefits.

Member # Member name Social Security #

*Social Security #

XXX-XX-XXXX

*Service start date

12/15/2013



*Service end date

01/29/2014



Optional: Enter a provider and practitioner to get specific benefit level on tiered products.
You may also select a service type to narrow results.

Provider name

Select



Practitioner

Search by: practitioner name (last, first) or practitioner's NPI

Service type



[Clear](#) |



Medical Detail

Once you click search, you will see the coverage details for the searched member.

Insurance information #1

Coverage details

Type of coverage	Medical	Relationship	Self
Group #	10124	Package code	45B
Benefit record start date	01/01/2014	Benefit record end date	-
Coverage start date	01/01/2014	Coverage end date	-

Product	Best Choice Access Plan
Administrative group	242 - CoOpportunity Health All Access
Clinic assignment	013 - Des Moines Central

[View policyholder information](#)
[View member's online benefits](#)

Remaining patient responsibilities determined as of 01/01/2014 at 2:50 PM

Deductible

Individual Out-of-Network	\$1000.00
Family Out-of-Network	\$2500.00

Out-of-pocket

Individual In-Network	\$1500.00
Family In-Network	\$2900.47
Individual Out-of-Network	\$3500.00
Family Out-of-Network	\$5900.47

Symbol key

D	Deductible applies for this service
O	Out-of-pocket applies for this service
N/A	Benefit is not applicable for this level
i	More information is available for this level by clicking on the info icon

Benefit name	In Network Benefit Level 1	In Network Benefit Level 2	In Network Benefit Level 3	In Network Walk in Clinic Benefit	Out of Network Benefit Level
Individual OOP Max	\$1500.00	\$1500.00	\$1500.00	\$1500.00	\$3500.00
Individual Deductible	N/A	N/A	N/A	N/A	\$200.00
Family OOP Max	\$3000.00	\$3000.00	\$3000.00	\$3000.00	\$6000.00
Family Deductible	N/A	N/A	N/A	N/A	\$600.00
Office Visit	\$15.00 O	\$25.00 O	\$35.00 O	\$15.00 O	30% D O
Office Visit - Well Care	Full Coverage	Full Coverage	Full Coverage	Full Coverage	Not Covered
Urgent Care	\$40.00 O	\$40.00 O	\$40.00 O	\$15.00 O	30% D O
ER Visit	\$100.00 O	\$100.00 O	\$100.00 O	N/A	30% D O
Vision Exam	Full Coverage	Full Coverage	Full Coverage	Full Coverage	Not Covered

For additional benefit and coverage questions, please call Member Services at 1.888.324.2064.