Go to the portal landing page and log in using your User ID and password. 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 Health Care Professional Home page, select the Claims tab
Choose the type of claim you wish to submit: 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:** Search claims by using ICN to simply retrieve claim or use member ID and DOS to search for claim.
After selecting your claim type and entering 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

*Fields marked with a red asterisk are required.*
**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
• **Include Other Insurance** *(enter all information available)*: If the beneficiary has other insurance, enter it here. When you have entered the other insurance information, click **Continue**. Otherwise, click **Cancel** to cancel the claim or **Back to Step 1** shown on the **Submit a Claim** screen to return to the first step. If you have no other insurance to enter, click **Continue** to complete Step 1.
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 correct Provider ID, click on the NPI number in the first column.
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 **Diagnosis Code** (required).
- Once you’ve entered in the diagnosis code and type, click **Add**. Click **Reset** to remove diagnosis codes and start over.

6 Click **Continue** to advance to Step 3. 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 edit, remove or add services rendered to the beneficiary relevant to your claim. To edit a service, click the **Svc #**. To remove a service, click **Remove** on the right side of the service.

  *Fields marked with a red asterisk are required.*

  To add, enter: **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 and ID Type.**

- Click **Add** to add service, or **Reset** to erase service details already entered but not added.
8 **Attachments**: Click the + to add attachments. You will be prompted to upload a document or file from your computer. Skip this step if you have 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 **Cancel** to cancel the claim submission process.
Review the information you have submitted. Click **Back to Step 1**, **Back to Step 2** or **Back to Step 3** to correct or add any information. Click **Cancel** to cancel the claim submission process. Click **Confirm** to submit your claim.
After you confirm your claim submission, you will receive a claim receipt along with a 13-digit Claim ID.

Click **Print Preview** to view the claim details you entered in a printable format. Click **New** to submit a new claim. Click **View** to view the details of your submitted claim.