



## UPHP Claims Portal FAQ's

- **How do I status a claim?**

Log in to the portal and navigate to the Claim Status tab located at the top of the page, and click on Online Inquiry. You can search for the claim in question via the search bars at the top of the page. There are options for status (in process, or finalized), claim ID number, member last name, and member ID number. This can also be narrowed down by selecting one of your registered locations from the Provider drop down menu. When the claim in question appears in the list, click on the blue i icon next to it to see details regarding the claim.

Received	Service	Status	Billing	Rendering	Tax ID/NPI	Member ID	Member	Billed	Paid	
		Finalized						\$	\$	

- **How do I submit a question on a specific claim?**

Log in to the portal and navigate to the Claim Status tab located at the top, and click on Online Inquiry. Enter member criteria and search for the claim in question (use the blue i icon next to it in the list) via the search bars at the top of the page. When the claim is opened, you will see an Inquiry button at the top of the page—click on this to prepopulate claim related information, and add your question below. This will be sent to the UPHP Claims Services team, who will look into the issue and respond within 2 business days.



- **How do I add an additional provider TIN/NPI combination to my account?**

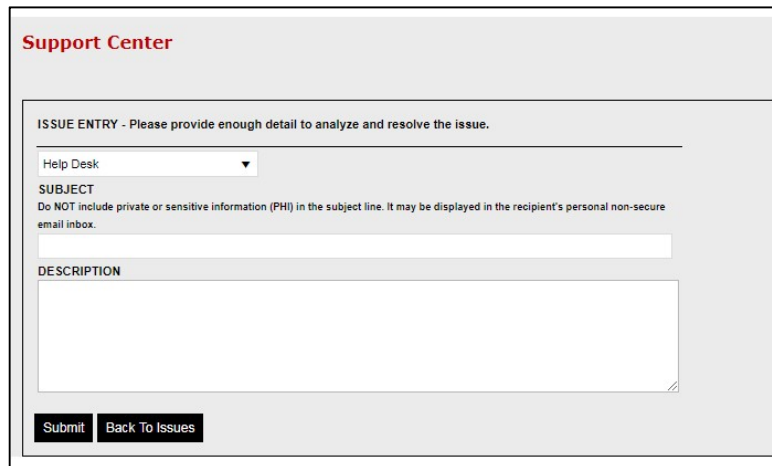
Log in to the portal and navigate to the Account Info tab. Verify that the NPI/TIN combination you are looking for is not already listed on your account. Click on 'Organization Request' on the left hand side of the page. Enter the TIN (multiple TIN's can be entered if separated by commas) and click on Find—associated TIN/NPI combos will appear in a list. Click on which one you need, and hit Find again if you need to add more than one combination. Hit Submit when finished. You will receive a verification e-mail when the request has been fulfilled, and you will also be able to view the requested combination on the Account Info tab when completed.

- **I registered an account a few months ago and I cannot get into it, what is the process?**

For security purposes, the portal will automatically deactivate accounts after 90 days of inactivity. To keep your account active, please try to log in at least once every 90 days.

- **How do I submit a question or issue through the portal?**

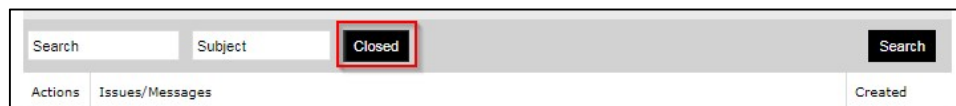
Log in to the portal and navigate to the Support tab. Click on “Enter Issue” in either the left hand column, or in the middle of the page. Choose the department you would like the question routed to—choose Help Desk for general inquiries related to portal functionality or issues, or choose Claims Services for claim related questions. Use the Issue text field to describe the issue—make sure to provide enough detail for the UPHP Help Desk or Claims Services teams to analyze and resolve the issue. Please allow 2 business days for a response.



The screenshot shows the 'Support Center' interface. At the top, it says 'Support Center' in red. Below that is a box titled 'ISSUE ENTRY - Please provide enough detail to analyze and resolve the issue.' Inside this box, there is a dropdown menu for 'Help Desk' with a downward arrow. Below that is a 'SUBJECT' field with a warning: 'Do NOT include private or sensitive information (PHI) in the subject line. It may be displayed in the recipient's personal non-secure email inbox.' Below the subject field is a larger 'DESCRIPTION' text area. At the bottom of the form are two buttons: 'Submit' and 'Back To Issues'.

- **I submitted a question to the portal and I see it on my home page, but I don't see it on the support tab—what do I do?**

Messages are saved as actual “tickets” rather than as messages that must be closed when completed. You will be able to view closed tickets that you've submitted on your home page when logging in until you close them on your end. If you need to reply to a closed ticket for any reason, you can do so by navigating to Support and clicking on Issue History. Click on the ‘Closed’ box below—the label will change to ‘Open’ when clicked.



The screenshot shows a horizontal bar with several elements. On the left is a 'Search' input field. Next to it is a 'Subject' input field. To the right of the subject field is a button labeled 'Closed', which is highlighted with a red rectangular box. Further to the right is another 'Search' button. Below these elements are labels for 'Actions', 'Issues/Messages', and 'Created'.

- **The claim message received on a rejected or pended claim isn't clear.**

If a message at the bottom of a claim is unclear, please submit a question to the Claims Services department by clicking on the Inquiry button at the top of the page, while in the claim. Try to include as much information as necessary to express what is unclear about the message.

- **How do I correct a claim sitting in the “pend claims” queue?**

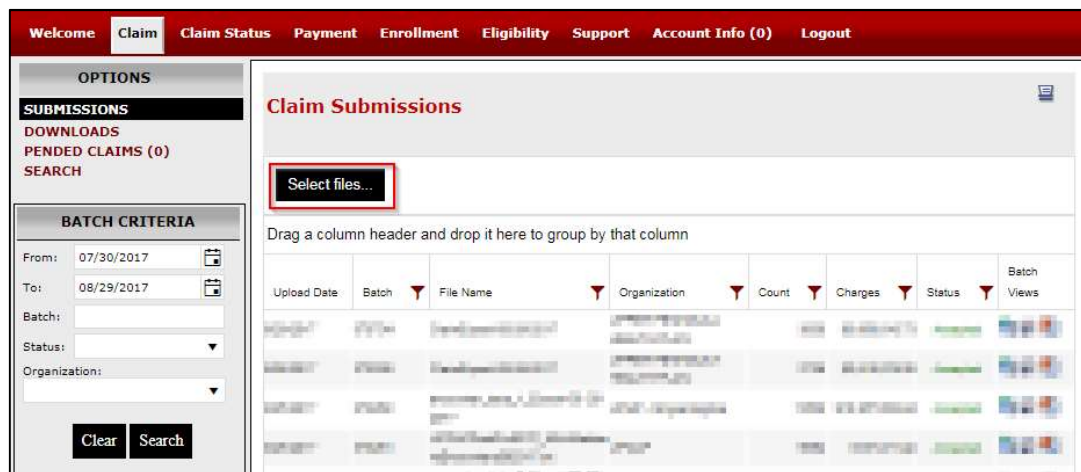
Log in to the portal and navigate to the Claim tab. Click on “Pended Claims” in either the left hand column, or in the middle of the page. Patient names will appear in the column on the left. Use the search filters above the list, or use the arrows below it to navigate as needed. Click on the patient's name to open the affected claim—when the claim is opened, you can scroll to the bottom of the page to view claim messages. These messages will explain why the claim is pended. You can navigate through the claim details via the tabs below the claim header—Patient, Payers, Providers, etc. The errors will be highlighted in yellow. After manually correcting the errors, the claim will drop off your “Pended Claims” list and show as validated to signal that it will be submitted to the payer.

- **We didn't receive an electronic remittance advice file (ERA), what is the process?**

Log in to the portal, click on the Support tab and submit a question routed to the Help Desk. Please include the check number, amount and check date. UPHP will work with VisibilEDI to correct the issue and will respond to you when completed.

- **How do I upload a claim file to the portal?**

Log in to the portal and navigate to the Claim tab. Click on 'Submissions' on the left hand side of the page, or middle of the screen. Click on 'Select Files...' and select the appropriate file from your local management system. Click on Upload to submit the file to the portal. Below the claim file submission, you will see your uploaded claim file and its processing status. The portal does not support a non-compliant X12 file—the file must be in a txt format. Please refer to the plan's companion guide if you have further questions on this.



- **How can I register a new account for the portal?**

The portal only allows one account per e-mail address—if you did already register and you are unable to access your account, you may need to reset your password or contact the UPHP Help Desk.

A new user can click on 'New User Registration' located on the left hand side of the page, or 'click here' to register below the log-in boxes. They will then be able to enter their e-mail address and desired TIN/NPI combinations for access—enter a TIN(s) (multiple TINs can be separated by commas) and click on Find—this will create a drop down menu of associated TIN/NPI combinations to be chosen from—the user can click Find again after choosing combinations to pick multiple combinations associated with the TIN(s). **Note: If a TIN/NPI combo associated with a claim is not on the users account, they will not be able to view those claims.** The user will then enter pertinent information such as Name, Address and Phone Number, followed by creating their username and password. After indicating that they have read and accept the Terms of Use Agreement, their request will be submitted to UPHP, and the user will receive a registration e-mail with a security form attached. This form must be completed and submitted back to UPHP before access is granted. Please allow 2 business days for account activation.

- **How can I identify a Merit-Based Incentive Payment System (MIPS) adjustment on one of my claims in the portal?**

MIPS adjustment amounts are assigned Claim Adjustment Group Code CO and Claim Adjustment Reason Code (CARC) 144 – an example from the UPHP Claims Portal Online Claim Status Inquiry screen is highlighted below.

Online Claim Status Inquiry									Back
PAYOR: UPPER PENINSULA HEALTH PLAN - 38337			EFT/CHECK NO: [REDACTED]		DATE: [REDACTED]		AMOUNT: \$ 23.84		
BILLING PROVIDER: [REDACTED]			RENDERING PROVIDER: [REDACTED]						
PROVIDER_ID	DATE	PROC_MOD	BILLED	ALLOWED	COPAY/DED	COINS	GRP/RC_AMT	PAID	
Name: [REDACTED] ID: [REDACTED] PAT #: [REDACTED] ICN: [REDACTED]									
	12/28/20	76705 26	74.00	29.31	0.00	5.86 PR-2	-0.39 CO-144 44.69 CO-45	23.84	
<b>TOTALS:</b>			74.00	29.31	0.00	5.86	44.30	23.84	
PT RESP: \$ 5.86							<b>NET</b>	23.84	
<b>GLOSSARY:</b>									
PR	Patient Responsibility. Amount that may be billed to a patient or another payer.								
144	Incentive adjustment, e.g. preferred product/service.								
2	Coinsurance Amount								
CO	Contractual obligation. Amount for which the provider is financially liable. The patient may not be billed for this amount.								
45	Charges exceed your contracted/ legislated fee arrangement.								
<b>DATE</b> <b>PROCEDURE</b> : <b>MESSAGE</b>									
01/08/21      I : - Portal Claim Received - File Reference ID [REDACTED]									
12/28/20      PROC CODE: 76705 : ECHO EXAM OF ABDOMEN									

- **How can I identify a MIPS adjustment on one of my claims in the payment voucher or 835 file?**

MIPS adjustment amounts are assigned Claim Adjustment Group Code CO and Claim Adjustment Reason Code (CARC) 144 – an example from the UPHP Claims Portal Payment File Batch Summary output is highlighted below.

Payment File Batch Summary										
Payer Name	Billing Name	Check/EFT No:	Date	Count	Amount					
UPPER PENINSULA HEALTH PLAN	[REDACTED]	[REDACTED]	1/14/2021	1	\$23.84					
					<b>Batch Totals:</b>	\$23.84				
UPPER PENINSULA HEALTH PLAN      [REDACTED]      REMITTANCE NOTICE										
CHECK/EFT #: [REDACTED]      PAGE #: 1 OF 1      1/15/2021										
SERV DATE	PROC MOD	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD			
Name: [REDACTED] HIC: [REDACTED] PAT #: [REDACTED] ICN: [REDACTED]										
	12/28/2020	76705 26	\$74.00	\$29.31		\$5.86 PR-2	\$44.69 CO-45	\$23.84		
AU ADJ: \$23.84		Claim Totals		\$74.00	\$29.31	\$0.00	\$11.72	\$88.99	\$23.84	
PT RESP: \$5.86									<b>NET</b>	\$23.84
<b>TOTALS:</b>										
	# OF CLAIMS	BILLED AMOUNT	ALLOWED AMOUNT	DEDUCT AMOUNT	COINS AMOUNT	TOTAL RC-AMOUNT	PROV ADJ AMOUNT	CHECK AMOUNT		
	1	\$74.00	\$29.31	\$0.00	\$5.86	\$44.69	\$0.00	\$23.84		
<b>ADJUSTMENTS:</b>										
CODE	IDENTIFIER	AMOUNT								
<b>GLOSSARY:</b>										
PR	Patient Responsibility. Amount that may be billed to a patient or another payer.									
CO	Contractual obligation. Amount for which the provider is financially liable. The patient may not be billed for this amount.									
AU	Coverage Amount									
45	Charges exceed your contracted/ legislated fee arrangement.									
2	Coinsurance Amount									
144	Incentive adjustment, e.g. preferred product/service.									

In the 835 files available in the UPHP Claims Portal, MIPS adjustment amounts will be populated after CARC 144 in Claims Adjustment Segment (CAS) Loop 2430.

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ISA*00*          *00*          *ZZ*38337          *ZZ*          *0*P*:GS*HP*38337*
REF*EV*          *M*          *PR*UPPER PENINSULA HEALTH PLANN3*853 WEST WASHINGTON
STREETIN4*MARQUETTE*MI*49855REF*2UPER*CX**TE*9062257746*EM*HELPDESK@UPHP.COMPER*BL**TE*9062257746*EM*HELPDESK@UPHP.C
OMN1*PE          *PC*XX*
REF*TJ*          *1CLP*          *1*74*23.84*5.86*MC*          *NMI*QC*1*
MOA***          *DTM*050*          *AMT*AU*23.84SVC*HC:76705:26*74*23.84**1DTM*472*20201228CAS*CO*45*44.69*
*144*-.39CAS*PR*2*5.86REF*6R*          *AMT*B6*29.31SE*28*0001GE*1*
```

- **I received a check for MIPS adjustments I was owed on claims with 2019 and 2020 dates of service. The letter directed me to use the UPHP Claims Portal to request the list of my affected claims; how do I ask for this?**

After logging into the UPHP Claims Portal, navigate to the Support tab and click on Enter Issue to start a ticket for the UPHP Help Desk (select Help Desk in the Assigned drop down). Make sure to include the UPHP Vendor ID and/or the Vendor Name and TIN (all 3 were included in the letter) in the ticket description. The Help Desk will verify that you have access to the TIN added to your UPHP Claims Portal account; if you do not currently have access, you will be asked to request access to at least one Provider NPI associated with the TIN. Once your access to the TIN has been verified, the Help Desk will attach a report of the impacted claims to the ticket.