iCircle
Portal
Provider Guide

icircle care

Table of Contents

Getting Started

Use the Provider Portal to view claims, claim status messages, payments, and check eligibility. You can access the portal 24 hours a day, seven days a week.

To log out, click **Logout** on the ribbon. The system will automatically log you out after 30 minutes of inactivity.
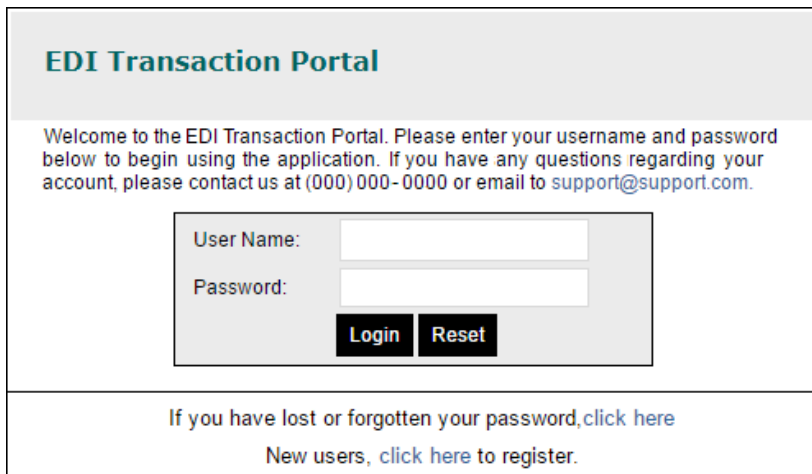
Get Support

For questions or support, email us any time or call us Monday through Friday from 8 AM to 5 PM PST.

(844) 283-2884

ProviderService@iCirclecny.org

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Register as a New User

1. Self-registration is easy. From the **Provider Portal login page**, click **Register now**.

EDI Transaction Portal

Welcome to the EDI Transaction Portal. Please enter your username and password below to begin using the application. If you have any questions regarding your account, please contact us at (000) 000-0000 or email to support@support.com.
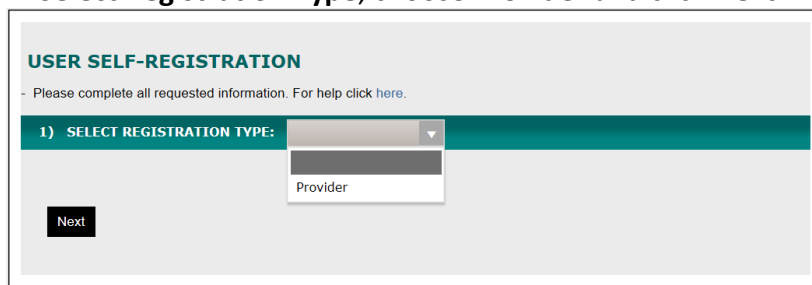
User Name: _____

Password: _____

Login   **Reset**

If you have lost or forgotten your password, click here

New users, click here to register.

2. In **Select Registration Type**, choose **Provider** and click **Next**.

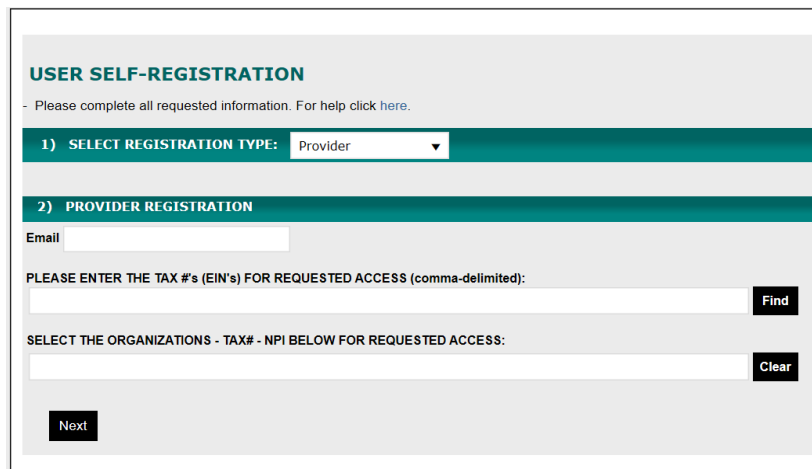**USER SELF-REGISTRATION**

- Please complete all requested information. For help click here.

1) **SELECT REGISTRATION TYPE:** _____ ▼

Provider

Next

3. Under **Provider Registration**, enter your email address and the tax number/EIN and click **Find** to bring up the organization. When you have completed all fields, click **Next**.

USER SELF-REGISTRATION

- Please complete all requested information. For help click here.

1) **SELECT REGISTRATION TYPE:** Provider ▼

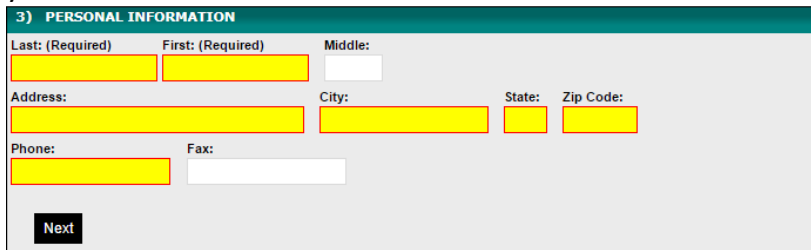2) **PROVIDER REGISTRATION**

Email _____

PLEASE ENTER THE TAX #'s (EIN's) FOR REQUESTED ACCESS (comma-delimited):

_____ **Find**

SELECT THE ORGANIZATIONS - TAX# - NPI BELOW FOR REQUESTED ACCESS:
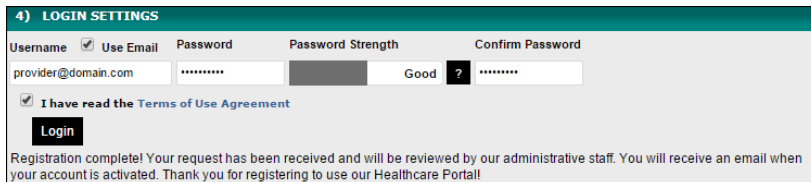
_____ **Clear**

Next

4. Under **Personal Information**, enter your contact details. Required fields are highlighted in yellow. Click **Next.**

5. Under **Login Settings**, validate or update your default username and set a password. Once you have read the **Terms of Use Agreement,** check the box and click **Login**.

   Note: Your password must have at least 8 characters, contain both uppercase and lowercase letters, and have at least one number and one special character.


Upon completing registration, you will receive an email indicating that your account request is under review. Once the portal administrator has reviewed and approved your account, you will receive an email confirmation.

   Note: If the username you have chosen already exists, if the entered passwords are too weak and/or do not match, or if you have not indicated agreement with *Terms of Use Agreement*, the system will prompt you to correct these issues.

Navigate the Portal

1. Use the **tabs** on the **ribbon** at the top of the screen for your primary navigation.

2. Use **Options** in the left-hand bar to access related pages. Options may change depending upon the tab you select.

3. The **main window** will display information in a grid format. You may see more than one information grid displayed in the main window.
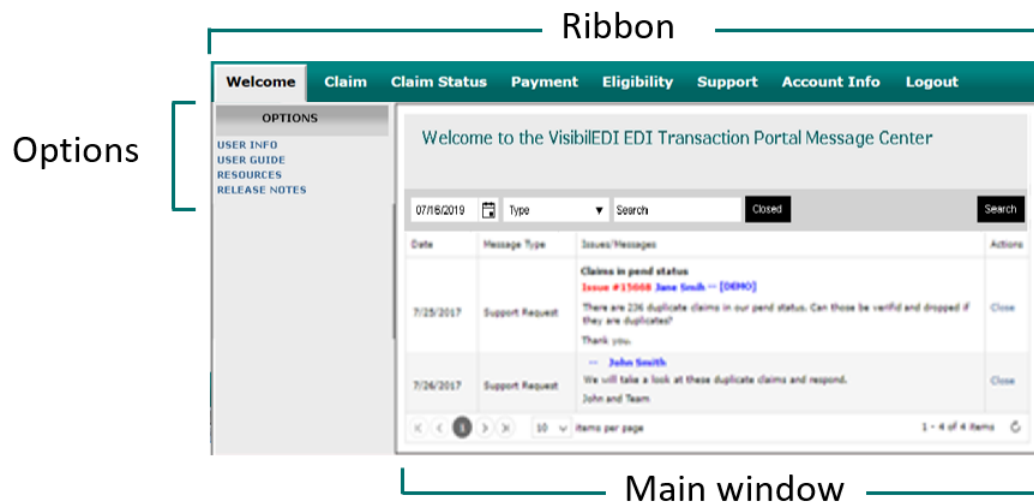
4. Depending upon the tab you select, you may see **Batch Criteria** in the left-hand bar, beneath **Options**. Use Batch Criteria to find and filter information in the main window.
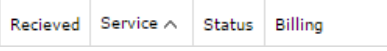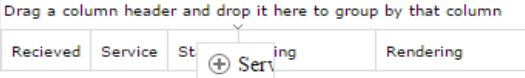
Exploring the Ribbon

Use the following summary to understand what you can do on each tab in the ribbon.

What Is It?	Tab on Ribbon	What You Can Do
Message Center	Welcome	View all your alerts and notifications. Open alerts are displayed by default.
Claim Center	Claim	View and search claims submission history, enter a claim transaction, view claim status, and view claim payment information.
Claim Status Center	Claim Status	View and search claims, claim status, and claim payment details.
Payment Center	Payment	View payment history, search for claim payments, and view payment reports and messages.
Eligibility Center	Eligibility	Submit and review eligibility inquiries.
Support	Support	View, document, and respond to messages related to claims.
Account Info	Account Info	Access and update your account information.
Logout	Logout	Log out of the portal.

Standard Usability Features

The Provider Portal offers familiar buttons, icons, and other navigational elements that make it easy to find and access data and complete tasks.

Usability Feature	What You Can Do
	Navigate through each results page. Navigate between the first and last pages in a list.
	View 10, 20, or 50 records per page. The default is 10. However, the system will remember your preference and apply it to subsequent sessions.
	Change the default sort order in grids by clicking a column heading. An arrow (^ or ⌄) will indicate if a column is sorted in ascending or descending order.
	Change the default column order by clicking and holding a column header and dragging it to a new location between two other columns.

Advanced Usability Features

Sort by Column Header

1. Click and drag a column header to the field. **Drag a column header and drop it here to group by that column**. More than one column header can be used simultaneously to create subgroups.

2. By default, data will be sorted in ascending order. To change the sort order, click **^ or ˅** in the column. To remove a column header from the grouping, click the **X**.

3. To collapse lines of data, click the **collapse icon** ▷ next to the heading. To expand collapsed data, click the **expand icon** ◢.

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Filter by Column

To filter data by column, click the **filter icon** ⏷. The three types of filters are shown below. You can combine up to two search terms. To view results, click **Filter**.

Numbers or Text

Show items with value that:

Is equal to ⌄

[   ] ⌃⌄

And ⌄

Is equal to ⌄

[   ] ⌃⌄

Filter   **Clear**

Limited Selection

Show items with value that:

Is equal to ⌄

-Select value- ⌄

And ⌄

Is equal to ⌄

-Select value- ⌄

Filter   **Clear**

Date

Show items with value that:

Is equal to ⌄

[   ] 📅

And ⌄

Is equal to ⌄

[   ] 📅

Filter   **Clear**

Filter by Batch Criteria

With Batch Criteria you can filter data by date range, batch number, or claim status. Find Batch Criteria below Options in the left-hand side bar.

To use Batch Criteria, complete your desired criteria and click **Search**.

BATCH CRITERIA

From: 11/04/2015 📅
To: 12/03/2015 📅
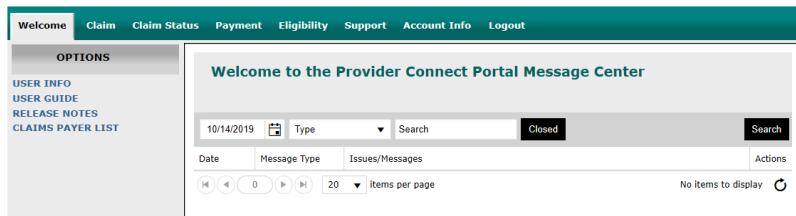Batch: [   ]
Status: [⌄]

Clear **Search**

Message Center (Welcome)

View all your messages and alerts, including support requests, in the Message Center.

View or Search for an Alert

In the main window you will see the date the message was posted, the message text, and options to close or reopen the alert. Message Center shows open alerts by default.
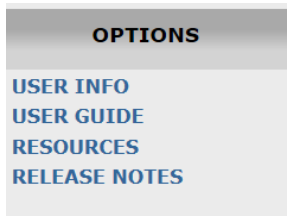

1. To search for a specific message, set the desired filters and click **Search**:

   - **Date:** Use the default date or enter another date (MM/DD/YYYY). The search will display the history of alerts up to and including the specified date.

   - **Type:** Select one of the following:

        Message Text: Enter a keyword to search within the body of an alert.

        Open/Closed: Search for open or closed alerts by clicking the corresponding box.

2. To refresh the page and reset the search fields, click **Welcome** on the ribbon.

Options

Message Center options include links to this user guide, Medicare and Medicaid resources, and release notes that show the Provider Portal's latest updates.

Claim Center

In the Claim Center, you can view claim submission history, search claim history, enter and save a claim, and view claim status and claim payment information.

Understanding Batch Views

Depending upon your task in Claim Center, you may have one or more of the following Batch View options.

Batch View	How to Use It
Download	Click the icon to download a copy of the batch file to your computer. Batch files can be viewed using any text editing program.
View All Claims	Click the icon to view individual claim details for the file using the portal's claim edit view.
Claim Messages	Click the icon to view all details related to the batch including error history. This tool is especially useful if you are fixing pended claims.
Archive	After one year, files are automatically archived. Contact support to request an archived file.

Understanding Claim File Status Messages

Use the following key to understand Claim File Status Messages.

Message	Description
Accepted	The claim file has been accepted by the payer.
Adjusted/Corrected	The claim file was adjusted with another claim submission.
Drop	The claim has been dropped from processing.
Duplicate	The file is a duplicate file/claim/payment.
Errors	There are errors in record that have prevented processing.
Finalized	Remittance received from the payer.
Hold	The claim is being held from processing.
Pend	The claim has been rejected and must be corrected and resubmitted.
Processing	The claim or file is being processed.
Ready for Download	The file is ready for download.
Received	The claim has been received but not yet processed.
Rejected	The entire batch has been pended.
Sent to Receiver	The file has been sent to the payer.
Testing	The file is being used for system processing purposes.
Validated	Data has been validated by the system.

Understanding Claim Submissions

In Claim Submissions, you can upload claim files, view past claim file submissions, and search for claim batches. Read the following information to help you navigate Claim Submissions.

1. In the **Claim Center**, select **Options** > **Submissions**. The main window will display all the claim file batches you've uploaded in the last thirty days and their status. Results are displayed chronologically, starting with the most recent submission files. To narrow your selections, use Batch Criteria or the filter options.

2. To view or edit a batch, click the **claim messages icon**. Two grids will appear in the main window:

    a. **Upper grid:** This grid displays batch details, including the number of Pends (in **red**) and the number of Accepted claims (in **blue**). Click the blue and red numbers to link to all claims in that specific category. For instance, clicking a number in the Pends column will redirect you to a work list and claim detail view for pended claims.

    b. **Lower grid:** This grid provides a count of claims by message type: Accepted, Rejected, and Informational. The display defaults to Rejected. Use the Message Type dropdown to select a different message type or select View All to see all claim messages.

    Click the **message text** to see a work list and claim detail view for claims in that batch with that error message.

Related

[Understanding Claim File Status Messages](#)

![icircle care logo]
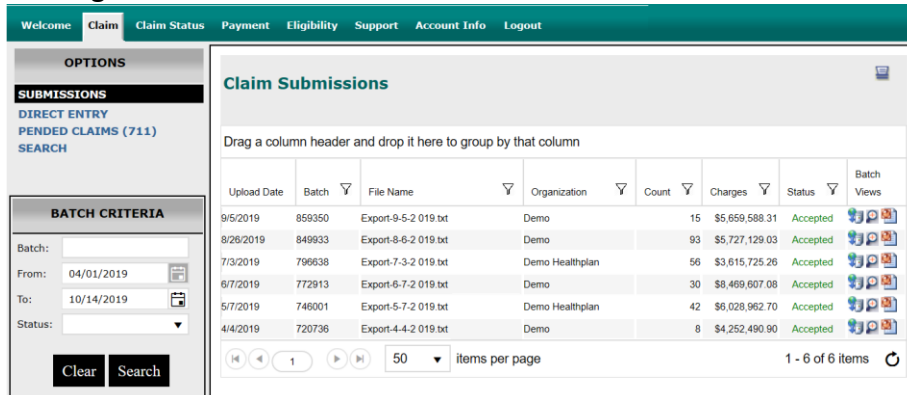
Upload a Claim File

Upload claim files on the Claim Submissions page. You can also view past claim file submissions from this page.

1. In the **Claim Center**, select **Options** > **Submissions**. Results are displayed chronologically starting with the most recent submission files.
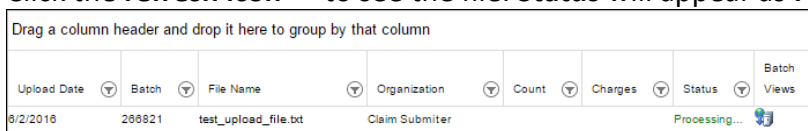

2. Choose **Select Files** to view a list of claim submissions. If desired, use either **Batch Criteria** or the **Column Filters** to narrow the file selections.

3. Navigate to the claim file that you want to upload and select **Open** to submit your file. *Only .txt files may be uploaded.* Once the progress indicator reaches 100%, your upload is complete.

4. Click the **refresh icon** ↻ to see the file. **Status** will appear as **Processing**.

View Entered Claims with Batch Views

As claims get entered, a new daily batch is created in Claim Submissions for each billing organization. All claims created for that billing organization will be added to this batch within a 24-hour period.

To view individual claims and track claim status, use Batch Views. When a claim passes the validation process, it is sent to the designated payer. If there are errors, the claim will pend. The provider must correct the issues before the claim can be submitted to the payer.
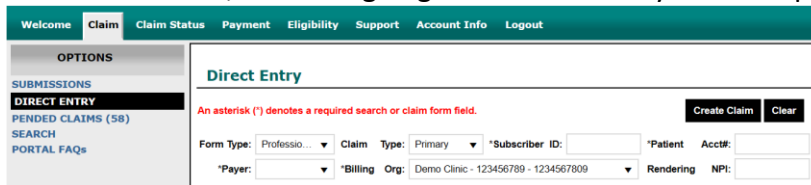
Create a Direct Entry Claim

Create primary, secondary, and tertiary claims on the Direct Entry page. Direct Entry minimizes data entry and reduces paper claim volume.

Before submitting a claim, note the following:

- At least one line must be entered in the **Detail** section of the claim for primary, secondary, and tertiary claims.

- There must be data in all applicable **Payer ID** fields in the **Payer** section for secondary and tertiary claims.

- While the required fields in this module meet the minimum requirements to save a claim, additional data fields may be required before the claim will be paid. Enter all of the information available to you in order to speed processing and payment.

1. From **Claim Center**, select **Options > Direct Entry**.

2. Complete all required fields including: Form Type, Claim Type, Subscriber ID, Patient Account Number, and Billing Organization. The Payer field is populated by default.

3. Click **Create Claim**.

4. Complete applicable sections: **Patient**, **Facility**, **Detail**, and **Other**. Note that Primary Payer is required for Secondary and Tertiary claims.

5. Save the claim.

- To save and submit a Primary claim, click **Save Claim** in the bottom right corner of the screen.

- To save Secondary and Tertiary claims, click **Save & Continue**, then complete the **Payments** portion of the claim and click **Save Claim.**

6. Once the claim is saved, you will be returned to the Direct Entry screen to begin a new claim.

Note: Return to the portal later to review the status of claims entered.

- If the claim is pended, review pend messages, make necessary changes, and then click the Save icon in the upper right corner of the window.

- If the claim is in received status, it has not completed processing. Check the claim again later.

- If the claim is in validated status, the claim will be routed to the payer.

Related

[Claim Search](#)

[Review and Resolve Pended Claims](#)

![icircle care logo]

View and Resolve Pended Claims

View and resolve pended claims on the Pended Claims page. You can also view past claim file submissions. Pended claims should be resolved daily.

To access Pended Claims, in the **Claim Center** select **Options > Pended Claims**. All pended claims will appear in the search results.

To resolve pended claims, review messages within the grid with the 'Rejected' Message Type, make the necessary changes to the claim, and save. If it is not clear to you what needs to be corrected, refer to industry standard billing guidelines and billing instructions provided by the payer. If it is still unclear what needs to be fixed, contact the support center team for help.

Error Filters & Search Results

Use the Error Filters to narrow pended claims. Each filter displays the count of claims in each pend bucket based on any other filter criteria already in place (such as a specific payer).

Claims may have more than one error. Reference the Message Grid to ensure all errors have been corrected before saving and resubmitting a claim.

Filter Option	Description
Biller Filter	Filter by a specific plan.
Filter by Payer	Filter by a specific destination.

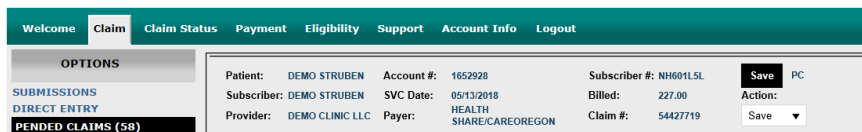| Prepend Filter	Displays pends resulting from a preset business rule. These pended claims have not been sent to the destination.
Response Filter	Displays messages provided by the destination on claims sent to them. These messages can communicate acceptance or rejection.

Basic Claim Details

Claim Details in the upper section of the main window provides a fixed reference for essential claim information. Using the Action menu, you can Save, Drop, or Hold a claim.

Note: When using Drop or Hold, always enter a reason into the Message Grid.

Action	Description
Save	Once you have corrected a pended claim, select **Save** from the **Action menu** and then click **Save**. The claim status will change to Received.
Drop	When a claim should not be processed, select **Drop** from the **Action menu** and click **Save**. The claim will be dropped from further processing and will not be sent to any destination. The claim will remain in the system for reference.
Hold	Select **Hold** from the **Action menu** and click **Save.** Claim status will change to Hold and will not be processed further.
Validate	To revalidate claim data, select **Validate** from the **Action menu** and click **Save**. Claim status will change to Validate and will be sent to the destination.

Claim View Tabs

Use the Claim View tabs to view in depth detail about the claim.

Patient	Payers	Providers	Facility	Detail	Other	Payments

Tab	Description
Patient	Contains patient, subscriber information.
Payers	Contains current and primary payer, primary subscriber information.
Providers	Contains applicable rendering, billing, and referring provider information.
Facility	Contains facility and ambulance information, where applicable.
Detail	Contains claim detail/line-level data.
Other	Contains other claim data such as Auth ID, Submitter Claim ID, and ICN.
Payment	Contains payment data from the Health Plan Payer.

Message Grid

A message grid detailing claim history appears at the bottom of each claim. All messages are displayed by default. Click **Show Active** to see only Active messages.

Most messages are loaded automatically by the system.

- Validation messages provide details regarding why a claim pended.
- Informational messages provide details about the batch the claim was submitted in, when it was sent to the payer, and if the claim has been accepted.

To provide additional background around a claim, click **Add Message**.

If a message is no longer relevant, click the **trash icon** to make the message inactive. All inactive messages can be viewed by clicking **Show All**.

Related

[Understanding Claim File Status Messages](#)
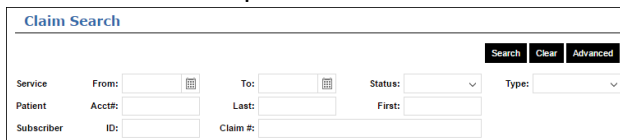
Search Claims

Perform a basic or advanced search based on criteria related to a specific claim. Use Search to track history of submissions and acceptance by the payer.
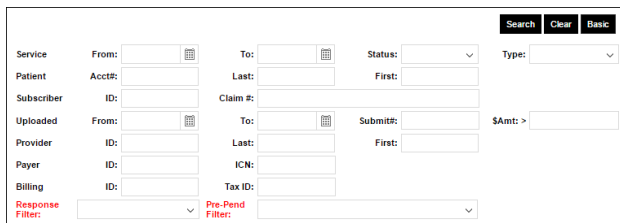
1. In the **Claim Center**, select **Options > Search.** You can search two ways.
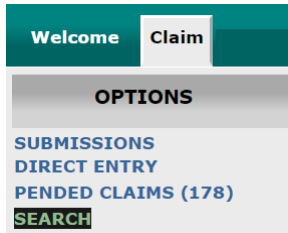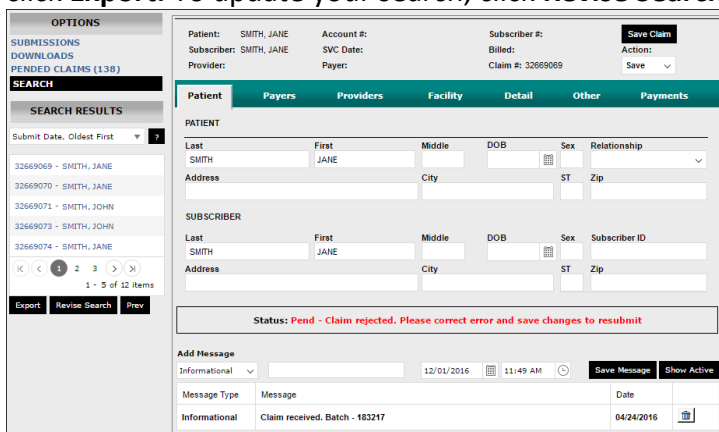
Basic search: Complete the desired fields and click **Search**.

Advanced search: Click **Advanced**. Complete the desired fields and click **Search**. To return to the basic search, click **Basic**.

2. View search results in the left-hand portion of the screen. To export search results to Excel, click **Export.** To update your search, click **Revise Search** to return to the search window.

Related

[Advanced Usability Features](#)

Submit a Claim Inquiry

Inquiry allows you to submit a support ticket to the Health Plan Claims Support Team while viewing a claim in the Claims Center.

1. To submit an inquiry while viewing a claim, click **Inquiry**. A pop-up window containing claim details will appear.

2. Provide relevant information in the **Issue Entry window** and click **Submit**. The Inquiry will post to the Support Issue History page for response by the Health Plan Claims Support Team.

Claim Status Center

In the Claim Status Center, you can view and search claims, claim status, and claim payment details.
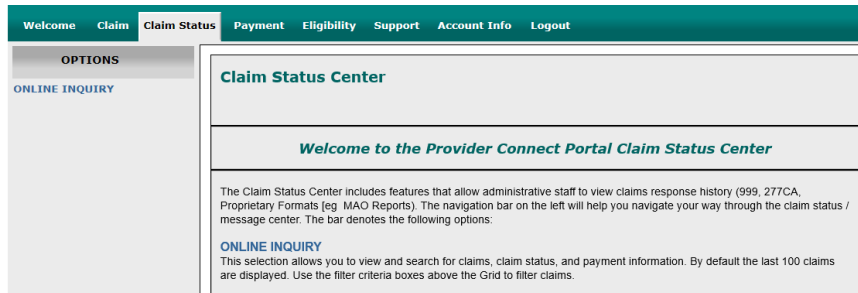
Perform an Online Inquiry

Use Online Inquiry to see if a claim has been received, processed, or paid.

1. In the **Claim Status Center**, select **Options > Online Inquiry**. By default, the last 100 claims are displayed. No claim information will be displayed until you perform a search.

2. To search claim status, enter criteria into the available fields (described below) and click **Search**. Results are displayed in chronological order starting with the most recent claims. To refresh the page and reset the search fields, click **Online Inquiry** under **Options**.
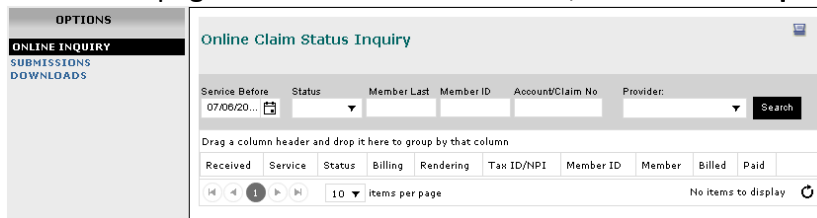
Field	How to Use
Service before	Click the calendar icon or set date in MM/DD/YYYY format.
Status	Use the dropdown to search claims that are In Process or Finalized.
Member Last	Enter at least 3 characters of member's last name.
Member ID	Enter at least 3 characters of member's ID number.
Account/Claim No	Enter at least 3 characters of the patient or claim number/ICN.
Provider	Use the dropdown to select a provider.

3. To view Claim/Payment details, click the **information icon** ⓘ.

Related

[Advanced Usability Features](#)

Payment Center

In the Payment Center, you can view payment history, search for claim payments, and view payment reports and messages.
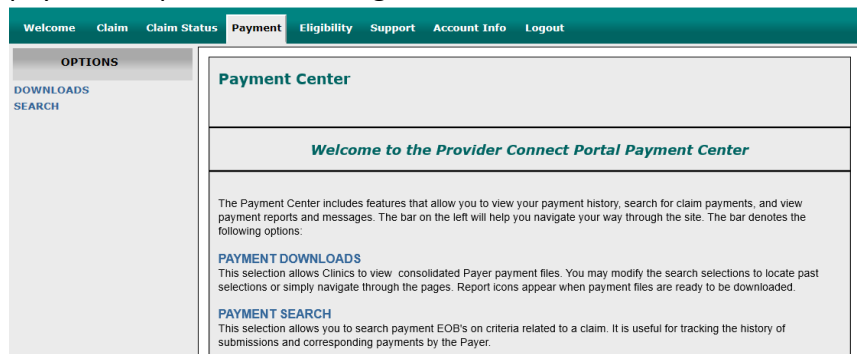
View Payment Downloads and Search for Payments

To view payer payment files, from the **Payment Center,** select **Options > Downloads.** The payments from the last thirty days are displayed by default. A **download icon** will appear if a payment file is ready for download.
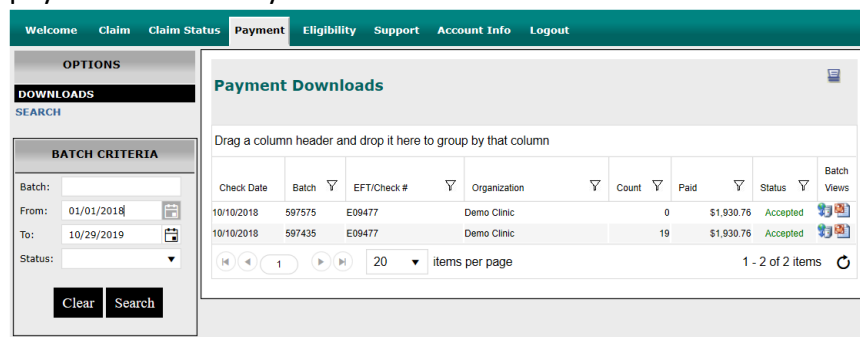
There are two ways to search: using **Batch Criteria** in the left-hand bar or using **Payment Search** under **Options**.

Search Using Batch Criteria

1. Use Batch Criteria to search by batch number, time period, or status. Claim status options include: Accepted or Ready for Download. Once you have set your Batch Criteria, click **Search**.

2. You can then filter and sort claims in the main window.

   - Select the **download icon** to view or download the x12 835 file from the payer.

- Select the **message icon** to view and print the Payment File Batch Summary.

Note: To reset search criteria, click **Clear**.

Use Payment Search

Simple Search

Set search criteria using the available fields which include check number, check amount, account/claim number, member ID, and/or date range. Click **Search**.

Advanced Search

Select **Advanced** to search by Billing Tax ID number and Name or by Payer ID number and Name. Set your search criteria and click **Search**.
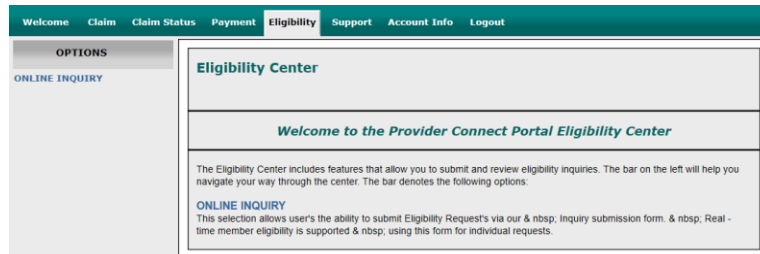
Note: To reset search criteria, click **Clear**.

Related

[Understanding Batch Views](#)
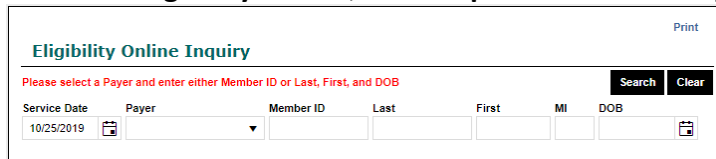
Eligibility Center

In the Eligibility Center, you can submit and review eligibility inquiries.
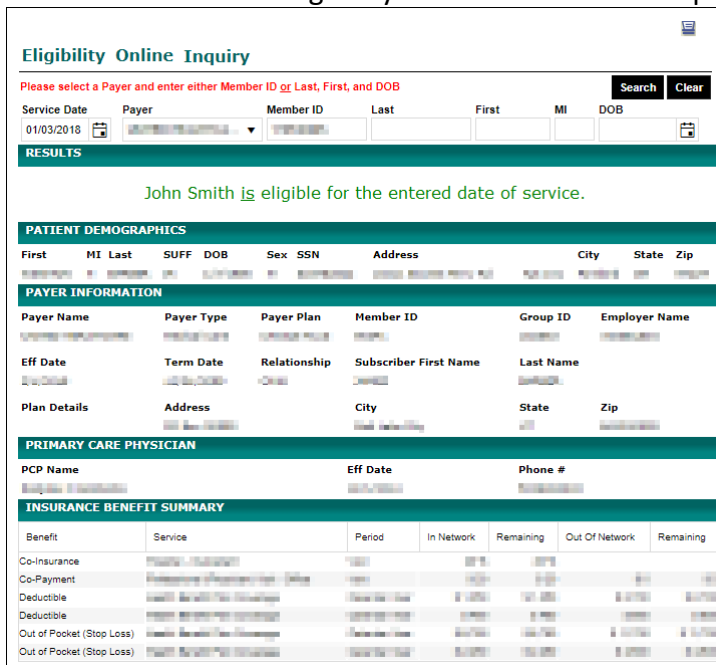
Submit Eligibility Verification Inquiry

1. From the **Eligibility Center**, select **Options > Online Inquiry**.

2. To check patient eligibility, complete the **Service Date** and **Payer** fields and **one of these required fields**: Member ID or Member Last and First name and Date of Birth.

3. Click **Search**. Patient eligibility information will be displayed in Results.

![icircle care logo]

Support Center

The Support Center consolidates issue history related to claims into a single location. You can view, document, and respond to support-related messages 24/7.
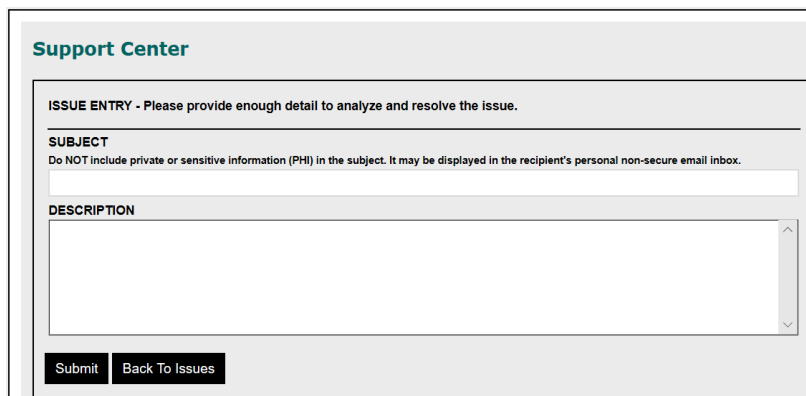

View, Search, and Manage Support Issues

View, Search and Export Support Issues

1. From the **Support Center**, select **Options > Issue History.**

   From here you can view Issues/Messages, including the subject line, issue number, message text, creation date, assigned support party, issue category, and priority, along with relevant actions you can take.

   Replies appear directly beneath the parent message in chronological order. Replies are easily distinguished as they do not have a subject line or issue number.

2. To narrow the list of issues, set the available filters. To filter for a specific issue, enter the issue number into the **Search** field. To search on a specific key word or phrase, enter the key word or phrase into the **Subject** field. Click **Search.**

3. To download a report of issues from your current search to Excel, click **Export**.

   Note: All messages will be marked "unassigned" by default. The Portal Administrator will assign priority and support party.

Manage Support Issues

1. From the **Support Center**, select **Options > Issue History.**

2. Choose one of the following **Actions:**

   - Click **Reply** to respond to the parent or related Issue/Message.

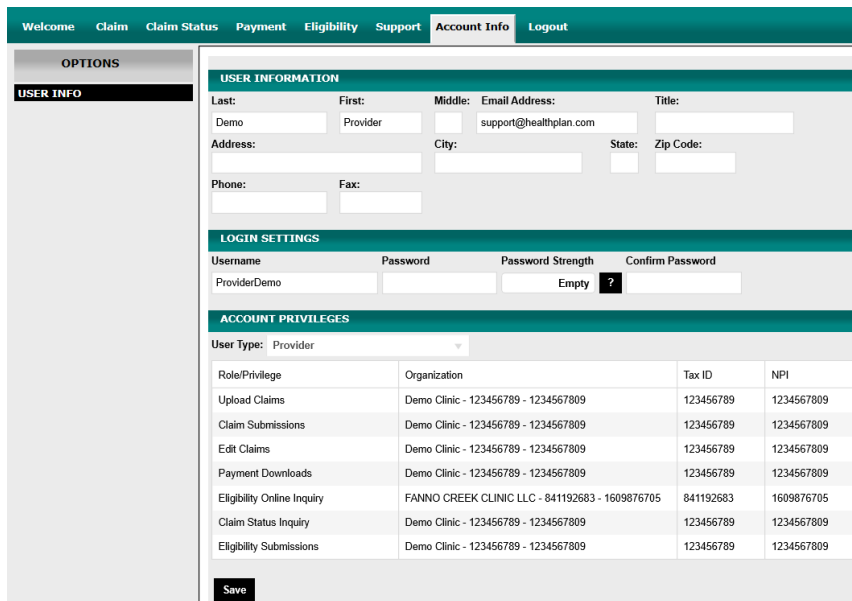   - Click **Close** to close out the issue record.

Account Info

From the Account Info page, you can update your user information and login settings. You can also view your current account privileges and request access to additional organizations.

Update Account Info and Login Settings

1. From **Account Info,** select **Options > User Info.**

2. Update the appropriate fields and click **Save**.

   Note: Due to HIPAA regulations, the account must be registered with your first AND last name.

Account and Password Expiration

All user accounts will become inactive after 90 days of inactivity. To reactivate your account, contact the portal administrator listed on the login page.

User passwords expire every 180 days. Upon login, you will be prompted to enter a new password. You may not reuse any of your previous six passwords.

Related

[How Do I Recover My Password?](#)
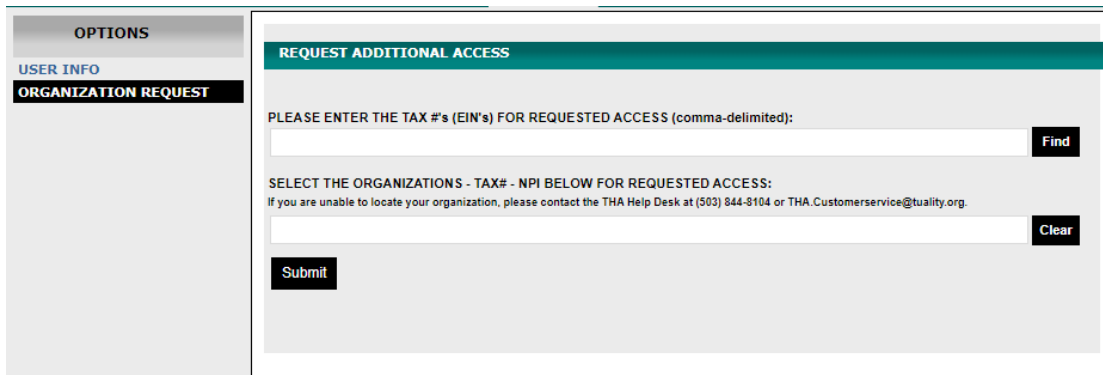
![icircle care logo]

Account Privileges

Account Privileges is read-only and shows your current account access level. Each designation under Role/Privilege indicates the type of access that you have.

Role/Privilege	Type of Access
Upload Claims	Access to Claims Submissions and the Upload Claims feature
Edit Claims	View and manage pended claims
Payment Downloads	Access to Payment Downloads and Search
Eligibility Only Inquiry	Access to Payment Downloads and Search
Claim Status Inquiry	Access to Claim Status Online Inquiry

Organization Requests

To request access to an additional organization, go to Account Info > Organization Request.

1. Enter the Tax ID in the first field and click **Find.**

2. Select the provider description and corresponding NPI in the second field, then click **Submit.**

You will receive an email when your request has been approved.
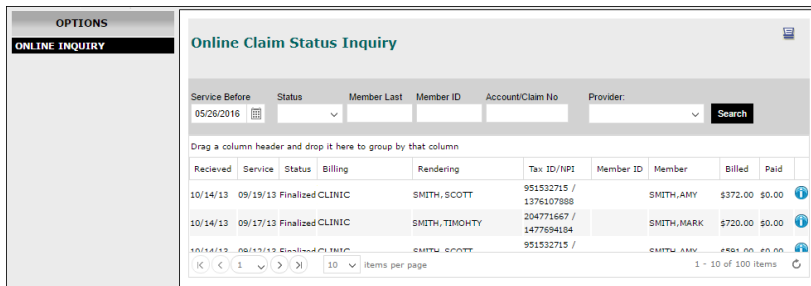
Frequently Asked Questions

How Do I Print a Screen?

1. Click the **print icon** 🖨.

2. Select **Print** in the upper right-hand corner to open a print dialogue screen. Select your printer and desired settings and click **Print**.

3. After printing, click the **print icon** 🖨 to return to the normal page view.

   Note: When in print view, you cannot use the browser back button to return to the normal page view.

How Do I Print a Single Claim Record?

1. Click the **information icon** ⓘ next to the claim record you wish to print to bring up the Online Claim Status Inquiry window.

2. Click the **print icon** 🖨 in the upper right-hand corner to open a print dialogue screen. Select your printer and desired settings and click **Print**.

3. To return to the normal page view, click **Back** or the **print icon** 🖨.

4. To return to Claim Status Online Inquiry, click **Back** once more.

How Do I Recover My Password?

1. From the portal login screen, click **Recover Password**. Enter your username and email address and click **Submit**.

   Note: If you input your email address as your username at registration, it will need to be entered in both fields.

2. You will receive an automated email with a link that will allow you to enter a new password. Follow the instructions and use the link to create a new password.

   Note: Your password must have at least eight characters, contain both uppercase and lowercase letters, and have at least one number and one special character. You may not reuse any of your last six passwords.

3. You will be redirected to the login page where you can enter your username and new password.

Why Can't I See My Claims?

Access to certain features of the portal such as Online Inquiry, Payment Submissions and Downloads, and Eligibility are directly linked to the privileges associated with your account. Missing privileges or inaccurate data can prevent you from accessing the appropriate information. Contact your Portal Administrator to troubleshoot your access privileges.

How Do I Troubleshoot a Pended Claim?

To troubleshoot a Pended Claim, use the following steps:

1. Review the Pend Claim Status Message to determine root cause, such as missing or incorrect data.
2. Correct data within the portal. If needed, correct and upload source documentation. If there are further issues, contact the account manager.
3. Save and submit the claim for processing.

Related

View and Resolve Pended Claims