

The Provider Portal Guide for Dentists



univera[®]
H E A L T H C A R E

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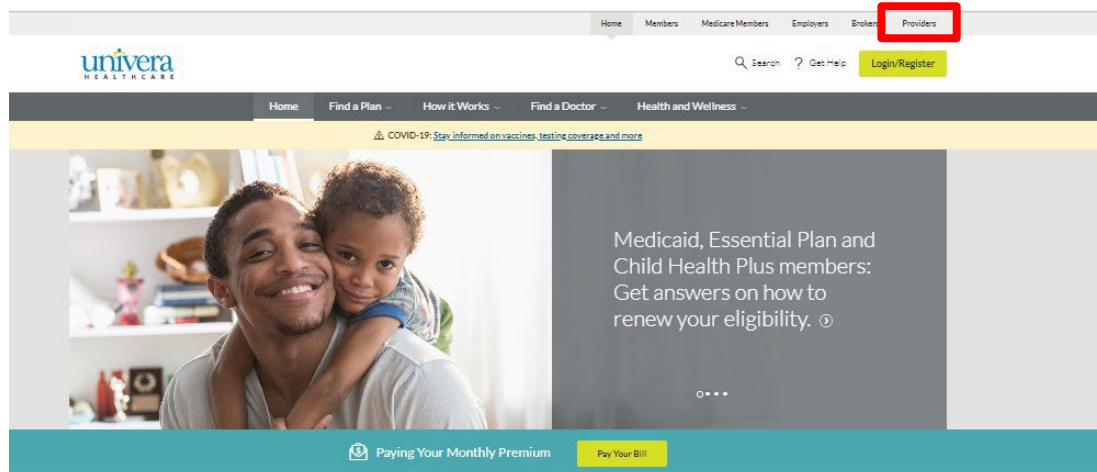
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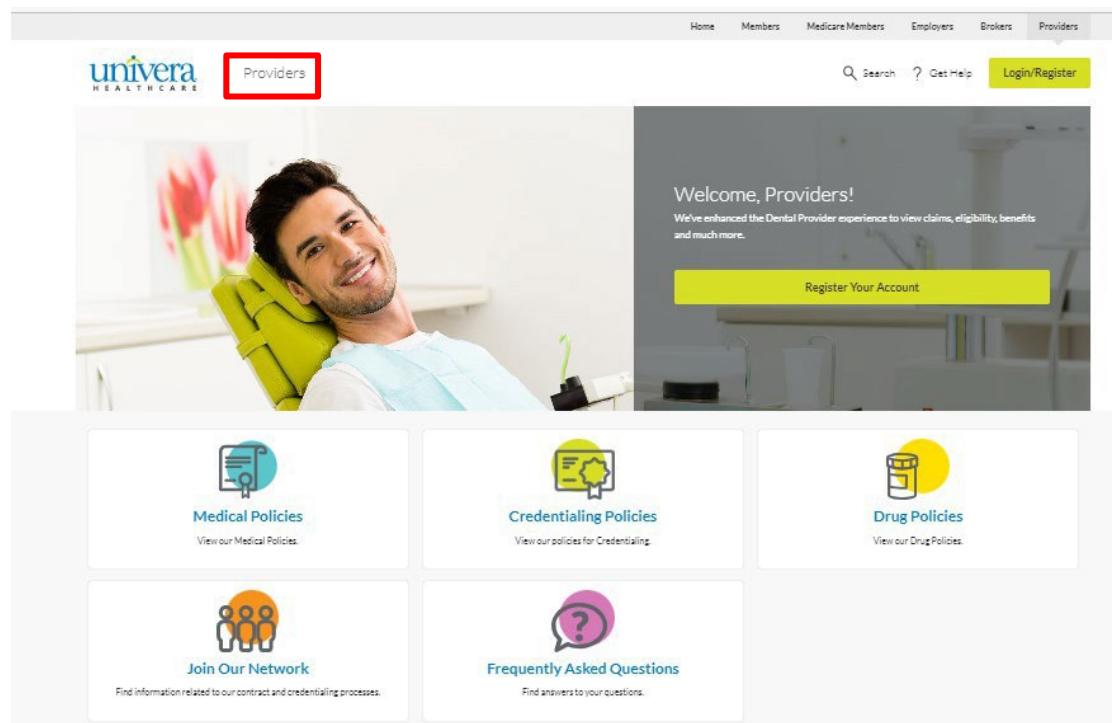
Univera Healthcare Provider Portal

The Univera Healthcare website (www.UniveraHealthcare.com) contains an area that is dedicated to the various types of provider we partner with. This area, called the Provider portal, can be located by selecting [Providers](#) at the top of our Home page.



The Provider public home page includes information such as how to join our network and links to our Corporate Medical, Credentialing, and Drug Policies.

The Frequently Asked Questions tile provides answers to common questions such as how to register, log in, and manage staff access to the secure portion of the Provider portal.



Secured Portion of the Provider Portal

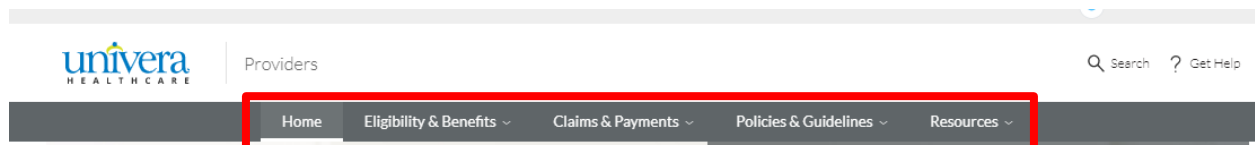
The secured portion of the Provider portal includes proprietary information that can only be viewed by provider and their staff who are registered with Univera Healthcare. Dentists will receive a letter from Univera Healthcare listing the dentist's Unique Provider ID and the last four digits of the corresponding tax ID. This information is required to register and log in to the Provider secure portal.

Logging in to the Provider Portal

To login into the secure portion of the Provider portal:

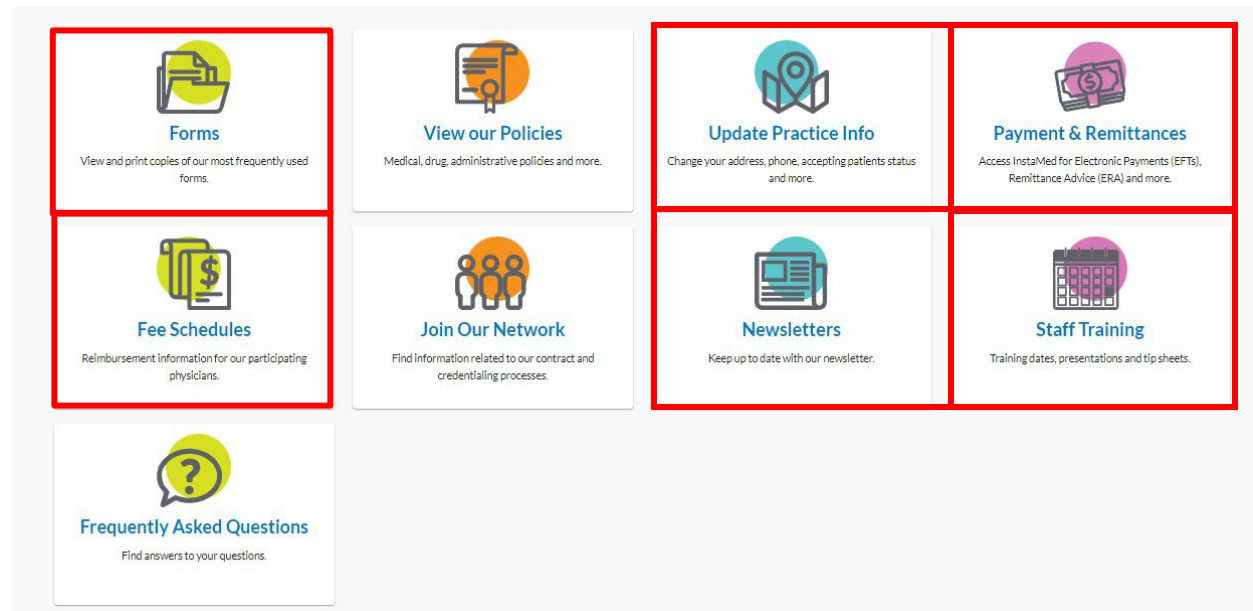
1. Go to Provider.UniveraHealthcare.com/login.
2. Enter your [Username](#) and [Password](#)
3. Click [Log In](#)

The screen will then reflect the user's name and option to Log Out at the top and various options for the user to select from: Home (default page), Eligibility & Benefits, Claims & Payments, Policies & Guidelines, and Resources.



Home Page

The Home page will include the tiles available to everyone (View Our Policies, Update Practice Info, Join Our Network, and Frequently Asked Questions, and includes the secure tiles (Forms, Update Practice Info, Payments & Remittances, Fee Schedules, Newsletters, and Staff Training).

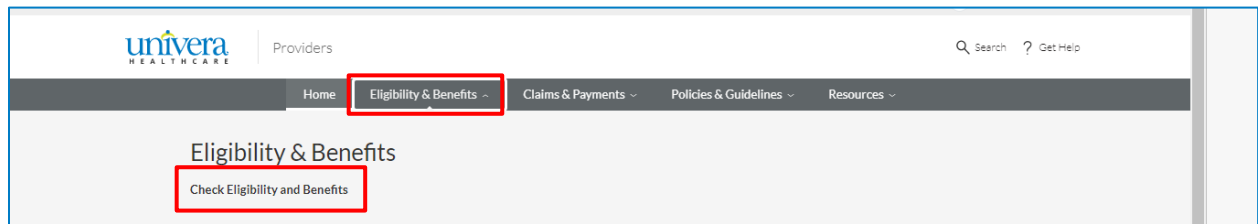


- Forms – includes frequently use items such as claim forms that can be viewed or printed
- Update Practice Info – participating dentists can use this link to obtain access to the instructions and online form or PDF to update demographic changes to a practice
- Payments & Remittances – includes information and a link to sign up for electronic payment through InstaMed®
- Fee Schedules – a listing of custom fee schedules for the employer groups
- Newsletters – a link to news and updates including The Floss Dental Newsletter
- Staff Training – a link to all training topics, dates, and times, as well as presentations, guides, and tip

Eligibility and Benefits

To check a patient's eligibility and benefits:

1. Click on the Eligibility & Benefits at the top of the Provider Home page
2. Select Check Eligibility and Benefits.



3. There are two tabs at the top giving the user the option of selecting Dental or Medical eligibility and benefits; however, the screen defaults to dental.
4. Select the Date of Service by clicking on the calendar icon and selecting the applicable date. Note: Only one date of service can be selected regardless of the number of members being searched. Selecting the correct date of service will ensure that the eligibility and benefits such as deductible and amount met, or benefit limitations are reflected accurately for the time period specified.

A screenshot of the 'Check Eligibility and Benefits' form. The title 'Check Eligibility and Benefits' is at the top. Below the title are two tabs: 'Dental' (selected) and 'Medical'. Under the 'Dental' tab, there is a 'Date of Service:' label followed by a text input field containing '09/28/2023' and a calendar icon to its right.

5. The portal allows up to ten members to be searched using one of the following combinations:
- Member ID* & Date of Birth **or**
 - Member ID* & First/Last Name **or**
 - Date of Birth & First/Last Name

****Note** – when looking up a member that has an M in the identification number, please make sure to use a capital M when entering as the field is case sensitive.

Once the selected information is entered, click Submit.

Search for up to 10 patients

Enter Two: Member ID & Date of Birth **or** Member ID & First/Last Name **or** Date of Birth & First/Last Name

MEMBER ID ?	DATE OF BIRTH	FIRST NAME	LAST NAME
<input type="text" value="Subscriber ID"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>
<input type="text" value="Subscriber ID"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>
<input type="text" value="Subscriber ID"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>

+ More Rows

If the required field combinations are not entered, a red triangle will appear.

Search for up to 10 patients

Enter Two: Member ID & Date of Birth **or** Member ID & First/Last Name **or** Date of Birth & First/Last Name

MEMBER ID ?	DATE OF BIRTH	FIRST NAME	LAST NAME
<input type="text" value="2002"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>
<input type="text" value="Subscriber ID"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>
<input type="text" value="Subscriber ID"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="First Name"/>	<input type="text" value="Last Name"/>

+ More Rows

6. When the search produces a match, each patient entered will have his/her own separate tab and will default to the first patient entered in the search. To select another patient, click on the applicable tab.

Eligible members will also reflect the options to View Claims and to Download the eligibility and benefits as a PDF.

Search Results - Date of Service: 03/20/2023

Patient 1 - 123456789

Patient 2 - 987654321

View Claims

Download as PDF

MEMBER		PLAN	
Name	Patient 1	Status	✓ Active
Address	1 Main Street Henrietta, NY	Waiting Periods	No
		Waiting Period End Date	N/A

Ineligible members for the date of service entered, will reflect eligibility details when applicable.

Patient 1

View Claims

This member is not eligible on 09/11/2015. This member's most recent eligible period is: 09/01/2023 to 12/31/2199

MEMBER		PLAN	
Name	Patient 1	Status	Inactive
Address	1 Main Street Henrietta, NY	Waiting Periods	No
	Apts	Waiting Period End Date	N/A

Eligibility and Benefits Search Results

The search results are broken into the following categories and fields:

Member	
Name	The name of the patient entered
Address	The address of the member
Phone	The phone number for the member
Date of Birth	The patient's date of birth
Gender	The patient's gender
ID Card	If the identification card for the member is available, a link to the card will be listed.
Subscriber	
Name	The name of the person holding the policy
Address	The policy holder's address
Phone	The phone number for the member
Active Plan Members	The names of all active members under the same plan
Plan	
Status	Eligible members will reflect Active as the status
Waiting Periods	This field indicates if waiting periods apply to the specific member
Waiting Period End Date	If waiting periods apply, the date reflected in this field indicates when the waiting period will end.
Effective	The effective dates of coverage. Please note active coverage will indicate a 12/31/2199 end date.
Plan Year Effective Date	The date that this plans 12-month period of benefit coverage begins. For example, a 01/01 plan year will run from 01/01 to 12/31.
Member ID	Displays the member's identification number and suffix
Plan Name Product Type	Displays the name of the insurance plan, product, and policy.

Policy	Note: a custom group displays a “C” in the fourth charter of the product type. (e.g. DSSC0001 – Custom Dental Product)
Group Name Group #	Displays the employer group name and number
Out of Area Provider Network	This field indicates if there is out of area provider network available. <ul style="list-style-type: none"> • N/A: the member’s plan does not offer the DenteMax pricing benefit • DenteMax: a pricing agreement is available to provider who participate with this network
Relationship	Displays the patient relationship to the subscriber or policy holder
Dependents	Displays the dependent age limit
Other Coverage	When applicable, this section will display the primary insurance carrier, status, effective date, and member ID, for any primary insurance coverage the Health Plan has on file
Medicare	Displays Medicare information that the Health Plan has on file

Waiting Periods

To determine if a member has waiting periods, review the Waiting Periods field found in the Plan section of Eligibility and Benefits. If this field indicates Yes, click on the question mark to determine what specific benefits the waiting period applies to, and review the Waiting Period End Date field to determine when the waiting period ends. In the example below, the member has a waiting period for class III – Major Restorative Services through 08/31/2023.

The screenshot shows the Univera website interface for checking eligibility and benefits. The search results are for a member with a date of service of 05/30/2023. The 'PLAN' section is highlighted with a red box, showing the following details:

MEMBER		PLAN	
Name		Status	
Address		Waiting Periods	Yes ?
Phone		Waiting Period End Date	08/31/2023
Date of Birth		Effective	09/01/2022 to 12/31/2199

A tooltip is displayed over the 'Waiting Periods' field, stating: "Dental waiting period applies to class III - Major Restorative Services".

To view Benefits, click on the drop-down arrows to the right of the following options:

- Deductibles & Out of Pocket Maximums
- Benefit Details
- Additional Limits

Note: When the member is enrolled in Child Health Plus (CHP), Medicaid Managed Care (MMC), or Essential Plans, the information in these sections will be blank as dental services are provided by Healthplex.

Deductibles & Out-of-Pocket Maximums	▼
Benefit Details	▼
Additional Limits	▼

Deductibles and Out of Pocket Maximums

To review the policy in network family or individual deductible and individual annual maximums, click on the drop-down arrow to the right of Deductibles & Out of Pocket Maximums.

Deductibles & Out-of-Pocket Maximums	▼
Benefit Details	▼
Additional Limits	▼

The individual deductible, family deductible, and individual maximum will be listed along with the amount currently used, and the amount remaining for the date of service entered.

Annual Maximums The Individual Annual Maximum field currently displays calendar year (January 1 – December 31) totals based on the year entered in the Date of Service field. For example, if the date of service entered is 05/05/2023, then the 2023 (01/01/2023 – 12/31/2023) annual maximum totals will display. To view the 2022 annual maximums, change the year to 2022 (05/05/2022) and the 2022 (01/01/2022 – 12/31/2022) annual maximum totals will display. Note - the Annual Maximum does not display plan year maximums (e.g. 7/1 plan year - 07/01/2022 - 06/30/2023).

Deductibles & Out-of-Pocket Maximums					
Individual Deductible ⓘ		Family Deductible ⓘ		Individual Annual Maximum ⓘ	
In Network		In Network			
USED	REMAINING	USED	REMAINING	USED	REMAINING
\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0
Total : \$0.0		Total : \$0.0		Total : \$0.0	

The question mark to the right of each category provides additional information related to the category. In the example below, the question mark provides additional information on how the family deductible applies to individuals and the family.

Deductibles & Out-of-Pocket Maximums					
Individual Deductible ?		Family Deductible ?		Individual Annual Maximum ?	
In Network		In Network			
USED	REMAINING	USED	REMAINING	USED	REMAINING
\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0
Total : \$0.0		Total : \$0.0		Total : \$0.0	

Benefit Details

For additional details on corporate dental policies and patient costs for in and out of network services, click on the drop-down arrow to the right of Benefit Details.

Deductibles & Out-of-Pocket Maximums	▼
Benefit Details	▼
Additional Limits	▼

For a detailed list of plan specific benefits and limitations, click on [Additional Details](#).

Benefit Details	
View Additional Details for plan specific limitation.	Dental Policies

The search bar can be used to locate specific terms or benefits listed in the Additional Details.

Date of Service: 03/20/2023

[Back to Results](#)

Search for:

GENERAL INFO

-- Subscribers enrolled in Essential Plans 3 & 4 must be 21 years old and under 65.
-- Adult dental benefits are administered by HealthPlex.
-- Pediatric dental coverage wouldn't apply because there is no family coverage.

ADULT DENTAL - EMERGENCY CARE:

***** In Network: Covered In Full
***** Out of Network: Not Covered

-- Palliative Emergency Treatment
-- Emergency treatment required to alleviate pain and suffering caused by dental disease or trauma. Emergency care is not subject to prior approval.

DEDUCTIBLE

***** In Network: None

The top right-hand side provides a link to the Dental Policies

Benefit Details [^](#)

View [Additional Details](#) for plan specific limitation.

[Dental Policies](#)

After clicking on the box, the list of dental related Medical Policies will be listed.

Medical Policies

In accessing our medical policies you signify your agreement to our [Terms of Use](#). Learn more about how [medical policies are developed](#) and about [experimental & investigational procedures](#).

For certain member contracts, the Health Plan has delegated utilization management of the following services to eviCore Healthcare MSI, LLC d/b/a eviCore Healthcare: implantable cardiac devices, radiology/imaging, radiation therapy, and musculoskeletal services (large joint replacement, pain management, and spine services). The Health Plan has adopted [eviCore's medical policies and guidelines](#) as a basis for the determination of medical necessity and appropriateness of care.

Please refer member-specific questions to the Customer Care number on the back of the member ID card. Final determination of coverage is subject to the member's benefits and eligibility on the date of service.

Make a Comment

We invite practitioners to [review & comment](#) on our policies

or [Reset](#)

Showing 1 - 6 of 6 Results

TITLE #	LAST UPDATED #	CATEGORY
Dental and Oral Care under Medical Plans 7.01.21 📄	2022-07-15	Dental
Dental Crowns and Veneers 13.01.02 📄	2022-07-15	Dental

The Benefit Details then lists the different categories of services, and patient costs for both in and out of network provider.

Benefit Details ^		
View Additional Details for plan specific limitation.		
Dental Corporate Policies		
SERVICE	PATIENT COST IN NETWORK	PATIENT COST OUT OF NETWORK
Class I - Preventive/Diagnostic Services	\$0.00 Deductible 0% Coinsurance \$0.00 Annual Limit	\$0.00 Deductible 0% Coinsurance \$0.00 Annual Limit
Class II - Basic Restorative Services	\$50.00 Deductible 20% Coinsurance \$1,000.00 Annual Limit	\$50.00 Deductible 20% Coinsurance \$1,000.00 Annual Limit
Class IIA - Periodontic Services	\$50.00 Deductible 20% Coinsurance \$1,000.00 Annual Limit	\$50.00 Deductible 20% Coinsurance \$1,000.00 Annual Limit
Class III - Major Restorative Services	\$50.00 Deductible 50% Coinsurance \$1,000.00 Annual Limit	\$50.00 Deductible 50% Coinsurance \$1,000.00 Annual Limit
Class IV - Orthodontia Services	\$0.00 Deductible 50% Coinsurance \$500.00 Annual Limit	\$0.00 Deductible 50% Coinsurance \$500.00 Annual Limit

Additional Limits

To determine the number of times a type of service can be performed within a given timeframe, or if there is a dollar limitation to a service, click on the drop-down arrow to the right of Additional Limits.

Deductibles & Out-of-Pocket Maximums	▼
Benefit Details	▼
Additional Limits	▼

The Additional Limits will provide a listing of the type of service, period, limit, and the individual limit accumulated.

For full mouth X-rays, panoramic X-rays, and root scaling, when used, the Limit # / Amount field will reflect when the benefit was used and will list the service, code, tooth, or quadrant.

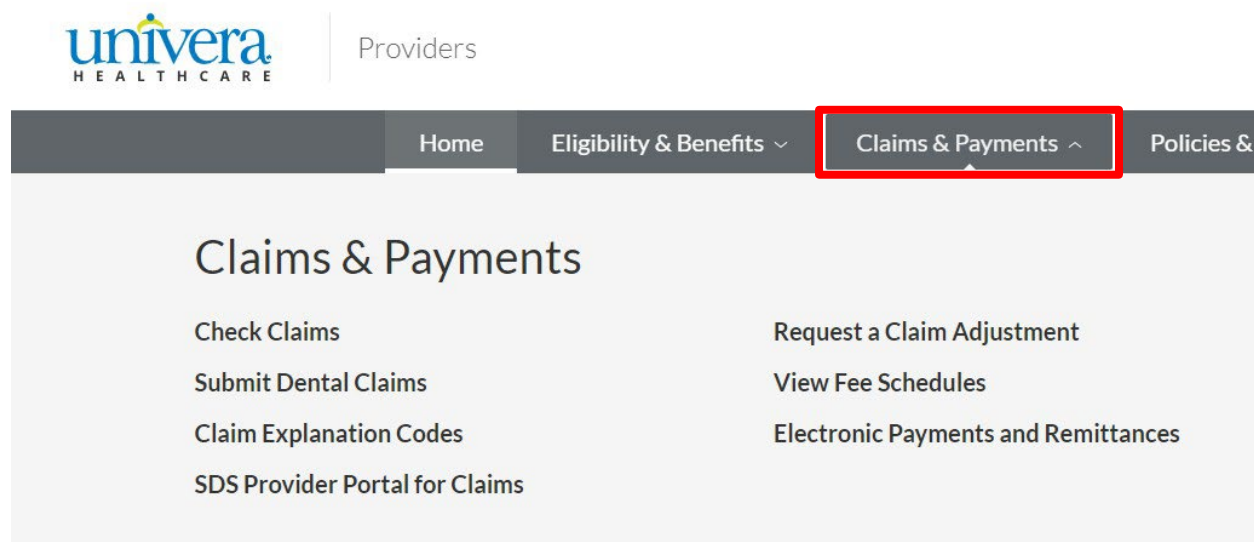
If the full mouth X-rays, panoramic X-rays, and root scaling benefits are not used, the Limit # / Amount field will reflect No Claim history on file and will have a link to the Additional Details section where the benefit and limits can be found.

Benefit Details			
Additional Limits			
TYPE	PERIOD DESCRIPTION	LIMIT # / AMOUNT	INDIVIDUAL LIMIT ACCUMULATED
Full Mouth X-Ray (D0210) or Panoramic X-Ray (D0330)		Benefit Used On 06/23/2020- Full Mouth X-Ray (D0210)	
Root Scaling (D4341)		No Claim history on file Additional Details	
Root Scaling (D4342)		No Claim history on file Additional Details	
Prophylaxis/Cleaning(s)	Plan Year	2.0	0

Note: Bitewings are limited to any combination of 4 films per plan year for most standard Dental Plans. Always review the additional benefits tab for specific plan limitations.

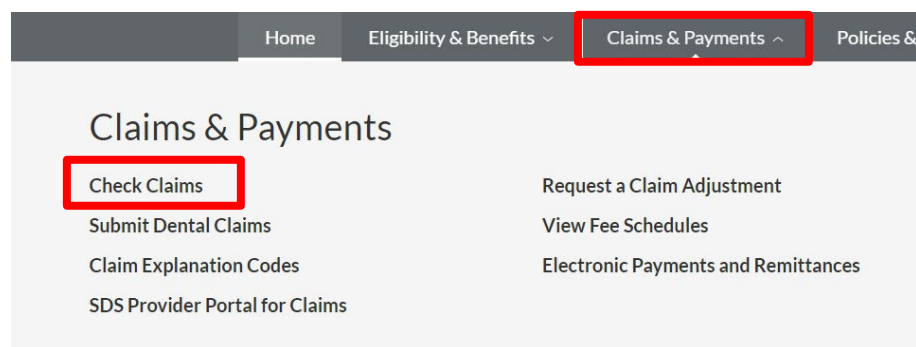
Claims & Payments

Under the Claims and Payments area, the user can check claims, submit dental claims, review claim explanation codes, review the information and links to the Smart Data Solutions, Inc. (SDS) portal, request a claim adjustment, view fee schedules, review the information and links for electronic payments and remittances.



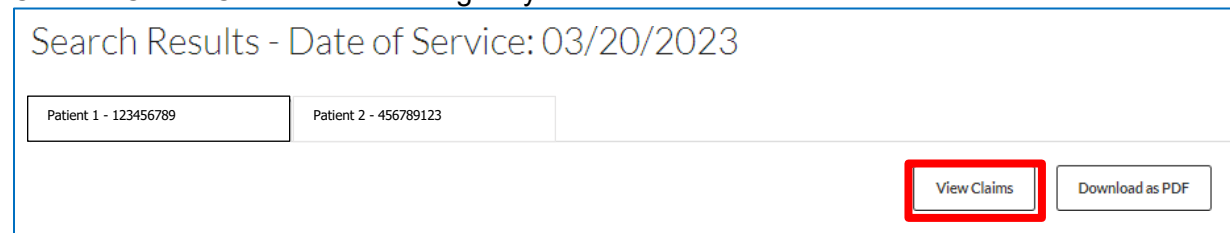
Check Claims

To review claims or pre-estimate treatments, the user can click on Claims & Payment and Check Claims:



OR

Click on Check Claims from the Eligibility and Benefits screen:



When the dental claim search page appears, there are three tabs with different options on how to search for a claim:

1 - Search By Patient = NPI, First Name, Last Name, and Date of Birth are required

Check Claims

Search By Patient

Search By Member Id

Search By Claim Number

*** Required Fields**

NPI *

First Name *

Last Name *

Date of Birth *

Provider NPI

First Name

Last Name

MM/DD/YYYY

Search

2 - Search By Member ID = NPI, Member ID, and Date of Birth are required

Check Claims

Search By Patient

Search By Member Id

Search By Claim Number

*** Required Fields**

NPI *

Member ID *

Date of Birth *

Provider NPI

Member ID

MM/DD/YYYY

Search

3 - Search by Claim Number = NPI and Claim Number are required

Check Claims

Search By Patient

Search By Member Id

Search By Claim Number

*** Required Fields**

NPI *

Claim Number *

Provider NPI

Claim Number

Search

Search Results Page


The search results page is broken out in to three areas:

The screenshot shows the 'Check Claims' search results page. It is divided into three main sections highlighted by red boxes:

- Search Criteria:** Located at the top, it contains a search bar with the text 'You've Search for:' and fields for 'NPI: 1', 'Member ID: 123456789', and 'Date of Birth: 1/1/1980'. A 'Search Again' button is also present.
- Filter Results:** Located on the left side, it includes a 'Date Range' dropdown set to 'Last 6 Months', 'Claim Type' checkboxes for 'Medical' and 'Dental', a checkbox for 'Show pre-treatment estimates', and a 'Claim Status' dropdown set to 'All'. An 'Apply' button is at the bottom.
- Claim Results:** Located on the right side, it displays '1 Claim Results 09/21/2022 - 03/21/2023'. It includes a 'Show 5 entries' dropdown, a 'Search:' field, and a table of results. The table has columns for 'Date of Service', 'Dental Claim Number', 'Total Charge', 'Amount Paid', and 'Processed Date'. The first entry shows a claim for 'Dr. Doe' with a date of service of '10/12/2022', a dental claim number of 'A01-...', a total charge of '\$85.00', and an amount paid of '\$0.00'. The claim status is 'Denied'.

Search Criteria	Reflects the information entered in the search and the link to Search Again.
Filter Results	This area allows you to filter by: <ul style="list-style-type: none">• Date range (last 6 months, year to date, last 12 months, last 24 months, or select a date range)• Medical or dental claim types• To show or not show pre-estimates• Claim status (All, in process, processed, denied, pre-determination in process, and pre-determined).
Claim Results	This area reflects: <ul style="list-style-type: none">• The date range used for the search, the maximum number of entries that will listed, and a search box for additional filtering• A list of claims with the medical or dental icon, provider's name, claim status, date of service, dental claim number, total charges, amount paid, and date paid

To open a claim, click on the arrow to the right of the applicable claim to review the details:

 Dr. Doe					❌ Denied
Date of Service	Dental Claim Number	Total Charge	Amount Paid	Processed Date	>
10/12/2022	A013	\$85.00	\$0.00	10/26/2022	

The Dental Claim Information screen will appear.

Dental Claim Information

You Searched for
NPI: 114 | Claim Number: A013 | Status: ❌ Denied

[← Back to Claim Results](#) [View Coverage](#) [Request Adjustment](#) [Download as PDF](#) [Print](#)

Member Information

Patient 1

1 Main St Buffalo, NY 14201

Member ID	Patient Account Number	
123456789	123455	
Gender	Date of Birth	Phone
Female	01/01/1999	(315)555-5555

Provider Information

Dr. Doe

NPI	Date Paid	Check/EFT Number
114	10/26/2022	0
Date Cashed	Received Date	Paid To
-	10/24/2022	Dr. Doe
Payment Reference Number		

Claim Items

This claim has 1 items

Show 5 entries

Search: < 1 >

#	DATE	PROCEDURE	TOOTH#	SURFACE	CHARGED	ALLOWED	DEDUCTIBLE	COPAY OR COINSURANCE	DISALLOW
1	10/12/2022	D1110	-	-	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00

Showing 1 to 1 of 1 entries

< 1 >

At the top is the search criteria, the option to go Back to Claims Results, A box to View Coverage, Request Adjustment, Download as a PDF, or Print.

Check Claims

Dental Claim Information

You Searched for
NPI: 161 | Claim Number: R001. | Status: ❌ Denied

[← Back to Claim Results](#)[View Coverage](#)[Request Adjustment](#)[Download as PDF](#)[Print](#)

Below that is the Member and Provider Information:

Member – Name, Address, ID, Patient Account Number, Gender, Date of Birth and Phone

Member Information

Patient 1

1 Main St Buffalo, NY 14201

Member ID	Patient Account Number	
123456789	123455	
Gender	Date of Birth	Phone
Female	01/01/1999	(315)555-5555

Provider – Name, NPI, Date Paid, Check or EFT Number, Date the check was cashed, Received Date, Paid To name, Payment Reference Number.

Provider Information

Dr. Doe

NPI	Date Paid	Check/EFT Number
114	10/26/2022	0
Date Cashed	Received Date	Paid To
-	10/24/2022	Dr. Doe
Payment Reference Number		

Claim Items are listed under the Member and Provider sections.

Claim Items

This claim has 1 items

Show entries

Search:

#	DATE	PROCEDURE	TOOTH#	SURFACE	CHARGED	ALLOWED	DEDUCTIBLE	COPAY OR COINSURANCE	DISALLOW
1	10/12/2022	D1110	-	-	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00

Showing 1 to 1 of 1 entries

Search:

MEMBER RESPONSIBILITY	PAID	STATUS/ EXPLANATION
\$85.00	\$0.00	Denied L05

The scroll bar can be used to view all details on the claim – line number, date of service, procedure code, tooth number, surface, charged amount, allowed amount, deductible applied, copay or coinsurance applied, disallow amount, member responsibility, other insurance amount, paid amount, and status/explanation code.

When the status of a claim is Denied, hover over the explanation code to see the denial verbiage.

Claim Items

This claim has 1 items

Show entries

Search:

SURFACE	CHARGED	ALLOWED	DEDUCTIBLE	COPAY OR COINSURANCE	DISALLOW	MEMBER RESPONSIBILITY	PAID	STATUS/ EXPLANATION
-	\$85.00	\$0.00	\$0.00	\$0.00	\$85.00	\$85.00	\$0.00	Denied L05

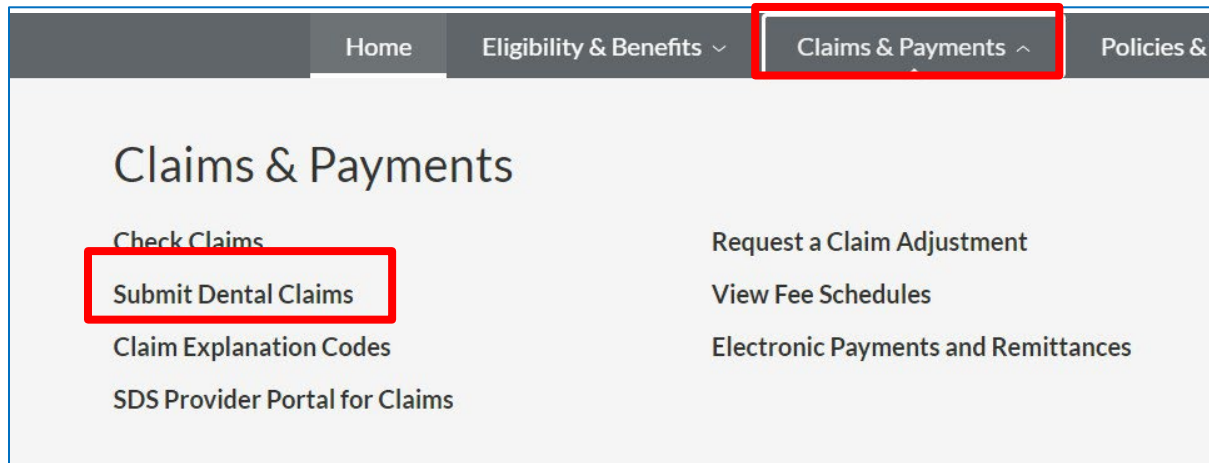
Showing 1 to 1 of 1 entries

L05-The benefit for this [insert Service Description here] has been exhausted

Please note - when submitting a secondary claim, printouts of the dental portal cannot be used in place of an explanation of benefit or provider remittance statement, as the portal does not contain the detail needed to process the secondary claim.

Submit Dental Claims

To submit a dental claim, the user can click on Claims & Payment and Submit Dental Claims:



When the Submit Dental Claims screen appears, the user must check the box indicating agreement to the statement “*I hereby certify that the procedure as indicated by date are in progress (for procedures that require multiple visits) or have been completed*” to continue.

A screenshot of the 'Submit Dental Claims' form. At the top, there is a progress bar with two steps: '1 Claim Information' and '2 Review & Confirm'. Below the progress bar, there is a note: 'Note: This feature is not yet available for plans that use National Dental GRID+ DenteMax networks or for members of the Federal Employee Program. To submit claims for these members, please use the SDS Provider Portal for Claims or submit a paper claim.' Below the note, there is a section titled 'Treating Dentist'. A red arrow points to a checkbox with the text: 'I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed*'. Below the checkbox, there are three input fields: 'Unique Provider Id *', 'Tax Id *', and 'NPI *'. Each field has a placeholder text: 'Unique Provider ID', 'e.g. 123456789', and 'Provider NPI' respectively.

The treating dentist's Unique Provider Id, Tax Id, and NPI are required fields. Once the information is entered, click Load.

A screenshot of the 'Treating Dentist' form. At the top, there is a checkbox with the text: 'I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed*'. Below the checkbox, there are three input fields: 'Unique Provider Id *', 'Tax Id *', and 'NPI *'. Each field has a placeholder text: 'Unique Provider ID', 'e.g. 123456789', and 'Provider NPI' respectively. Below the input fields, there are two buttons: 'Load' and 'Clear'. The 'Load' button is highlighted with a red box.

The dentist's information will auto populate into the Treating Dentist fields.

Treating Dentist

☒ I hereby certify that the procedures as indicated by date are in progress (for procedures that require multiple visits) or have been completed.*

Unique Provider Id *

123456789100

Tax Id *

161444444

NPI *

1987654321

Load

Clear

Treating Dentist Name

Doe, Jane

Address Line 1

1 Main Street

Address Line 2

City

Buffalo

State

New York

Zip Code

142079998

Provider Speciality Code

0270-General Dentistry

Phone Number

7165552555

Click on the drop-down arrow next to Patient Information.

Patient Information	▼
Billing Dentist or Dental Entity	▼
Record of Services Provided	▼
Ancillary Claim/Treatment Information	▼
Authorizations for Assignments of Benefits	▼

Under the Patient Information section, the Subscriber ID, Date of Birth, Last Name, and First Name are required fields. Once the information is entered, click Load.

Patient Information

Subscriber ID *

SUBSCRIBER ID

Date of Birth *

MM/DD/YYYY

Last Name *

Last Name

First Name *

First Name

Load

Clear

The patient's information will auto populate into the Patient Information fields.

Patient Information

Subscriber ID *

2000000001

Date of Birth *

01/01/1999

Last Name *

Smith

First Name *

John

Load

Clear

Patient Name

Last Name

Smith

First Name

John

Middle Initial

E

Plan/Group Number

9999999

Address Line 1

21 Anywhere Lane

Address Line 2

City

Warsaw

State

New York

Zip Code

145699998

Gender

☒ Male ☐ Female ☐ Unknown

Click on the drop-down arrow next to Billing Dentist or Dental Entity.

Patient Information

Billing Dentist or Dental Entity

Record of Services Provided

Ancillary Claim/Treatment Information

Authorizations for Assignments of Benefits

If the billing dentist is the same as the treating dentist, click the check box and all of the information will auto populate. If the billing and treating dentists are not the same, enter the billing dentist's Tax ID and NPI, and click load.

Billing Dentist or Dental Entity

☐ Same as treating dentist

Tax Id *

Provider Tax ID

NPI *

Provider NPI

Load

Clear

The Billing Dentist information will auto populate.

Billing Dentist or Dental Entity

☒ Same as treating dentist

Tax Id *

161444444

NPI *

1987654321

Load

Clear

Billing Dentist Name

Doe, Jane

Address Line 1

1 Main Street

Address Line 2

City

Buffalo

State

New York

Zip Code

142079998

Provider Speciality Code

0270-General Dentistry

Phone Number

7165552555

Click on the drop-down arrow next to Record of Services Provided.

Patient Information	▼
Billing Dentist or Dental Entity	▼
Record of Services Provided	▼
Ancillary Claim/Treatment Information	▼
Authorizations for Assignments of Benefits	▼

When applicable, add the primary diagnosis code in A. If there are additional diagnosis codes, enter them in B, C and D.

Click Add/Edit Record.

Record of Services Provided

Diagnosis Code ?

A ? K0851

B ?

C ?

D ?

Add/Edit Record *

#	PROCEDURE CODE ?	PROCEDURE DATE ?	TOOTH NO(S) OR LETTER(S) ?	BEGIN ?	END ?	TOOTH SURFACE ?	DIAGNOSIS POINTER ?	QTY ?	FEE ?
---	------------------	------------------	----------------------------	---------	-------	-----------------	---------------------	-------	-------

When the box appears enter or select the required information.

Record of Services Provided

* Required Fields

#	PROCEDURE CODE *	PROCEDURE DATE *	TOOTH NO(S) OR LETTER(S) *	BEGIN *	END *	TOOTH SURFACE *	DIAGNOSIS POINTER *	QTY *
1	D4341	06/13/2023	Upper Left Quad - Perm. (9-16)	9	16		K0851	
<div>Add Row</div>								
<div>Total Fee</div>								
<div>Close Add</div>								

Field	Required	Description
Procedure Code	Yes	Dental procedure code for procedure performed
Procedure Date	Yes	Date on which procedure was performed
Tooth NO (S) or Letter (S)	Yes	Tooth Letter/Number, Arch, Range upon which procedure was performed.
Begin	Yes	Begin Tooth. This field will auto generate when the tooth numbers or letters are selected.
End	Yes	End Tooth. This field will auto generate when the tooth numbers or letters are selected.
Tooth Surface	No	Tooth surface on which the procedure was performed
Diagnosis Pointer	No	Diagnostic code for the services rendered. Click the drop-down arrow and select the applicable diagnosis.
QTY	Yes	Quantity

Using the scroll bar, scroll to the right, enter the Fee, and click Add.

Record of Services Provided

PROCEDURE DATE *	TOOTH NO(S) OR LETTER(S) *	BEGIN *	END *	TOOTH SURFACE *	DIAGNOSIS POINTER *	QTY *	FEE *
06/13/2023	Upper Left Quad - Perm. (9-16)	9	16		K0851		308.00
							Total Fee 308.00

[Close](#)
[Add](#)

Field	Required	Description
Fee	Yes	Charged amount

If additional rows are needed, click on Add/Edit Record.

Record of Services Provided

Diagnosis Code

A B C D

[Add/Edit Record *](#)

#	PROCEDURE CODE	PROCEDURE DATE	TOOTH NO(S) OR LETTER(S)	BEGIN	END	TOOTH SURFACE	DIAGNOSIS POINTER	QTY	FEE
1	D4341	06/13/2023	9	9	16		K0851	1	308.00
									Total Fee 308.00

When the box opens, click Add Row.

Record of Services Provided

*** Required Fields**

#	PROCEDURE CODE	PROCEDURE DATE	TOOTH NO(S) OR LETTER(S)	BEGIN	END	TOOTH SURFACE	DIAGNOSIS POINTER	QTY
1	D4341	06/13/2023	Upper Left Quad - Perm. (9-16)	9	16		K0851	1

[Add Row](#)

[Close](#)
[Add](#)

When the 2nd row appears, complete the required fields using the same steps for Row 1. Click Add when all rows have been added and completed.

Record of Services Provided

***Required Fields**

#	PROCEDURE CODE*	PROCEDURE DATE*	TOOTH NO(S) OR LETTER(S)*	BEGIN*	END*	TOOTH SURFACE*	DIAGNOSIS POINTER*	QTY*
1	D4341	06/13/2023	Upper Left Quad - Perm. (9-16)	9	16		K0851	1
2		MM/DD/YYYY					Select	

Add Row

Total Fee

Close Add

In the Missing Tooth Information section, check all that apply. In the Remarks field, add any applicable note that can assist with processing the claim.

Missing Tooth Information (Check on each missing tooth)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks

Click on the dropdown arrow next to Ancillary Claim/Treatment Information.

Patient Information	▼
Billing Dentist or Dental Entity	▼
Record of Services Provided	▼
Ancillary Claim/Treatment Information	▼
Authorizations for Assignments of Benefits	▼

When the Ancillary Claim/Treatment Information screen appears, complete all fields.

Ancillary Claim/Treatment Information

Place of Treatment *

Please select

(E.g. 11=Office; 22=O/P Hospital)

Is Treatment for Orthodontics ? *

☐ Yes ☐ No

Is Replacement of Prosthesis ? *

☐ Yes ☐ No

Treatment Resulting From *

☐ Occupational Illness ☐ Accident ☐ None

Patient Account Number *

Patient Account Number

Authorizations for Assignments of Benefits

Click the drop-down arrow next to Place of Treatment and select from the following options:

- 24 = Ambulatory Surgery Center
- 12 = Home
- 11 = Office
- 22 = Outpatient Hospital

Answer the questions by selecting the applicable radial button and enter the patient's account number.

Click on the dropdown arrow next to Authorizations for Assignments of Benefits.

Patient Information

Billing Dentist or Dental Entity

Record of Services Provided

Ancillary Claim/Treatment Information

Authorizations for Assignments of Benefits

Select the applicable signature, select whom the assignment of benefits payee should be for non-participating providers, and click Continue.


Authorizations for Assignments of Benefits

Signature *

☐ Signature Not Present

☐ Signature on File at Provider Site

☐ Informed Consent

Payee * 

☐ Provider

☐ Subscriber

Continue

Cancel

Review each section to confirm the information entered is complete and accurate. To make changes, click the edit button and make the corrections. When all sections have been reviewed and/or corrected, check the “I hereby confirm that all the fields are accurate to the best of my knowledge, and click Submit.

Treating Dentist	Edit	▼
Patient Information	Edit	▼
Billing Dentist or Dental Entity	Edit	▼
Record of Services Provided	Edit	▼
Ancillary Claim/Treatment Information	Edit	▼
Authorizations for Assignments of Benefits	Edit	▼


☐ I hereby confirm that all the fields are accurate to the best of my knowledge.

Submit

Cancel

A confirmation screen will appear advising the submission was complete. There will also be a submission reference number indicated that identifies the transaction.

Confirmation



Submission Complete.

The claim has been submitted successfully. You can use the Check Claims feature to view claim status. If you need to contact Customer Care, use the following submission reference number:

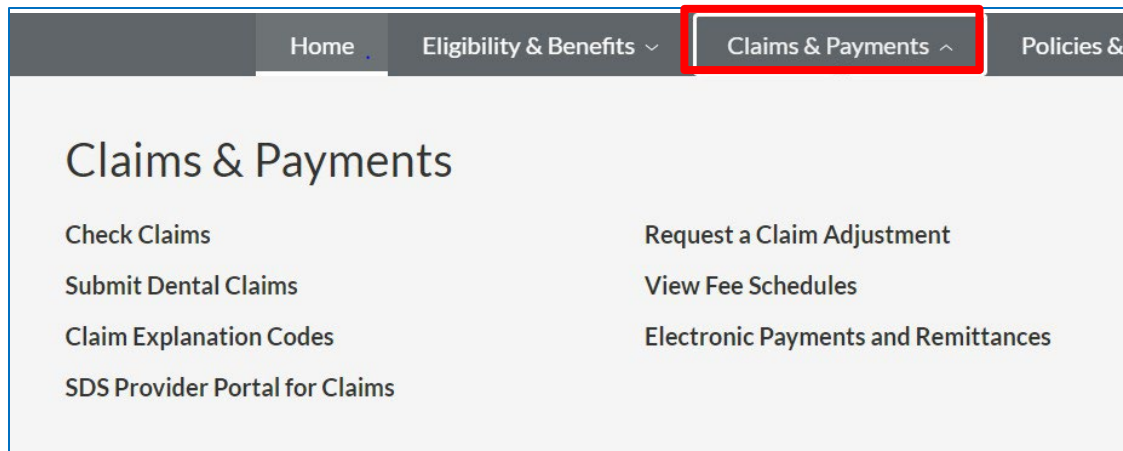
DCN 44011551990300

Submit New Claim

Ok, Got it

Claims & Payments

Under the Claims & Payments area, additional items and resources are available to the user.



The screenshot shows a navigation bar with four items: Home, Eligibility & Benefits, Claims & Payments, and Policies &. The 'Claims & Payments' item is highlighted with a red box. Below the navigation bar, the 'Claims & Payments' section is displayed, containing a list of links: Check Claims, Submit Dental Claims, Claim Explanation Codes, SDS Provider Portal for Claims, Request a Claim Adjustment, View Fee Schedules, and Electronic Payments and Remittances.

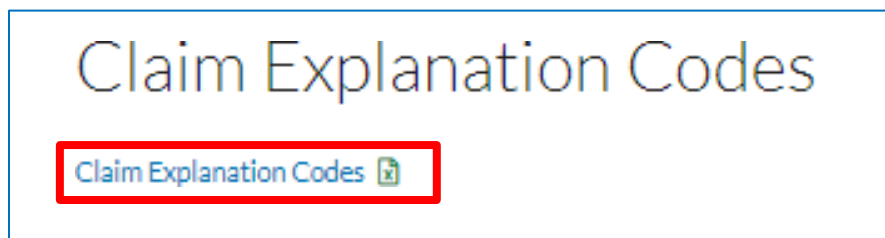
Home Eligibility & Benefits Claims & Payments Policies &

Claims & Payments

- Check Claims
- Submit Dental Claims
- Claim Explanation Codes
- SDS Provider Portal for Claims
- Request a Claim Adjustment
- View Fee Schedules
- Electronic Payments and Remittances


Claim Explanation Codes

The claim explanation codes is a listing of denial codes and their descriptions. To view the full list, click on the link to download, and open the file.




The screenshot shows a box with the title 'Claim Explanation Codes' and a link 'Claim Explanation Codes' with a download icon. The link is highlighted with a red box.

Claim Explanation Codes

[Claim Explanation Codes](#) 

The file will open to an excel spreadsheet.

 Claim Denial Codes	
Explanation Code	Description
001	Postpone payment of claim > 2 weeks
002	Increased allowable
003	Reduced allowable
009	Administrative Approval
016	Reduced allowable amount per unit
018	Reduced allowable units
019	Disallowed amount

SDS Portal for Claims

The SDS portal for Claims provides information on how to register, sign in, and submit claims to our partner SDS through a web-based platform.

Request a Claim Adjustment

If a claim adjustment is needed, this area of the portal provides the form needed for the adjustment as well as the information on how to address overpayments.

View Fee Schedules

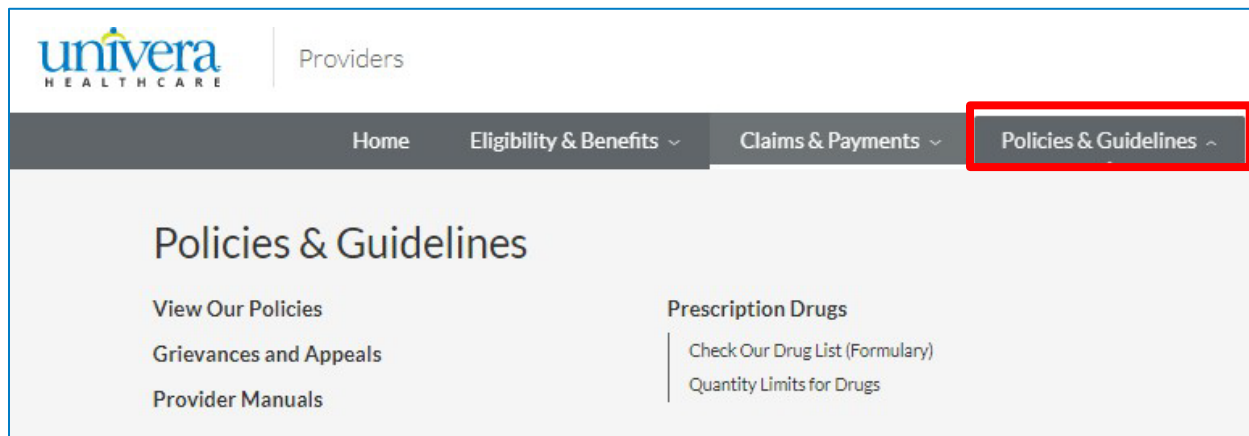
Custom employer or group specific fee schedules are listed in this area and provide a current and previous year listing of codes, descriptions, in and out of network allowances, and what area the benefit falls within if covered. The search box can be used to search by a Group Name or Product ID that can be found in the eligibility and benefits section under Group Name or Product Type. To open the fee schedule, click on the link to download, and open the file.

Electronic Payments and Remittances

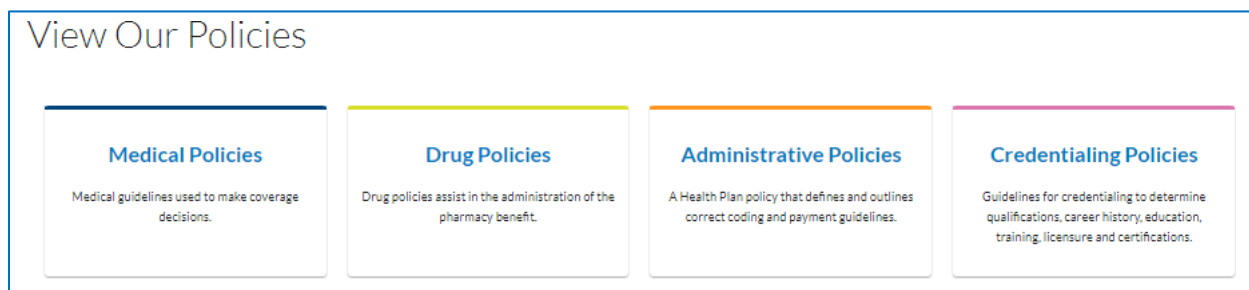
This area provides details regarding our partner for electronic payments and remittance advice - InstaMed, including a link to their online registration, benefits of InstaMed and details on who to call for different types of questions.

Policies & Guidelines

The Policies & Guidelines area of the portal includes reference material and prescription drug formularies.



View our Policies



The View Our Policies section, provides tiles that link to the following:

Medical Policies – includes all medical and dental corporate policies that are used in making coverage decisions.

Drug Policies – includes all drug related policies that assist in the administration of pharmacy benefits.

Administrative Policies – a policy that defines and outlines correct coding and payment guidelines. After clicking on this link, the user must agree to the terms prior to viewing the list. The search bar at the top allows the user to search for a specific topic.

Credentialing Policies – includes information on the different types of medical and dental providers, and their policies on credentialing.

Grievances and Appeals

The Grievances and Appeals area includes our policies related to adverse determinations.

Grievances and Appeals

The grievance and appeal process is intended to provide a reasonable opportunity for a full and fair review of an adverse determination. The process varies slightly based on federal and state regulations.

For additional information, please refer to our [Participating Provider Manual](#)

- For Commercial Members - Section 4.12 Utilization Review Appeals and Grievances
- For Medicare Members - Section 9.5 Member Grievances, Organization Determinations and Appeals
- For Medicaid Members - Section 10.11 Member Grievance and Utilization Review Appeal Policy and Procedure

Provider Manuals

The Provider Manual is a reference and source document for physicians and other providers who participate with Univera Healthcare.

Provider Manuals

Univera Healthcare Provider Manual

[ENTIRE MANUAL](#)

Section 1 [Introduction](#)

Section 2 [Administrative Information](#)

Section 3 [General Provider Information](#)

Section 4 [Benefits Management](#)

Section 5 [Pharmacy Management](#)

Section 6 [Behavioral Health](#)

Section 7 [Billing and Remittance](#)

Section 8 [Quality Improvement](#)

Section 9 [Medicare Advantage Programs](#)

Section 10 [Government Programs](#)

Univera Healthcare Health and Recovery Plan Manual

[Univera Healthcare Health and Recovery Plan \(HARP\) Manual](#)

Prescription Drugs

The Prescription Drugs area includes links to the Drug Formularies and quantity limits for drugs.

Prescription Drugs

Choices in this section include:

[Check Our Drug List \(Formulary\)](#)

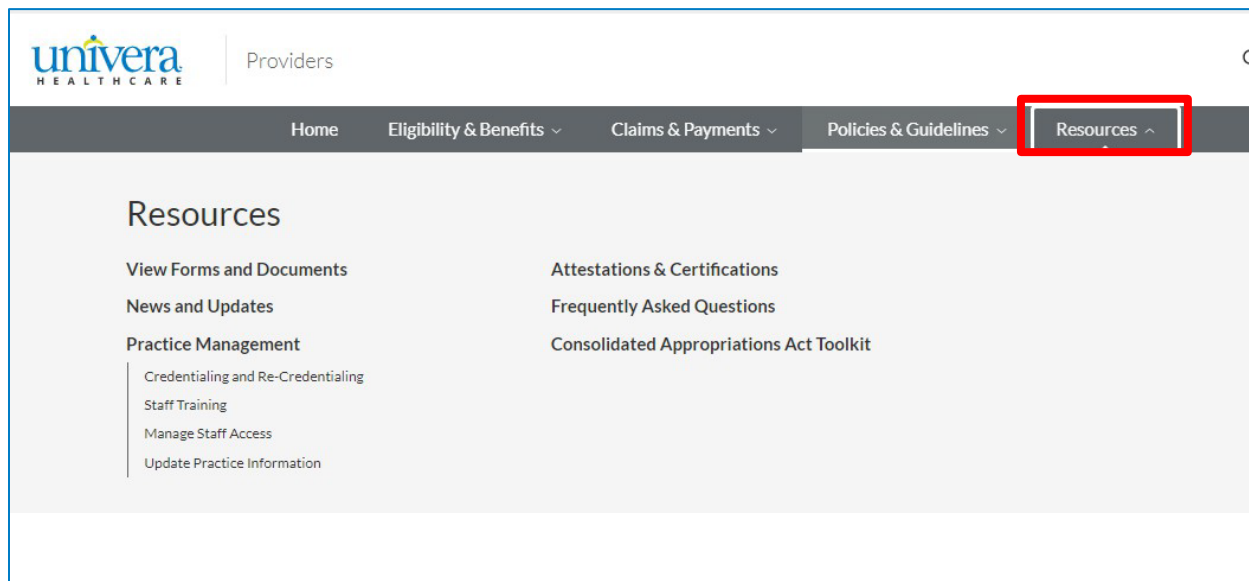
View or print our formularies. Preview upcoming changes to formularies.

[Quantity Limits for Drugs](#)

To help assure access to safe, effective drug therapy and to protect against misuse and waste, we require quantity limits on selected prescription medications.

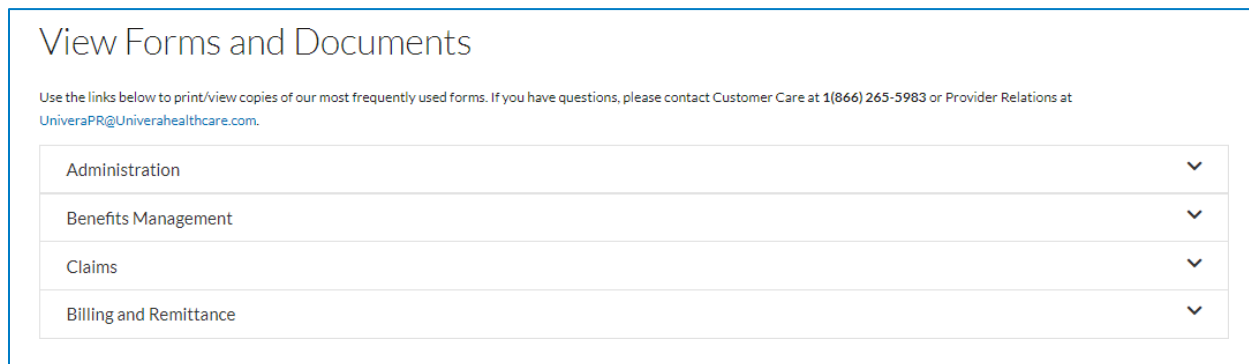
Resources

The Resources area also includes a variety of reference and training materials, videos, includes links to current and past provider communications, and practice related information and links to assist provider in running their day-to-day business, and maintaining their records with the Health Plan.






View Forms and Documents

Under the view forms and documents section, there are links to a variety of forms and documents that can be downloaded, viewed, and printed.





The forms are broken out in to four categories – Administration, Benefits Management, Claims, and Billing and Remittance related forms. Click on the arrow to the right of the topic and the sub list of topics will appear:




Administration

- [Application for Dental Enrollment](#) 
- [Practitioner Demographic Changes](#) 
- [Review Dental Enrollment Checklist](#) 



Benefits Management

- [Medicare Advantage Dental Benefit Plan Year 2023](#) 
- [Request for Grievance or Appeal Form](#) 

Claims

- [Dental Claim Adjustment Form](#) 
- [ADA Dental Claim Form](#) 
- [Procedure Codes that Require Dental Record Submission](#) 

Billing and Remittance

- [Request for Timely Filing Review](#) 
- [Tooth Billing Requirement Guide](#) 

News and Updates

The News and Updates section includes communication that we mail or email to our provider.

Provider News & Updates

Latest News

February 21, 2023
Medicare Advantage Hearing Aid Benefit Update
Audience: Audiologists, Hearing Aid vendors
We are pleased to share important news regarding our Medicare Advantage hearing aid benefit. All Medicare Advantage members now have a \$0 copayment for routine hearing exams. Additionally, all members can purchase hearing aids in-network for a new, lower copayment of...

February 20, 2023
Clinical Editing Claims Processing Enhancement for All Lines of Business
Audience: Participating Providers, Hospitals and Facilities
Based on feedback from our participating providers, we are pleased to share advance notice of a new enhancement to claim processing. Later this year, we will move post payment audit recovery for Administrative Policy 31 - Related Services, to a prepayment clinical...

February 15, 2023
CAR-T Administrative Policy Update Effective March 15, 2023
Audience: Participating Oncologists
Univera Healthcare will update the administrative policy entitled "Cellular/Chimeric Antigen Receptor T-cell Therapy (CAR-T)" effective March 15, 2023. You can access the individual policies by clicking here. Note: You must login with your username and password to...

[Read All News](#)

The Floss Dental Newsletter
Current Issue
Previous Dental Newsletter Issues

Opt in to stay informed!
Receive our monthly newsletter and communications by email. It's fast, easy and convenient
[Sign Up >](#)

The **Latest News** includes links to recent communication mailed or emailed to medical and dental provider when applicable.

To read all communication, click on the button for Read All News and the **News Archive** page will appear. This view also allows the user to search by a specific topic or filter by a specific topic within the communication area.

News Archive

or

Showing 1 - 15 of 84 Results

< 1 2 3 4 5 6 >

Latest News

February 21, 2023
Medicare Advantage Hearing Aid Benefit Update
Audience: Audiologists, Hearing Aid vendors
We are pleased to share important news regarding our Medicare Advantage hearing aid benefit. All Medicare Advantage members now have a \$0 copayment for routine hearing exams. Additionally, all members can purchase hearing aids in-network for a new, lower copayment of \$499...

February 20, 2023
Clinical Editing Claims Processing Enhancement for All Lines of Business
Audience: Participating Providers, Hospitals and Facilities
Based on feedback from our participating providers, we are pleased to share advance notice of a new enhancement to claim processing. Later this year, we will move post payment audit recovery for Administrative Policy 31 - Related Services, to a prepayment clinical edit....

The Floss Dental Newsletter

Communication related to system changes, updates, trends, and tips, are communicated through our dental newsletter “The Floss”. To view the issues, click on either the current or previous issue link found on the bottom of the Provider News and Updates page.

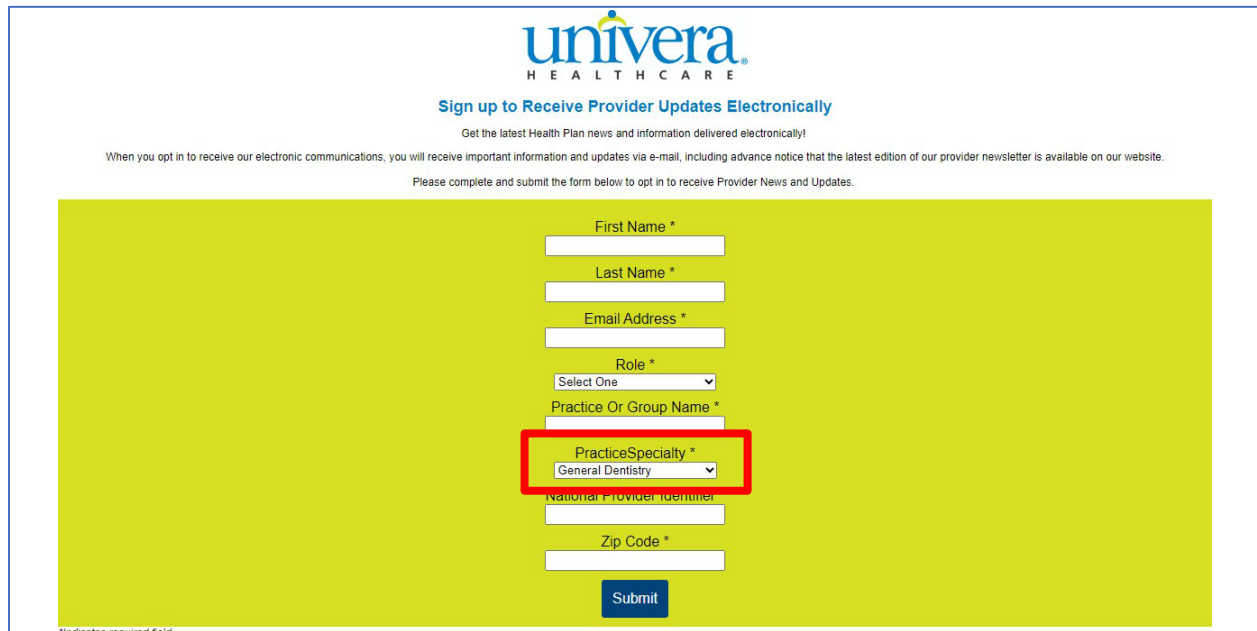
The screenshot shows the 'Provider News & Updates' page. On the right side, there is a yellow box with the text 'Opt in to stay informed!' and a 'Sign Up >' link. Below this, the 'Latest News' section lists three items: 'New Benefit - Medical Nutrition Therapy' (dated August 18, 2023), 'Computerized Motion Diagnostic Imaging (CMDI)/Gait Analysis Medical Policy Update Effective November 15, 2023' (dated August 15, 2023), and 'Musculoskeletal Medical Policies Updates Effective November 15, 2023' (dated August 15, 2023). A 'Read All News' button is located below the news items. At the bottom of the page, a red box highlights the 'The Floss Dental Newsletter' section, which includes links for 'Current Issue' and 'Previous Dental Newsletter Issues'.

Opting In

To receive the newsletter and communications via email, dentists can click on the Sign Up link found on the right hand side of the Provider News & Updates page.

This screenshot is identical to the one above, showing the 'Provider News & Updates' page. In this version, a red box highlights the yellow 'Opt in to stay informed!' box on the right side of the page, which contains the 'Sign Up >' link.

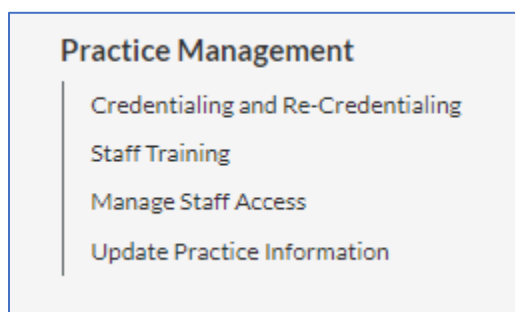
The Sign-Up page will appear requesting additional information. To ensure that you are receiving dental communication, please select “General Dentistry” in the Practice Specialty field.



The image shows a sign-up form for Univera Healthcare. At the top is the Univera Healthcare logo. Below it is the heading "Sign up to Receive Provider Updates Electronically". A sub-heading says "Get the latest Health Plan news and information delivered electronically!". A paragraph explains that by opting in, users will receive important information and updates via e-mail, including advance notice of the latest edition of the provider newsletter. Another paragraph asks users to complete and submit the form to opt in to receive Provider News and Updates. The form itself is on a yellow background and contains several fields: "First Name *", "Last Name *", "Email Address *", "Role *" (a dropdown menu with "Select One" as the current selection), "Practice Or Group Name *", "PracticeSpecialty *" (a dropdown menu with "General Dentistry" as the current selection, highlighted with a red rectangle), "National Provider Identifier", and "Zip Code *". A blue "Submit" button is at the bottom. A small note at the bottom left of the form area states "*Indicates required field".

Practice Management

Practice Management includes links to items that a provider or practice would utilize for new or required periodic trainings, updating practice information, and managing their staffs access to the secure portion of the portal.



The image shows a "Practice Management" menu. The title "Practice Management" is at the top. Below it are four links: "Credentialing and Re-Credentialing", "Staff Training", "Manage Staff Access", and "Update Practice Information".

Staff Training

The Staff Training section is broken down in to three tabs.

The screenshot shows the Univera Healthcare website for Providers. The top navigation bar includes links for Home, Eligibility & Benefits, Claims & Payments, Policies & Guidelines, and Resources. A red banner indicates the user is logged in as an Internal User. The breadcrumb trail shows the path: Providers > Resources > Practice Management > Staff Training. The main content area features a large image of staff members in an office setting with the title "Staff Training". Below this, there are three tabs: "Attend Training", "Presentations & Guidebooks", and "Tip Sheets". The "Attend Training" tab is highlighted with a red box. The content under this tab is titled "Behavioral Health Seminars & Training" and includes a link to view the latest training information. A dropdown menu is labeled "Behavioral Health Seminar & Training Dates & Locations:" with the option "- Select a Behavioral Health Seminar -". To the right, there is a sidebar titled "Need Training for Your Office or Facility?" which describes the services available and includes a link to "Request Other Training >".

The Attend Training tab provides a listing of available trainings.

This is a close-up view of the "Attend Training" tab. The tab is highlighted with a red box. The content area is titled "Behavioral Health Seminars & Training" and includes a link to "View our latest Behavioral Health training and seminar information". Below this, there is a section titled "Behavioral Health Seminar & Training Dates & Locations:" with a dropdown menu labeled "- Select a Behavioral Health Seminar -".

The Presentations & Guidebooks tab provides links to reference material and videos for training purposes.

The screenshot shows a web interface with three tabs: 'Attend Training', 'Presentations & Guidebooks' (highlighted with a red box), and 'Tip Sheets'. Below the tabs, the 'Training Presentations' section is visible, containing three categories: 'Claims and Billing', 'Onboarding', and 'Smart Data Solutions'. Each category lists relevant documents with external link icons.

Attend Training **Presentations & Guidebooks** **Tip Sheets**

Training Presentations

Claims and Billing

- [Univera Healthcare Dental Guidebook](#)
- [Tips for Completing the CMS-1500 Form](#)

Onboarding

- [Provider Portal Registration and Maintenance Guide for Dentists](#)
- [Dental Portal Training Manual](#)
- [Dental Portal Latest Information](#)

Smart Data Solutions

- [SDS Provider Portal for Claims](#)

The Tip Sheets tab includes links to tip sheets and guides that will assist users with specific topics or systems. The search bar at the top can be used to search for a topic or category.

The screenshot shows the 'Tip Sheets' tab (highlighted with a red box) selected. Below the tabs is a search bar with the text 'Search by Name or Topic' and a red arrow pointing to the input field. To the right of the search bar is a dropdown menu labeled 'Select a Category' with a red arrow pointing to it. Below the search bar, it says 'Showing 1 - 30 of 39 Results'. A table of results is displayed with two columns: 'TITLE' and 'CATEGORY'. The table lists five items, each with an external link icon.

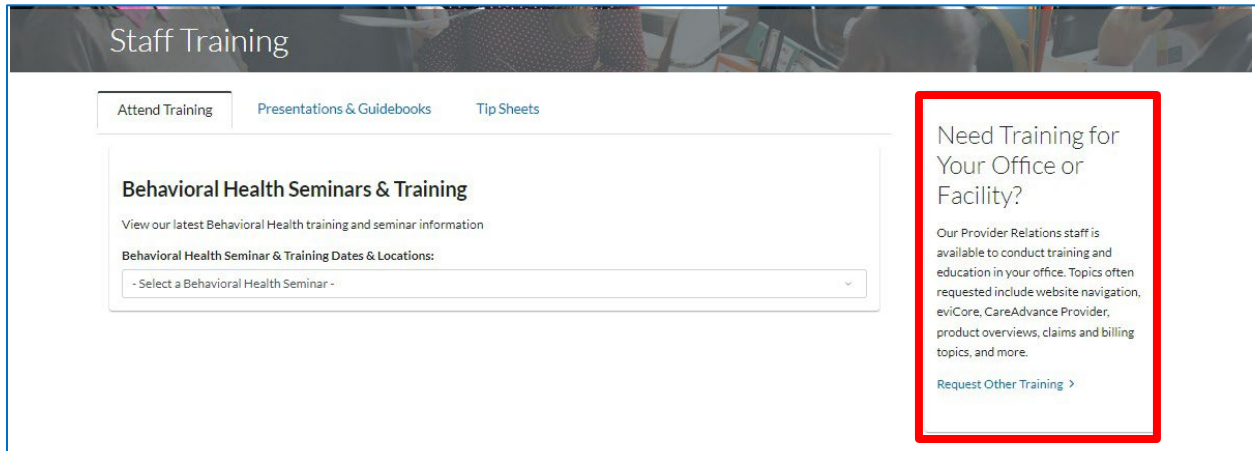
Attend Training **Presentations & Guidebooks** **Tip Sheets**

Q Search by Name or Topic or Select a Category

Showing 1 - 30 of 39 Results

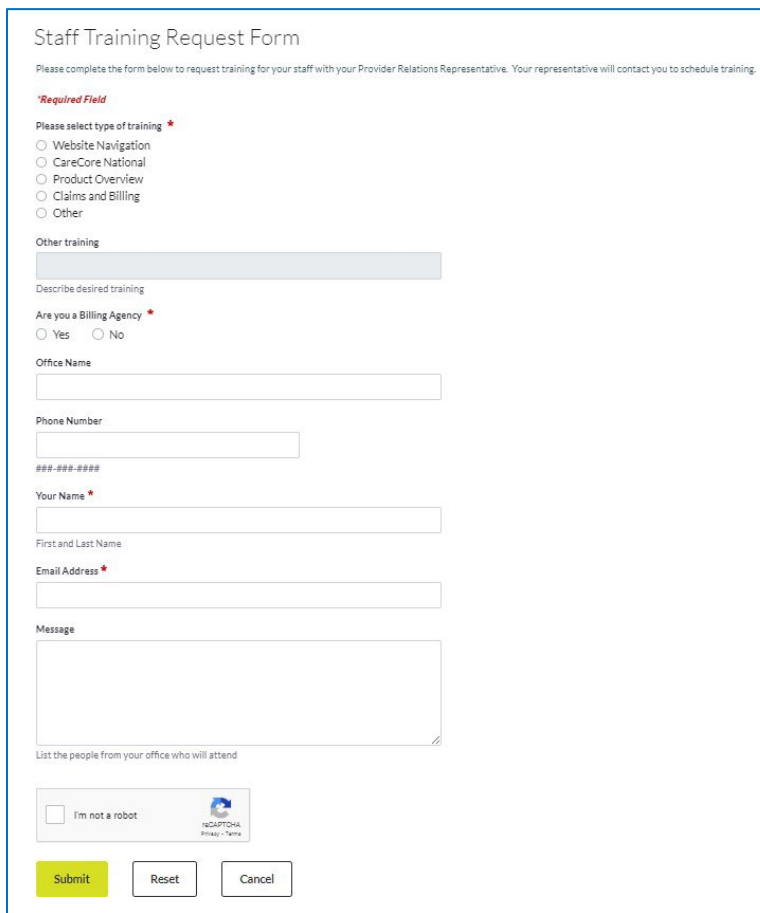
TITLE	CATEGORY
Access & Availability Standards	Patient Care
Behavioral Health Access & Availability Standards - For Adults	Patient Care
Behavioral Health Access & Availability Standards - For Children	Patient Care
CareAdvance Elective Outpatient Navigation Guide	CareAdvance Provider

To the right of the tabs is the option to “Request Other Training”.



The screenshot shows the 'Staff Training' page. At the top, there are three tabs: 'Attend Training', 'Presentations & Guidebooks', and 'Tip Sheets'. Below the tabs is a section titled 'Behavioral Health Seminars & Training' with a sub-header 'View our latest Behavioral Health training and seminar information'. Under this, there is a dropdown menu labeled 'Behavioral Health Seminar & Training Dates & Locations:' with the option '- Select a Behavioral Health Seminar -'. To the right of this section, there is a red-bordered box containing the text 'Need Training for Your Office or Facility?' followed by a paragraph: 'Our Provider Relations staff is available to conduct training and education in your office. Topics often requested include website navigation, evisCore, CareAdvance Provider, product overviews, claims and billing topics, and more.' At the bottom of this box is a link that says 'Request Other Training >'. The link is highlighted by the red box.

After clicking on the link, the Staff Training Request Form will appear. Requestors must select or fill out all required fields and click submit to request the training.



The screenshot shows the 'Staff Training Request Form'. At the top, it says 'Please complete the form below to request training for your staff with your Provider Relations Representative. Your representative will contact you to schedule training.' Below this, there is a section labeled '*Required Field'. The first section is 'Please select type of training *' with radio buttons for 'Website Navigation', 'CareCore National', 'Product Overview', 'Claims and Billing', and 'Other'. Below this is a text input field for 'Other training'. The next section is 'Describe desired training'. Below that is a section labeled 'Are you a Billing Agency *' with radio buttons for 'Yes' and 'No'. Below this is a text input field for 'Office Name'. Below that is a text input field for 'Phone Number' with a placeholder '###-###-####'. Below that is a text input field for 'Your Name *'. Below that is a text input field for 'First and Last Name'. Below that is a text input field for 'Email Address *'. Below that is a text area for 'Message'. Below that is a text input field for 'List the people from your office who will attend'. At the bottom, there is a checkbox for 'I'm not a robot' and a CAPTCHA image. Below these are three buttons: 'Submit', 'Reset', and 'Cancel'.

Manage Staff Access

Manage Staff Access is used to view, add, modify, or delete authorized employees of the practice. Please refer to [The Provider Portal Registration & Maintenance Guide](#) for further details.

Manage Staff Access

Use this screen to ensure that only authorized employees at your practice have access to patient information. If you wish, you can delegate this role to your Office Manager by Registering them below as an "Office Manager". When registered as an Office Manager, they will be able to add or delete staff accounts.

List of Authorized Employees

Your practice has approved the following individuals to access patient information. If an employee's status has changed, you can terminate their access by clicking the "Delete Account" button next to their name. To establish a new account for an employee, select the "Add New Account" button below.

Unique Provider ID:

Federal Tax Identification Number:

USERNAME	FIRST NAME	LAST NAME	EMAIL	ROLE
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Update Practice Information

Update Practice Information provides details on what information can be updated, how to submit the changes, and links to the forms.

Attestations & Certifications

This area is a centralized location for the annual Cultural Competency, Model of Care, Provider Directory Data, and OMIG training, attestation, or certifications.

Cultural Competency Attestation Annually attest to Cultural Competency training.	Model of Care Training and Attestation Annually attest to Dual Eligible Special Needs Plan (D-SNP) Model of Care training.	Provider Directory Data Attestation Annually attest to your provider directory data to meet the CAA mandate.	OMIG Medicaid Certification Annual certification required for providers billing Medicaid.
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Frequently Asked Questions

The Frequently Asked Questions section includes questions that we commonly receive and the answers to those questions.

Consolidated Appropriations Act Toolkit

This area provides information related to the Consolidated Appropriations Act and the Transparency in Coverage regulation including a number of provisions relating to health insurance and group health plan coverage.