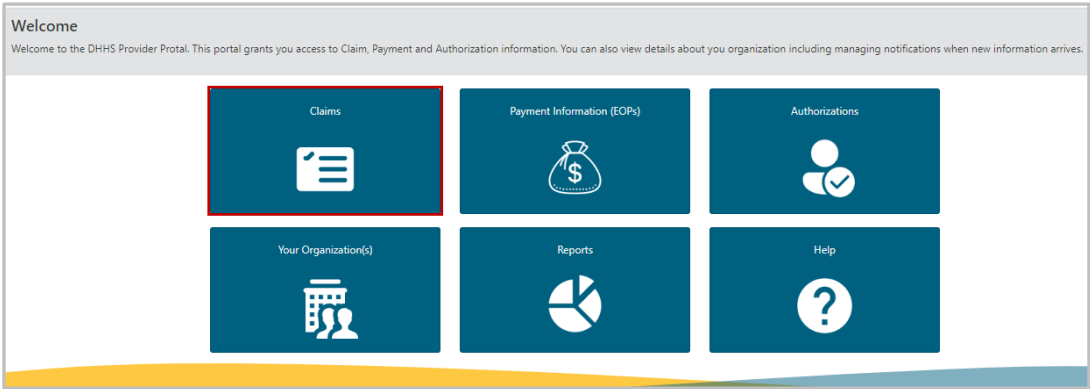
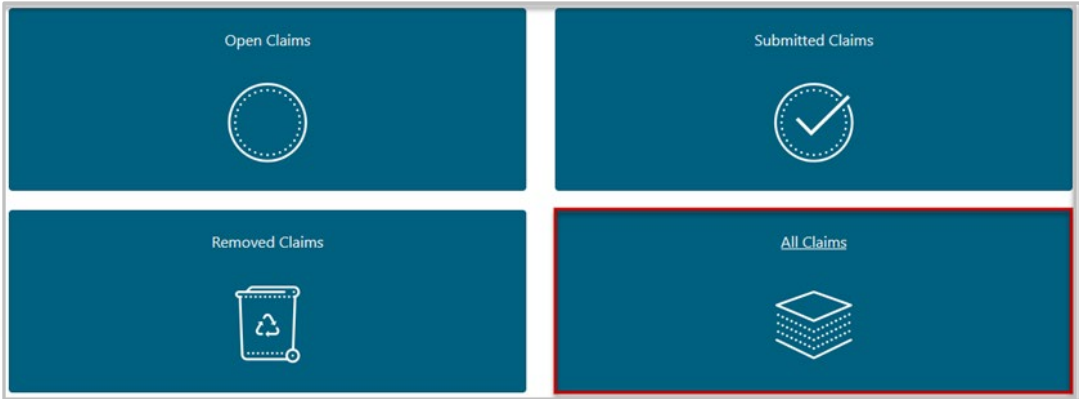


CFS Provider Portal

How to View and Submit Open Claims


The **Claims Page** contains all the open claims and forms available for submission by an organization. If you are managing multiple organizations in your account, all claims will be listed in numeric order by Client ID. You can switch organizations by using the **Selected Organization** drop-down menu.

| Step # | Description |
|--------|---|
| 1. | <p>From your Provider Portal Dashboard, click on the Claims tile.</p>  <p>The screenshot shows a dashboard with a 'Welcome' message and a grid of six tiles: 'Claims' (highlighted with a red border), 'Payment Information (EOPs)', 'Authorizations', 'Your Organization(s)', 'Reports', and 'Help'.</p> |
| 2. | <p>A new page appears that will allow you to view a specific type of claim. For the purposes of this guide, we will be proceeding by selecting All Claims.</p>  <p>The screenshot shows a page with four tiles: 'Open Claims', 'Submitted Claims', 'Removed Claims', and 'All Claims' (highlighted with a red border).</p> |
| 3. | <p>Your Claims page will display. To view open claims for a particular organization, start by selecting the organization from the Selected Organization drop-down list.</p> |

Note: The default view is 'All' which displays authorizations for all the organizations that you manage.

| Client ID | Client Name | Auth # | Service Code | Billing Month | Billing Period | Freq | Status |
|-----------|-----------------|----------|--------------|---------------|--------------------------------|------|---------|
| 71880733 | MAY, ROSEY | 66533854 | 6679 | 2023-06 | FOR BILLING JUNE 2023 SERVICES | PD | Removed |
| 08415408 | MOUSE, GREY | 39373916 | 3580 | 2023-06 | FOR BILLING JUNE 2023 SERVICES | HR | Removed |
| 52743177 | O MY, JAMES | 51797475 | 6679 | 2023-06 | FOR BILLING JUNE 2023 SERVICES | PD | Open |
| 13000065 | OMADISON, WANDA | 75512288 | 8903 | 2023-06 | FOR BILLING JUNE 2023 SERVICES | DY | Open |

4.

To sort the results, use the filter icon  in the applicable column header. A **Search** box will display. Enter or select your search term, then click the **OK** button to execute the filter.

▼ Freq ▼ Status

↕ Sort A to Z

↕ Sort Z to A

▼ Clear Filter

Text Filters >

Search

Select All

Open

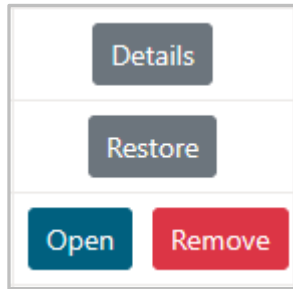
Removed

Submitted

OK Cancel

5.

One of the following buttons will display next to the claims displayed.



Details opens the Claims Details page which provides a complete overview of submitted claims.

Restore reinstates a claim previously removed.

Open allows you to update a claim on the Authorization Details page.

Remove changes the status to Removed.

Note: The claim will remain on the page until you refresh the browser, or until you leave and return to the page.

6.

To open a claim, click the **Open** button on the **Claims** page. To close the claim without submitting, click the **X** in the upper right corner of the **Claim Form**.

Claim Form Authorization Details

Claim Number: 39080555-2

Client Name (ID): OMADISON, WANDA (13000065)

Authorization #: 71511241

Service Code: 9946

Frequency: HR

Service Period: From 08/01/2023 To 08/31/2023

Rate: 4.50

Units:

Remaining Family Fee: \$0.00

Total: \$0.00


Terms and Conditions



By submitting this claim, the claimant certifies that the information contained in this claim is accurate and all services provided were in compliance with Department of Health and Human Services Nebraska Administrative Codes Titles 465, 471, 473, 474, and 480, whichever are applicable. The claimant is aware that a false claim may result in prosecution for fraud. Under penalty of applicable Federal and State laws, I certify that representation herein are true and complete, and that no additional payment will be claimed.

7.

To complete and submit a claim, click the **Open** button on the **Claims** page, complete the applicable fields, and click the **Submit** button. You can also click the **Authorization Details** link at the top of the box to view more information.


Note: To continue working through your list of claims, click the **Auto Advance to Next Claim On Submit** checkbox at the bottom of the Claim Form.


Claim Form Authorization Details 

Claim Number: 39080555-2
Client Name (ID): OMADISON, WANDA (13000065)
Authorization #: 71511241
Service Code: 9946
Frequency: HR
Service Period: From 08/01/2023 To 08/31/2023
Rate: 4.50 
Units: 
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Total: \$0.00


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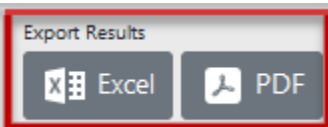
Submit 



 Auto Advance To Next Claim On Submit

8.

You can export your list of claims by clicking on the **Excel** or **PDF** button.

Selected Organization
All 

Export Results 

 Excel  PDF