

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

# Electronic Claim Submission Provider Manual

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- Frequently Asked Questions (FAQs)

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# Introduction and Overview

The Department of Health and Human Services (DHHS) strives to modernize and enhance the processes and systems used to better serve you as a provider to the Department.

The Department's goal is to provide you with a more convenient experience to get the information you need in a timely manner. With the automated Claim Form you will submit your claim electronically and you will have a fast and convenient way to stay up-to-date on your claim and Explanation of Payment status. You also have the option of logging in to your account to view your account activity at any time.

This document contains information and instruction for using the online DHHS Claims portal. Questions should be directed to the DHHS Help Desk at 888-281-6629 during the office hours of 7:00 a.m. and 5:00 p.m.

## Section I – Prerequisites

To use the online claims processing site, you must:

- Have internet access, using one of the following internet browsers
  - o Microsoft Internet Explorer, version 7.0 or greater
  - Mozilla Firefox, version 3.6 or greater and Apple Safari
  - NOTE: Google Chrome browser is not currently supported.
- Have a registration letter containing your organization's ID and Personal Identification Number (PIN).

# Section II – Creating an Account

From your internet browser, (Internet Explorer, Mozilla Firefox or Apple Safari), go to <a href="https://ecmp.nebraska.gov/DHHS-Claims">https://ecmp.nebraska.gov/DHHS-Claims</a>

1. If you have not yet registered online, click the Register Here link under the NEW USERS section.

Later and a second s	BRASKA ENTERPRISE	
LOGIN Username:	NEW USERS	
Password:		

- 2. You will go to a New Account Registration page. Complete all of the fields on this page. Click the Field Requirements link for details on requirements for specific fields such as Username and Password.
  - a. First Name enter your first name.
  - b. Last Name enter your last name.
  - c. Email Address enter the email address to be associated with this account. *NOTE: this email address will be used for system notifications.*
  - d. Confirm Email re-enter the email address typed above.
  - e. Username Create a username for this account.
  - f. Password Create a password for this account. *NOTE: the password must be at least eight characters and contain at least one uppercase letter, one lowercase letter, and one digit. Click the Field Requirements or Password Rules link for more information on password requirements.*
  - g. Password reminder questions You must select three password reminder questions, and supply an answer for each question. These questions will be used to authenticate your identity to change your password or account information.
    - i. Select a security question from the drop-down box.

🐘 Official Nebraska Governm	ent Website	
NE	EBRASKA E self regis	INTERPRISE STRATION
NEW ACCOUN	T REGISTRATION	
* Required		
User Information		Field Requirements
First Name *	Sam	
Last Name *	Sample	
Email Address*	sample@nebraska.gov	
Confirm Email *	sample@nebraska.gov	
Login Information		
Username *	sample1	
Password *		
Confirm Password *		Password Rules
Password reminder quest	ions	
Question One *	What was your first pet's name?	×
Your Answer*	Howie	

ii. Type your answer in the Your Answer field. This field is not case sensitive.

3. Click Register Account.

Register Account

4. If you have previously registered on this site with the same email address, you will receive the message below. Click 'Yes' to this message.



5. A message will appear stating that your account has been created, and you are being redirected to the sign in page. If you do not see the sign in page within 10 seconds, click the here link.

👞 Official Nebraska Government Website
NEBRASKA ENTERPRISE
SELF REGISTRATION
Your account has been successfully created, you will be redirected to the sign in page in 5 seconds If you are not redirected, please click <u>here</u>
n you are not redirected, prease click nere

# Section III – Login

These steps assume that an account has been created. If not, please follow the Creating an Account steps in Section II.

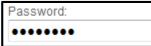
1. From your internet browser, (Internet Explorer or Mozilla Firefox), go to https://ecmp.nebraska.gov/DHHS-Claims

E	Official Nebraska Gov	rernment Website	
	And the second s	NEBRASKA ENTERPRISE CONTENT MANAGEMENT PORTAL	
83	MARCA 12 196		
	LOGIN	NEW USERS	
	Username:	If you are a first time user and have not yet registered for an account, click the link below and follow the instructions <u>Register Here</u> (Non-State Employees)	
	Password:		
	Login		

2. In the Username field, enter the username created for this site.



3. In the Password field, enter the password created for this site.



- 4. Click Login.
- The first time you log in, you will be prompted to enter your Organization ID and PIN. These values can be found on the registration letter sent to you by DHHS. Please contact your Local Office – Resource Development representative to request this letter.

Official Nebraska Go	overnment Website	
Comment of the	NEBRASKA ENTERPE Content management po	
MARCH 15 1861	Department of Health and Human Services : Claims	nt Support 🔒 Log Out
WELCOME		
payments. It is our ongoing o	the Nebraska Children and Families who receive Child Care subsidy lesire to modernize and enhance the processes and systems used by the uman Services (DHHS) to better serve you as a licensed Child Care Center.	
	e Child Care Claims System you must provide your Organization ID as well as tems were provided in a letter sent to your organization.	
Organization ID:		
PIN:		
Submit		

- 6. In the Organization ID field, enter your Organization ID number.
- 7. In the PIN field, enter your PIN.
- 8. Click Submit.

Submit

9. You will be taken to the Welcome page.

# Section IV – Site Navigation

This section provides an overview of the different areas accessible within the DHHS Claims portal, and deals with navigation of the site. Specific questions regarding documents – or the information on those documents – should be directed to your Local Office/RD Worker or the DHHS Auto Response Toll-Free Number (800) 383-4278 to inquire about a claim.

When you first sign into the portal, you will be taken to the Welcome page.



#### **Open Claims**

The Open Claims section contains all the open claims available to be filled out by the organization. You can switch organizations by using the drop down. If you do not see one of your organizations you can add them using the "Manage Organizations" link on the left.

You are able to limit your searching options based on multiple fields. The more information you enter to search by, the narrower your results will be.

OPEN CLAIMS: • Search, submit, print, and download electronic claims for your organization(s) • Remove open claims you no longer need • Receive real-time validation of submitted data against n-focus authorization						
Searching						
Select organization and billir	ig month you would like t	to see open claims for - click Search.				
To define your search result client last name, client ID, se		e some or all of the following fields; clien	t first name,			
*A search will not return mor name.	e than 250 results. Resul	ts will be returned in alphabetical order,	by client last			
Claims For Organization:	Any	_				
Billing Month:	May, 2014 •					
Client First Name:						
Client Last Name:						
Client ID:						
Service Authorization #:						
	Search					

Select 'Search'. You will be taken to a screen that will display open available claims.

You may also narrow your search within the open claims screen by entering more specific information in the search fields, and selecting 'Search'.

\*\*\*If you are billing for a client that has a new authorization or are having trouble finding the claim you are looking for select "Any" under the "Billing Month" drop down box rather than the specific month you are wanting to bill for. This allows Claims to populate that were created in the current month to allow billing for a previous month.

<u>Child Care Providers Only</u>: Before entering any information into a claim be sure that you have completed your attendance calendar for the time period you are billing for. The information on the calendar should match the claim submitted, so completing your attendance calendar is the first step to completing your claims.

Open Claims						د
Organization: Any	Billing Month: Any	Client First N	lame:	Client Last Name:	Client ID:	Authorization #: Search
Returned 4 results		*	Cla	im: 68176782-1		🧕 Remove 💣 Print
TRAN, PHAN (540157           FOR BILLING MAY 2014           TRAN, PHAN (540157           FOR BILLING MAY 2014	SERVICES (DY)		Clie Ser	nt Name nt ID Number vice Authorization	TRAN, PHAN 54015766 <u>97170407</u>	Click here to see the Service Authorization for this claim.
TRAN, PHAN (540157 FOR BILLING MAY 2014				vice Code vice From Date	9946	■ - 1.
TRAN, PHAN (540157 FOR BILLING MAY 2014			Free	vice Through Date quency	DY	_
	orization is compl the date listed above		Unit Rate	e	2. 3.	
and backdated, the date listed above will be the date it was created. The claim can be used for other months of service		im rvice	Cus	tomer Obligation IS Charge	<b>4.</b>	
are billing for on li	appens the first tir			🗖 I a		Terms And Conditions
Total Amount Submitted: \$	0.00 <u>(reset)</u>					🕅 Auto Advance To Next Claim On Subm

- **1.** Service From and Through Dates, an example would be 1-1-17 through 1-31-17.
- 2. Amount of Units provided. Each claim is for a specific frequency either hour (HR), day (DY) or occurrence (OC).
- **3.** Appropriate rate for the Frequency and Service Code.
- **4.** Amount of Customer Obligation or Family Fee if applicable. If the family does not have an obligation enter "0" in this field.

\*\*\*Review the claim carefully as you will not be able to make any changes after it has been successfully submitted. If you discover that you have made a mistake contact your Resource Development worker so that a claim correction can be completed.

If you have any questions or if the family does or does not currently have a fee, what dates are authorized or what your rate of pay is, simply double click on the underlined blue numbers next to "Service Authorization" and you will be able to view the current authorization and review before you submit.

Organization:	Billing Month:	Client First N	lame: Client Last Name	: Client ID:	Authorization #:
Any	▼ Any	•	]0]		Search
Returned 4 results		*	Claim: 68176782-1		🧃 Remove 💣 Prin
TRAN, PHAN (54015 FOR BILLING MAY 2014			Client Name Client ID Number	TRAN, PHAN 54015766	
TRAN, PHAN (54015 FOR BILLING MAY 2014			Service Authorization	<u>97170407</u>	
TRAN, PHAN (54015 FOR BILLING MAY 2014			Service Code Service From Date	9946	
TRAN, PHAN (54015 FOR BILLING MAY 2014			Service Through Date Frequency	DY	
			Units Rate		
			Total	\$0.00	
			Customer Obligation		
			DHHS Charge	\$0.00	
					Terms And Conditions

You will be prompted to acknowledge terms and conditions prior to submitting your first claim on each log-in (session).

• Total amount submitted, **per session**, will be displayed at bottom left.

The DHHS charge will then be automatically figured and displayed at the bottom of the screen. Review the Terms and Conditions, check the box and then submit the Claim for payment.

#### **Remove/Hide Claims**

Within the Open Claims menu, you are able to remove (hide) claims that you no longer want displayed on your open claims search results. This will allow for cleaner searching/listing (if you have claims for your organization that may not be fulfilled).

Claims that you choose to remove will remain retrievable on the portal 6 months from the claim date. This will allow you to retrieve the removed claim if needed. After 6 months from claim date, claims that have been removed will not be available for you to access.

To remove a claim from your listing, select the claim line you want to remove and select, "Remove."

Organization:	Billing Month:	Client First Nam	ie: Client Last Name:	Client ID:	Authorization #:
Any	▼ Any	·•			Search
Returned 4 results		*	Claim: 68176782-1		🕺 Remove 💣 Print
TRAN, PHAN (5401) FOR BILLING MAY 201			Client Name	TRAN, PHAN	
TRAN, PHAN (5401) FOR BILLING MAY 201			Client ID Number Service Authorization	54015766 <u>97170407</u>	
TRAN, PHAN (5401) FOR BILLING MAY 203			Service Code Service From Date	9946	
TRAN, PHAN (54015766) FOR BILLING MAY 2014 SERVICES (HR)		Service Through Date	DY		
			Units	<u></u>	ŧ.
			Rate Total	\$0.00	
			Customer Obligation		•
			DHHS Charge	\$0.00	
			🗖 I :	acknowledge the	Terms And Conditions

The claim you hide will be removed from your listing of open claims. You will be able to view and restore removed claims from the Open Claims page.

Removed Claims
If you want to view claims you have previously removed from your search results, click on View (below).
Recently Removed Claims View What's this?

#### **Authorization Notices**

The Authorization Notices page allows you to search and view Service Authorization notices generated for your organization. Please Note: The Web portal only contains Service Authorizations that were created, updated, or discontinued after July 18, 2012. Service Authorizations that were created, updated, or discontinued prior to this date are not available on the Web Portal.

SERVICE AUTHORIZATION NOTICES							
<ul> <li>Search, submit, and print service authorization notices for your organization(s)</li> <li>Search by new, discontinued, or updated service authorizations</li> </ul>							
	Please note: To view and save service authorization notices, you must have Adobe Reader. This can be downloaded at: <u>http://get.adobe.com/reader/</u>						
Notices For Organization:	BROTHER, RICK		<b>▼</b>				
Notice Type:	New Service	•					
Client First Name:							
Client Last Name:							
Search							

To search for Service Authorization Notices related to your organization, select the appropriate Notice Type **(New Service, Updated Service, Discontinued Service, or All)** from the drop down list. Or if you would like to search for a specific Service Authorization, type the client first/last name. Click **Search**.

Note: New and updated authorizations are posted on the portal 2-3 business days after they are create or changed. To verify reported changes prior to this you can contact your RD worker.

<ul> <li>Search, submit, and</li> </ul>	HORIZATION NOTICE print service authorization notices for your ntinued, or updated service authorization	r organization(s)	
Please note: To view and sa downloaded at: <u>http://get.ad</u>	ave service authorization notices, you mu obe.com/reader/	st have Adobe Reader. This	s can be
Notices For Organization:	Any	•	
Notice Type:	New Service -		
Client First Name:			
Client Last Name:			
Search			
Search			
Search Authorization Number	Client Name	Created Date	
	Client Name JACKSON, MELANIE	Created Date 04/23/2014	View

To view a Service Authorization, click on *View* next to the authorization you wish to view. The Service Authorization will be displayed as a PDF on a new page for viewing, saving, or printing.

#### **Submitted Claims**

The Submitted Claims section contains claims that you have already submitted. You can switch organizations by using the drop down. If you do not see one of your organizations you can add them using the "Manage Organizations" link on the left.

Although the form can no longer be edited, you can view the information for a claim by clicking the view button. The form will open in a new window.

Submitted Clair	ms					
Organization: Any	Billing Month:     Any	Client First Name:	Client Last Name:	Client ID:	Authorization #:	Search
Showing 10 of undefin	ed results	*	Claim: 5085	0135-1		🖌 Print
JACKSON, MELANIE (4 03/21/14 (OC) JACKSON, MELANIE (4 03/21/14 (OC)	•		Client Name Client ID Num Service Autho			
JACKSON, MELANIE (4 03/26/14 (OC)	5103697)		Service Code Service From		/2014	
JACKSON, MELANIE (4 04/23/14 (OC)	5103697)	E	Service Thro Frequency	ugh Date 03/21 OC	/2014	
OLSON, JAKE (032425 04/08/14 (OC)	530)		Units Rate	1 35		
TRAN, BARB (6135178 04/08/14 (OC)	31)		Total Customer Ob	35.00 ligation 0.00		
TRAN, PHAN (540157) FOR BILLING MARCH 20:			DHHS Charge Submitted Or			
TRAN, PHAN (540157) FOR BILLING MARCH 20:						
TRAN, PHAN (540157) PRIOR BILLING (DY)	66)					
		1				

\*\*If you discover that you have made a mistake contact your Resource Development worker so that a claim correction can be completed.

#### **EOPs (Explanation of Payments)**

The EOPs section contains Explanation of Payment (EOP) forms that have been generated for your organization. You can switch organizations by using the drop down. If you do not see one of your organizations you can add them using the "Manage Organizations" link on the left.

To view the EOP simply click the "*View*" button next to the EOP you wish to see. The document will open in a new window.

EOPS (EXPLA	NATION OF PAYMENT	'S)	
This page provides the ab	ility to:		
<ul><li>View EOPs (Explan</li><li>Print and save EOP</li></ul>	ation of Payments) generated for paid clain s.	ns; and	
Please note: To view and http://get.adobe.com/read	save EOPs, you must have Adobe Reader. er/	This can be downloaded a	t
EOPs For Organizatio	n: Any	•	
IssueDate	EOP type	Payment Number	
04/02/2014	PAYMENT (ACH)	734750002	View
04/02/2014	PAYMENT (ACH)	734750008	View
03/28/2014	NONPAYMENT		View

#### **Manage Organizations**

The Manage Organizations section allows you to add the various organizations you wish to manage electronically. To add new organization enter the Org ID and PIN that were provided in your registration letter and press the Add Organization button.

You may also remove organizations you no longer wish to control by clicking the remove button when reviewing the list. Occasionally PIN numbers can change. If this occurs the Organization will be listed as invalid and you will not be able to submit claims. To resolve the problem, remove the invalid organization and add it again using the new PIN provided to your organization.

<ul> <li>Add additional organizations to your account</li> <li>Remove organizations from your account</li> <li>Manage email notifications for:         <ul> <li>Open Claims</li> <li>EOPs</li> <li>Authorizations</li> </ul> </li> </ul>	
To add new organizations enter the Org ID and PIN that w You can remove organizations you no longer control by s organization. Occasionally PIN numbers can change. If th and you will not be able to submit claims. To resolve the it again using the new PIN provided to your organization.	electing the "Remove" button next to that his occurs the Organization will be listed as invalid problem "Remove" the invalid organization and add
Organization Name	ID
PARKVIEW SERVICES LLC	96246122 Notifications Remove
Add An Additional Organization Org ID: PIN:	Add Organization

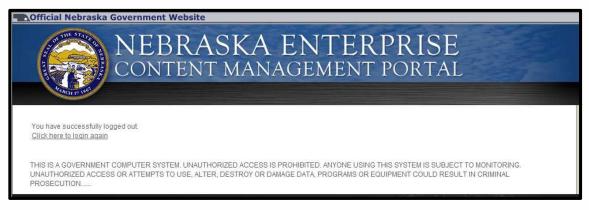
# Section V – Other Site Options

#### Log Out

- 1. To Log Out of the DHHS Claims portal, place your mouse over the Log Out words at the top of the screen.
- 2. Click on Log Out.



3. You will see a message stating that you have successfully logged out.



#### **Reset Password**

To reset your password (in case it cannot be remembered) complete the following:

- 1. Go to the Login page. https://ecmp.nebraska.gov/DHHS-Claims
- 2. Click the Reset Password link.

LOGIN       NEW USERS         Username:       If you are a first time user and have not yet registered for an account, click the link below and follow the instructions Register Here (Non-State Employees)         Password:       Register Here (Non-State Employees)         Login       Reset Password Luon-State Employees)         Bodate User Account Information (Non-State Employees)	Contraction of the	BRASKA ENTERPRISE	
an account, click the link below and follow the instructions <u>Register Here</u> (Non-State Employees)      Login <u>Reset Password Don-State Employees</u> ) <u>Update User Account Information</u> (Non-State Employees)	LOGIN	NEW USERS	
Login Reset Password (Jon-State Employees) Update User Account Information (Non-State Employees)	Username:	an account, click the link below and follow the instructions	
Reset Password (Jon-State Employees) Update User Account Information (Non-State Employees)	Password:		
Update User Account Information (Non-State Employees)			
THIS IS A GOVERNMENT COMPUTER SYSTEM. UNAUTHORIZED ACCESS IS PROHIBITED, ANYONE USING THIS SYSTEM IS SUBJECT TO MONITORING.	Update User Account Information (Non-	State Employees)	

3. On the Password Reset Login page, enter your username in the field.

🔜 Official Nebraska Government Website
NEBRASKA ENTERPRISE
SELF REGISTRATION
PASSWORD RESET LOGIN
Enter your Username:
sample1
Landa Carlos

4. Click the Search button.

Search

- 5. You will be prompted to:
  - a. Enter responses to the three security questions created when your account was established. Enter all three answers. *NOTE: Answers are not case sensitive. Your questions may differ from those pictured below.* If you do NOT remember the answer to you your security question(s);
  - b. Send Reset Email selecting this option will send an email to the email address associated with your user name (the email address you used when you first registered), with instructions on how to reset your password.

#### FORGOT PASSWORD?

Security Questions	Email Reset	
If you remember the answers to your security questions you can enter them below and reset your password What is the name of your favorite childhood friend? What is the name of your first pet's name? Mhat was your first pet's name? NOTE: Answers are NOT case sensitive Submit Answers	If you can't remember the answers to your security questions, click the button below to receive an email at the account associated with your username with instructions on how to rese your password: Send Reset Email	

Reset Via Security Questions:

On the Password Reset screen, enter your new password in the New Password field. Retype the password in the Confirm New Password field. Click the Password Rules link for information on password requirements.

Representation Pression Pressi	
A STATE A SATISME ON TOSTA AND A	SKA ENTERPRISE
PASSWORD RESET	
New Password:	
•••••	
Confirm New Password:	
•••••	Password Rules

c. Click the Submit button.

Submit

 d. You will be redirected to the Login page. As a safety measure, an email from <u>donotreply@nebraska.gov</u> will be sent to the email address associated with the account confirming the password change.

Subject:	Nebraska Enterprise Self Registration password change confirmation
Sam Sam	ıple,
Enterpris	e has changed the password for the account with the user ID of <b>sample1</b> that is associated with this email address at the Nebraska se Self Registration site. If you requested this password reset, please disregard this email. If you did not, please click the link disable your account:
Click her	re to disable your account
NOTE: I	f you disable your account you will no longer be able to use it and you will have to create a new one.

Reset Via Email Reset:

You will receive the below message, as well as an email. Follow the instructions in the email to reset your password.

Your request to reset password has been submitted. Please check the email address associated with this account to initiate the password reset process, you will be redirected to the sign in page in 5 seconds...

If you are not redirected, please click here

#### **Update User Account Information**

Use the Update User Account Information area to make changes to the account information (name, email, security questions, etc.) entered when the account was created. *NOTE: The username cannot be changed.* To update the user account information, complete the following:

- 1. Go to the Login page. https://ecmp.nebraska.gov/DHHS-Claims
- 2. Click the Update User Account Information link.

Official Nebraska Governm	ent Website	_
Constanting of the	EBRASKA ENTERPRISE NTENT MANAGEMENT PORTAL	
LOGIN	NEW USERS	
Username:	If you are a first time user and have not yet registered for an account, click the link below and follow the instructions <u>Register Here</u> (Non-State Employees)	
Password:		
Login		THE REAL PROPERTY.
Reset Password (Non-State Employe Update User Account Information (No		
THIS IS A GOVERNMENT COMPUTER	INDRAGE CHINDIVESD SYSTEM, UNAUTHORIZED ACCESS IS PROHIBITED, ANYONE USING THIS SYSTEM IS SUBJECT TO MONITORING. IPTS TO USE, ALTER, DESTROY OR DAMAGE DATA, PROGRAMS OR EQUIPMENT COULD RESULT IN CRIMINAL	

🔜 Official Nebraska Government Website
NEBRASKA ENTERPRISE
SELF REGISTRATION
ACCOUNT MANAGEMENT LOGIN
Username: sample1
Password:

3. Click the Login button.

1				
	0	aı	n	

4. You will be presented with one of the three security questions chosen when the account was created. Type the answer in the Your Answer field. *NOTE: Answers are not case sensitive. Your question may differ from the one pictured below.* 

Official Nebraska Government Website NEBRASKA ENTERPRISE SELF REGISTRATION	
	CHALLENGE/RESPONSE SECURITY CHECKPOINT Access to this system is enhanced by a Challenge/Response system. Please enter the answer that you supplied for the question below. NOTE: Multiple failures to provide the correct answer will lock out your account.
	Your Question: What was your childhood phone number including area code? If this question is not familiar to you or you forgot your answers please contact the OCIO Help Desk for assistance. Your Answer:
	NOTE: Your answer is not case sensitive.

5. Click the Continue button.

Continue

- You will be taken to the Account Management screen. Change and update any necessary information. Click the Field Requirements link for detailed information on the requirements for each field. NOTE: the Username cannot be changed once is has been established.
- 7. When you are finished updating, click Update Account.

Update Account

#### Help/Support

Printable training guides and videos are available on the Help/Support website. For your convenience guides are specific to each area of the portal.

Click on the link pertaining to functionality you need help with and a document will display in PDF format.



# Section VI: Frequently Asked Questions (FAQ)

#### Accessing the site

#### Q: What do I need to submit and manage my claims online?

- A: You will need the following:
  - 1. A computer with an internet connection.
  - 2. A supported internet browser (Microsoft Internet Explorer or Mozilla Firefox).
  - 3. Your Organization ID and PIN, provided in the registration letter from DHHS.

#### Q: What internet browsers are supported?

A: To utilize the claims portal, use Microsoft Internet Explorer 7.0, Firefox 3.6 or greater and Apple Safari (Google Chrome is not supported).

#### Q: What is the URL/web address for the online claims portal?

A: Type the following address in your browser window: <u>https://ecmp.nebraska.gov/DHHS-Claims</u>, it is essential to have the complete address, otherwise you will experience issues getting into the site.

#### Q: Are my PIN and password the same?

A: No. Your PIN is a numeric code used to tie your organization to your online user account. The password is created by you when the account is established. The system password requirements do not allow the PIN to be used as a password. Contact the RD Staff at your local office to have the PIN reset. Login passwords can be reset by the end user.

#### Q: How do I reset my password?

A: Click the Reset Password link on the Login page. You will be required to enter your username. Then you must answer the three security questions established when the account was created. After successfully answering the security questions, you can create a new password. See Section V above for detailed instructions of this process.

#### Q: Are the security questions case sensitive?

- A: No. If the answer to a security question is "Lincoln", it can be entered as "lincoln".
- Q: I do not know / I cannot remember the answers to my security questions. How can I reset my password or change account information?
- A: DHHS Support does not have access to view or change the security question responses. If you are unable to answer the questions, and cannot access the site, you can create a new user account. When creating a new account, be sure to use the same email address.

#### Q: I need to create a new user account; can I use the same email address again?

A: Yes, you can use the same email address when creating a new account. When you create the account, you will receive a message stating "The email address you have entered is already registered with at least one other account, would you like to have the other usernames associated with this address sent to your email account?" Click Yes to receive an email containing all of the usernames associated with your email address. Click No to not have the email sent.

#### Q: I need to create a new user account; can I use the same username again?

- A: No, usernames must be unique within the system. Old or inactive usernames cannot be reused.
- Q: I cannot locate my Organization ID and Personal Identification Number (PIN). What do I do?
- A: Contact the RD Staff at your local office to have the PIN reset. If you are unsure who your RD Worker is, please call the Customer Service Center at 800-383-4278 for assistance. A new registration letter containing a new PIN will be generated and mailed to you within 2 to 3 business days.

#### Q: Does my account lock after failed login attempts?

A: Your account will be locked after **five** failed log in attempts. Once your account is locked, you will need to wait 30 minutes before attempting to log in again.

### Q: I am receiving the message "Invalid User ID Or Password. Check Your Credentials and Try Again."

- A: There are several things to try:
  - 1. Ensure the username and password are both typed correctly. Both are case sensitive, so be sure your Caps Lock is not turned on.
  - 2. Reset your password. See Section V for detailed instructions.
  - 3. Your account may be locked due to multiple failed logon attempts. Wait 30 minutes and try to log in again.

4. If you receive this message after multiple password resets, create a new user account. See Section II for detailed instructions.

- Q: I am receiving the message "No documents are available as you do not belong to any reading groups."
- A: Type the following address in your browser window: <u>https://ecmp.nebraska.gov/DHHS-Claims</u>, it is essential to have the complete address, otherwise you will experience issues getting into the site.

#### **Inside the Site**

- **Q:** I process the billings/claims for multiple organizations; can I access all of them through the same user account?
- A: Yes, you can add multiple organizations to the same user account. Within the site, click the Manage Orgs link to enter the Org ID and PIN (provided in the registration letter). See Section V for detailed instructions.

#### Q: How do I view claim documents for multiple organizations?

A: First, ensure the additional organization(s) have been added to your user account. Review Section V for detailed instructions. Once added, you can switch between organizations by selecting the desired organization from the drop-down box at the top of each page.

#### Q: What if a client's name is not showing on my on-line claims?

A: Contact RD Staff at Local Office. If unsure who your RF Worker is, please call the Customer Service Center at 800-383-4278.

#### Q: I manually completed a blank form. Where do I mail it?

A: Paper forms should be mailed to: DHHS

P.O. Box 95026 Lincoln, NE 68509

#### Q: How do I submit a claim?

A: Each claim is submitted individually. This is done by filling out claim, agreeing to terms and conditions, and selecting 'submit'. *NOTE: Once submitted, a claim cannot be edited.* 

#### Q: What happens when I submit a claim?

A: Submitted claims go into the Submitted Claims section where they can be viewed and/or printed.

#### Q: How do I view and/or print a submitted claim?

A: Click on the View Submitted Claims link. Click the View button next to the desired claim. The claim will open in a new window. Click the Print button to print the claim form.

#### Q: How do I know if a claim has been paid?

A: If a claim has been paid, you will find payment information under the EOP (Explanation of Payment) section. Please allow 5 to 7 business days for payment to be processed.

#### Q: What happens when I remove a claim?

A: If you remove a claim, the claim will be removed from future search results. The removed claim will remain available on the portal 6 months after the claim date.

#### Q: Why am I not receiving my Explanation of Payment (EOP) forms in the mail?

A: Once a provider registers online, all claims documents (claims and EOPs) are available online. Paper claims and EOPs will not be mailed.

#### **Other Questions**

#### Q: What is the phone number for technical support?

 A: Technical Support is available by calling 888-281-6629. Technical Support is available Monday, Tuesday, Thursday, & Friday from 7:00 a.m. to 5:30 p.m., and on Wednesdays from 10:00 a.m. to 5:30 p.m. (Central Daylight Time).

#### Q: Do I have to sign up for direct deposit before I can register for electronic claims?

A: No.

#### Q: How do I sign up for Direct Deposit?

A: Go to the website to get the form/information for direct deposit: http://dhhs.ne.gov/Pages/fis\_claimsprocessing.aspx

# **Q:** If a new Provider has been approved with the Department of Health and Human Services will they receive a PIN?

A: Yes, a registration letter containing their Organization ID and PIN will be mailed.

#### Q: I did not receive a letter about the option of submitting my claims online. What do I do?

A: You should contact your RD Worker and a letter will be generated and mailed to you explaining this option.

#### **Q:** I need to change the email address associated with my account.

A: Go to Update User Account Information. You can change your preferences here. *NOTE: if you are using your previous email address as your username, you will want to consider creating a new account.* 

#### **Q:** Who can I contact for Service Authorization updates or information?

A: Please contact ACCESSNebraska at 800-383-4278, Lincoln Office at 402-323-3900, or Omaha Office at 402-595-1258.

#### Q: I am unable to open my EOP (Explanation of Payment). What should I do?

A: Turn off popup blocker and make sure you have the current version of adobe reader.