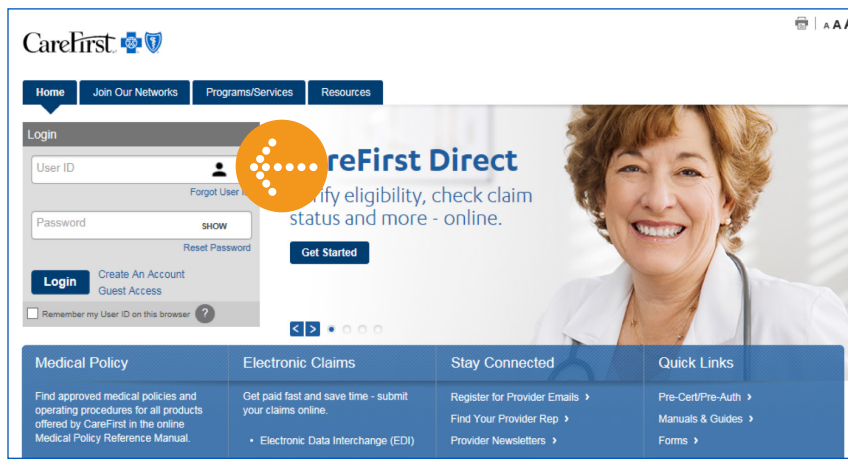


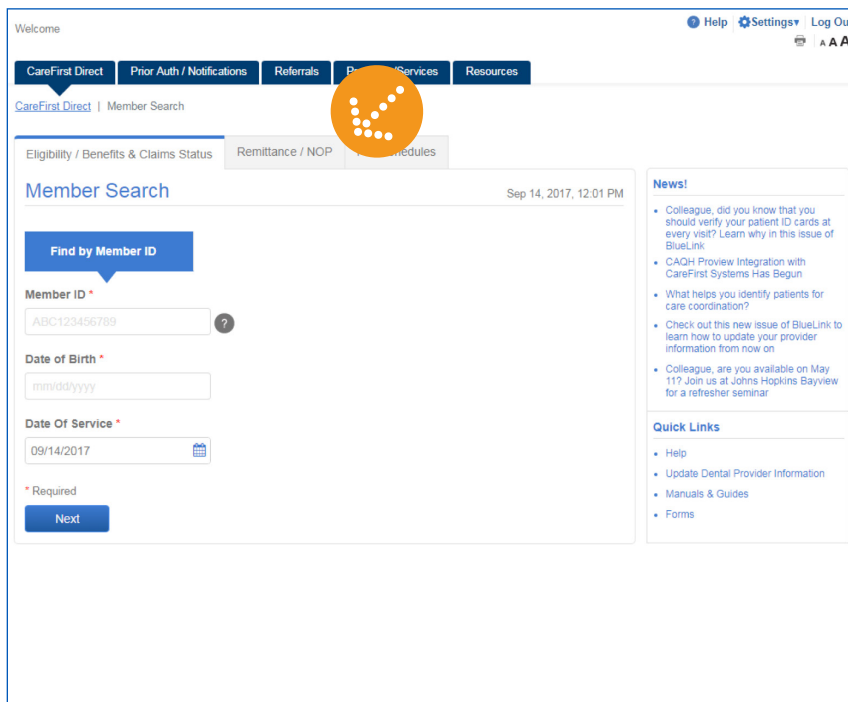
PROVIDER PORTAL USER'S GUIDE

Remittance/Notice of Payment

The following provides step by step instructions for when you want to review your remittance/notice of payment within CareFirst Direct.



Log in to the Provider Portal at provider.carefirst.com.



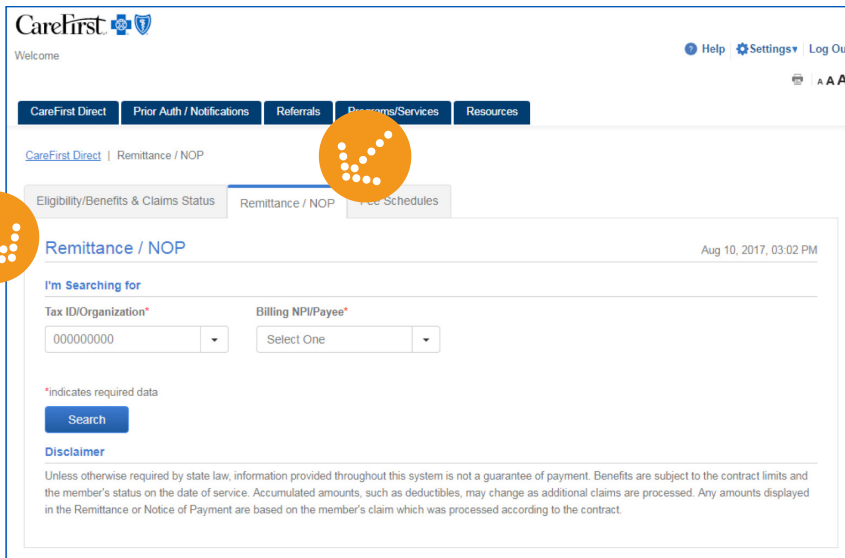
Once logged in, you will see the CareFirst Direct home page and the 'Member Search' screen.

The tabs across the top will appear based on the access you have within CareFirst Direct.

To begin the process of viewing a Remittance/Notice of Payment click on the 'Remittance/NOP' tab

Note: To view Remittance/Notice of Payment, your Office Administrator will need to provide you with access through User Management or you are able to request access within 'Settings > View Access' on the Provider Portal Home Page.

Remittance/Notice of Payment



CareFirst Direct | Remittance / NOP

Aug 10, 2017, 03:02 PM

I'm Searching for

Tax ID/Organization* 000000000

Billing NPI/Payee* Select One

*Indicates required data

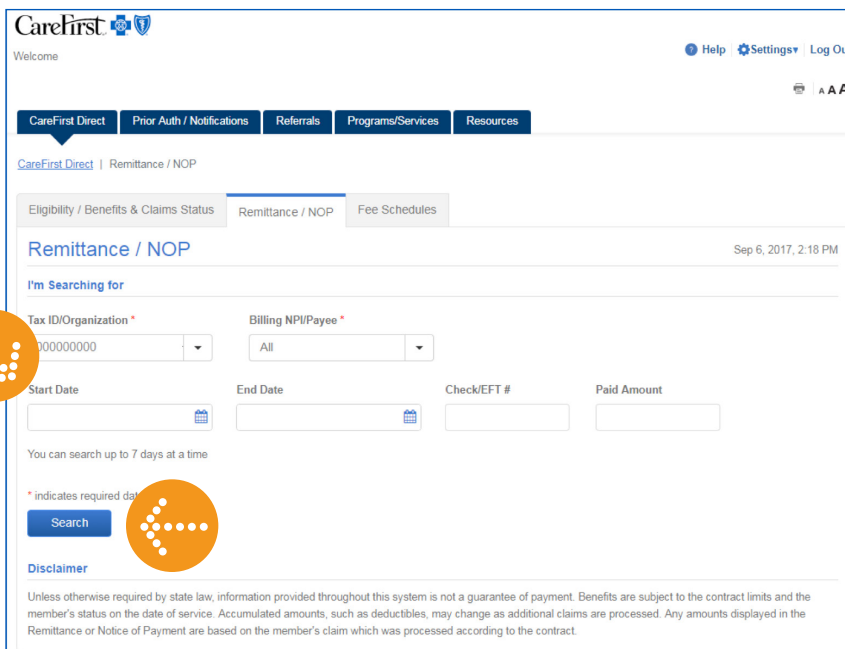
Search

Disclaimer

Unless otherwise required by state law, information provided throughout this system is not a guarantee of payment. Benefits are subject to the contract limits and the member's status on the date of service. Accumulated amounts, such as deductibles, may change as additional claims are processed. Any amounts displayed in the Remittance or Notice of Payment are based on the member's claim which was processed according to the contract.

Your Tax ID/Organization will auto-populate unless you are a user with access to multiple tax id's. In those cases, you can select the tax id you need from the *Tax ID/Organization* drop down menu.

From the *Billing NPI/Payee* drop down menu, you have the option of viewing a Remittance by a specific *Billing NPI* or viewing them *All*.



CareFirst Direct | Remittance / NOP

Sep 6, 2017, 2:18 PM

I'm Searching for

Tax ID/Organization* 000000000

Billing NPI/Payee* All

Start Date

End Date

Check/EFT #

Paid Amount

You can search up to 7 days at a time

*Indicates required data

Search

Disclaimer

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Search for All Billing NPI/Payee

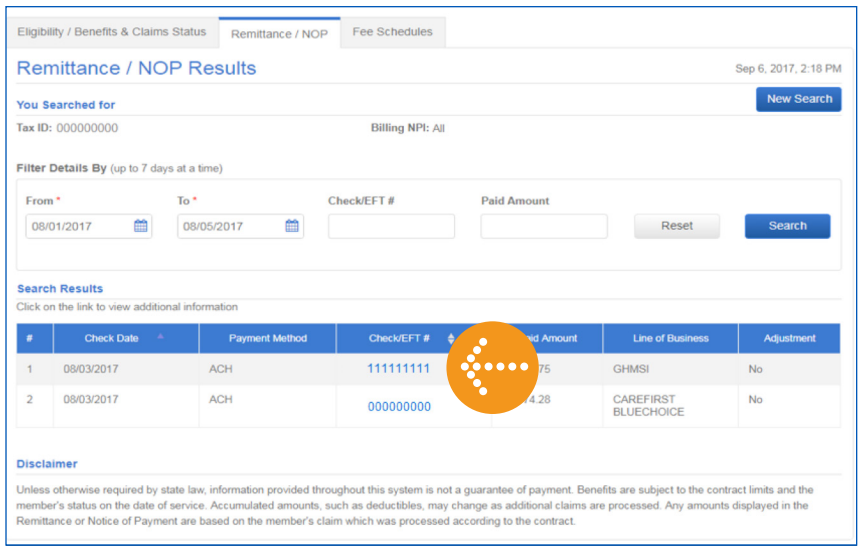
If you select 'All' from the *Billing NPI/Payee*, the following fields will appear to help refine your search:

- Start Date
- End Date
- Check/EFT #
- Paid Amount

Note: You can search up to 7 days at a time.

Enter the information you need in the fields provided and click 'Search'.

Remittance/Notice of Payment



Eligibility / Benefits & Claims Status | Remittance / NOP | Fee Schedules

Remittance / NOP Results

Sep 6, 2017, 2:18 PM

You Searched for New Search

Tax ID: 000000000 Billing NPI: All

Filter Details By (up to 7 days at a time)

From: 08/01/2017 To: 08/05/2017 Check/EFT #: Paid Amount: Reset Search

Search Results

Click on the link to view additional information

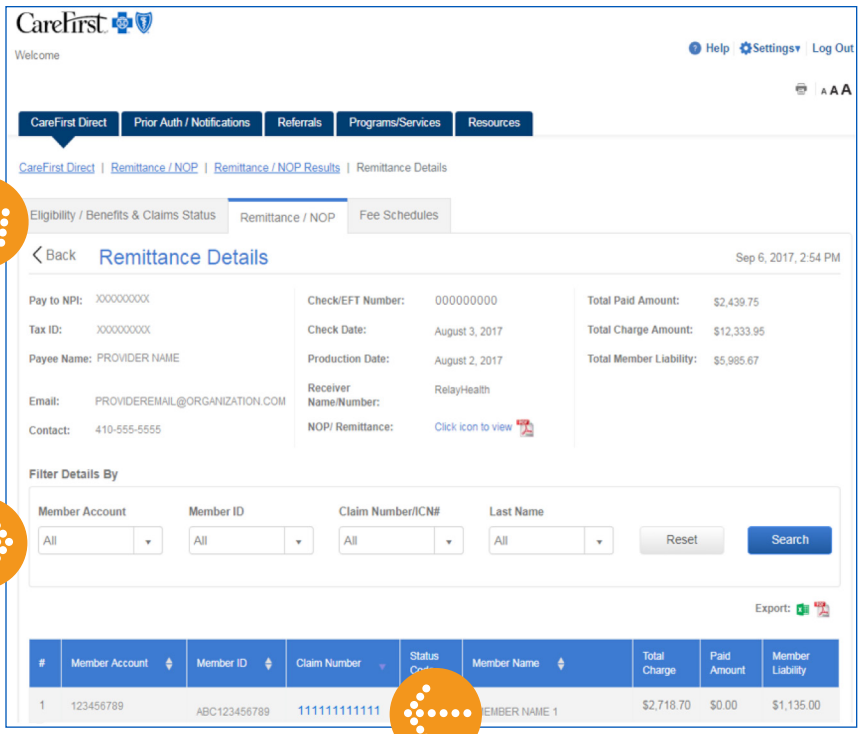
#	Check Date	Payment Method	Check/EFT #	Paid Amount	Line of Business	Adjustment
1	08/03/2017	ACH	111111111	75	GHMSI	No
2	08/03/2017	ACH	000000000	4.28	CAREFIRST BLUECHOICE	No

Disclaimer

Unless otherwise required by state law, information provided throughout this system is not a guarantee of payment. Benefits are subject to the contract limits and the member's status on the date of service. Accumulated amounts, such as deductibles, may change as additional claims are processed. Any amounts displayed in the Remittance or Notice of Payment are based on the member's claim which was processed according to the contract.

Based on your search criteria, results will appear.

From here you can click on the 'Check/EFT Trace Number #' hyperlink to view the Provider Remittance Details.



CareFirst Help Settings Log Out

Welcome AAA

CareFirst Direct | Prior Auth / Notifications | Referrals | Programs/Services | Resources

CareFirst Direct | Remittance / NOP | Remittance / NOP Results | Remittance Details

Eligibility / Benefits & Claims Status | Remittance / NOP | Fee Schedules

Remittance Details

Sep 6, 2017, 2:54 PM

Pay to NPI: XXXXXXXXXX Check/EFT Number: 000000000 Total Paid Amount: \$2,439.75

Tax ID: XXXXXXXXXX Check Date: August 3, 2017 Total Charge Amount: \$12,333.95

Payee Name: PROVIDER NAME Production Date: August 2, 2017 Total Member Liability: \$5,985.67

Email: PROVIDEREMAIL@ORGANIZATION.COM Receiver Name/Number: RelayHealth

Contact: 410-555-5555 NOP/ Remittance: [Click icon to view](#)

Filter Details By

Member Account Member ID Claim Number/ICN# Last Name Reset Search

All All All All

Export:

#	Member Account	Member ID	Claim Number	Status	Member Name	Total Charge	Paid Amount	Member Liability
1	123456789	ABC123456789	111111111111	Completed	MEMBER NAME 1	\$2,718.70	\$0.00	\$1,135.00

On this screen, you can view all the claims associated with the Remittance.

You can Filter Details by:

- Member Account
- Member ID
- Claim Number/ICN#
- Last Name

and click 'Search'.

You are also able to Export the information to Excel or a PDF file.

To view the specific claim information, click on the 'Claim Number' hyperlink.

Remittance/Notice of Payment

Eligibility / Benefits & Claims Status | Remittance / NOP | Fee Schedules

Back | Remittance Claims Information | Sep 11, 2017, 5:54 AM

MEMBER LAST NAME, FIRST NAME | DOB: N/A | Member ID: ABC123456789

I would like to: Select

Remittance Information

Claim Number 11111111111111	Check/EFT Date August 28, 2017	Receiver Name / Number Emdeon
Claim Status Processed as Secondary	Check/EFT Number 0000000000	System Source FACETS
Claim Filing Ind OH Campus	Claim Frequency Code 1	Date Of Service 01/04/2017 - 01/04/2017

Provider / Payee Information

Payee Name/Provider ID PROVIDER NAME XXXXXXXXXX	Tax ID 1111111111	Pay to NPI 1111111111
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Other Information

Subscriber Identifier: ABC123456789
 Group Policy Number: XXXXXX
 Medical Record Identification Number: XXXXXXX
 Prior Authorization Number: NO AUTH

	Amount	Explanation
Total Charges	\$3,619.90	
Total Other Adjustments	\$179.90	OA-97 Payment adjusted because the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.
Total Payer Initiated Reductions	(\$179.90)	
Total Allowed Amount	\$0.00	
Total Paid Amount	\$0.00	
Total Member Responsibility	\$3,619.90	PR-16 Claim/service lacks information which is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate. The change to be effective 4/1/2007. At least one Remark Code must be provided.

Line No	Service Code Modifier	Total Charges	Allowed Charges	Paid Amount	Member Liability Codes	Member Liability	Other Adjustments	Other Adjustments Codes	Date of Service	Place of Service
1	0250	\$179.90	\$0.00	\$0.00	N/A	\$0.00	\$179.90	OA-97	01/04/2017-01/04/2017	13
2	54161	\$3,440.00	\$0.00	\$0.00	PR-16	\$3,619.90	(\$179.90)	PI-102	01/04/2017-01/04/2017	13

Here is an example of the information you will receive when you click on a 'Claim Number' hyperlink.

It will provide you with the following information:

- Patient/Subscriber Information
- Remittance Information
- Provider/Payee Information
- Claim Information
 - Total Charges
 - Contractual Obligation
 - Allowed Amount
 - Paid Amount
 - Member Responsibility

Along with any specific Explanations if applicable.

Eligibility / Benefits & Claims Status | Remittance / NOP | Fee Schedules

Back | Remittance Claims Information

MEMBER LAST NAME, FIRST NAME | DOB: N/A

I would like to: Select

- Prior Auth / Notifications
- Submit Claim Inquiry
- New Search

Remittance Information

Claim Number: / EFT Date: August 28, 2017

From this screen, under the 'I would like to' drop down, you have the option to navigate to the *Prior Auth/Notification* screen to begin that process, submit a claim inquiry or start new search.

Remittance/Notice of Payment

CareFirst Direct | Remittance / NOP | Remittance / NOP Results

Eligibility / Benefits & Claims Status | Remittance / NOP | Fee Schedules

Remittance / NOP Results

Sep 6, 2017, 2:18 PM

You Searched for [New Search](#)

Tax ID: 000000000 Billing NPI: 111111111

Filter Details By (up to 90 days at a time)

Check Date Range: Last 90 Days | Check/EFT #: | Paid Amount: | [Reset](#) | [Search](#)

Search Results

Click on the link to view additional information

#	Check Date	Payment Method	Check/EFT #	Paid Amount	Line of Business	Adjustment
1	06/20/2017	CHK	1111111110	3.00	CAREFIRST BLUECHOICE	No
2	07/18/2017	CHK	1111111111	\$3,099.00	CAREFIRST BLUECHOICE	No
3	08/28/2017	NON	1111111112	\$0.00	GHMSI	No
4	08/28/2017	CHK	1111111113	\$1,500.40	CAREFIRST BLUECHOICE	No

Search by a Specific Billing NPI/Payee

When you select a specific Billing NPI/Payee from the drop down and click Search, you will be taken to this screen.

The system will default to displaying any results from the last 90 days.

You can change your search criteria here. You have the following options:

- Custom
- Yesterday
- Current Week
- Current Month
- Previous Week
- Previous Month
- Last 30 Days
- Last 60 Days
- Last 90 Days

Once you enter your criteria, click 'Search' to locate the information you need.