Claims Web Portal
User Guide

Log on to: https://secure.healthx.com/carewisconsin

Supported Browsers include:

- The most recent versions of modern web browsers; this includes Safari on Mac, Internet Explorer (IE) 10 and 11, Microsoft Edge, Google Chrome, Mozilla Firefox
- Mobile devices running iOS 7 and higher, including iOS Safari and Chrome for iOS
- Android 4.0 and higher including versions of Android browser and Google Chrome browser

For first time users, please choose the **Sign up** option to register.

To register you will need your Federal Tax Identification (TIN) and My Choice Wisconsin Provider ID. Follow the simple instructions below to complete the forms as they relate to you.

If you are already registered, enter your user name and password and click Login.

Sign up – Step 1

Please review the License Agreement. You must agree to the License Agreement to continue with the registration. Click Agree to continue.

Sign Up – Step 2

Please complete the Personal Information section. The address should be the business address, not your personal address. Click Next to continue.

Sign Up – Step 3

Care Wisconsin Provider ID – Please provide your My Choice Wisconsin Provider ID number. If you do not have your Provider ID, please contact the Provider Help Desk at 855-878-6699.
Click Next to continue.
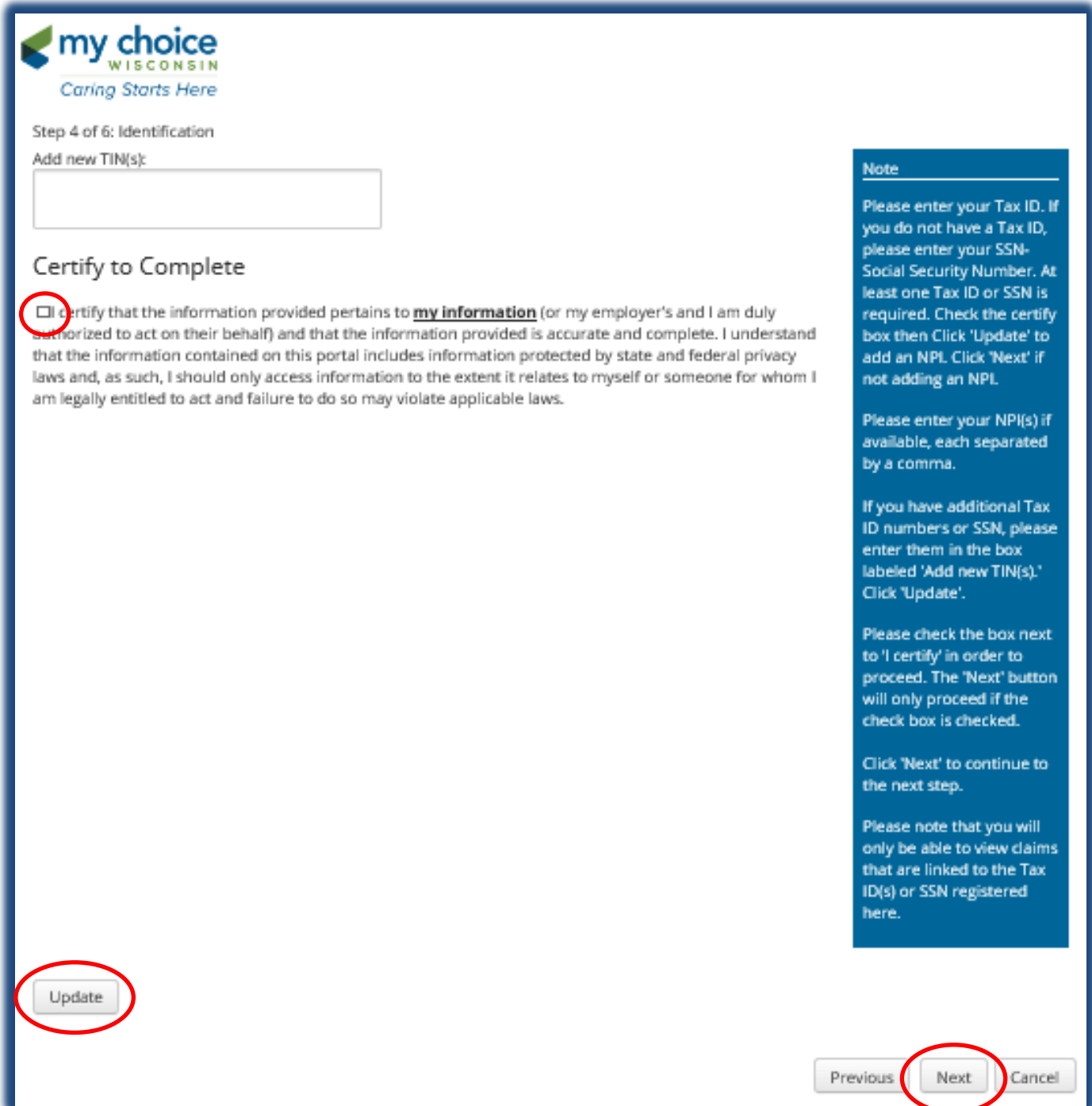
Sign Up – Step 4

Please enter your Tax Identification Number. Do NOT include dashes. You must certify the information before clicking Next, by checking the box indicated below. If you have additional Tax ID(s) or an NPI to add, please click Update then enter that information; otherwise just click Next after entering your TIN.

Sign Up – Step 5 Username and Password Creation

All usernames must be unique. Should you receive an error message that the username is already in use, please note it is a system wide message and does not mean you have already registered on the site. It only means the desired username is already in use in our system. For example, John Doe and Jane Doe both cannot have username jdoe. Please choose the 3 required security questions and answers before clicking "Next."

You will have the option to review your information before submitting.

Home Page

The Home Page will include the toolbar with access to Claim Forms, Attachments, Eligibility & Claim Status, and Forms & Resources. You will also notice links to our Website, Provider News, Provider Directory, and General Claims Information.

The upper right hand corner will show your login status as well as easy access to your Profile, and new message alerts will display here. You may log out by clicking Logout.

You will also have the option to choose the General Services Form or the Residential Services Form without using the Claim Form dropdown feature; see below:

Please note: ONLY Residential services are to be billed on the Residential Claim Form; this includes Room & Board and Care & Supervision codes.

General Services Claim Form - Member Information

You are asked to specify if this is a new or adjusted claim using the drop down menu circled below. There is also a link to the Claim Form instructions for your reference.

New Claim: First submission or resubmission of a previously fully denied claim.

Adjusted Claim: Also referred to as a **Corrected Claim** , this would be a second submission with corrections (i.e. dollar amount, code, or date of service needed correction). Use "Adjusted Claim" only when the original claim was paid or partially paid. If it was denied in full, please choose "New Claim" for your resubmission.

Complete the Member information as requested, making sure to use the full 4-digit year for Member DOB.
The diagnosis code will auto fill for every submission.

General Services Claim Form – Provider and Service Information

The Provider Information will auto fill based on the information submitted during your initial registration.

If you find the Provider Information is incorrect, please email the Provider Help Desk to update: providerhelpdesk@carewisc.org

Complete the Service Location name and address as requested. If your service location is the same as your Provider Information, you may choose "copy address from above."

If you have multiple service locations, please use this field to specify the actual location where the services were provided.

General Services Claim Form –Service Details

From and To Dates of Service are required. You must choose a Place of Service by using the drop down menu. Enter the appropriate CPT/HCPCS code. If a Modifier is not applicable, please leave blank. If you are unsure if a Modifier is required, please reference your contract or Service Authorization. Any alphabetic characters for codes/modifiers must be entered in uppercase.

Enter Service Description, Units, and Rate. If you do not have access to the Authorization number, please call Customer Service at 800-963-0035 for assitance. For Family Care members, you can access this information on the MIDAS Authorization Portal.

After all fields are completed, electronically sign your name by typing it in the box, then click "Submit Form."

*If there is missing/invalid information, your claim will not successfully submit; a red box will appear around the missing/invalid field. Please be sure all required fields are completed before clicking Submit Form.

You will know your submission is successful if it takes you to a new page and gives you a tracking number. If this does not occur, please scroll up and check for any red boxes and correct those issues. Upon submission, you will receive an email notification containing your tracking number, and it will also be available in your Messages.

Residential Claim Form – Member Information

You are asked to specify if this is a new or adjusted claim by using the drop down circled below. There is also a link to the Claim Form instructions for your reference.

New Claim: First submission or resubmission of a previously fully denied claim.

Adjusted Claim: Also referred to as a Corrected Claim, this would be a second submission with corrections (i.e. dollar amount, code, or date of service needed correction). Use "Adjusted Claim" only when the original claim was paid or partially paid. If it was denied in full, please choose "New Claim" for your resubmission.

Complete the Member information as requested, making sure to use the full 4-digit year for all dates. The Admit Start Date field must be completed; this date will be the first enrollment date with My Choice Wisconsin for those who resided at your facility upon enrollment, or the date that the member first began residing at your facility. The diagnosis code will auto fill at every submission. You must choose the appropriate Discharge Status and Type of Bill codes using the drop-down menus.

Residential Claim Form – Provider and Service Information

The Provider Information will auto fill based on the information submitted during your initial registration.

If you find the Provider Information is incorrect, please email the Provider Help Desk to update: providerhelpdesk@carewisc.org

Complete the Service Location name and address as requested. If your service location is the same as your Provider Information, you may choose "copy address from above."

If you have multiple service locations, please use this field to specify the actual location where the services were provided.

Residential Claim Form – Service Details

From and To Dates of Service are required, as well as your contracted Revenue Code. If a HCPCS code is not applicable, please leave blank. When entering Revenue Codes, please enter the 4 digit numerical Revenue Code found on your authorization(s). Any alphabetic characters for codes must be entered in uppercase.

You MUST include your Authorization Number for processing. If you do not have this information, please call Customer Service at 800-963-0035 for assitance. For Family Care members, you can access this information on the MIDAS Authorization Portal.

Note: Dates of Service span and number of Units must match in order for the claim to pay. Please count your units carefully if you are billing for a partial month.

After all fields are completed, please electronically sign your name by typing it in the box, then click "Submit Form."

*If there is missing/invalid information, your claim will not successfully submit; a red box will appear around the missing/invalid field. Please be sure all required fields are completed before clicking Submit Form.

You will know your submission is successful if it takes you to a new page and gives you a tracking number. If this does not occur, please scroll up and check for any red boxes and correct those issues. Upon submission, you will receive an email notification containing your tracking number, and it will also be available in your Messages.

Search History-Quick Search

You will receive an email notification when a claim is successfully submitted. This notification will include a Tracking Number that will allow you to view what was sent, as well as the time and date of submission.

To access history of claims submitted, go to your Messages and choose Search History.
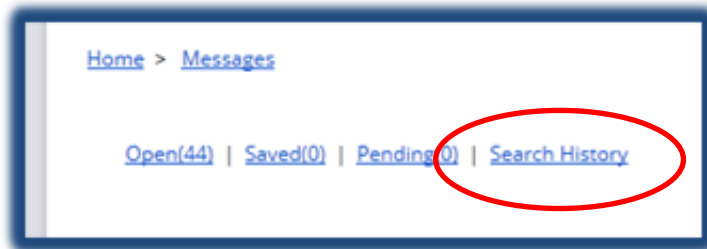
You will have 3 different options to search: Quick Search, Date Range Search, and Tracking Number Search.

Quick Search will allow you to view the last 10 claims submitted.

Simply click Search to display the last 10 claims.
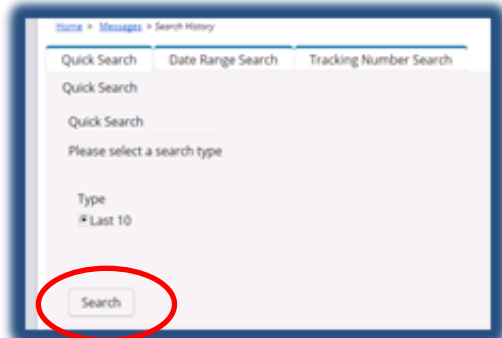
Below is an example of what information will display; click on the Tracking ID link to display claim information.

You will then need to choose an Action by using the drop-down menu; choose **View** to display the claim information.

The claim information will appear and will include all details submitted on the General or Residential Claim Form.

Search History - Date Range Search

Enter the date range you would like to view, then click Search. Claims history for that period will be displayed. Note: the date range is referring to the date of claim submission, NOT dates of service provided.

Search History – Tracking Number Search

Enter the Tracking Number and click Search. The Claim History will display for tracking number linked. Note: Your tracking number can be found in your Messages located on the Claims Web Portal or in your email confirmation.

Eligibility & Claims Status-Search for a Member

To verify a member's eligibility, you must enter either the Member ID or the Member's First and Last Name and DOB. After entering the required information, click Search.

The Member Name, Member ID, DOB, Gender, Effective and Term Dates will display.

Name ⬤	MemberID	Date of Birth	Gender	Effective Date	Term Date
			f	1/14/2019	

Click on the Member Name link for a more detailed view of the eligibility information, including the member's address. You will also have the option to submit a claim for the member from this screen.

Note: If you have additional eligibility questions please contact the Provider Help Desk for assistance at 855-878-6699.

If there are any claims on file for this member under the Tax ID associated with your account, they will appear at the bottom of this screen.

Claims

Claim Number	MemberID	Service Date	Total Charge
		1/27/2020	$390.83
		1/27/2020	$20.57
		1/21/2020	$390.83
		1/6/2020	$41.14
		1/6/2020	$41.14

Print View

Clicking on a Claim Number link will provide the claim payment details and allow you to view the Original EOB.

Claim Status

If you switch to the Claim Status tab, you are able to search by a Member ID (Date of Birth optional), Claim Number, or Check Number. You also have the option to search for a specific date range. Press Search to display claim history.

If no claim history is displayed, please verify the Tax ID in your Provider Profile. If the Tax ID number is incorrect, please contact the Provider Help Desk to update at providerhelpdesk@carewisc.org.

Please Note: Claim history will only generate the Member Information for those claims that have processed using the Tax ID entered during your initial registration.

You have the ability to view your claim after it is processed, but before a check cycle has completed. While the claim is PROCESSING you will see no movement on the Claims Web Portal. You must wait until the claim has Processed or Paid to view claim status.

The displayed Claims history will include the Claim Number, Member ID, Service Date and Total Charge. To see claim details, click on the claim number link. This will open the Payment Details screen.

Claim Number ⊙	MemberID	Service Date	Total Charge
		1/14/2019	$77.92
		1/15/2019	$58.44
		1/21/2019	$97.40

Claim Status-Payment Details

Additional Claim Details will display, including codes, charges and ineligible amounts. If charges are denied, this screen will display the ineligible amount as well as the reason code description.

If the claim has paid, you can view and print your Explanation of Benefits by clicking the Original EOB link at the top right-hand corner of the screen.

You can also print a copy of this screen by clicking the Print View and following the prompts to print.

Claim Status-Explanation of Benefits Access

To access a copy of your Explanation of Benefits, please enter the EFT number or Check number in the Check Number field and click Search. A list of Claims paid to that specific check or deposit will display. Click on the first claim number link and follow the directions above to view a copy of the Original EOB.

Claim Status-Processed/Paid

Note: **You have the ability to view your claim after it is processed, but before a check cycle has completed. While the claim is PROCESSING you will see no movement on the Claims Web Portal. You must wait until the claim has Processed or Paid to view claim status.**

The Payment amount will remain at zero until a check cycle has completed. If your claim is **PROCESSED** as seen below, this means your claim has not yet paid and is waiting for a check run. This does not necessarily mean that your claim has denied.

Please wait until the check run is complete to determine exact payment; check runs occur every Monday, Wednesday, and Thursday afternoon (excluding holidays).

Processed Example:

Paid Example:

Attachments

The Attachments tab is **ONLY** for use by providers who are set up with Spreadsheet Billing with My Choice Wisconsin. If you are not currently a spreadsheet biller and are interested in learning more about this option, please contact us at providerhelpdesk@carewisc.org. If you are currently submitting spreadsheet claims via email and would like to upload

![My Choice Wisconsin logo]

through the Portal instead, please contact us at providerhelpdesk@carewisc.org for additional information before starting to upload spreadsheets.
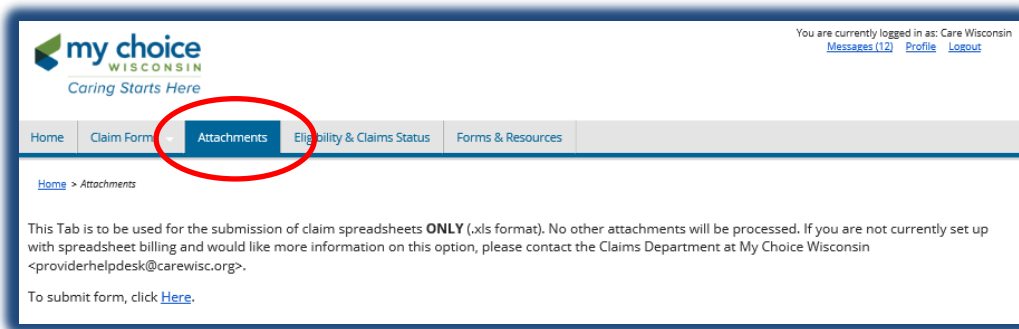
Forms & Resources

This tab contains links to the fillable PDF Appeals and Refund Forms, links to the My Choice Wisconsin Website and its contents, and Provider Help Desk information.