

## Claims Web Portal User Guide

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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.

**my choice WISCONSIN**  
*Caring Starts Here*

Log in or [Sign up](#)

USERNAME

PASSWORD

[Login](#)

[Forgot your username or password?](#)

## Welcome

### Online Provider Portal

Your online resource where you can:

- Submit General and Residential Claims Forms Online
- Check Member Eligibility and Status
- Access Patient Claim Information



## 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.

*Caring Starts Here*

Step 1 of 6: License Agreement

**License Grant.** This is a legal Agreement between you and the producers of this website. The terms of this Agreement govern your use of and access to this website. By using this website, you are agreeing to be bound by this Agreement. In consideration of your agreement to these terms and for other valuable consideration, you are granted a nonexclusive, non-transferable, limited, terminable license to access and use the website under the laws of the United States. The producer of this website, Healthx Inc., reserves all rights not expressly granted in this Agreement.

**Restrictions.** This website is protected by United States copyright law, international treaty provisions, and trade secret, trade dress and other intellectual property laws. Unauthorized copying of or access to this website is expressly forbidden. You may not copy, disclose, loan, rent, sell, lease, give away, give your password to or otherwise allow access to this website by any other person. You agree to only use this website to process your own data. You agree not to misuse, abuse, or overuse beyond reasonable amounts, this website. You agree not to attempt to view, disclose, copy, reverse engineer, disassemble, decompile or otherwise examine the source program code behind this website. You may be held legally responsible for any copyright infringement or other unlawful act that is caused or incurred by your failure to abide by the terms of this Agreement.

**Term and Termination.** This license is effective until terminated by either you or the producers of this website. This license will automatically terminate without notice if you fail to comply with any provisions of this Agreement. The provisions of this Agreement

Note

Please read the License Agreement. Click 'Agree' to continue or 'Disagree' to go back to the login page.



## 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.

**my choice WISCONSIN**  
Caring Starts Here

Step 2 of 6: Personal Information

\*First Name:

\*Last Name:

\*Address Line 1:

Line 2:

\*City:

\*State:

\*Zip:

\*Contact Phone:

\*Individual Practice or Facility Name:

**Note**

Fields indicated with a red \* or outline are required and must be completed before proceeding on all steps.

Enter the first and last name of the person signing up for the user account.

Address should be the practice or facility address - not personal.

For the practice or facility name, please use the full legal name.

Previous **Next** Cancel

## 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.

**my choice WISCONSIN**  
Caring Starts Here

Please enter your 9 digit My Choice Wisconsin Provider ID.

If you do not know your provider ID, please contact our Provider Help Desk at 1-855-878-6699 during our Business Hours: Monday through Friday, 8:00 AM to 11:30 AM Central Time and 12:00 PM to 4:00 PM Central Time.

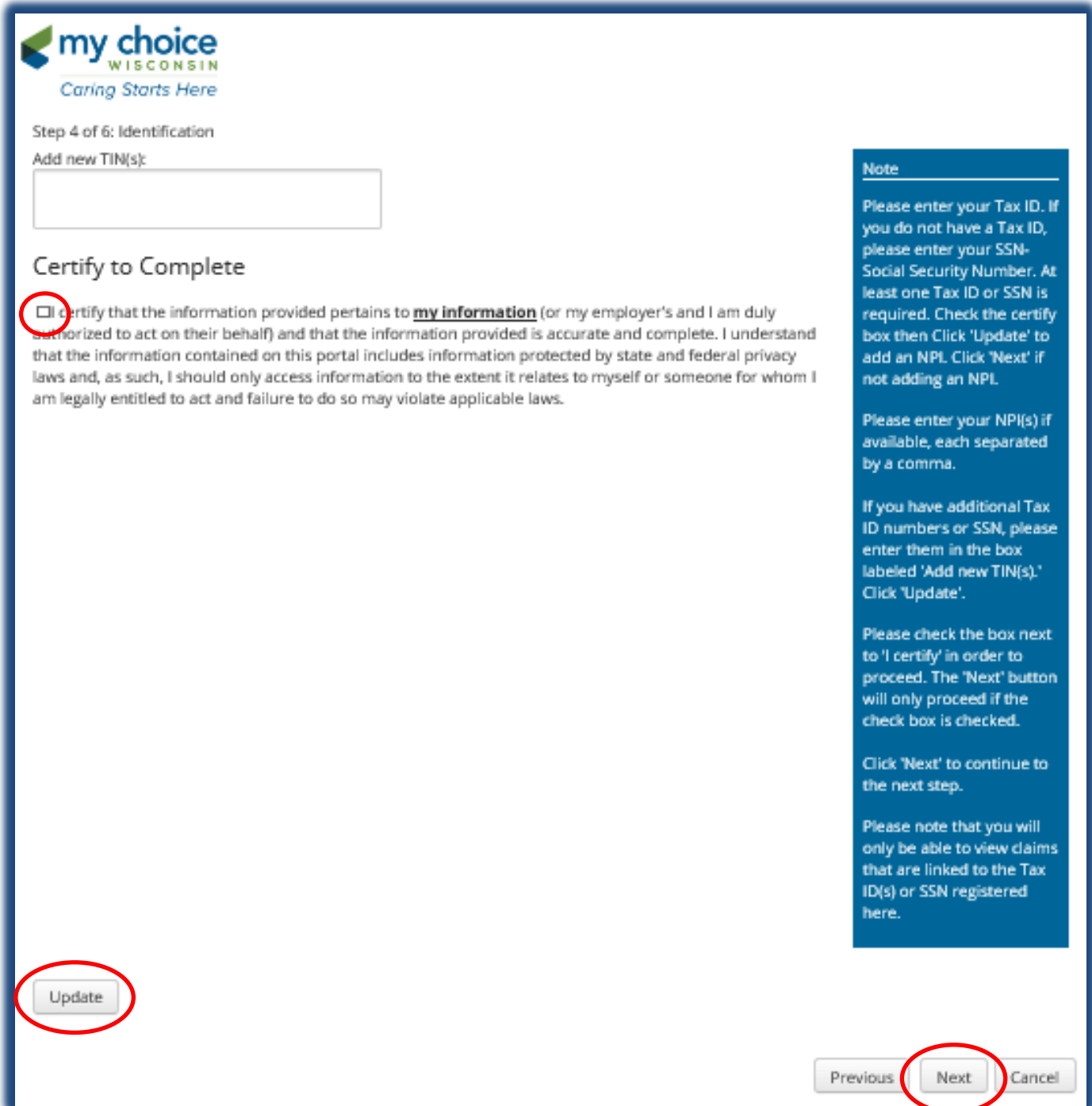
Step 3 of 6: Provider Information


\*CWP Provider ID:

Previous **Next** Cancel

## 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.



  
Caring Starts Here

Step 4 of 6: Identification

Add new TIN(s):

**Certify to Complete**

☐ I certify that the information provided pertains to my information (or my employer's and I am duly authorized to act on their behalf) and that the information provided is accurate and complete. I understand that the information contained on this portal includes information protected by state and federal privacy laws and, as such, I should only access information to the extent it relates to myself or someone for whom I am legally entitled to act and failure to do so may violate applicable laws.

**Note**

Please enter your Tax ID. If you do not have a Tax ID, please enter your SSN- Social Security Number. At least one Tax ID or SSN is required. Check the certify box then Click 'Update' to add an NPI. Click 'Next' if not adding an NPI.

Please enter your NPI(s) if available, each separated by a comma.

If you have additional Tax ID numbers or SSN, please enter them in the box labeled 'Add new TIN(s).' Click 'Update'.

Please check the box next to 'I certify' in order to proceed. The 'Next' button will only proceed if the check box is checked.

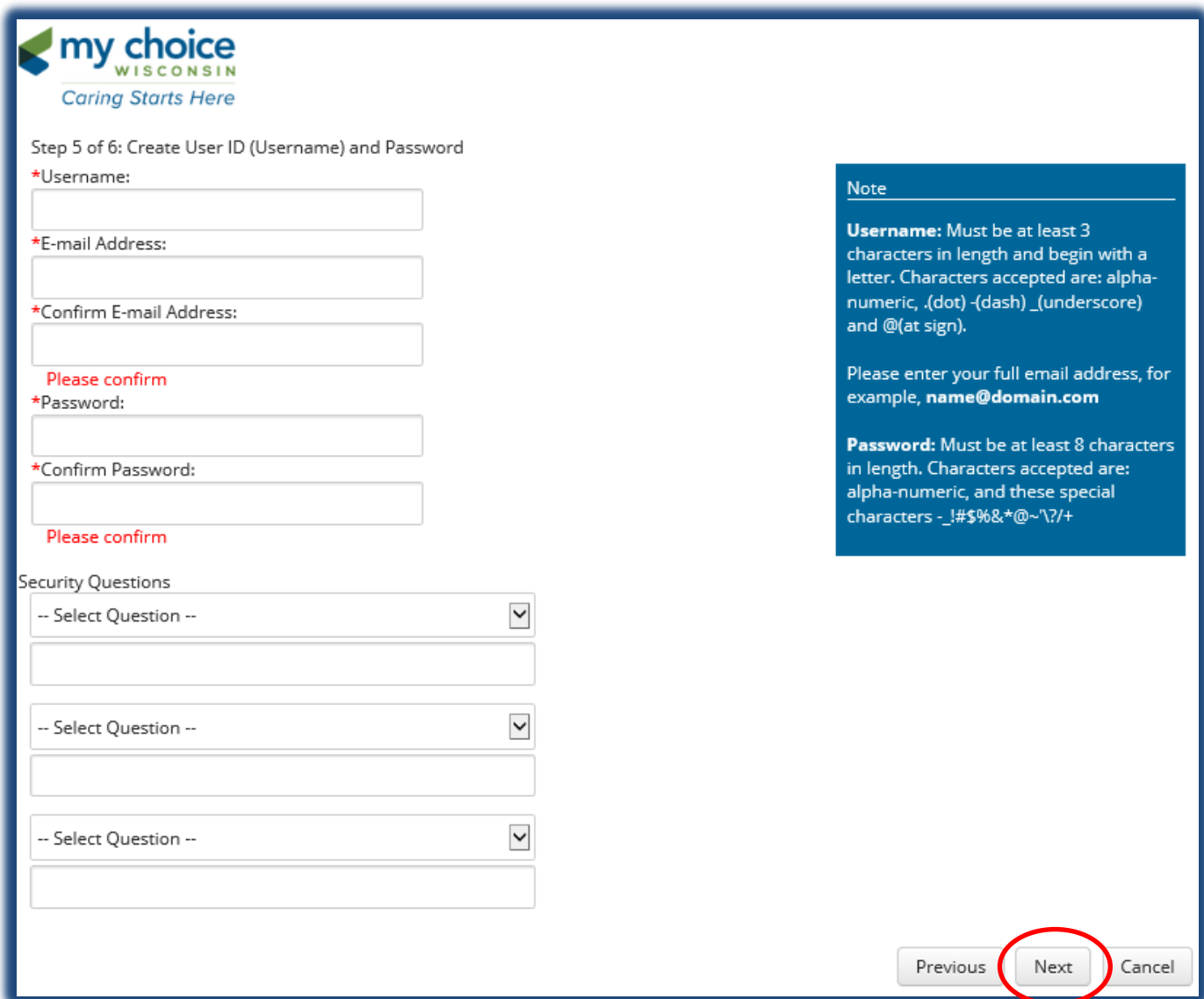
Click 'Next' to continue to the next step.

Please note that you will only be able to view claims that are linked to the Tax ID(s) or SSN registered here.

## 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.



**my choice WISCONSIN**  
Caring Starts Here

Step 5 of 6: Create User ID (Username) and Password

\*Username:

\*E-mail Address:

\*Confirm E-mail Address:

Please confirm

\*Password:

\*Confirm Password:

Please confirm

Security Questions

-- Select Question --

-- Select Question --

-- Select Question --

**Note**

**Username:** Must be at least 3 characters in length and begin with a letter. Characters accepted are: alpha-numeric, .(dot) -(dash) \_(underscore) and @(at sign).

Please enter your full email address, for example, **name@domain.com**

**Password:** Must be at least 8 characters in length. Characters accepted are: alpha-numeric, and these special characters - \_!#\$%&.\*@~\?/+

Previous **Next** Cancel



## 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.*

**my choice WISCONSIN**  
Caring Starts Here

You are currently logged in as: Care Wisconsin  
[Messages \(1/2\)](#) [Profile](#) [Logout](#)

[Home](#) [Claim Forms](#) [Attachments](#) [Eligibility & Claims Status](#) [Forms & Resources](#)

[Home](#) > Home

My Choice Wisconsin Claim Center has all the information you need to submit claims, track claims, and ask questions about claims. Also, additional resources are provided to support your workflow.

My Choice Wisconsin will be making changes to all of our Member ID numbers after 12/15/16. The new member ID number should begin appearing on new authorizations.

Please use the new member ID number for claims submissions as new authorizations are received, however claims billed with the old Member ID number will still be paid.

You may now check Claim Status by member name and date of birth under the Eligibility & Claim Status tab if you do not have the new Member ID number. For any questions regarding this change, please call Customer Service at 800-963-0035.

### Submit a Claim

**General Form**

Use this form to bill all services that are non-residential. **This form is not for Medicaid services such as DME/DMS, Home Health, Personal Care, and Therapy. It can only be used for Home and Community based services such as SHC, Meals, PERS, Financial Management and Transportation.**

**Residential Form**

Use this form to bill residential services, such as "room & board" and "care & supervision". **This form is not for services provided by Skilled Nursing Facilities. It can only be used for services provided by an APH, CBRF or RCAC.**

### Check Claim Status

Get the information you need in one place:

- ✓ Up-to-date claim status
- ✓ Payment details
- ✓ Service details
- ✓ Claim processing details

The Claim Status program has all the information you need to submit claims, track claims, and ask questions about claims. Also, additional resources are provided to support your workflow.

[Go](#)

Welcome, [Care Wisconsin](#)

**My Choice Wisconsin Website**

- [Provider News](#)
- [Partnership Provider & Rx Directory](#)
- [Family Care Provider Directory](#)
- [Provider Manual, Clinical Practice Guidelines, Comparison of Benefits](#)
- [Compliance & Privacy](#)
- [Claims Information](#)

### Provider Help Desk

Our professional and courteous customer service staff is here to help you:

**Toll-free:** 1-855-878-6699  
Monday through Friday, 8:00 AM to 11:30AM Central Time and 12:00 PM to 4:00 PM Central Time  
<http://www.carewisc.org/contact/providers>

Claims Address:  
**My Choice Wisconsin**  
P.O. Box 226897  
Dallas, TX 75222-6897



## 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.

All Alphabetic characters should be entered in uppercase, for example: CPT/HCPCS and modifier codes.

**This form is not for Medicaid services such as DME/DMS, Home Health, Personal Care, and Therapy. It can only be used for Home and Community based services such as SHC, Meals, PERS, Financial Management and Transportation.**

**Provider ID Field:** Enter your assigned **My Choice Wisconsin** nine (9) digit numeric identification number in the Provider ID field. Please include all preceding zeros.

**Provider Suffix Field:** Enter your unique alpha/numeric two character suffix for the service location. Note the suffix is case sensitive.

Both fields are required in order to facilitate expedited claims processing. If you do not know your Provider ID number or your unique suffix please contact the Provider Help Desk toll free at 1/855-878-6699.

**General Form**

[Claim Form Instructions](#)

Claim Type: **New** ▼

**Member Information**

My Choice Wisconsin Member ID:

Member Name (First, MI, Last):

Member DOB:

Diagnosis Code:





## 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](mailto: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.

Provider Information			
My Choice Wisconsin Provider ID:	<input type="text" value="000001175"/>	Provider Suffix:	<input type="text"/>
Provider Practice Name:	<input type="text" value="Care Wisconsin SS"/>		
Provider NPI:	<input type="text"/>	Provider Tax ID:	<input type="text" value="391245329"/>
Billing Address:	<input type="text" value="1617 Sherman Ave"/>	City:	<input type="text" value="Madison"/>
State:	<input type="text" value="Wisconsin"/> ▼	Zip Code:	<input type="text" value="53708"/>

---

Service Information			
Service Location Name:	<input type="text"/>		
Location Address:	<input type="text"/>	City:	<input type="text"/>
State:	<input type="text" value="Wisconsin"/> ▼	Zip Code:	<input type="text"/>
<input type="button" value="Copy address from above"/>			

## 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 assistance. 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.

Service Details

Date of Service	Place of Service	CPT/HCPCS Code	Modifier	Modifier	Service Description	Units Billed	(\$ Rate (per unit)	(\$ Total Charges (Units x Rate)	Auth No.
From <input type="text"/>	To <input type="text"/>	Select Or <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
From <input type="text"/>	To <input type="text"/>	Select Or <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
From <input type="text"/>	To <input type="text"/>	Select Or <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
From <input type="text"/>	To <input type="text"/>	Select Or <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
From <input type="text"/>	To <input type="text"/>	Select Or <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
From <input type="text"/>	To <input type="text"/>	Select Or <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(\$ Total Charges:

I certify that all services indicated above have been provided.

Print Name:

Submit Form

Cancel

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.

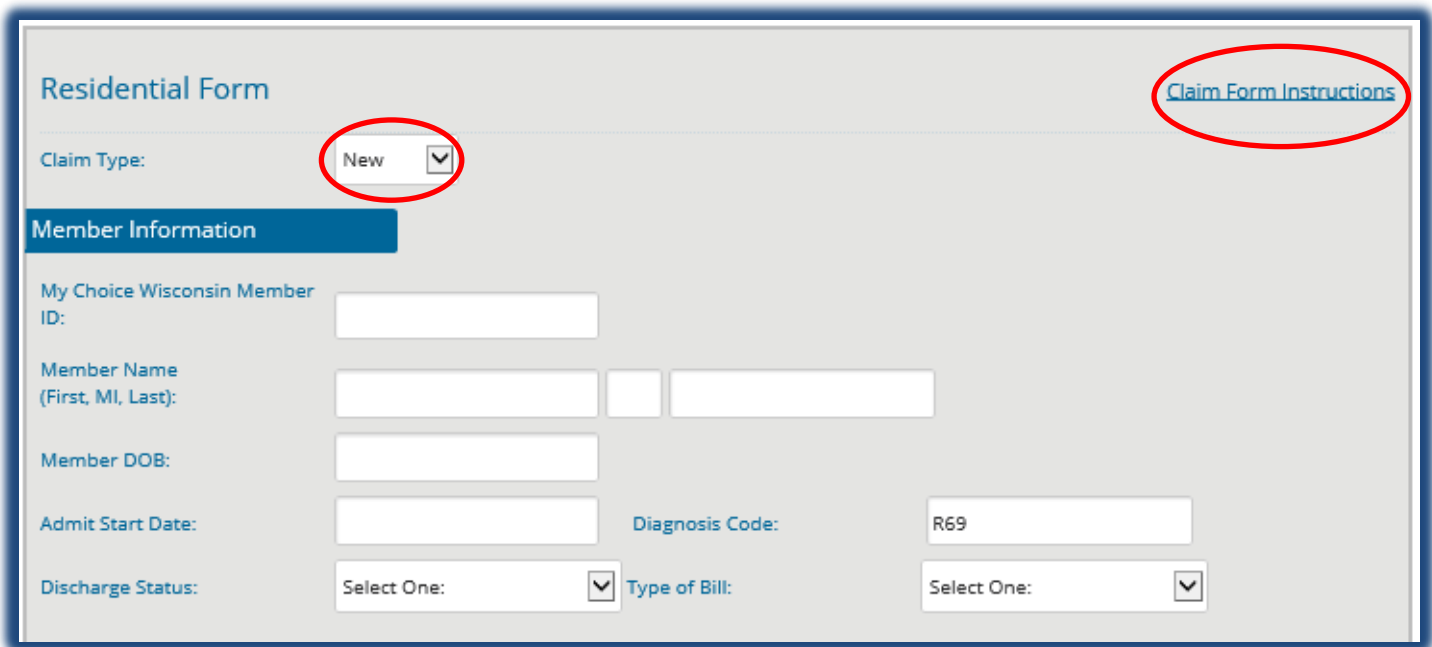
## Residential Claim Form – Member Information

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.



The screenshot shows the 'Residential Form' interface. At the top right, there is a link 'Claim Form Instructions' circled in red. Below the title, the 'Claim Type:' dropdown menu is set to 'New' and is also circled in red. The 'Member Information' section is highlighted with a blue bar. It contains several input fields: 'My Choice Wisconsin Member ID:', 'Member Name (First, MI, Last):' (split into three boxes), 'Member DOB:', 'Admit Start Date:', 'Diagnosis Code:' (pre-filled with 'R69'), 'Discharge Status:' (a dropdown menu with 'Select One:' and a downward arrow), and 'Type of Bill:' (a dropdown menu with 'Select One:' and a downward arrow).



## 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](mailto: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.

A screenshot of a web form titled 'Residential Claim Form – Provider and Service Information'. The form is divided into two main sections: 'Provider Information' and 'Service Information'. The 'Provider Information' section contains fields for 'My Choice Wisconsin Provider ID' (000001175), 'Provider Practice Name' (Care Wisconsin SS), 'Provider NPI', 'Provider Tax ID' (391245329), 'Billing Address' (1617 Sherman Ave), 'City' (Madison), 'State' (Wisconsin), and 'Zip Code' (53708). The 'Service Information' section contains fields for 'Service Location Name', 'Location Address', 'City', 'State' (Wisconsin), and 'Zip Code'. A button labeled 'Copy address from above' is highlighted with a red circle, indicating it can be used to populate the service location address from the provider billing address.



## 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 assistance. 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.

Service Details

Date of Service	Revenue Code	HCPCS Code	Service Description	Units (# of Days)	(\$ Rate (per day)	(\$ Total Charges (Units x Rate)	Auth No.
From <input type="text"/>	To <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
From <input type="text"/>	To <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
From <input type="text"/>	To <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
From <input type="text"/>	To <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
From <input type="text"/>	To <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
From <input type="text"/>	To <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(\$ Total Charges:						<input type="text"/>	

I certify that all services indicated above have been provided.

Print Name:

[Cancel](#)

Submit Form

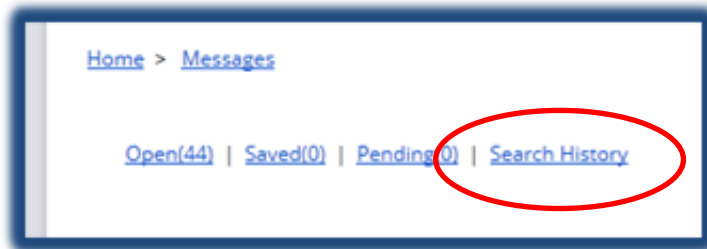


You will know your submission is successful if it takes you to a new page and gives you a tracking number. If this does not occur, please scroll up and check for any red boxes and correct those issues. Upon submission, you will receive an email notification containing your tracking number, and it will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

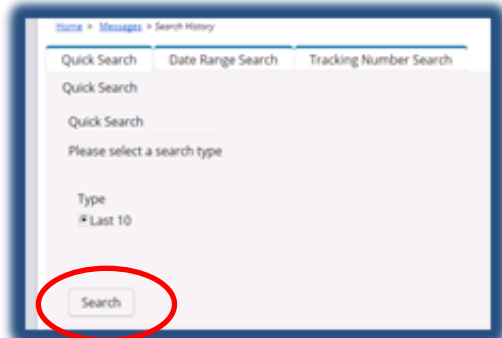
To access history of claims submitted, go to your Messages and choose Search History.



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.


A screenshot of the "Search Results" page. The breadcrumb trail at the top reads "Home > Messages > Search History > Search Results". Below the breadcrumb, it says "Results for: Count: 10" and "41 records found.". There is a table with four columns: "Status", "Tracking ID", "Process", and "Date Sent". The first row of the table has a checked checkbox in the "Status" column, a red circle around the "Tracking ID" value "9843776", the text "General Claim Form" in the "Process" column, and the date/time "3/18/2020 5:07:20 PM" in the "Date Sent" column.

Home > Messages > Search History > Search Results			
Results for: Count: 10 41 records found.			
Status	Tracking ID	Process	Date Sent
<input checked="" type="checkbox"/>	9843776	General Claim Form	3/18/2020 5:07:20 PM

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

[Home](#) > [Messages](#) > [Search History](#) > [Search Results](#) > 9843776 History

**Tracking # 9843776**

Status	Step Name	SenderFullName	Recipient	Date Performed	Date Read	Action
→	General Claim Form Submission	Care Wisconsin	Care Wisconsin Health Plan, Inc Admin	3/18/2020 5:07:20 PM		Go to ... 

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.


[Home](#) > [Messages](#) > [Search History](#)


Quick Search   Date Range Search   Tracking Number Search

Date Range Search

Date Range Search

Please select a date range

\*Start Date  

\*End Date  

**Search**

## 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.

Home > Messages > Search History

Quick Search   Date Range Search   Tracking Number Search

Tracking Number Search

Tracking Number Search

Please enter a tracking number

\*Tracking Number

**Search**

## 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.

my choice WISCONSIN  
Caring Starts Here

You are currently logged in as: Care Wisconsin  
[Messages \(12\)](#) [Profile](#) [Logout](#)

Home   Claim Forms   Attachments   **Eligibility & Claims Status**   Forms & Resources

Home > Eligibility, Benefits & Claims

Search for a member   Claim Status

To search for a member:

**By Member ID:**  
\*Enter the Member ID  
Multiple Member IDs can be entered. Press the 'enter' key after each Member ID.

**By name:**  
\*Enter the Member's Last Name and Date of Birth  
To do a new search, place the cursor in the field you wish to change and delete the original information. Then type in the new search value.  
Once the member is identified, select Search to bring up all claims for that member. You may click into each individual claim for additional details.

First Name:    ☒ Member ID   Date of Birth:

Last Name:

**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.

To submit claims for this member, choose one of the links below.

[Submit a General Claim Form](#) [Submit a Residential Claim Form](#)

**Patient**

**Details**

<b>Patient:</b>	<input type="text"/>	<b>Address:</b>	<input type="text"/>
<b>Date of Birth:</b>	<input type="text"/>	<b>Gender:</b>	Female
<b>Group Name:</b>	MY CHOICE WISCONSIN	<b>Status:</b>	Active
<b>Member ID:</b>	<input type="text"/>	<b>Relationship:</b>	Self

**Coverages**

Long Term Care
<b>Current Benefit Effective Date</b> 01/14/2019 <b>Termination Date</b> <b>Program</b> Family Care

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 TaxID associated with your account, they will appear at the bottom of this screen.

[Claims](#)

Claim Number	MemberID	Service Date	Total Charge
<input type="text"/>	<input type="text"/>	1/27/2020	\$390.83
<input type="text"/>	<input type="text"/>	1/27/2020	\$20.57
<input type="text"/>	<input type="text"/>	1/21/2020	\$390.83
<input type="text"/>	<input type="text"/>	1/6/2020	\$41.14
<input type="text"/>	<input type="text"/>	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 
Original EOB [Print View](#) x

Claim #

<b>Member:</b>	<input style="width: 80px;" type="text"/>	<b>Date(s) of Service:</b>	01/27/2020	<b>Payment Amount</b>	
<b>Member ID:</b>	<input style="width: 80px;" type="text"/>	<b>Service Provider:</b>	CARE WISCONSIN FIRST INC	<b>\$390.83</b>	
<b>Total Charges:</b>	\$390.83			<b>Claim Status:</b>	<b>PAID</b>

**Payment Details**

Claim Received	Check Number	Pay To	Payment Amount	Date Paid
02/12/2020	nopay0003049	CARE WISCONSIN FIRST INC	\$390.83	02/21/2020

**Claim Details**

Description	CPT	Charges	Ineligible	Copay/Deductible/Coinsurance	Payment Amount
CASE/CARE MANAGEMENT	T1017	\$390.83	\$0.00	\$0.00/ \$0.00/ \$0.00	\$390.83
<b>Total</b>		<b>\$390.83</b>	<b>\$0.00</b>	<b>\$0.00/ \$0.00/ \$0.00</b>	<b>\$390.83</b>

**Reason Code Descriptions**

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**Disclaimer**

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THIS IS NOT A BILL

## 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 TaxID in your Provider Profile. If the TaxID number is incorrect, please contact the Provider Help Desk to update at [providerhelpdesk@carewisc.org](mailto:providerhelpdesk@carewisc.org).

Please Note: Claim history will only generate the Member Information for those claims that have processed using the TaxID 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.

**Search for a member** **Claim Status**

To search for a member's claim

**By specific Claim Number:**  
\*Enter a Claim Number - enter the first 8 digits of the claim number followed by a dash then the 2 digit worksheet number, click Search. Note: Multiple Claim Numbers can be entered. Press the 'enter' key after each Claim Number.

**By Member ID or SSN or Tracking #:**  
\*Enter the Member ID, Date of Birth (optional) and a Begin/End Date (optional), click Search. If the Member ID you are entering is not bringing up results, please note that it may have changed. You may instead search by Member Name and Date of Birth under the "Search for a Member" tab. For any questions regarding this change, please call Customer Service at 800-963-0035.

**By Check Number:**  
\*Enter the Check # including any pre-fix or leading zeros, click Search

Please do not fill out all the boxes when trying to find a claim or claims. This may cause no results to display.

To do a new search, place the cursor in the field you wish to change and delete the original information. Then type in the new search value.

[Show/Hide Search](#)

Claim Number(s):

Member ID

Begin Date:

Check #

End Date:

Date of Birth:

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.

<a href="#">Claim Number</a>	<a href="#">MemberID</a>	<a href="#">Service Date</a>	<a href="#">Total Charge</a>
<a href="#">[Link]</a>	<a href="#">[Link]</a>	1/14/2019	\$77.92
<a href="#">[Link]</a>	<a href="#">[Link]</a>	1/15/2019	\$58.44
<a href="#">[Link]</a>	<a href="#">[Link]</a>	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
[Original EOB](#)
[Print View](#)

Claim #

Member:

Member ID:

Total Charges: \$390.83

Date(s) of Service: 01/27/2020

Service Provider: CARE WISCONSIN FIRST INC

Payment Amount: **\$390.83**

Claim Status: **PAID**

Payment Details

Claim Received	Check Number	Pay To	Payment Amount	Date Paid
02/12/2020	nopay0003049	CARE WISCONSIN FIRST INC	\$390.83	02/21/2020

Claim Details

Description	CPT	Charges	Ineligible	Copay/Deductible/Coinsurance	Payment Amount
CASE/CARE MANAGEMENT	T1017	\$390.83	\$0.00	\$0.00/ \$0.00/ \$0.00	\$390.83
<b>Total</b>		<b>\$390.83</b>	<b>\$0.00</b>	<b>\$0.00/ \$0.00/ \$0.00</b>	<b>\$390.83</b>

Reason Code Descriptions

Disclaimer

THIS IS NOT A BILL

## 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 Number(s):

Member ID

Date of Birth:

Begin Date:

End Date:

Check #

Search

## 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:

Claim #			
Member:		Date(s) of Service:	08/03/2014
Member ID:		Service Provider:	
Total Charges:	\$522.96	Payment Amount	\$0.00
		Claim Status:	<b>PROCESSED</b>

#### Paid Example:

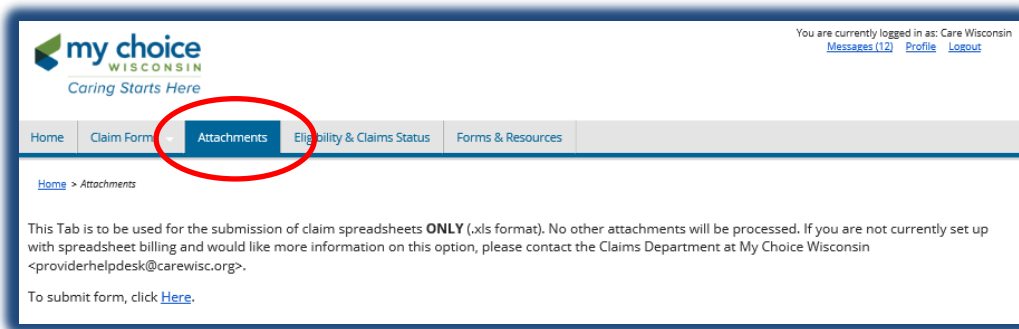
Claim #			
Member:		Date(s) of Service:	07/20/2014
Member ID:		Service Provider:	
Total Charges:	\$631.91	Payment Amount	\$631.91
		Claim Status:	<b>PAID</b>

## 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](mailto:providerhelpdesk@carewisc.org). If you are currently submitting spreadsheet claims via email and would like to upload



through the Portal instead, please contact us at [providerhelpdesk@carewisc.org](mailto: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.

