Employer eServices®	
	Welcome to the Claims Tutorial
Audience: Employer	
Module Length: App	oximately 5 minutes
Last Updated: April	h, 2007
	Welcome to the Claims tutorial. In this tutorial, you wi learn how to access claim information using Employ eServices.

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Employer eServices®		
	Welcome to the	Claims Tutorial
Audience: Employer	S	
Module Length: App	proximately 5 minutes	
Last Updated: April	4th, 2007	
		As you proceed, you may use the controls at the bottom of this window to rewind, pause, or skip ahead during playback.

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Employer eServices®		
	Welcome to the	Claims Tutorial
Audience: Employer	S	
Module Length: App	proximately 5 minutes	
Last Updated: April	4th, 2007	
		To move from one section to another, click the menu buttons found above the playback controls.

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	Welcome to the Claims Tutorial
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	Also, please note that your screens may be a bit different from the ones you'll see in this tutorial. The difference depends on your contractual agreement.

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Employer eServices®		
	Welcome to the	Claims Tutorial
Audience: Employer	S	
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		Finally, remember that all sample information you'll see in this tutorial is fictitious. Any resemblance to existing individuals or companies is purely coincidental.

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Employer eServices	S [®]	
	Process	Overview
1. 0	Group	
2.	Employee	
3.	Enrollee	
4. :	Service Date(s)	
		Viewing claims information using Employer eServices is quick and easy. To do so, you will need to identify the group, employee, enrollee, and services date(s).

Viewing claims information using Employer eServices is quick and easy. To do so, you will need to identify the group, employee, enrollee, and services date(s).



Employer eServices®		
	Process (Overview
1. Gro	qı	
2. Em	ployee	
3. Enr	ollee	
4. Ser	vice Date(s)	
		Keep in mind that an enrollee may be an employee, or an employee's dependent.

Keep in mind that an enrollee may be an employee, or an employee's dependent.



• Employer eServices®		
Enrollment ID Cards Clyims Billing		Help Training Tutorials
		Log Out
Select t	he Claims option	
Welcome CMA,		<u>^</u>
Employer eServices is your online, real-tin much more.	ne gateway to eligibility and enrollment c	hanges, claim status, reporting, billing and
Hot Topics! Click on one of the following	links for up to the minute news and inform	mation:
Alert: UnitedHealth Group Board Announce	es Series of Actions	
Employer eServices System Enhancement	Making It Easier For You To Work Within	Multiple Policy Periods
Employers of California Members: Californ (see below)	<u>na Network Information now available in 1</u>	the Network Information section of this page
UnitedHealthcare Responds to HCA Termin	nation	
D		Durante a Comitore
Click here to access:	Click here to access:	Click here to access:
Administrative Guides	California Network Information	<u>Behavioral Health</u>
Benefit Plan Coverage Documents	Network Changes	Care24
Brochures & Forms	Network Fact Sheets	Care Coordination
Contact Information	Network Maps Physician Directory	Healthy Pregnancy Program
Help	UnitedHealth Premium Designation	iPlan® Health Savings Account
<u>myuhc.com</u>	Program	· · ·
Other Resources	Let's get starte	ed. To begin, select the Claims menu
Oxford Health Web Site	option from the	e Employer eServices home page.
SAS 70		

Let's get started. To begin, select the Claims menu option from the Employer eServices home page.





Employer eSer	rvices®				
Enrollment ID Cards	Claims Billing		Help	Training	Tutorials
	A				Log Out
Select Group from I	ist, enter Employee Search criteria a	nd select Search.			
Select Group	(Select Group)				
Employee Search	By Employee ID Click t	he Select Group menu	Search		
Select Enrollee	(Select Enrollee)	nue	Search		
		The Select Group screen Group drop-down menu.	displays. (Click the S	Select

The Select Group screen displays. Click the Select Group drop-down menu.



Employer eSe	rvices®			
Enrollment ID Cards	Claims	Billing		Help Training Tutorials
				Log Out
Select Group from	list, enter	Employee Search cr	riteria a	nd select Search.
Select Group	(Select C	Group)	~	
Employee Search	REED'S E SAMPLE	TOUD) DUSINESS 0231110 COMUNANT 88890089 ST NUMBER 99999994		(SSN or Alternate ID)
	0	By Last Name	Select (Group Name
Select Enrollee	(Select En	rollee)		
		Help	Conti	inue
				Select the group name with which the enrollee is associated.

Select the group name with which the enrollee is associated.

10 of 32



Employer eSer	rvices®			
Enrollment ID Cards	Claims Billing	Help	Training	Tutorials
				Log Out
Select Group from I	ist, enter Employee Search criteria a	nd select Search.		
Select Group	SAMPLE COMPANY 9990089			
Employee Search	By Employee ID Highlight-Box 12 × 70	(SSN or Alternate ID)		
	O By Last Name (X:30; Y:175)	First Initial Search		
Select Enrollee	(Select Enrollee)	v		
	Help Conti	nue		
		Next, you will need to identify the em search for an employee by employee name.	ployee. Yo e ID or by I	ou may last

Next, you will need to identify the employee. You may search for an employee by employee ID or by last name.



Employer eSer	rvices®				
Enrollment ID Cards	Claims Billing		Help	Training	Tutorials
					Log Out
Select Group from I	ist, enter Employee Search criteria a	nd select Search.			
Select Group	SAMPLE COMPANY 9990089				
Employee Search	By Employee ID	(SSN or Alternate ID)			
Select Enrollee	By Last Name Click the Last Name button Help Conti	nue	Search		
		In this example, we will sea	arch by las	t name.	

In this example, we will search by last name.



Employer eSer	vices®		
Enrollment ID Cards	Claims Billing	Help	Training Tutorials
			Log Out
Select Group from l	ist, enter Employee Search criteria a	nd select Search.	
Select Group	SAMPLE COMPANY 9990089		
Employee Search	O By Employee ID	(SSN or Alternate ID)	
	By Last Name	First Rearch	
Select Enrollee	(Select Enrollee)	Click the Search button	
	Help Conti	nue	
		Enter the employee's last name. Note a wild card search by entering the first of the last name, followed by an aster	e that you may do st three characters isk.

Enter the employee's last name. Note that you may do a wild card search by entering the first three characters of the last name, followed by an asterisk.



Employer eSer	vices®		
Enrollment ID Cards	Claims Billing	Help	Training Tutorials
			Log Out
Select Group from li	ist, enter Employee Search criteria an	nd select Search.	
Select Group	SAMPLE COMPANY 9990089		
Employee Search	O By Employee ID (SSN or Alternate ID)	
	By Last Name SMITH	First Initial Search	
Select Enrollee	(Select Enrollee)		
	Help Contin	Click the Select Enrollee menu	
		Click the Select Enrollee drop-down list of names that match your search	menu to display a criteria.

Click the Select Enrollee drop-down menu to display a list of names that match your search criteria.



Employer eSer	vices®				
Enrollment ID Cards	Claims Billing		Help	Training	Tutorials
					Log Out
Select Group from I	ist, enter Employee Search criteria a	nd select Search.			
Select Group	SAMPLE COMPANY 9990089				
Employee Search	O By Employee ID	(SSN or Alternate ID)			
	 By Last Name SMITH 	First Initial	Search		
Select Enrollee	(Select Enrollee) SMITH, BRAD (Englight took 00445111444 SMITH, MARYHighlight Box SMITH, SHARON SMITH, BOB (Employee) 00787876543 SMITH, SALLY SMITH, BUDDY (Employee) 0022565325 SMITH, MABEL SMITH, DOB (Employee) 00999707399 SMITH, DOB (Employee) 00999707399 SMITH, DAVID (Employee) 0022122122 SMITH, JOHN JONES. JOHN SMITH, HERMAN(Employee) 00999010035				
		Note that dependent names a corresponding employee.	ire liste	d under th	ie

Note that dependent names are listed under the corresponding employee.



Employer eSer	vices®				
Enrollment ID Cards	Claims Billing		Help	Training	Tutorials
					Log Out
Select Group from lis	st, enter Employee Search criteria a	nd select Search.			
Select Group	SAMPLE COMPANY 9990089				
Employee Search	O By Employee ID	(SSN or Alternate ID)			
	 By Last Name SMITH 	First Initial	Search		
Select Enrollee	(Select Enrollee) SMITH, BRAD (Employee) 00445111444 SMITH, MARY SMITH, SHARON SMITH, BOB (Employee) 00787876543 SMITH, SALLY SMITH, BUDDY (Employee) 0022565325 SMITH, BUDDY (Employee) 0022565325 SMITH, BOB (Employee) 0022126122 SMITH, BOB (Employee) 00999707899 SMITH, DAVID (Employee) 0022122122 SMITH, JOHN IONES, IOHN SMITH, HERMAN (Employee) 0035	9			
		Select the correct enrollee	from the li	ist.	

Select the correct enrollee from the list.



Employer eServices®	
Enrollment ID Cards Claims Billing	Help Training Tutorials
	Log Out
Select Group from list, enter Employee Search criteria a	and select Search.
Select Group SAMPLE COMPANY 9990089	
Employee Search 🔘 By Employee ID	(SSN or Alternate ID)
O By Last Name SMITH	First Initial Search
Select Enrollee [SMITH, HERMAN (Employee) 00999010	035 🗸
	Click the Continue button
	The individual you selected now appears in the Select Enrollee field. Click the Continue button.

The individual you selected now appears in the Select Enrollee field. Click the Continue button.



Employer eS	ervices [™]	1					
Enrollment ID Car	ds Claims	Billing				Help Training	Tutorials
							Log Out
Enrollee: HERMAN	SMITH	Group: 99	90089	Insured	1 ID: 0099	9010035-00	
Claim Search							^
Enter the beginning Search.	and ending o	lates of service for your cla	aim request and	select		* Required	Field
Service Dates _F	From* MM To* MM	/ DD / CCYY / DD / CCYY Search					≡
			45				
Dates of Service	Pr	ovider Name	Total Charged	Total Deductible	Total Paid	Claim Status	
			Now tha Search	at you have sel page screen o	ected an e displays.	enrollee, the C	laim

Now that you have selected an enrollee, the Claim Search page screen displays.



Employer eSer	vices sm	1							
Enrollment ID Cards	Claims	Billing					He	elp Training	Tutorials
									Log Out
Enrollee: HERMAN SM	итн	Group:	99900	189	I	nsured ID:	: 009990	10035-00	
Claim Search									^
Enter the beginning and Search.	d ending a	lates of service for you	ur claim	request and	select			* Required	Field
Service Dates High (26 (X:T	1liğht 태양 39 × 67) [9] [*] Y (24 8)	/ DD / CCYY / DD / CCYY Sea	arch	k					Ξ
Dates of Service	Pr	ovider Name		Total Charged	Total Deducti	ble	Total Paid	Claim Status	
				To begi you wis	in your se h to view	arch, ent	er the ra	nge of servio	ce dates

To begin your search, enter the range of service dates you wish to view.



Employer e	Services	n						
Enrollment ID Ca	ards Claims	Billing					Help Trainin	g Tutorials
								Log Out
Enrollee: HERMA	IN SMITH	Group:	9990089		Insured	ID: 0099	9010035-00	
Claim Search								^
Enter the beginnir Search.	ng and ending	dates of service for your	r claim request :	and select			* Required	d Field
Service Dates	From* Offig	hight/Box / 2006	- N					=
Dates of Service	P	rovider Name	Total Charged	Tot Dedu	tal ctible	Total Paid	Claim Status	
			Note than	that the "F 18 months	From" S s prior to	ervice Da today's d	ate must not k date. The "To	be more o" date
			may	not be mo	re than	12 month	s after the "⊢	rom" date.

Note that the "From" Service Date must not be more than 18 months prior to today's date. The "To" date may not be more than 12 months after the "From" date.



Employer eServices sm		
Enrollment ID Cards Claims Billin	9	Help Training Tutorials
		Log Out
Enrollee: HERMAN SMITH	Group: 9990089	Insured ID: 00999010035-00
Claim Search		<u>^</u>
Enter the beginning and ending dates of Search.	f service for your claim request and select	* Required Field
Service Dates From* 01 / 01 To* 09 / 01	/ 2006	
Dates of Service Provider	Name Click the Search butto	DN I Total Claim ible Paid Status
	When you ha	we finished, click the Search button.

When you have finished, click the Search button.



Employer eServices [™]						
Enrollment ID Cards Claims Billing				He	elp Training	Tutorials
						Log Out
Enrollee: HERMAN SMITH	Group: 99900	89	Insured ID): 009990	010035-00	
Service Dates From* 01 / 01 / 20 To* 09 / 01 / 20)6 Search					^
Claim Results Results 1 - 3 of 3						
Dates of Service Provider Name		Total Charged	Total Deductible	Total Paid	Claim Status	
03/31/2006-03/31/2006 BIRRER RPT/B1 01/15/2006-01/15/2006 POLCARI THRP5 01/15/2006-01/15/2006 POLCARI THRP5	,IZABETH M r svc inc/Highligh r svc inc/(714× (X:18; Y	300.0 t Box 400.0 71) <u>10150.0</u> :293)	85.0 85.0 85.0	0.0 0.0 0.0	Processed Processed Processed	
Highlight a claim and click View Details for a Highlight a claim and click Download EOB for	a description of th r an explanation	e claim. of the claim's	outcome.			
Help	Print	View Detai	ils Down	iload EOB(p	odf)	
		Claims w	hich match you	r search (criteria will di	splay.

Claims which match your search criteria will display.



Employer eServices sm						
Enrollment ID Cards Claims Billing				Не	elp Training	Tutorials
						Log Out
Enrollee: HERMAN SMITH Group:	99900)89	Insured I	D: 009990	10035-00	
Service Dates From* 01 / 01 / 2006 To* 09 / 01 / 2006 Searc	ch					^
Claim Results Results 1 - 3 of 3						
Dates of Service Provider Name		Total Charged	Total Deductible	Total Paid	Claim Status	
03/31/2006-03/31/2006 BIRRER RPT/ELIZABETH 1 01/15/2006-01/15/2006 POLCARI THRPY SVC INC, 01/15/2006-01/15/2006 POLCARI THRPY SVC INC,	м 🔓	300.0 400.0 10150.0	85.0 85.0 85.0	0.0 0.0 0.0	Processed Processed Processed	=
Highlight a claim and click ¥iew Details for a descriptio Highlight a claim and click Download EOB for an explan	on of th nation	ne claim. of the claim's	outcome.			
Help Pr	rint	View Deta	ils Dow	nload EOB(p	odf)	
		For a pa button at	per copy of you the bottom of t	ir search r he page.	esults, click t	he Print

For a paper copy of your search results, click the Print button at the bottom of the page.



Employer eServices	S sm						
Enrollment ID Cards Clain	ns Billing				Help	Training	Tutorials
							Log Out
Enrollee: HERMAN SMITH		Group: 9990	089	Insured	ID: 009990100)35-00	
Service Dates From* 01	. / 01 / 2006						^
То* 09) / 01 / 2006	Search					
Claim Results Results 1 - 3	of 3						
			Total	Total	Total Cla	im	
Dates of Service	Provider Name		Charged	Deductible	Paid Sta	tus	_
03/31/2006-03/31/2006	BIRRER RPT/ELI	ZABETH M	300.0	85.0	0.0 Pr	ocessed	_
01/15/2006-01/15/2006	POLCARI THRPY	SVC INC/Highli	10150 0	85.0	0.0 Pr	ocessed	-
01, 10, 2000 01, 10, 2000	10201102 111011		1010010		0.0 11	occooca	
l		— H	liahliaht Clai	m 📃			
Highlight a claim and click Vi	iew Details for a	descr					
Highlight a claim and click D	ownload EOB for	an explanation	n of the claim's	outcome.			
	Help	Print	View Deta	ils Do	woload EOB(odf)		
		Plint	View Deca		wilload cob(pai)		
				1. 11. A.	16 1 1		
			⊢or a de	scription of a s	specific claim,	nighlighti	the
			ciaim an	a click the Vie	w Details butto	on.	

For a description of a specific claim, highlight the claim and click the View Details button.



Employer eServices [™]						
Enrollment ID Cards Claims Billing				He	elp Training	Tutorials
						Log Out
Enrollee: HERMAN SMITH	Group: 9990	089	Insured II): 009990	10035-00	
Service Dates From* 01 / 01 / 20	006					^
To* 09 / 01 / 20	006 Search					
Claim Results - Results 1 - 3 of 3						
						_
Dates of Service Provider Name)	Total Charged	Total Deductible	Total Paid	Claim Status	
03/31/2006-03/31/2006 BIRRER RPT/	LIZABETH M	300.0	85.0	0.0	Processed	
01/15/2006-01/15/2006 POLCARI THRE 01/15/2006-01/15/2006 POLCARI THRE	PY SVC INC/	400.0	85.0 85.0	0.0	Processed Processed	
		A				
Highlight a claim and click View Details for	a description of t	the claim	Click the View	Details h	outton	
Highlight a claim and click Download EOB f	or an explanation	of the claim				
Help	Print	YiaMiah€'Bt	jk Dowr	load EOB(p	df)	
			-ve			
		_				_
		For a de	scription of a sp	ecific clai	im, highlight	the
		ciaim and	a click the view	Details b	utton.	

For a description of a specific claim, highlight the claim and click the View Details button.



Employer eServices sm	1						
Enrollment ID Cards Claims	Billing	Help	Training Tutorials				
			Log Out				
Enrollee: HERMAN SMITH	Group: 999008	9 Insured ID: 009990100	035-00				
IMPORTANT INFORMATION R. "you" refers to Customer and access to participant EOB info this Section. You the Custom the discretion and authority to access under this Agreement By clicking below, you certify you have obtained and maint applicable law including, but r abuse and mental health reco information, such as HIV, sex maintain any required individ applicable law.	IMPORTANT INFORMATION Regarding Access to Confidential Participant EOB Information. (Note that "you" refers to Customer and "we" or "us" refers to UnitedHealthcare.) We, UnitedHealthcare, will make access to participant EOB information available to you through our employer portal, in accordance with this Section. You the Customer, acting as Plan Sponsor on behalf of your self-funded Plan, delegate to us the discretion and authority to develop and use standards and procedures for providing you with such access under this Agreement. By clicking below, you certify that by accessing participant EOB information through this employer portal, you have obtained and maintained individual authorizations that are required in accordance with applicable law including, but not limited to, HIPAA, federal laws governing the confidentiality of substance abuse and mental health records, and state laws governing the confidentiality of substance information, such as HIV, sexually transmitted disease and genetic testing. You agree to obtain and maintain any required individual authorizations for both subscribers and their dependents, as required by applicable law.						
You acknowledge that in orde Sponsor, the Plan must fully o appropriate steps have been regulations, including but not request by an Individual.	er for the Plan or its designee to l comply with the HIPAA privacy re taken for the Plan to be in full co limited to, the maintenance of a	awfully disclose PHI to you, acting as Plan egulations. You further acknowledge that mpliance with the HIPAA privacy Privacy Notice to be distributed upon					
You represent, warrant and c notice, in accordance with HII participant EOB information. function of enrollee advocacy	ertify that the Plan has amende PAA, to include specific provisior You also represent, warrant and to us.	Because claim information may contain data, an authorization agreement will	ain confidential display.				
Upon our request, you agree any individual authorizations	to deliver to us copies of your a that you have obtained and mai						

Because claim information may contain confidential data, an authorization agreement will display.



Employer eServices [™]					
Enrollment ID Cards Claims Bi	illing		Help	Training	Tutorials
				I	Log Out
Enrollee: HERMAN SMITH	Group: 999008	9 I	nsured ID: 00999010	035-00	
Business Associate Agreement b Customer's access to participant defend, indemnify and hold us h asserted against, imposed upon	etween the Parties, if any, ar EOB information on the emp armless against any and all c or incurred by us that arise c	nd arising directly or in loyer portal. Further, laims, liabilities, judgr ut of any violation of	ndirectly from you also agree to nents or damages this Agreement.		^
You understand that failure to co may result in your criminal or ci	mply with this agreement an vil liability under federal and/	d your failure to comp or state laws.	oly with applicable law		
	Agre	e			
Please note that above only ap before accessing EOB level de summarized claims information	oplies to cu tail. Click the I.	Agree button	ed each session lity to view		
Click this link to obtain a <u>samp</u> purposes only and does not co	le individual authorization for ntain legal notice.	<u>m (pdf)</u> . This form is	for informational		
ALERT - REQUIREMENT TO UTILIZE CLAIM identifiable medical information. Client agree	S: In order to access claims, client a s that client has a procedure in play	grees that he/she shall concerned to protect this confident	mply with confidentiality laws ial information. Client also ag	concerning indi rees that he/she	vidually ≣ will
	or required administrative procedur	After reading this	s statement, click I A	gree to cor	ntinue.

After reading this statement, click I Agree to continue.



Employer eServices [™]									
Enrollment ID Ca	rds Claims Billing						Help	Training	Tutorials
									Log Out
Enrollee: HERMA	N SMITH	Group:	999008	9		Insured ID:	009990100)35-00	
Claim Detail									^
1	Provider Name:		POLCAR	I THR	PY SVC INC/	DCCUP			
	Dates of Service:		01/15/2	006 -	01/15/2006				
	Total Charged:		\$400.00 ¢0.00)					=
	rotal Patient Resnonsih	ility:	\$0.00				P		
		,.	4						
1	Date Received by UHC:		2007-08	3-18					
1	Claim Status:		Process	ed					
1	Date Processed:		2007-10)-31					
	Cheque Number:								
	Lneque Date:								
	Satisfied Year to Date	In Netv P	vork Out ocket	: of	Out of N Deduc	letwork ctible	Out of Ne of Po	twork Out ocket	
	Liberty	\$85.00		Muz	i shiiko on Es	volgonation (of Popofito	the detail	naga
	Family	\$85.00			tains a sum	e claim you	cted.		
	Plan year								
<	Libortu	#2 000 0C	n						

Much like an Explanation of Benefits, the detail page contains a summary of the claim you have selected.



Employer eServices [™]											
Enrollment	ID Cards	Claims	Billing					He	lp Trair	ning Tuto	rials
										Log	Out
Enrollee: H	HERMAN SM	ітн		Group: 999	0089	Ir	nsured ID: (09990	10035-0	D	
								by Plan	Plan		^
	Office Visits	\$400.0	00 \$0.00	\$85.00	\$0.00	\$85.00	\$315.00	0%	\$0.00	ΤQ	
	Remarks: TQ THE ALLOWABLE AMOUNT FOR THIS EXPENSE HAS PREVIOUSLY BEEN APPLIED TO THE INDIVIDUAL'S CALENDAR YEAR DEDUCTIBLE.										
Downlo	Help Print Back to Claims List										
2					You r print	may print the button at the	contents c bottorn of	of this s the pa	creen b ge.	y clicking	the

You may print the contents of this screen by clicking the print button at the bottom of the page.



Employer eServices sm											
Enrollmen	t ID Cards	Claims B	illing					He	lp Train	ing Tuto	orials
										Log	Out
Enrollee:	Enrollee: HERMAN SMITH Group: 9990089 Insured ID: 00999010035-00										
								by Plan	Plan		^
	Office Visits	\$400.00	\$0.00	\$85.00	\$0.00	\$85.00	\$315.00	0%	\$0.00	ΤQ	Ī
Dow	Remarks: IQ THE ALLOWABLE AMOUNT FOR THIS EXPENSE HAS PREVIOUSLY BEEN APPLIED TO THE INDIVIDUAL'S CALENDAR YEAR DEDUCTIBLE. Patient Pays: \$85.00 Click the Download EOB button Help Print Back to Claims List										
						ownload a Pl fits for your r n.	DF copy of records, cli	fthe E ckthe	xplanati Downloa	on of ad EOB	

To download a PDF copy of the Explanation of Benefits for your records, click the Download EOB button.





To download a PDF copy of the Explanation of Benefits for your records, click the Download EOB button.



Employer eServices®		
	Congrat You have complete	tulations! d the Claims Tutorial
		Congratulations! You've completed the Claims tutorial. In this tutorial, you learned how to access claim information using Employer eServices.

Congratulations! You've completed the Claims tutorial. In this tutorial, you learned how to access claim information using Employer eServices.

