

# Provider Portal User's Guide

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*Remittance/Notice of Payment*



# Remittance/Notice of Payment

The following guide 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](https://provider.carefirst.com).

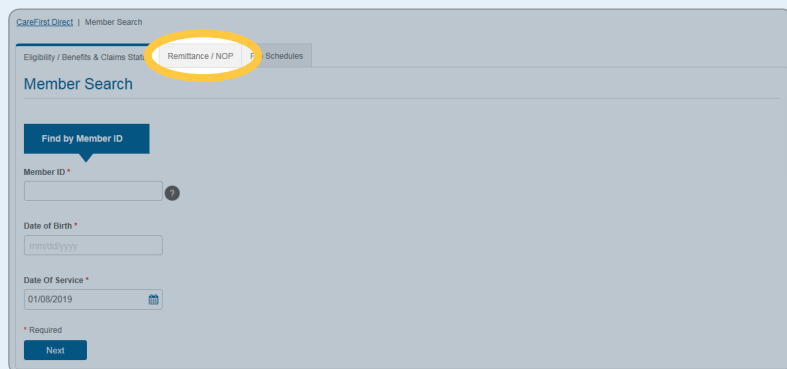


Once logged in, you will see the CareFirst Direct home page and the *Member Search* screen.

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

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*.

Remittance / NOP

Tax ID/Organization \*  
000000000 - GROUP NAME

Billing NPI/Payee \*  
Select One

\* Required

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.

### 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 seven days at a time.

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

Remittance / NOP

I'm Searching for

Tax ID/Organization \*  
000000000 - GROUP NAME

Billing NPI/Payee \*  
All

Start Date

End Date

Check/EFT #

Paid Amount

Source

\* Required

Search

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## Remittance/Notice of Payment

Based on your search criteria, results will appear.

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

**Remittance / NOP Results**

You Searched for: New Search

Tax ID: 000000000 - GROUP NAME Billing NPI: All

Filter Details: Pay (up to 7 days at a time)

From: 01/02/2019 To: 01/02/2019 Check/EFT # Paid Amount Source

Reset Search

Search Results

Click on the link to view additional information

#	Check Date	Payment Method	Check/EFT #	Paid Amount	Line of Business	Source	Adjustment
1	01/02/2019	ACH	111111111	\$23.35	CAREFIRST OF MARYLAND INC	FACETS	No
2	01/02/2019	ACH	01020119	\$10,001.79	CPHSA	MARCO	No
3	01/02/2019	ACH	333333333	\$5,139.94	CAREFIRST BLUECROSS BLUESHIELD OF MARYLAND	POP	No

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 can also Export the information to Excel or a PDF file.

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

**Remittance Details**

Pay to NPI: 800000000X Check/EFT Number: 333333333 Total Paid Amount: \$5,139.94

Tax ID: 800000000X Check Date: January 02, 2019 Total Charge Amount: \$6,903.00

Payer Name: PRO-IDER NAME Production Date: January 02, 2019 Total Member Liability: \$644.25

Email: PRO-IDEREMAIL@ORGANIZATION.COM Receiver Name/Number: PolicyHealth

Contact: 410-655-6555 NCP Number: Click icon to view

Filter Details By:

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

#	Member Account	Member ID	Claim Number	Status Code	Member Name	Total Charge	Paid Amount	Balance
1	11111		11111111100	1	LASTNAME, FIRSTNAME	\$360.00	\$110.10	\$0.00
2	22222		22222222200	1	LASTNAME, FIRSTNAME	\$205.00	\$143.04	\$25.00
3	33333			1	LASTNAME, FIRSTNAME	\$305.00	\$211.09	\$0.00
4	44444		44444444400	1	LASTNAME, FIRSTNAME	\$295.00	\$143.04	\$25.00

## Remittance/Notice of Payment

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

You will see 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.

CarFirstDirect | Remittance / NOP | Remittance / NOP Results | Remittance Details | Remittance Claim Information

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

< Back Remittance Claims Information

LASTNAME, FIRSTNAME DOB: Member ID:

I would like to Select

**Remittance Information**

Claim Number 11111111100	Check EFT Date January 02, 2019	Receiver Name / Number RelayHealth
Claim Status Processed as Primary	Check EFT Number 333333333	Source FEP
Claim Filing Ind Preferred Provider Organiza	Claim Frequency Code 1	Date Of Service 11/13/2018 - 11/13/2018
Payer Identification Number 690		

**Provider / Payee Information**

Payee Name/Provider ID GROUP NAME	Tax ID XXXXXXXXXX	Pay to NPI XXXXXXXXXX
Rendering Provider Name PROVIDER NAME	CMS / National Provider Identifier XXXXXXXXXXXX	

**Other Information**

Subscriber Identifier:

	Amount	Explanation
Total Charges	\$390.00	
Total Contractual Obligation	\$24.84	CO-45 Charges exceed your contracted/registered fee arrangement. This change to be effective 6/1/07. Charge exceeds fee schedule/maximum allowable or contracted/registered fee arrangement. (Use Group Codes PR or CO depending upon liability).
Total Other Adjustments	\$250.00	OA-18 Duplicate claim/service.
Total Allowed Charge	\$390.00	
Total Paid Amount	\$115.16	
Total Member Responsibility	\$0.00	

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	99396	\$250.00	\$0.00	\$0.00	N/A	\$0.00	\$250.00	OA-18	11/13/2018-11/13/2018	11
2	99213 25	\$140.00	\$115.16	\$115.16	N/A	\$0.00	\$24.84	CO-45	11/13/2018-11/13/2018	11

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\* N/A - Not Available

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.

LASTNAME, FIRSTNAME DOB: N/A

I would like to Select

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

Remittance Information

## 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.

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

You can change your search criteria here. You can choose from the following options from the Check Date Range drop-down:

- 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.

CareFirst Direct | Remittance / NOP | Remittance / NOP Results

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

### Remittance / NOP Results

You searched for: 1111111111 - GROUP NAME

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

Billing NPI: 1111111111 - PRACTICE NAME

Check Date Range: [Dropdown] Check # / EFT #: [Input] Paid Amount: [Input] Source: [Dropdown] [Reset] [Search]

Search Results

#	Check Date	Payment Method	Check # / EFT #	Paid Amount	Line of Business	Source	Adjustment
1	01/04/2019	ACH	111111111	\$753.32	CAREFIRST BLUECHOICE	FACTS	No
2	01/04/2019	ACH	222222222	\$185.64	GHARS	FACTS	No
3	01/04/2019	ACH	333333333	\$35.39	CAREFIRST OF MARYLAND INC	FACTS	No
4	01/04/2019	ACH	444444444	\$29.82	FIRSTCARE INC	FACTS	No