

Provider Training Manual



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Introduction

CoreLink II offers enhanced access, improved design and expanded menu features while also retaining the information that was available on the original *CoreLink*. Our new website provides access to a secured Internet connection so that Employers and Members can be assured that their information is protected. *CoreLink II* also consolidates separate activities into one location. For example, from the main menu Members will be able to search Providers, access the Plan Documents, request ID cards, check claim status, etc.

System Requirements

Internet Explorer is needed to be able to use the help feature.

Log On to CoreLink II

To obtain a User ID and Password, click on **Provider Access Request** and follow the on-screen steps. The request is then sent to Core for approval. Your log in is usually created within 24 hours. Please contact Core if you should have any problems or questions.

Now you can acces QUICKLY and EASIL	ss your healthcare information Y.
ANYLANY	IHEBE
LOG IN HERE	
User ID: Password:	ANYTIME
Log In	Powered By: Eldoredo Computing, Inc.

Forgot Your Password? | Provider Access Request



Quick Start Menu



• Search & View Patient Claims – quick access to claims information (see page 7 for details).

Search Options	
Patient ID	*
Provider Tax ID	123456789
📀 Show Me	Last 10 Claims 💌
\bigcirc From - Through Service Dates	mm/dd/vvvv mm/dd/vvvv
O Claim Number	000-000000-00
	Search

 Search, View & Patient Information – to conduct a search for a patient by either SSN (Patient ID) or Certificate Number (Alternate ID)

Search Options	
 Patient ID Alternate ID Eligibility Date 	* 10/07/2011
	Search



• Search For & View Provider Information – To conduct a search for participating providers in your health benefits plan. There are three search link websites which are Patient First Network, First Health Network, and Industry Buying Group (IBG) Network.

	CoreLink II Benefits at Your Fingertips
	PROVIDER SEARCH
MAIN MENU	
Home	Provider Network Websites
Employee Search	
Claim Search	PATIENTIST
Provider Search	FIRST HEALTHINETWORK
Resources	INDUSTRI BUT INGROUPILI TIVORY
User Settings	These links to provider network websites are provided by your health plan administrator. Report incorrect links to your health plan administrator.
Help	
Log Out	
MAINTENANCE MENU	
lisers	
Roles	
Pending Requests	
Enrollment Rules	
Perform Enrollment	
Sponsor Settings	
Powered By: Eldorado Computing, Inc.	

• Access Important Resources – find forms and links; you can also contact the health plan administrator for assistance with *CoreLink II*.

	CoreLink II Benefits at Your Fingertips	
	RESOURCES	
MAIN MENU Home Claim Search Patient Search Provider Search Resources User Settings Help Log Out	Documents and Forms Prescription Drug Prior Authorization Links Join First Health Network Core Management Resources Group Contact the health plan administrator via e-mail. Contact Health Plan Administrator	This section is updated regularly with important items.
	Contact Information CORE MAIIACEMEIIT RESOURCES GROUP PO BOX 90 MACOII, GA 31202-0090 Phone:1-888-741-2673 Fax: 1-478-745-1043 Email: heigkorehealthibenefits.com Web: http://www.corehealthibenefits.com	



• Maintain System Settings – This option allows you to quickly access and update your user set-up information. Update such preferences as your password, password hint, date and number format, plus your e-mail address. To save any changes to the existing display, click the update button at the bottom on the screen.

CoreLink II Benefits at Your Fingertips							
	USER SETTINGS						
MAIN MENU							
Home							
Claim Search	Settings & Preferences						
Provider Search	User ID	123456789					
Resources	First Name	Martha					
User Settings	Middle Initial						
Help Log Out							
Log out	Last name	pones					
	Sumix						
	New Password						
WEBeci M	Password	(Confirm)					
Powered By: Eldorado Computing, Inc.	Password Hint						
	Language	English					
	Date Format	⊙ Month/Day/Year O Day/Month/Year O Day.Month.Year					
	Number Format	○ Compressed(1000.50) ③ American(1,000.50) ○ European(1.000,50)					
	E-Mail Address	m.jones@twinstitute.org					
	Update						

If you forgot your password, click <u>Forgot Your Password?</u> on the log-in screen. This box will appear with your password hint: PASSWORD HINT

1 ASSWORD TINT	
Below is your password hint:	
favorite movie	



Claim Search Results

After you have entered the parameters for your search, the results should look like this:

CLAIM SEARCH Provider Member	RESULTS Martha Jones John Smith	123456789 100010-*****7008	The primary member's (employee) name			
Claim Number	Category Code	Status - Date	Service Period	Billed	Payment	Pay Method
Patient	Date of Birth	Gender	Med Rec No	Bill Type	Check No	Check Date
211-041777-00 Sara Jane Smith	<u>F1</u> 11/23/1963	0 08/08/2011 F	07/26/2011 - 07/26/2011	389.00	0.00	
211-036928-00 John Smith	<u>F1</u> 10/04/1957	<u>0</u> - 07 <i>1</i> 21/2011 M	06/30/2011 - 06/30/2011	1,142.00	647.60	CHK 07/21/2011
<u>211-036928-01</u> John Smith	<u>F1</u> 10/04/1957	<u>0</u> - 07 <i>/</i> 21/2011 M	06/30/2011 - 06/30/2011	431.00	138.44	CHK 07 <i>1</i> 21/2011
211-036928-02 John Smith	<u>F1</u> 10/04/1957	<u>0</u> - 07 <i>1</i> 21 <i>1</i> 2011 M	06/30/2011 - 06/30/2011	424.00	250.18	CHK 07/21/2011
210-049259-00 Sara Jane Smith	<u>F1</u> 11/23/1963	<u>0</u> - 07 <i>1</i> 26/2010 F	06/24/2010 - 06/24/2010	103.00	87.55	CHK 07/26/2010
210-104964-00 Sara Jane Smith	<u>F1</u> 11/23/1963	<u>0</u> - 06/23/2011 F	06/24/2010 - 06/24/2010	678.00	449.64	CHK 06/23/2011
210-104964-01 Sara Jane Smith	<u>F1</u> 11/23/1963	<u>0</u> - 06/23/2011 F	06/24/2010 - 06/24/2010	240.00	108.61	CHK 06/23/2011
2 <u>10-104965-00</u> Sara Jane Smith	F1 11/23/1963	0 06/23/2011 F	06/24/2010 - 06/24/2010	451.00	359.43	CHK 06/23/2011
Claim Number	Patient Information					

Click on the Claim Number for detailed claim information.



Claim Information

CLA	IM INFORM	IATION						
Q	<u>Claim Search</u>	Printer Friendly Page			Click here for			
	Payer	CORE MANAGEMENT 100 RESOURCES 100		-	Explanation of			
	Provider	Martha Jones 123	456789	I	Benefits (EOB)			
	Member	John Smith 100	010-****7008-05					
C	laim Number	Service Period	Category	s	tatus and Date	Billed	Payment	Check No
2	11-041777-00	07/26/2011 - 07/26/2011	<u>F1</u>	ļ	<u>0</u> - 08/08/2011	389.00	0.00	
Р	atient Name	Date of Birth	Gender		Med Rec No	Bill Type	Payment Method	Check Date
S	ara Jane Smith	11/23/1963	F					

Service Lines									
Service Dates	Svc Qual	Svc Code	Proc Mod	Charge	Payment	Units	Category	Status - Date	Control No
07/26/2011 - 07/26/2011	<u>HC</u>	99213		125.00	0.00	1	<u>F1</u>	<u>0</u> - 08/08/2011	
07/26/2011 - 07/26/2011	<u>HC</u>	80053		88.00	0.00	1	<u>F1</u>	<u>0</u> - 08/08/2011	
07/26/2011 - 07/26/2011	<u>HC</u>	84550		43.00	0.00	1	<u>F1</u>	<u>0</u> - 08/08/2011	
07/26/2011 - 07/26/2011	<u>HC</u>	36415		10.00	0.00	1	<u>F1</u>	<u>0</u> - 08/08/2011	
07/26/2011 - 07/26/2011	<u>HC</u>	84443		123.00	0.00	1	<u>F1</u>	<u>0</u> - 08/08/2011	

Category Code(s)

F1 Finalized/Payment - The claim/line has been paid.

Status Code(s)

0 Cannot provide further status electronically

Service Qualifier(s)

HC Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes



Printing the Explanation of Benefits (EOB)

			Core	eLink	k		Clic	ck here to	o print	Y		
MAIN MENU	CLAIM DETA	AIL								6	Print Close	
Claim Se Patient Se	Claim Humber	Dates	of Cervice	From Three	uab	Peceived	Group	Network	Member ID	Statue	and Bate	
Provider Se	211-041777-00	Duccs (07/26/2011 -	07/26/2011	Agn	07/29/2011	100010	FHN	*****7008	Paid - (08/08/2011	
Kesol User Set												
	Service Date	Service Code	Charge	Not Paid	Reason	Covered	Deductible	Co Ins %	Co ins Dollars	Discount	Payment	t Check No
Lo	07/26/2011	001	125.00	52.79	PN	72.21	72.21	80	0.00	52.79	0.00	
	07/26/2011	801 801	88.00 43.00	16.85	PN	71.15	71.15	80 80	0.00	16.85	0.00	thod Check Date
	07/26/2011	006	43.00	2,00	PN	8.00	8.00	80	0.00	2.00	0.00	
WEBect "	07/26/2011	801	123.00	56.54	PN	66.46	66.46	80	0.00	56.54	0.00	
Powered By: Eldorado Computing.		Totals:	389.00	160.69		228.31	228.31		0.00	160.69	0.00	
												1
												1
							Patient	t Responsibi	lity 228.31			1
												1
	Employee	e/Patient - Provi	der	Wit	hhold	En	countered		Payment	Check	Number	
	SARA JANE SMI	тн							- 0.00	I I		
	Martha Jones				c	0.00 0.00			0.00			
	Service Code De	escription										
	001 = OFFICE VIS	IT										
	801 = PATHOLOG	Y/LABORATOR	/ SERVICES									
	UU6 = PHYSICIAN	SERVICES, MISC	ELLANEOUS									
	Reason Code De	escription										
	PN = PIN/FHN DISC											
	EOB Message											
	TO PROTECT PATIE	ENT PRIVACY, TH	E PATIENT' S	EOB WILL B	E ADDRESSE	D TO THE PAT	TIENT.					

