Common Ground Healthcare Cooperative (CGHC) Provider Portal Self Service Training Guide
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Accessing the CGHC Provider Portal

**Step 1:** Access our website at [www.commongroundhealthcare.org](http://www.commongroundhealthcare.org) using Chrome (preferred), Firefox, Microsoft Edge, or Safari.

**Step 2:** Once on the website, hover over “For Providers,” and you will be the Provider Portal as the first menu option.
**Step 4:** You will then be taken to the Portal Login page. If you are a new user and work for an independent provider group or facility billing under just one tax identification number (TIN), you can register with your clinic or facility TIN as outlined on the next page. Start by clicking on New Provider User? Register Here. If, however, you are part of a health system (such as Aurora, Bellin, or ThedaCare) and require access to multiple TINs, you will need to contact the designated payer portal administrator within your organization to request access. Once your administrator approves your request, they will notify CGHC to complete the necessary set-up to allow you access to multiple TINs under a single account and username.
**Step 5:** At the Provider Information page, complete the required contact information fields marked with a red asterisk:

- Email: Enter email address
- Last Name: **Please list the Facility or Clinic Tax ID Number (TIN)—do not enter your name**
- **TIN**: Enter the Tax ID Number again
- Click Next
**Step 6:** Complete the Provider Employee Information marked with a red asterisk. This is YOUR information.

- Last Name
- First Name
- Click Next
**Step 7:** Complete the User Information screen (still YOUR information) to create a username and password to obtain access to the Provider Portal:

- Last Name
- First Name
- Username
- Password and Confirm Password
- Email and Confirm Email
- Click Submit
**Step 8:** Once you log in for the first time, you will go to the Terms and Conditions page. After reading the information, choose Yes, I agree with the statement and click Next.
Portal Home Page
After you log in to the portal, you will be at the home page and have access to four tabs (specific instructions for each tab are found in separate sections of this training document):

1. Administration – this training will be done off-line with the person you choose to be your organization’s Administrator, and that person will have access to:
   a. User List – access all portal users under your Tax ID Number
   b. User Profile – change your user profile including username and password
2. Authorizations – search the authorization list for any prior authorizations associated with a member
3. Claims – check the status of any claim
4. Member Eligibility Search – determine if members are eligible for CGHC benefits as of a certain date including plan information, effective and termination dates, copayments, deductibles, coinsurance, and associated accumulators

The Administrator’s portal home page will look like this:
The Employees’ portal home page will look like this:

You can get back to any previous screen using the trail of links (bread crumbs) in orange text in the upper left. This will supply you with quick links back to previous pages:

Home > Claim Status List
Authorizations Search

**Step 1:** The portal provides you with access to view a member’s completed Authorizations by clicking on Authorization List. The portal only allows you to view completed authorizations (i.e. approvals and denials). To obtain a new authorization, please contact our Prior Authorization department at 877-779-7598.

**Step 2:** The Authorization List screen allows you to search for an authorization using a variety of search criteria. The simplest way is to search by entering the Member’s First and Last Name or Member ID number and clicking Search.
**Step 3:** Results for any authorization will be displayed at the bottom of the page. If the member has more than one authorization, they will all display in the Results area of the screen. Results can also be exported into an Excel spreadsheet.
**Step 4:** In the Results box, click on the Detail link of the required authorization in order to review the Authorization Detail screen. Also please note, you may download to an Excel spreadsheet for viewing. The Authorization Detail screen displays the following information regarding your authorization request:

- Authorization Information – status reflects approved or denied authorization request, date, and time the request was made
- Member Information—Name, DOB, Member ID, gender
- Authorization Requesting Provider Information – Name and TIN
- Authorization Diagnosis
- Authorization Service Provider
- Procedure Code(s)
- Requested Date(s)
- Number of Date(s) approved
Claims Status Search

The Portal provides access to view CGHC member claim status for your organization. (Note: For health system providers who have been granted the expanded CPA access for multiple TINs, you must first click on the Central Provider Admin List button on the left and then select the TIN that you wish to search under.)

**Step 1:** Click on the Claims Status List tab to review the status of a claim (Finalized, Pending, Rejected).

**Step 2:** To view all claims submitted by your facility, there are two options: enter the member’s first name, last name, and date of birth OR enter the Member ID number. (View graphic on the following page).

**Step 3:** Click Search. Results will list all claims for the Member ID number listed. Claims are displayed for viewing by Claim Number, Member Name, Member ID Number, Service Date, Provider Name, Charged Amount and Total Patient Responsibility. Results can also be exported into an Excel spreadsheet.
Step 4: In the Results box, click on the hyperlink for a given “Claim No” to view the detailed status of the claim including:

- Member Information
- Servicing Provider Information
- Claim Information
- Payment Information
- Service Line Information
Step 5: Click on the View EOB hyperlink to see the following:

- Payer and Payee
- Service Dates
- Procedure Codes and Quantities
- Charge and Allowed Amounts
- Any Patient Responsibility: deductible, coinsurance, copay
- Other Insurance
- Remark Codes
This is a summary of your Explanation of Benefits only. For a complete Explanation of Benefits which contains information about your total deductible and out-of-pocket met for the year, please call our Member Services team at 877.514.2442.

### Information

**Payer**

- **Name:** Common Ground Healthcare COOP
- **Address:** Claims and Correspondence
- **Address 2:** PO Box 1630
- **City:** Wisconsin
- **State:** WI
- **Zip Code:** 53008
- **Contact Name:** Customer Service
- **Contact Phone:** (877) 514-2442

**Payee**

- **Member Name:** PETUNIA PIG
- **Member ID#:** XXXXXXXXXX
- **Medicaid No:** 111111111
- **Group Or Policy No:** WI-HIX-I
- **Claim No:** 2019XXX000000
- **Service Date:** 06/06/2019
- **Provider Name:** ABC MEDICAL CENTER

### Details

<table>
<thead>
<tr>
<th>Service Date</th>
<th>Procedure</th>
<th>Quantity</th>
<th>Charge Amt</th>
<th>Allowed Amount</th>
<th>Deductible</th>
<th>Copay</th>
<th>Coinsurance</th>
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<td>$28.83</td>
<td>$0.00</td>
<td>$0.00</td>
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<td><strong>$426.00</strong></td>
<td><strong>$28.83</strong></td>
<td></td>
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### Remarks Legend

- **ENP** : This claim has been priced through the CGHC Envision network.
- **151** : Subject to the in-network calendar year out of pocket until the maximum benefit is met.
Remittance Advice Search
You are able to search for remittance advice information via the Provider Portal.

**Step 1:** Click on Remittance Advice Search under Claims.

**Step 2:** Enter the Member ID or First and Last Name to see the remittance information for that member.
**Step 3:** To see the specific Remittance Advice Detail, click on any of the Check or Eft Trace No hyperlinks.

Please note: the check number listed in the Remittance Advice Detail is just a placeholder number and is not the actual check number.
Member Eligibility Search

You are able to determine if someone is an active member of CGHC on the Provider Portal.

**Step 1:** On the left side of the screen, click on Member Eligibility Search.

**Step 2:** Enter member information:
- Eligible as of Date defaults to today’s date. If you need eligibility as of a different date, enter the date (mm/dd/yyyy) or click on the calendar drop down and choose a different date.
- Enter the member’s date of birth (mm/dd/yyyy) – this is a required field
- Enter the Member ID number – this is a required field
- To search for more than five members at a time, click the + Add Member on the right side of the screen. Each time + Add Member is clicked, five search rows are added to the search screen (up to 30 search rows total).

**Step 3:** Click Search and you will be taken to the Member Eligibility List page. This shows that the member is Active as of the date you entered.
**Step 4:** To determine if a member has met their deductible and/or out of pocket maximum, click Usage to see the Accumulator Detail page (see next page for screen shot).
The Accumulator Detail page includes:

- Max Value = Member’s Deductible and Out of Pocket Maximum
- Accumulated Value = How much of the deductible and out of pocket maximum the member has met
- Remaining Value = How much of the deductible and out of pocket maximum the member has remaining

The Benefit Plan Summary of Benefits page includes PDF documents of the member’s specific benefit plan information:
Updating Your User Profile

**Step 1:**
For the Administrator, click on User Profile under Administration.

For Employees (Provider Employee Default), click on User Profile on the portal home page.

IMPORTANT: If you are looking to make a premium payment, please go back to our home page (www.commongroundhealthcare.org) and click the “Pay My Premium” button at the top of the page.
**Step 2:** You are able to change the following:

- Name
- Password
- Email address
- Security questions

**Step 3:** Click Submit to accept the changes.
Section 2: Using Member Services Phone IVR to Check Member Eligibility and Paid Through Date

**Step 1:** Call the Member Services line at 1-877-514-2442

**Step 2:** Press 2 to be connected to the Provider options

**Step 3:** Press 1 to verify member eligibility and paid through date

**Step 4:** Enter your 10-digit NPI

**Step 5:** Enter the 10-digit Member ID. The system only accepts numbers, so do not include letters, dashes, or spaces.
- For a Member ID containing the letter I, use the number 4
- For a Member ID containing the letter S, use the number 2

**Step 6:** The system will return the member’s paid through date and the CGHC network they have.
Section 3: CGHC Contact Information

Aaron Jackson – VP, Provider Contracting & Strategy
ajackson@commongroundhealthcare.org
414-448-6067

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