



# **Common Ground Healthcare Cooperative (CGHC) Provider Portal Self Service Training Guide**

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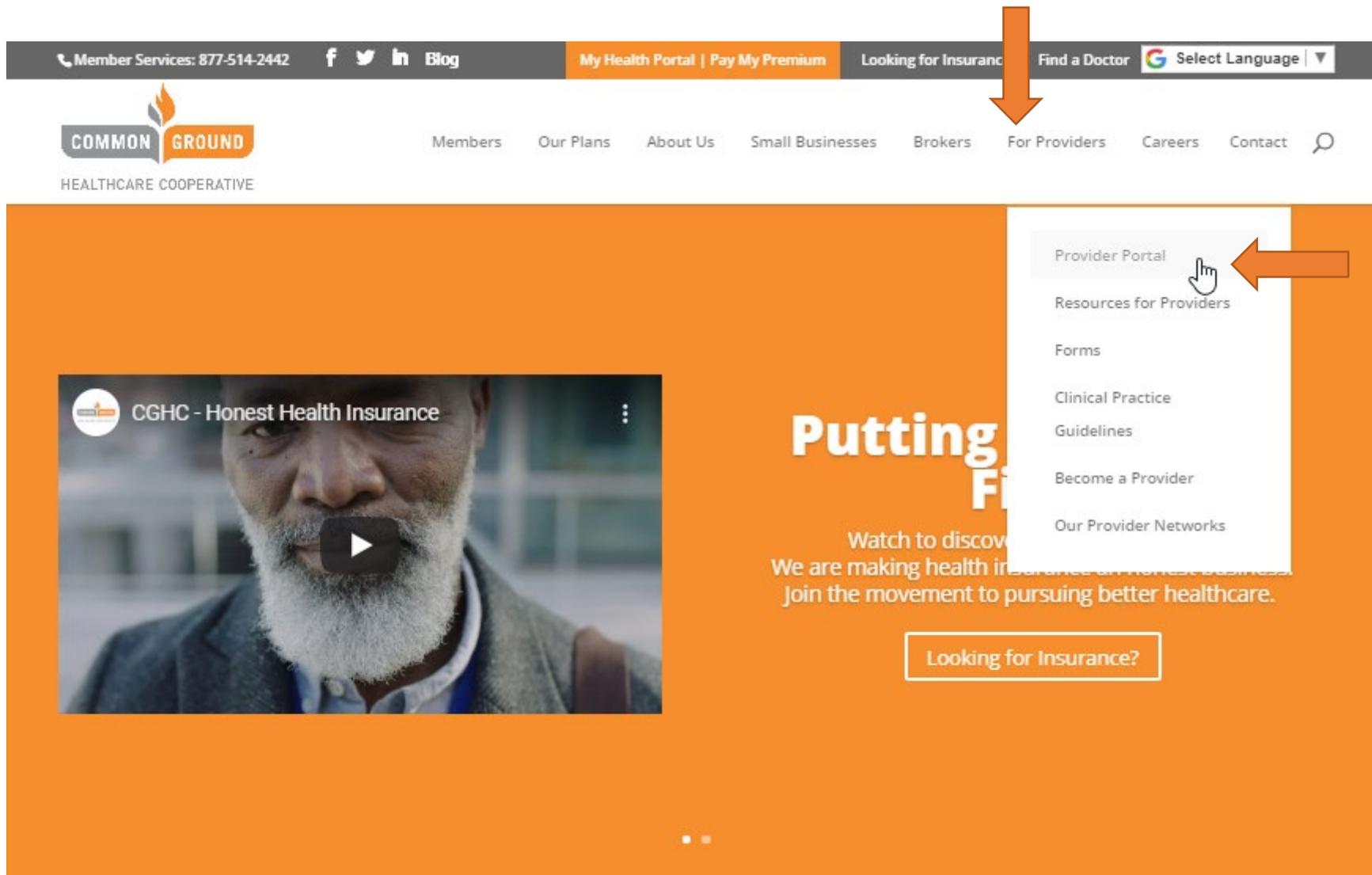
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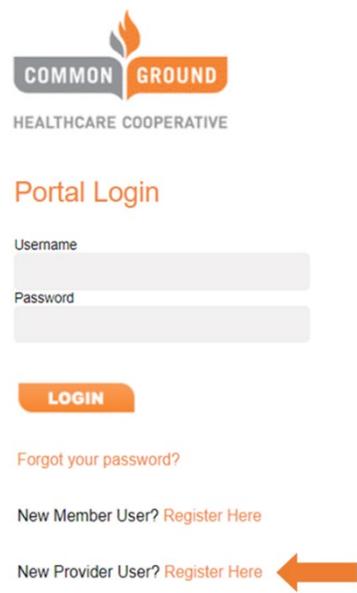
## Accessing the CGHC Provider Portal

**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



### Provider Information

If you are having trouble registering, call Customer Service at 1-877-514-CGHC (2442).

Required Fields

How may we contact you?	
Phone	<input type="text"/>
Email	<input type="text"/>
Fax	<input type="text"/>

Provider Information - Provider Information	
Last Name	<input type="text" value="Facility or Clinic Tax ID Number"/>
First Name	<input type="text"/>
TIN	<input type="text"/>

**Step 6:** Complete the Provider Employee Information marked with a red asterisk. This is YOUR information.

- Last Name
- First Name
- Click Next



### Provider Employee Information

\*Required Fields

Provider Employee Information - Enter Provider Employee Information	
* Last Name	<input type="text"/>
* First Name	<input type="text"/>
Middle Name	<input type="text"/>
Title	<input type="text"/>

< Back **Next >** Cancel

**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



User Information

Required Fields

**User Information - Enter User Information**

	Last Name	<input type="text"/>
	First Name	<input type="text"/> ?
	Middle Name	<input type="text"/>
	Username	<input type="text"/> ?
	Password	<input type="text"/> ?
	Confirm Password	<input type="text"/> ?
	Password Question 1	<input type="text"/>
	Password Answer 1	<input type="text"/>
	Email	<input type="text"/> ?
	Confirm Email	<input type="text"/> ?

**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.

### Terms and Conditions

 [Printer Friendly Format](#)

#### STANDARD TERMS OF USE

www.commongroundhealthcare.org is owned and operated by www.commongroundhealthcare.org. The following Terms of Use apply to your use of www.commongroundhealthcare.org and any of its information, features, or services (all together referred to as "the Website and Services"). You should carefully review the entire Terms of Use because by using the Website and Services you are agreeing to these Terms of Use.

**NOTE:**

Certain features of the Website and Services may be governed by additional terms of use, so please refer to those additional terms of use for more information. By agreeing to the Terms of Use, you are agreeing to all applicable terms and restrictions including these additional terms of use.

#### TERMS OF USE

**Authority:**

You agree that you are able to accept the Terms of Use for the Website and Services and that you will use the Website and Services in a manner consistent with these Terms of Use.

**Changes to the Terms of Use:**

www.commongroundhealthcare.org may update and change these Terms of Use from time to time without notice to you. You are responsible for reviewing these Terms of Use on a regular basis to make sure you are still in agreement to comply with them. By using or accessing the Website and Services after changes have been made to the Website and Services or these Terms of Use, you are agreeing to accept those changes.

**Protecting Your Information:**

You should keep any correspondence you receive relating to the Website and Services (including, but not limited to, your user ID, passwords, other registration information, e-mails, or any other information) confidential and in a safe place. If other people have access to your computer, user ID or password, or other personal information, they may be able to access information you have obtained from the Website and Services. www.commongroundhealthcare.org is not responsible for the security of privacy of any such information under these circumstances. You agree to notify www.commongroundhealthcare.org if you learn of or suspect any loss or unauthorized use of your login information (user ID or password). www.commongroundhealthcare.org is also not responsible for the security of your internet access services provider and you should review their security and privacy policies carefully.



**Yes, I agree with the statement**  **No, I do not agree with the statement**

## 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:

<b>Administration</b>	<b>Welcome</b>
<b>Authorizations</b>	Welcome to Common Ground Healthcare Cooperative’s Member Portal! There are many features offered in the portal that we encourage you to take advantage of. If you should have any questions about the items in the portal or about your plan, please call Member Services at 877-514-2442. If you would like to review your prescription drug information, please go to <a href="http://www.optumrx.com/mycatamaranrx">www.optumrx.com/mycatamaranrx</a> .
<b>Claims</b>	<b>PLEASE NOTE:</b>
<b>Member Eligibility Search</b>	The temporary ID cards lists your member ID without the 3 digit person code. If you are the subscriber, your member number contains a 001 at the end (i.e. 0000966666001). Each person listed on your policy will have a person code (002, 003, 004, etc.) following the order in which they are listed on your ID card. If you use this card to call our Customer Service Department or use services at a pharmacy or doctor’s office, please inform them of your 3 digit person code. Once you receive your permanent ID card, please discard this temporary ID card. Thank you.
	<b>IMPORTANT: If you are looking to make a premium payment, please go back to our home page (<a href="http://www.commongroundhealthcare.org">www.commongroundhealthcare.org</a>) and click the "Pay My Premium" button at the top of the page.</b>

The Employees' portal home page will look like this:

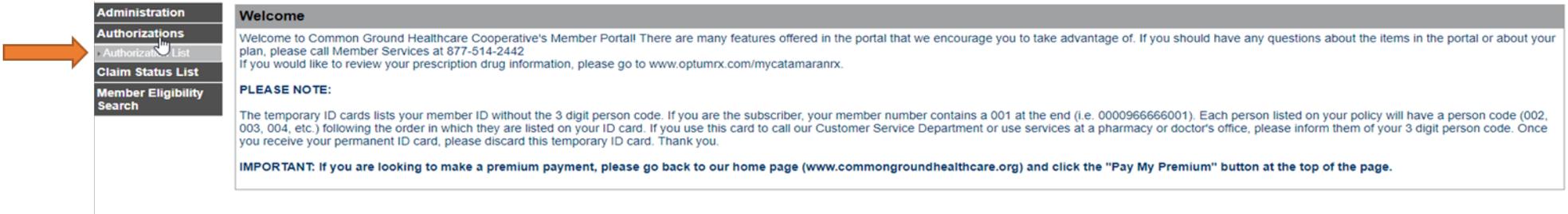
<b>Authorizations</b>	<b>Welcome</b> Welcome to Common Ground Healthcare Cooperative's Member Portal! There are many features offered in the portal that we encourage you to take advantage of. If you should have any questions about the items in the portal or about your plan, please call Member Services at 877-514-2442 If you would like to review your prescription drug information, please go to <a href="http://www.optumrx.com/mycatamaranrx">www.optumrx.com/mycatamaranrx</a> .  <b>PLEASE NOTE:</b>  The temporary ID cards lists your member ID without the 3 digit person code. If you are the subscriber, your member number contains a 001 at the end (i.e. 0000966666001). Each person listed on your policy will have a person code (001, 003, 004, etc.) following the order in which they are listed on your ID card. If you use this card to call our Customer Service Department or use services at a pharmacy or doctor's office, please inform them of your 3 digit person code. Once you receive your permanent ID card, please discard this temporary ID card. Thank you.  <b>IMPORTANT: If you are looking to make a premium payment, please go back to our home page (<a href="http://www.commongroundhealthcare.org">www.commongroundhealthcare.org</a>) and click the "Pay My Premium" button at the top of the page.</b>
<b>Claims</b>	
<b>Member Eligibility Search</b>	
<b>User Profile</b>	

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:

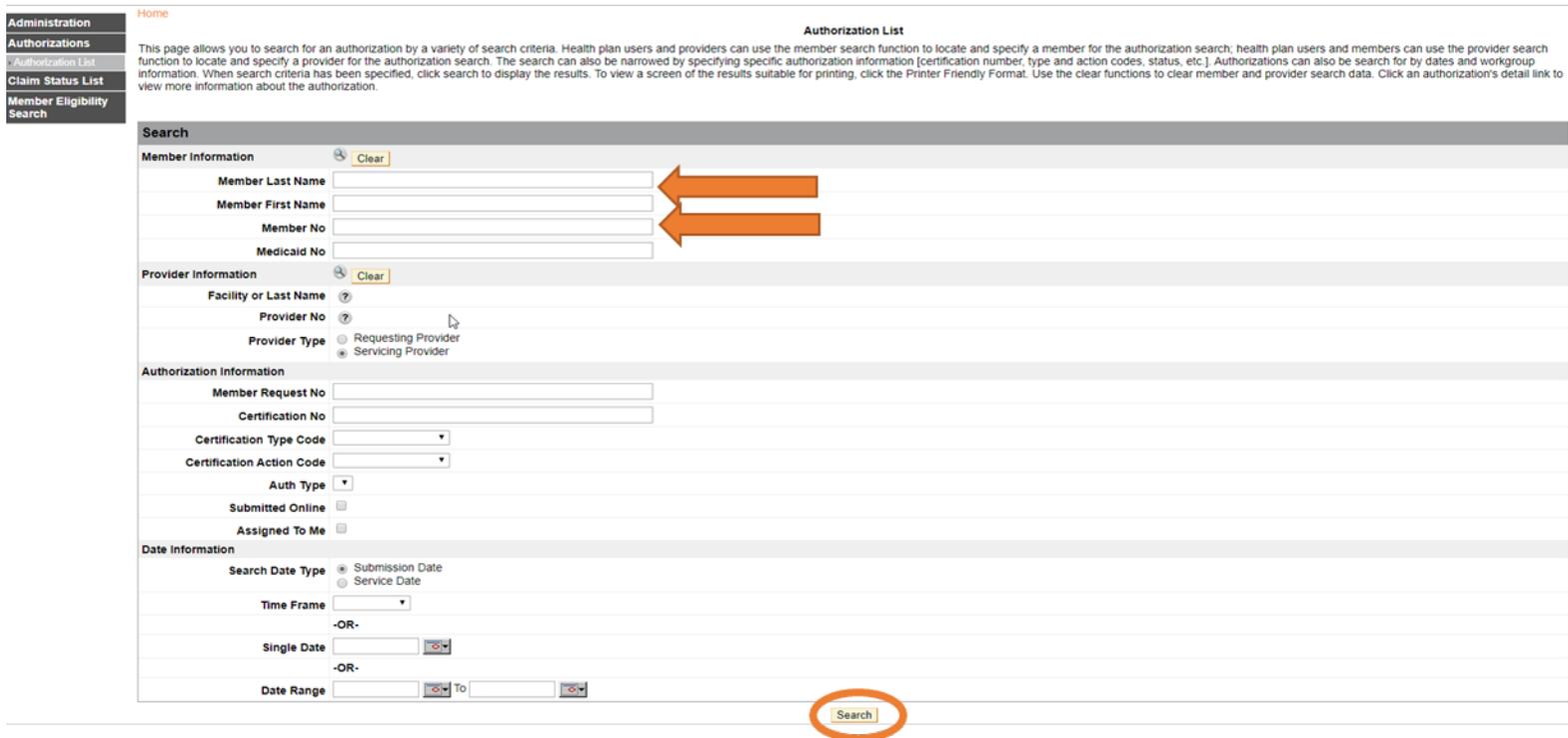
[Home](#) > [Claim Status List](#)

# 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.

**Search**

**Member Information** [Clear](#)

Member Last Name

Member First Name

Member No

Medicaid No

**Provider Information** [Clear](#)

Facility or Last Name

Provider No

Provider Type  Requesting Provider  Servicing Provider

**Authorization Information**

Member Request No

Certification No

Certification Type Code

Certification Action Code

Auth Type

Submitted Online

Assigned To Me

**Date Information**

Search Date Type  Submission Date  Service Date

Time Frame

-OR-

Single Date

-OR-

Date Range  To

[Search](#)

**Results** [Export](#) [Download PDF](#)

Member Request No	Certification No	Auth Type	Certification Action Code	Submission Date	Service Dates	Member No	Medicaid No	Member Name	Requesting Provider Name	Servicing Provider Name
<a href="#">Detail</a>	2019000000000000		Certified in total	04/22/2019	04/30/2019 - 05/02/2019	XXXXXXXXXX	1111111111	Petunia Pig	ABC Medical Center	ABC Medical Center

**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

Authorizations

Authorization List

Claims

Member Eligibility Search

User Profile

Home > Authorization List

**Authorization Detail**

This page displays authorization detail. Printer Friendly Format

**Authorization Information**

Auth Status	Member Request No	Auth Type	Submission Date	Name
Approved			04/23/2019 02:38:09 AM	DATAADMIN DATAADMIN

**Member Information**

Member Name	Member DOB	Member No	Member Gender
Petunia Pig	01/25/19 78	XXXXXXXXXX	FEMALE

**Auth Requesting Provider**

Requesting Provider Name	Requesting Provider Id Code	Requesting Provider Specialty
ABC Medical Center	12345678	

**Auth Diagnosis**

Diagnosis Code
I7904

**Auth Service Prov**

Servicing Provider Name	Id Code	Provider Specialty
ABC Medical Center	12345678	

**Service Information**

Procedure Code	Requested	Approved	Used
0121	1	2	0

**File Attachments**

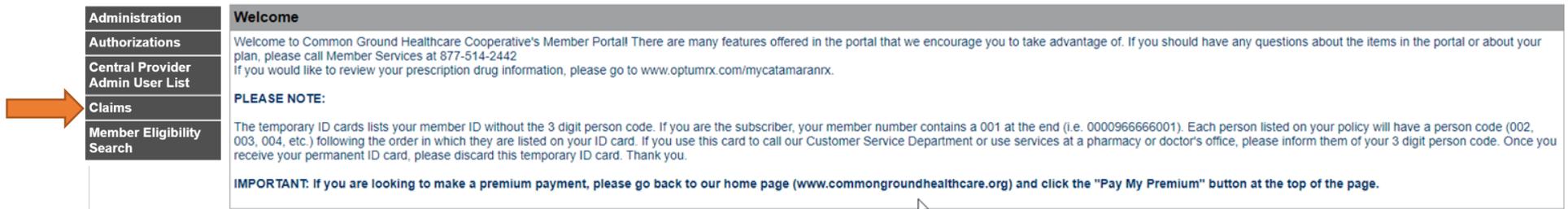
Report Type	File Name

[Done](#)

## 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).



The screenshot shows a web portal interface. On the left is a vertical navigation menu with the following items: Administration, Authorizations, Central Provider Admin User List, Claims, and Member Eligibility Search. An orange arrow points to the 'Claims' item. The main content area has a grey header with the word 'Welcome'. Below the header is a welcome message: 'Welcome to Common Ground Healthcare Cooperative's Member Portal! There are many features offered in the portal that we encourage you to take advantage of. If you should have any questions about the items in the portal or about your plan, please call Member Services at 877-514-2442. If you would like to review your prescription drug information, please go to [www.optumrx.com/mycatamaranrx](http://www.optumrx.com/mycatamaranrx).' Below this is a 'PLEASE NOTE:' section with text about temporary ID cards. At the bottom of the main content area is an 'IMPORTANT:' section with text about premium payments and a link to the home page.

**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.

**Search**

**Patient/Subscriber Information**

Member First Name

Last Name

Member ID#  (123456)

Medicaid No

Patient Control No

DOB

Gender

**Claim Information**

Facility or Last Name

Claim No

Claim Status Code

Service Date From  To

---

**Results**

Claim No	Member Name	Member ID	Medicaid No	Service Date	Provider Name	Claim Status Code	Total Claim Charge Amt	Tot Patient Responsibility Amt
<a href="#">View EOB</a> 20190070000	PETUNA PG	XXXXXXXXXX	111111111	06-07-2019	SMITH, JOHN MD	Finalized	\$6,970.00	\$ 0.00
<a href="#">View EOB</a> 2019100070001	PETUNA PG	XXXXXXXXXX	111111111	06-07-2019	JOHNSON, MARY MD	Finalized	\$2,210.00	\$ 0.00
<a href="#">View EOB</a> 1011000070002	PETUNA PG	XXXXXXXXXX	111111111	06-06-2019	AVERY, JENNIFER MD	Finalized	\$368.00	\$ 0.00
<a href="#">View EOB</a> 1011000070003	PETUNA PG	XXXXXXXXXX	111111111	06-06-2019	BENNETT, TRAVIS MD	Finalized	\$83.00	\$ 0.00
<a href="#">View EOB</a> 1011000070004	PETUNA PG	XXXXXXXXXX	111111111	06-06-2019	ABC MEDICAL CENTER	Finalized	\$426.00	\$ 0.00

**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

- Administration
- Authorizations
- Claim Status List
- Member Eligibility Search

[Home](#) > [Claim Status List](#)

### Claim Status Detail

This page displays the selected claim's detail.

#### Patient Information [Printer Friendly Format](#) [View EOB](#)

Member Name PETUNIA PIG  
 Member ID# XXXXXXXXXXXX  
 Medicaid No 1111111111  
 DOB 01/25/1978  
 Gender FEMALE  
 Patient Control No H1111111111

#### Servicing Provider Information

Provider Name ABC MEDICAL CENTER

#### Claim Information

Claim No 2019000T00000  
 Claim Status Code Finalized  
 Calculated DRG  
 Service Date 06/06/2019  
 Claim Status Code No Further Information Available  
 Total Claim Charge Amt \$426.00  
 Tot Patient Responsibility Amt \$ 00  
 Claim Received Date 06/13/2019  
 Adjudication Date 07/18/2019

#### Payment Information

Check Or EFT Trace No	External Check or EFT Trace No	Check Issue Or EFT Date	Claim Payment Amount
2222222		07/25/2019	\$28.83

#### Service Line Information

Line Counter	Service Date	Billed Procedure	Procedure	NDC Codes	Procedure Modifier	Revenue Code	Quantity	Claim Status	Explanation Code	Charge Amt	Patient Responsibility Amt
1	06/06/2019 - 06/06/2019	74015	74015			0320	1	Finalized	ENP 151	\$426.00	\$ 00

**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

- Administration
- Authorizations
- Claim Status List
- Member Eligibility Search

[Home](#) > [Claim Status List](#)

**EOB Detail**

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.

[Printer Friendly Format](#)

**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:** 1111111111  
**Group Or Policy No:** WI-HIX-I  
**Claim No:** 2019000T000000  
**Service Date:** 06/06/2019  
**Provider Name:** ABC MEDICAL CENTER

**Details**

Service Date	Procedure	Quantity	Charge Amt	Allowed Amount	Deductible	Copay	Coinsurance	Other Ins	Remarks	
06/06/2019 - 06/06/2019	74018	1	\$426.00	\$28.83		\$ 00	\$ 00	\$ 00	\$ 00	ENP 151
<b>Totals:</b>			<b>1</b>	<b>\$426.00</b>	<b>\$28.83</b>	<b>\$ 00</b>	<b>\$ 00</b>	<b>\$ 00</b>	<b>\$ 00</b>	
<b>Tot Patient Responsibility Amt \$ 00</b>										

**Remarks Legend**

Code	Description
ENP	This claim has been priced through the CGHC Evision network.
151	Subject to the in-network calendar year out of pocket until the maximum benefit is met.

Done

# 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.



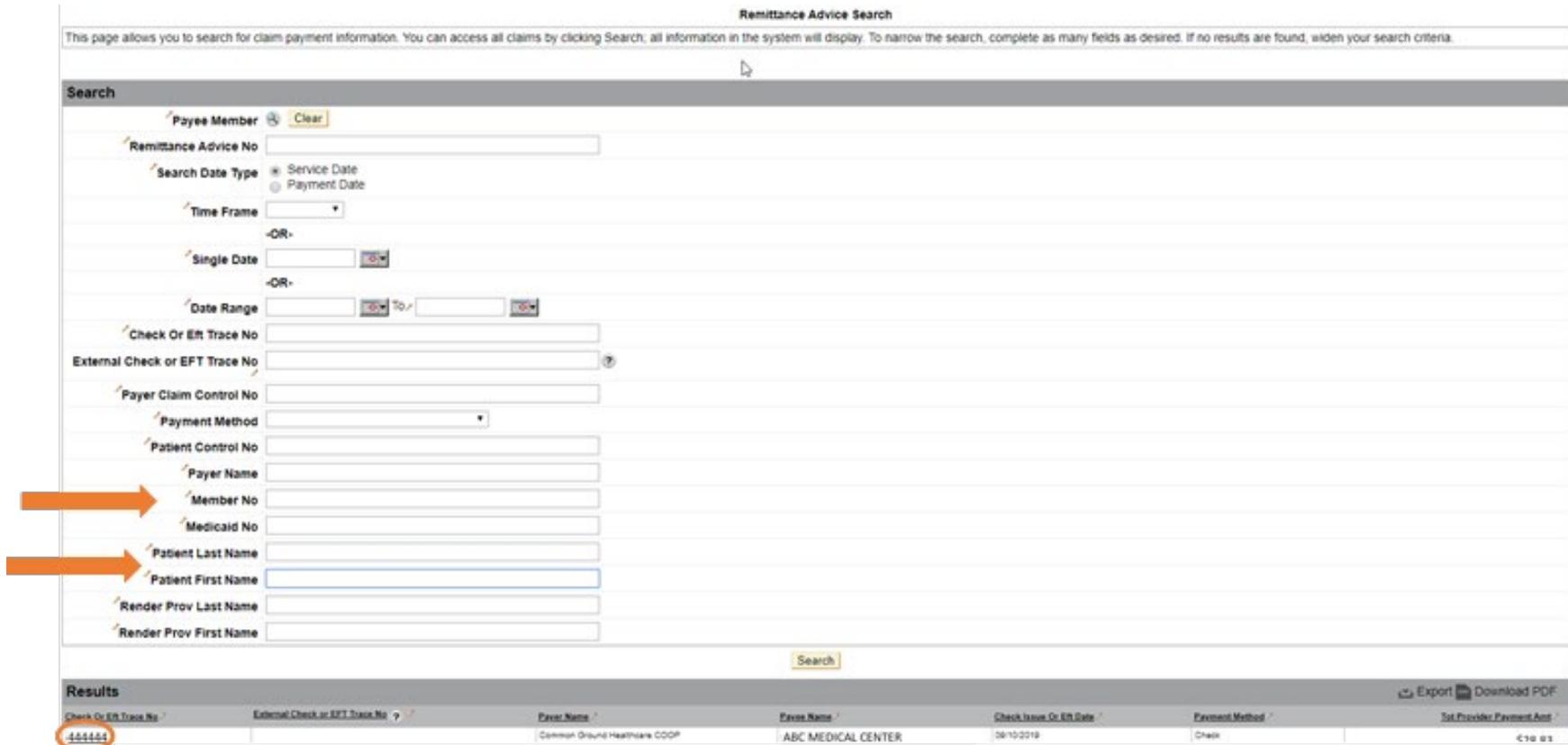
**Administration**  
**Authorizations**  
**Claims**  
- Claim Status List  
- Remittance Advice Search  
**Member Eligibility Search**

**Welcome**  
Welcome to Common Ground Healthcare Cooperative's Member Portal! There are many features offered in the portal that we encourage you to take advantage of. If you should have any questions about the items in the portal or about your plan, please call Member Services at 877-514-2442.  
If you would like to review your prescription drug information, please go to [www.optumrx.com/mycatamaranrx](http://www.optumrx.com/mycatamaranrx).

**PLEASE NOTE:**  
The temporary ID cards lists your member ID without the 3 digit person code. If you are the subscriber, your member number contains a 001 at the end (i.e. 0000966666001). Each person listed on your policy will have a person code (002, 003, 004, etc.) following the order in which they are listed on your ID card. If you use this card to call our Customer Service Department or use services at a pharmacy or doctor's office, please inform them of your 3 digit person code. Once you receive your permanent ID card, please discard this temporary ID card. Thank you.

**IMPORTANT:** If you are looking to make a premium payment, please go back to our home page ([www.commongroundhealthcare.org](http://www.commongroundhealthcare.org)) and click the "Pay My Premium" button at the top of the page.

**Step 2:** Enter the Member ID or First and Last Name to see the remittance information for that member.



**Remittance Advice Search**  
This page allows you to search for claim payment information. You can access all claims by clicking Search; all information in the system will display. To narrow the search, complete as many fields as desired. If no results are found, widen your search criteria.

**Search**

Payee Member

Remittance Advice No

Search Date Type  Service Date  Payment Date

Time Frame

-OR-

Single Date

-OR-

Date Range  To

Check Or Eft Trace No

External Check or EFT Trace No

Payer Claim Control No

Payment Method

Patient Control No

Payer Name

Member No

Medicaid No

Patient Last Name

Patient First Name

Render Prov Last Name

Render Prov First Name

**Results**

Check Or EFT Trace No	External Check or EFT Trace No	Payer Name	Payee Name	Check Issue Or Eft Date	Payment Method	Total Provider Payment Amt
444444		Common Ground Healthcare COOP	ABC MEDICAL CENTER	08/10/2019	Check	<10.00

**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.

**Remittance Advice Detail**  
**Remittance Advice No / 7777777**

This page allows you to view detailed payment information on a selected claim. You can print a copy of the information by clicking the Printer Friendly Format icon. To expand the information click the Expand All icon and to minimize the information, click the Collapse All icon.

**Payment Information** Download PDF Expand All Collapse All

Common Ground Healthcare COOP Claims and Correspondence PO Box 1630 WISCONSIN, WI 53008	External Check or EFT Trace No : CHK-444444 09/10/2019
Payee: ABC MEDICAL CENTER PO Box 8888 Milwaukee, WI 53201	<b>\$28.83</b>
Memo: _____ Contact: Customer Service	

**Search**

Member No	<input type="text"/>
Medicaid No	<input type="text"/>
Patient Last Name	<input type="text"/>
Render Prov Last Name	<input type="text"/>
Payer Claim Control No	<input type="text"/>

[Search](#)

**Provider Summary** ABC MEDICAL CENTER **Provider Id** 123456789 Expand/Collapse

Claims / 1	Paid / \$28.83
Total Charged / \$426.00	Contractual Adjustments / \$397.17

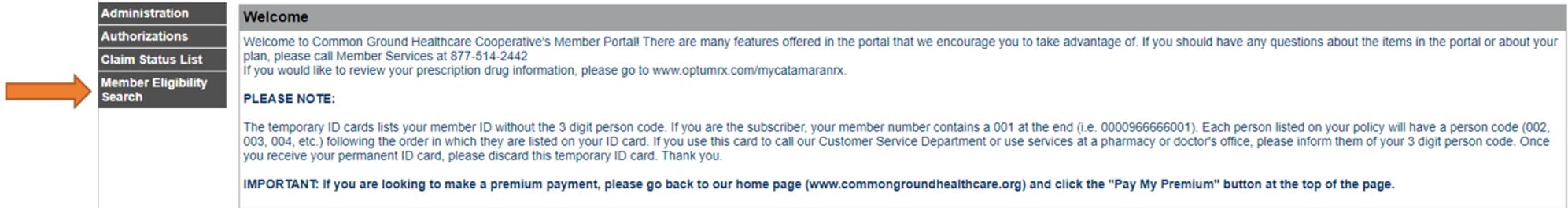
**Claim Information** Expand/Collapse

Patient Name / PETUNIA PIG	Medicaid No / 111111111	Patient Control No / 1000000000	Subscriber Name / PORKY PIG
Member No / XXXXXXXXXX	Payer Claim Control No / 2019000100000	Claim Payment Status / Processed as Primary	
Subscriber ID / XXXXXXXXXX	Claim Start Date / 07/30/2019	# Service Lines / 1	
Patient Responsibility / 5.00			

## 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.



**Administration**  
**Authorizations**  
**Claim Status List**  
**Member Eligibility Search**

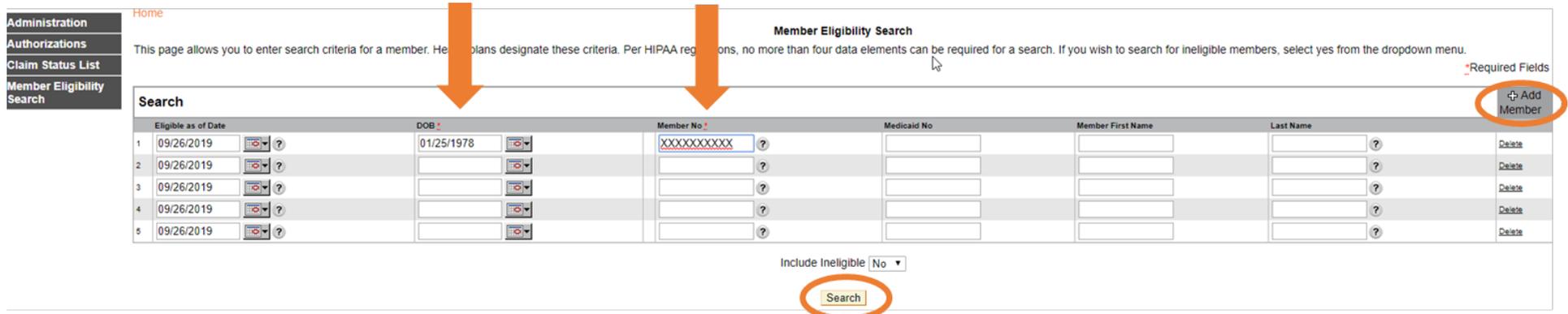
**Welcome**  
Welcome to Common Ground Healthcare Cooperative's Member Portal! There are many features offered in the portal that we encourage you to take advantage of. If you should have any questions about the items in the portal or about your plan, please call Member Services at 877-514-2442  
If you would like to review your prescription drug information, please go to [www.optumrx.com/mycatamaranrx](http://www.optumrx.com/mycatamaranrx).

**PLEASE NOTE:**  
The temporary ID cards lists your member ID without the 3 digit person code. If you are the subscriber, your member number contains a 001 at the end (i.e. 0000966666001). Each person listed on your policy will have a person code (002, 003, 004, etc.) following the order in which they are listed on your ID card. If you use this card to call our Customer Service Department or use services at a pharmacy or doctor's office, please inform them of your 3 digit person code. Once you receive your permanent ID card, please discard this temporary ID card. Thank you.

**IMPORTANT:** If you are looking to make a premium payment, please go back to our home page ([www.commongroundhealthcare.org](http://www.commongroundhealthcare.org)) and click the "Pay My Premium" button at the top of the page.

**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).



**Home**

**Member Eligibility Search**  
This page allows you to enter search criteria for a member. Health plans designate these criteria. Per HIPAA regulations, no more than four data elements can be required for a search. If you wish to search for ineligible members, select yes from the dropdown menu.

**Search**

	Eligible as of Date	DOB *	Member No *	Medicaid No	Member First Name	Last Name	
1	09/26/2019	01/25/1978	XXXXXXXXXX				Delete
2	09/26/2019						Delete
3	09/26/2019						Delete
4	09/26/2019						Delete
5	09/26/2019						Delete

Include Ineligible No

**Search**

**+ Add Member**

**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).

Welcome, Shelly Johnson!
Home | FAQ | Sign Out

Home > Member Eligibility Search

### Member Eligibility List

This page displays the members meeting the search criteria. You can conduct another search by clicking search again, view member detail by clicking a member name link, view benefit plan information by clicking a plan number link, and display results in a form suitable for printing.

Results are for members who are/were eligible as of 08/05/2020 ?

**Active**

[Export](#)
[Printer Friendly Format](#)

Member No	DOB	Member Name	Intervention	Effective Dates	Redetermination Date	Policy Benefit Name	Benefit	Group Number	Coverage Type Code	Network Name	Provider Name	Practice/Group Name	Effective Date	Paid Thru Date
xxxx	xxxx	xxxx	No	xxxx		xxxx	<a href="#">Usage</a>		Medical					08/31/2020

1

Note: If you wish to search again, the information you originally entered for these members will be retained allowing you to correct any information you previously entered.

[Search Again](#)

**Configuration Tools**

- Product
- Customer Service
- Contact List
- Eligibility
  - Member Eligibility Search
  - Employer Search
  - Policy List
  - Provider Directory Search
  - New Provider Directory Search
- Claims
- Workflow
- Central Provider Admin List

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

Home > Member Eligibility Search > Member Eligibility List

**Administration**  
**Authorizations**  
**Claim Status List**  
**Member Eligibility Search**

**Accumulator Detail**

This page displays benefits that indicate both an accrued amount to date and a maximum amount allowed at both the individual and family level, as well as for in-network and out-of-network activities.

**Search**

Eligible as of Date: 09/25/2019  
Plan Design: Common Ground Individual ON Exchange  
Benefit: EPO Individual Envision Silver On Exchange

Search

**Member Information**

Member Name: Petunia Pig  
Subscriber SSN: [Redacted]

**Accumulator**

Plan Design: Common Ground Individual ON Exchange  
Benefit: HLT  
Member No: XXXXXXXXXX  
Relationship: Spouse

Benefit Limit Type	Benefit Limit Level	Benefit Limit Network	Frequency	Date Span	Next Available Date	History Detail	Unit Of Measurement	Orderable	Max Value	Accumulated Value	Remaining Value
All Classes	Family Deductible	In Network	Plan Year	01/01/2019-12/31/2019	09/25/2019		Dollars	N	\$12000.00	6000.05	\$5999.95
All Classes	Family Out Of Pocket	In Network	Plan Year	01/01/2019-12/31/2019	09/25/2019		Dollars	N	\$15800.00	8068.84	\$7731.16
All Classes	Individual Deductible	In Network	Plan Year	01/01/2019-12/31/2019	01/01/2020		Dollars	N	\$6000.00	6000.00	\$0.00
All Classes	Individual Out Of Pocket	In Network	Plan Year	01/01/2019-12/31/2019	09/25/2019		Dollars	N	\$7900.00	6904.30	\$995.70

Done

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

Home > Member Eligibility Search > Member Eligibility List

**Administration**  
**Authorizations**  
**Claims**  
**Member Eligibility Search**  
**Provider Directory Search**

**Benefit Plan Summary of Benefits**

This page lists a summary benefits for a benefit plan. If you are insured by your employer under a group health plan, you will see both 2018 and 2019 versions of plan documents in the folder. If your employer has already renewed their plan for 2019, you should refer to the 2019 documents. If your plan renewal is not until later in the year, you should refer to the 2018 documents. If you are not insured by an employer, you will only see the applicable individual plan documents in the folder.

**Benefit Details** Printer Friendly Format

Description: EPO Individual Envision Silver CSR 73%

Documents: [INDV COC 2019.PDF](#), [Silver2700CSR-SBC.pdf](#), [Silver2700CSR-SOB.pdf](#)

Cancel

## Updating Your User Profile

### Step 1:

For the Administrator, click on User Profile under Administration.

<b>Administration</b>	<b>Welcome</b>
• User Profile	Welcome to Common Ground Healthcare Cooperative's Member Portal! There are many features offered in the portal that we encourage you to take advantage of. If you should have any questions about the items in the portal or about your plan, please call Member Services at 877-514-2442 If you would like to review your prescription drug information, please go to <a href="http://www.optumrx.com/mycatamaranrx">www.optumrx.com/mycatamaranrx</a> .
• User List	<b>PLEASE NOTE:</b>
<b>Authorizations</b>	The temporary ID cards lists your member ID without the 3 digit person code. If you are the subscriber, your member number contains a 001 at the end (i.e. 0000966666001). Each person listed on your policy will have a person code (002, 003, 004, etc.) following the order in which they are listed on your ID card. If you use this card to call our Customer Service Department or use services at a pharmacy or doctor's office, please inform them of your 3 digit person code. Once you receive your permanent ID card, please discard this temporary ID card. Thank you.
<b>Claims</b>	<b>IMPORTANT:</b> If you are looking to make a premium payment, please go back to our home page ( <a href="http://www.commongroundhealthcare.org">www.commongroundhealthcare.org</a> ) and click the "Pay My Premium" button at the top of the page.
<b>Member Eligibility Search</b>	

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

<b>Authorizations</b>	<b>Welcome</b>
<b>Claims</b>	Welcome to Common Ground Healthcare Cooperative's Member Portal! There are many features offered in the portal that we encourage you to take advantage of. If you should have any questions about the items in the portal or about your plan, please call Member Services at 877-514-2442 If you would like to review your prescription drug information, please go to <a href="http://www.optumrx.com/mycatamaranrx">www.optumrx.com/mycatamaranrx</a> .
<b>Member Eligibility Search</b>	<b>PLEASE NOTE:</b>
• User Profile	The temporary ID cards lists your member ID without the 3 digit person code. If you are the subscriber, your member number contains a 001 at the end (i.e. 0000966666001). Each person listed on your policy will have a person code (002, 003, 004, etc.) following the order in which they are listed on your ID card. If you use this card to call our Customer Service Department or use services at a pharmacy or doctor's office, please inform them of your 3 digit person code. Once you receive your permanent ID card, please discard this temporary ID card. Thank you.
	<b>IMPORTANT:</b> If you are looking to make a premium payment, please go back to our home page ( <a href="http://www.commongroundhealthcare.org">www.commongroundhealthcare.org</a> ) 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

The screenshot shows a web application interface for a 'User Profile'. On the left is a navigation menu with items like 'Administration', 'User Profile', 'User List', 'Authorizations', 'Claim Status List', and 'Member Eligibility Search'. The main content area is titled 'User Profile' and includes a 'Home' link. A descriptive paragraph states: 'This page displays information associated with the currently logged-in user and permits that user to make name, password, and email address changes. Click submit to save your changes and return to the Home Page.' A legend indicates that a red asterisk (\*) denotes 'Required Fields'. The form is divided into several sections: 'Personal Information' with fields for First Name, Middle Name, and Last Name; 'Change Password' with fields for Old Password, Password, and Confirm Password, and a note that no text entry is required; 'Email Address' with fields for Email and Confirm Email; 'Security Questions' with a dropdown for 'Password Question 1' and a text field for 'Password Answer 1'; 'Phone' with a dropdown for 'Mobile Carrier', and text fields for 'Mobile Phone Number' and 'Primary Phone Number'; and 'Preferences' which is a table with columns for 'Preference' and 'Selected'. The preferences table has four rows: 'Accept Text Message Notification', 'Receive Notification For Authorizations', 'Receive Notification For Child Affiliation Authorizations', and 'Receive notifications for new Documents loaded to the Portal'. The last row is checked. At the bottom of the form are 'Submit' and 'Cancel' buttons.

**Administration** Home

**User Profile**

This page displays information associated with the currently logged-in user and permits that user to make name, password, and email address changes. Click submit to save your changes and return to the Home Page.

**Required Fields**

**Personal Information**

\* First Name  ?

Middle Name  ?

\* Last Name  ?

**Change Password**

If no text is entered in this section, your password will remain unchanged.

Old Password

Password  ?

Confirm Password  ?

**Email Address**

\* Email  ?

Confirm Email  ?

**Security Questions**

\* Password Question 1

\* Password Answer 1

**Phone**

Mobile Carrier

Mobile Phone Number  ?

Primary Phone Number  ?

**Preferences**

Preference	Selected
Accept Text Message Notification	<input type="checkbox"/>
Receive Notification For Authorizations	<input type="checkbox"/>
Receive Notification For Child Affiliation Authorizations	<input type="checkbox"/>
Receive notifications for new Documents loaded to the Portal	<input checked="" type="checkbox"/>

Submit Cancel

**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

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