

IHCS Provider Portal

We encourage you to submit claims electronically by uploading your claim files to the IHCS Provider Portal. In the Provider Portal, you will be able to submit claims, look up claim status and view/download ERA's, and submit inquiries through the Support Center.

Please click on the link below to request access to the IHCS Portal:

[IHCS Provider Portal Registration](#)

IHCS Payer ID is **IHCS1**

You can submit claim batches through the [IHCS Portal](#) as long as you can export from your billing software in x12 837 format (837P for Medicaid and 837I for Medicare). You may also submit claims through your preferred clearinghouse using the above Payer ID, and still use your access to the [IHCS Portal](#) to look up claim statuses and view/download Payment Vouchers.

Once you have completed [IHCS Portal](#) registration, please contact us at Providerservices@ihscorp.com so that we may activate your account.

We have included the **IHCS Provider Portal Health Plan Guide** to assist you in navigating the portal.

Paper claims (Medicaid CMS 1500 and Medicare UB04) can be submitted to IHCS along with the supporting paperwork/notes or timesheets to:

Integrated Home Care Services
Attention: Claims Department
3700 Commerce Parkway
Miramar, FL 33025



Log in to the [IHCS Portal](#) to work pended claims, look up claim statuses, and access payment information. You can access the portal 24 hours a day, seven days a week.

To log out, click **Logout** on the ribbon. The system will automatically log you out after 30 minutes of inactivity.

Get Support

For questions or support, email us any time or call us Monday through Friday from 8:30 AM to 5:30 PM EST.

844-215-4264

providerservices@ihcscorp.com

Please click on the **IHCS Portal User Guide** below for information on:

- ✓ Submission
- ✓ Uploading
- ✓ Downloading
- ✓ Claim File Status
- ✓ Navigating the Portal
- ✓ Viewing and Resolving Pended Claims
- ✓ Searching for and Viewing EOP

IHCS Portal User Guide:



Adobe Acrobat
Document

REGISTER AS A NEW USER

1. [Click here](#) to register for portal access.

IHCS Portal

Welcome to the IHCS Portal. Please enter your username and password below to begin using the application. If you have any questions regarding your account, please contact us at (844) 215-4264 or send an email to Providerservices@ihcscorp.com.

User Name:	<input type="text"/>
Password:	<input type="password"/>
	<input type="button" value="Login"/> <input type="button" value="Reset"/>

If you have lost or forgotten your password, [click here](#)

New users, click here to register.

2. In **SELECT REGISTRATION TYPE**, choose **PROVIDER**, and click **NEXT**.

USER SELF-REGISTRATION

Please complete all requested information. For help [click here](#).

1) SELECT REGISTRATION TYPE:

REGISTER AS A NEW USER

3. Under **PROVIDER REGISTRATION**, enter your email address and the Tax Number/EIN, *omitting the hyphen*, and click **FIND** to bring up the organization matches. Select the desired NPI or NPI's. When you have completed all fields, click **NEXT**.

USER SELF-REGISTRATION
- Please complete all requested information. For help click [here](#).

1) SELECT REGISTRATION TYPE: Provider

2) PROVIDER REGISTRATION

Email

PLEASE ENTER THE TAX #'s (EIN's) FOR REQUESTED ACCESS (comma-delimited):
 Find

SELECT THE ORGANIZATIONS - TAX# - NPI BELOW FOR REQUESTED ACCESS:
 Clear

Next

4. Under **PERSONAL INFORMATION**, enter your contact details. Required fields are highlighted in yellow. Click **NEXT**.

3) PERSONAL INFORMATION

Last: (Required) First: (Required) Middle:

Address: City: State: Zip Code:

Phone: Fax:

Next

REGISTER AS A NEW USER

3. Under **LOGIN SETTINGS**, validate or update your default username and set a password. Once you have read the **Terms of Use Agreement**, check the box and click **LOGIN**.

4) LOGIN SETTINGS

Username	<input checked="" type="checkbox"/> Use Email	Password	Password Strength	Confirm Password
provider@domain.com	<input type="checkbox"/>	Good ?

I have read the [Terms of Use Agreement](#)

Login

Registration complete! Your request has been received and will be reviewed by our administrative staff. You will receive an email when your account is activated. Thank you for registering to use our Healthcare Portal!

Note: Your password must have at least 8 characters, contain both uppercase and lowercase letters, and have at least one number and one special character.

Upon completing registration, you will receive an email indicating that your account request is under review.

Once the portal administrator has reviewed and approved your account, you will receive an email confirmation.



NAVIGATING THE PORTAL

Welcome Claim Claim Status Payment Eligibility Support Account Info Logout		
What Is It?	Tab on Ribbon	What You Can Do
Message Center	Welcome	View all your alerts and notifications. Open alerts are displayed by default.
Claim Center	Claim	View and search claims submission history, enter a claim transaction, view claim status, and view claim payment information.
Claim Status Center	Claim Status	View and search claims, claim status, and claim payment details.
Payment Center	Payment	View payment history, search for claim payments, and view payment reports and messages.
Eligibility Center	Eligibility	Submit and review eligibility inquiries.
Support	Support	View, document, and respond to messages related to claims.
Account Info	Account Info	Access and update your account information.
Logout	Logout	Log out of the portal.



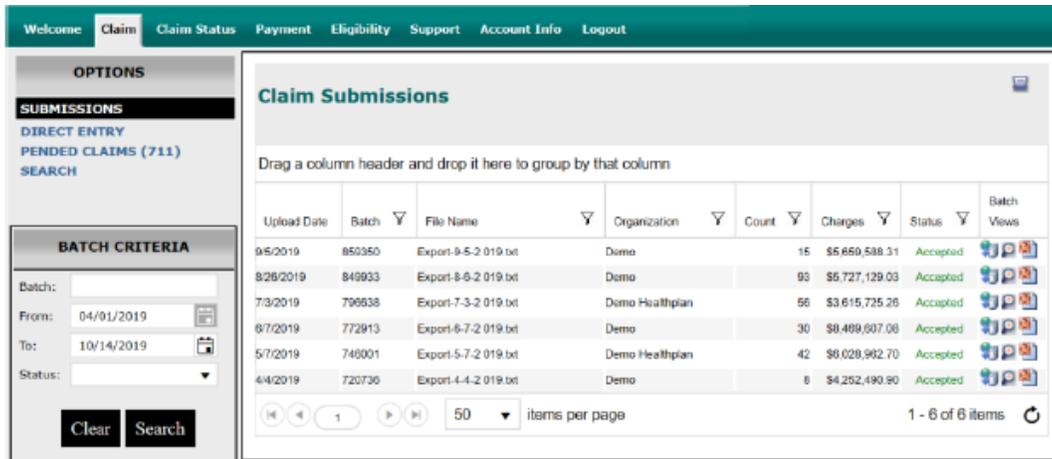
UNDERSTANDING CLAIM FILE STATUS MESSAGES

Message	Description
Accepted	The claim file has been accepted by the payer.
Adjusted/Corrected	The claim file was adjusted with another claim submission.
Drop	The claim has been dropped from processing.
Duplicate	The file is a duplicate file/claim/payment.
Errors	There are errors in record that have prevented processing.
Finalized	Remittance received from the payer.
Hold	The claim is being held from processing.
Pend	The claim has been rejected and must be corrected and resubmitted.
Processing	The claim or file is being processed.
Ready for Download	The file is ready for download.
Received	The claim has been received but not yet processed.
Rejected	The entire batch has been pended.
Sent to Receiver	The file has been sent to the payer.
Testing	The file is being used for system processing purposes.
Validated	Data has been validated by the system.

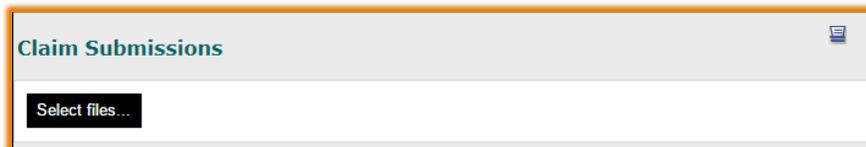
UPLOADING A CLAIM FILE



1. In the **Claim Center**, select **Options > Submissions**. Results are displayed chronologically starting with the most recent submission files.

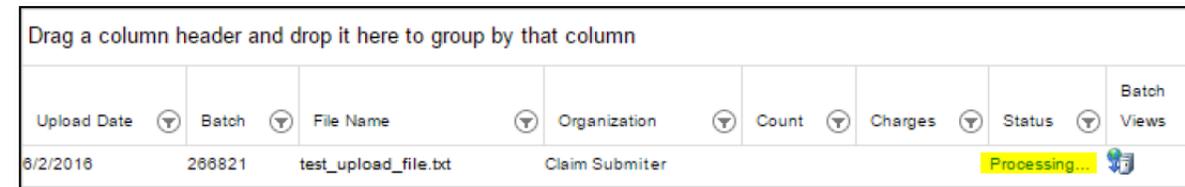


2. Choose **Select Files** to view a list of claim submissions. If desired, use either **Batch Criteria** or the **Column Filters** to narrow the file selections.



3. Navigate to the claim file that you want to upload and select **Open** to submit your file. **Only x12 837 files may be uploaded**, however the file extension can be .csv, .dat, .837, or .x12. Once the progress indicator reaches 100%, your upload is complete.

4. Click the **refresh icon** to see the file. **Status** will appear as **Processing**



VIEW AND RESOLVE PENDED CLAIMS



View and resolve pended claims on the Pended Claims page. You can also view past claim file submissions.

To access Pended Claims, in the **Claim Center** select **Options > Pended Claims**. All pended claims will appear in the search results.

Error Filters & Search Results

Basic Claim Details

Claim View Tabs

Claim Status

Message Grid

Message Type	Message	Date
Rejected	Invalid facility NPI 1134567890	06/04/2018 10:57 AM

To resolve pended claims, review messages within the grid with the **'REJECTED'** Message Type (R:), make the necessary changes to the claim, and save.

If it is not clear to you what needs to be corrected, refer to industry standard billing guidelines and billing instructions provided by the payer.

If it is still unclear what needs to be fixed, contact the support center team for help.

Pended claims should be resolved daily.

BASIC CLAIM DETAILS



The Claim header in the upper section of the main window provides a fixed reference for essential claim information. Using the Action menu, you can **SAVE**, **DROP**, or **HOLD** a claim.

A screenshot of a web application interface showing a navigation menu and a claim header. The navigation menu includes "Welcome", "Claim", "Claim Status", "Payment", "Eligibility", "Support", "Account Info", and "Logout". The "Claim" menu is active, showing options: "SUBMISSIONS", "DIRECT ENTRY", and "PENDED CLAIMS (58)". The claim header displays patient information: Patient: DEMO STRUBEN, Account #: 1652928, Subscriber #: NH601L5L, Subscriber: DEMO STRUBEN, SVC Date: 05/13/2018, Billed: 227.00, Provider: DEMO CLINIC LLC, Payer: HEALTH SHARE/CAREOREGON, Claim #: 54427719. There is a "Save" button and an "Action:" dropdown menu.

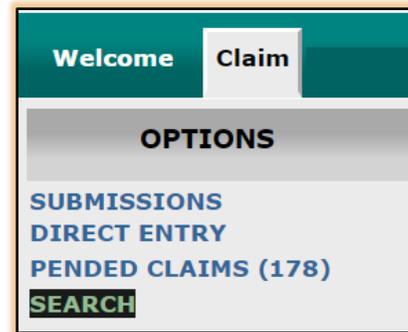
Action	Description
Save	Once you have corrected a pended claim, select Save from the Action menu and then click Save . The claim status will change to Received.
Drop	When a claim should not be processed, select Drop from the Action menu and click Save . The claim will be dropped from further processing and will not be sent to any destination. The claim will remain in the system for reference.
Hold	Select Hold from the Action menu and click Save . Claim status will change to Hold and will not be processed further.
Validate	To revalidate claim data, select Validate from the Action menu and click Save . Claim status will change to Validate and will be sent to the destination.

SEARCH CLAIMS



Perform a basic or advanced search based on criteria related to a specific claim. Use Search to check the status of submitted claims. Only claims you upload directly to the portal are viewable to you. All claims submitted through a clearinghouse must be tracked, corrected and resubmitted through the clearinghouse.

Basic search: Complete the desired fields and click **SEARCH**

A screenshot of the 'Claim Search' form. The title 'Claim Search' is at the top left. On the top right, there are three buttons: 'Search', 'Clear', and 'Advanced'. The 'Search' button is highlighted. Below the buttons are several input fields for search criteria: 'Service' with 'From:' and 'To:' date pickers, 'Status:' dropdown, and 'Type:' dropdown; 'Patient' with 'Acct#:', 'Last:', and 'First:' text boxes; and 'Subscriber' with 'ID:' and 'Claim #:' text boxes.

Advanced search: Click **ADVANCED**. Complete the desired fields and click **SEARCH**. To return to the basic search, click **BASIC**.

A screenshot of the 'Advanced Search' form. At the top right, there are three buttons: 'Search', 'Clear', and 'Basic'. The 'Search' button is highlighted. The form contains a wide range of search criteria: 'Service' (From, To date pickers, Status dropdown, Type dropdown); 'Patient' (Acct#, Last, First text boxes); 'Subscriber' (ID, Claim # text boxes); 'Uploaded' (From, To date pickers, Submit#, \$Amt: > text boxes); 'Provider' (ID, Last, First text boxes); 'Payer' (ID, ICN text boxes); 'Billing' (ID, Tax ID text boxes); and 'Response Filter:' and 'Pre-Pend Filter:' dropdown menus.

SEARCH CLAIMS



View search results in the left navigation bar.

To export search results to Excel, click **EXPORT**.

To update your search, click **REVISE SEARCH** to return to the search window.

OPTIONS

[SUBMISSIONS](#)
[DOWNLOADS](#)
[PENDED CLAIMS \(138\)](#)
SEARCH

SEARCH RESULTS

Submit Date, Oldest First

- 32669069 - SMITH, JANE
- 32669070 - SMITH, JANE
- 32669071 - SMITH, JOHN
- 32669073 - SMITH, JOHN
- 32669074 - SMITH, JANE

1 - 5 of 12 items

Patient: SMITH, JANE Account #: Subscriber #:

Subscriber: SMITH, JANE SVC Date: Billed: Action:

Provider: Payer: Claim #: 32669069

Patient	Payers	Providers	Facility	Detail	Other	Payments
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PATIENT

Last	First	Middle	DOB	Sex	Relationship
SMITH	JANE		<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		City	ST	Zip	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	

SUBSCRIBER

Last	First	Middle	DOB	Sex	Subscriber ID
SMITH	JANE		<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		City	ST	Zip	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	

Status: Pend - Claim rejected. Please correct error and save changes to resubmit

Add Message

Informational 12/01/2016 11:49 AM

Message Type	Message	Date	
Informational	Claim received. Batch - 183217	04/24/2016	<input type="button" value="X"/>

PERFORMING AN ONLINE CLAIM STATUS INQUIRY

A screenshot of a web application interface for "Online Claim Status Inquiry". The top navigation bar includes "Welcome", "Claim", "Claim Status", "Payment", "Support", and "Account Info". A left sidebar menu shows "OPTIONS" and "ONLINE INQUIRY". The main content area has a search form with fields for "Account/Claim #", "Member Last", "Member ID", "Status", "Provider", "Service From" (02/14/2022), and "Service To" (05/13/2022). Below the form is a table with columns: "Received / Payment", "Service", "Status", "Billing", "Rendering", "TaxID/NPI", "Member ID/ Pat Ctl No", "Member", "Billed", and "Paid". The table is currently empty, displaying "No items to display". Navigation controls at the bottom include arrows, a page number "0", "50 items per page", and a refresh button.

Use Online Inquiry to see if a claim has been received, processed, or paid.

1. In the **Claim Status Center**, select **Options > Online Inquiry**. Enter the Payer Claim # or your Patient Account Number (aka PCN) in the Account/Claim # field and then press Search. If using other criteria, you must adjust the service from/to date range to cover the service period before clicking the Search button.
2. Results are displayed in chronological order starting with the most recent claims. To refresh the page and reset the search fields, click **Online Inquiry** under **Options**.

PERFORMING AN ONLINE INQUIRY



To view Claim/Payment details, click the **INFORMATION** icon. 

Online Claim Status Inquiry Back

PAYER: VisibileDI **EFT/CHECK NO:** 089559 **DATE:** 09/30/15 **AMOUNT:** \$ 238.29

BILLING PROVIDER: CLINIC **RENDERING PROVIDER:** SMITH, SCOTT

PROVIDER_ID	DATE	PROC_MOD	BILLED	ALLOWED	COPAY/DED	COINS	GRP/RC_AMT	PAID	
Name: SMITH, REX		HIC:	PAT #:	ICN:	E				
	08/27/15	99214	210.00	196.60	25.00 PR-3	0.00	13.40 CO-45	171.60	
TOTALS:			210.00	196.60	25.00	0.00	13.40	171.60	
PT RESP: \$ 25.00								NET	171.60

GLOSSARY:

- 3 Co-payment Amount
- 45 Charges exceed your contracted/ legislated fee arrangement.
- CO Contractual obligation. Amount for which the provider is financially liable. The patient may not be billed for this amount.
- PR Patient Responsibility. Amount that may be billed to a patient or another payer.

DATE	PROCEDURE : MESSAGE
08/27/15	PROC CODE: 99214 : OFFICE/OUTPATIENT VISIT, EST
09/14/15	I : - Claim Received for product - AccessibileDI. Batch # 217900
09/30/15	A : - Line 1:
09/30/15	I : 3 - Line 1: Co-payment Amount
09/30/15	I : 45 - Line 1: Charges exceed your contracted/ legislated fee arrangement.

SUPPORT CENTER

View, Search and Export Support Issues



From the **SUPPORT CENTER**, select **OPTIONS > ISSUE HISTORY**.

The screenshot shows the "Support Center" page with a navigation menu at the top containing "Welcome", "Claim", "Claim Status", "Payment", "Eligibility", "Support", "Account Info", and "Logout". The "Support" menu item is highlighted. On the left, there is an "OPTIONS" sidebar with links for "ISSUE HISTORY (0)", "ENTER ISSUE", and "USER GUIDE". The main content area is titled "Support Center" and contains a welcome message: "Welcome to the Provider Connect Portal Support Center". Below this, there is a paragraph explaining the Support Center's features. Two sections are highlighted: "ISSUE HISTORY" and "ENTER ISSUE".

From here you can view:

- Issues/Messages, including the subject line
- Issue number
- Message text
- Creation date
- Assigned support party
- Issue category
- Priority, along with relevant actions you can take

The screenshot shows the "Support Center" page with the "ISSUE ENTRY" form. The form has a title "Support Center" and a subtitle "ISSUE ENTRY - Please provide enough detail to analyze and resolve the issue." Below the subtitle, there are two main sections: "SUBJECT" and "DESCRIPTION". The "SUBJECT" section has a text input field and a warning: "Do NOT include private or sensitive information (PHI) in the subject. It may be displayed in the recipient's personal non-secure email inbox." The "DESCRIPTION" section has a larger text area with a vertical scrollbar. At the bottom of the form, there are two buttons: "Submit" and "Back To Issues".

VIEW/SEARCH/DOWNLOAD PAYMENTS



The screenshot shows a web application interface with a top navigation bar containing links: Welcome, Claim, Claim Status, **Payment**, Eligibility, Support, Account Info, and Logout. The main content area is titled "Payment Downloads" and includes a search sidebar on the left and a data table on the right.

OPTIONS

DOWNLOADS

SEARCH

BATCH CRITERIA

Batch:

From: 01/01/2018

To: 10/29/2019

Status:

Clear **Search**

Payment Downloads

Drag a column header and drop it here to group by that column

Check Date	Batch	EFT/Check #	Organization	Count	Paid	Status	Batch Views
10/10/2018	597575	E09477	Demo Clinic	0	\$1,930.76	Accepted	
10/10/2018	597435	E09477	Demo Clinic	19	\$1,930.76	Accepted	

1 20 items per page 1 - 2 of 2 items

To view payment information, select the **PAYMENT** tab from the top navigation, then click 'Downloads'.

The payments from the last thirty days for the organizations to which you are linked are displayed by default. A download icon will appear if a payment file is ready for download.



Frequently Asked Questions

How Do I Print a Screen?

1. Click the print icon .
2. Select Print in the upper right-hand corner to open a print dialogue screen. Select your printer and desired settings and click Print.
3. After printing, click the print icon again to return to the normal page view. Note: When in print view, you cannot use the browser back button to return to the normal page view.

How Do I Print a Single Claim Record?

1. Click the information icon next to the claim record you wish to print to bring up the Online Claim Status Inquiry window.
2. Click the print icon in the upper right-hand corner to open a print dialogue screen. Select your printer and desired settings and click Print.
3. To return to the normal page view, click Back or the print icon .
4. To return to Claim Status Online Inquiry, click Back once more.

How Do I Reset My Password?

1. From the portal login screen, click the forgotten password link below the login pane. Enter your username and email address and click Submit. Note: If you input your email address as your username at registration, it will need to be entered into both fields.
2. You will receive an automated email with a link that will allow you to establish a new password. Note: Your password must have at least eight characters, contain both uppercase and lowercase letters, and have at least one number and one special character. You may not reuse any of your last six passwords.
3. After creating a new password, you will be redirected to the login page where you can enter your username and new password.



Frequently Asked Questions

Why Can't I See My Claims?

Access to certain features of the portal such as **Online Inquiry**, **Payment Submissions and Downloads**, and **Eligibility** are directly linked to the organizations associated with your account. To request an additional organization, navigate to AccountInfo → Organization Request, then enter the Tax ID and select available NPIs as you did when you registered for your user account. Click Submit. Your request will be reviewed and approved before access is granted.

How Do I Troubleshoot a Pended Claim?

To troubleshoot a Pended Claim, use the following steps:

1. Review the Pend Claim Status Message to determine root cause, such as missing or incorrect data.
2. Correct data within the portal. If needed, correct and upload source documentation. If there are further issues, contact the account manager.
3. Save and submit the claim for processing.



providerservices@ihcscorp.com