

Page 1



ACCESSING THE PROVIDER PORTAL

ePP Provider Administrators and ePP Provider Users access the Provider Portal using their ID.ME credentials.

User Registration

Before registration with the eCAMS HCE provider portal, your organization must be registered with SAM.gov.

SETTING UP ACCESS

- 1. Reference the Welcome email, sent to the Accounts Receivable point-of-contact (POC) email address, for the URL to the portal login page where you will access the eCAMS HCE Provider Portal.
- 2. Select **No** to the first question about whether you have received the Temporary Key.
- 3. Enter your organization's Tax ID, Accounts Receivable POC Email, UEI, and, if assigned, EFT Indicator.
- 4. Select Submit.

eCAMS HCE	Welcome to eCA	MS Provider Portal	
O			🥑 Help
The eCAMS Provider Portal (ePP) is a web tool for M To access ePP, your Provider organization must hav	edical Providers to view the status of Claims and Payments. e an active account with System for Award Management (SAM.go	v).	
III User Registration			*
First Name:)	Middle Name:	
Last Name:	*		
Email Address:	Real Residences	Work Phone Number:	
Have you already received a Temporary Key for eC	AMS Provider Portal Registration in your Accounts Receivable PC	DC Email? * ®No Oyes	
Tax ID:		UEI:	
Accounts Receivable POC Email:	*	EFT Indicator:	
Successful submission will generate a Temporary	Key for your Accounts Receivable POC Email. The Temporary Key	will expire in 15 minutes.	
			Submit

Once the information is validated, a Temporary Key is sent to the Accounts Receivable POC email. The Temporary Key is valid for 15 minutes. If the 15 minutes expires, select No in step 2, then repeat steps 3 and 4.





SETTING UP ACCESS (continued)

- 5. Select Yes to the previous question and enter the Temporary Key in the Temporary Key field.
- 6. If your organization has a Billing Provider NPI, answer **Yes** to that question and enter the **NPI**.
- 7. Enter the Billed Amount and VA Claim ID, or the Patient Control Number associated with the NPI.
- 8. To further validate this claim information, enter one of the following:
 - Check/EFT Number and Check/EFT Trace Date of the check or EFT payment received for this claim. OR
 - Submitted Client Identifier Last 4. From the next drop-down field, select Authorization Number, Diagnosis Code, or Procedure Code and enter the value for the selection.
- 9. Select Submit.

	Welcome to eCAMS Provider Portal	
Ċ		😗 Help
The To a	eCAMS Provider Portal (ePP) is a web tool for VA Medical Providers to view the status of Claims and Payments. Incess ePP, your Provider organization must have an active account with System for Award Management (SAM.gov).	
	User Registration	^
	First Name: Middle Name:	
	Last Name: *	
	Email Address: Work Phone Number:	
Ha	ve you already received a Temporary Key for eCAMS Provider Portal Registration in your Accounts Receivable POC Email?* ONo ®Yes	
Do	you have an active National Provider Identifier (NPI) associated with your organization? * Ono [®] Yes	
Ple	ease enter the Billed amount and VA Claim ID Or Patient Control Number associated with the entered NPI.	
	NPI: Billed Amount:	
	VA Claim ID: Patient Control Number:	
Ple	ease enter any one of the combinations of: Check/EFT Trace Number and Check/EFT Trace Date Or Submitted Client Identifier Last 4 and Authorization Number or Diagnosis Code or Procedure Code.	
	Check/EFT Trace Number: Check/EFT Trace Date:	
	Submitted Client Identifier Last 4:	
	Authorization Number	O Submit
	Diagnosis Code Procedure Code	
-		

Upon verification of the entered information, the registration of your organization is successful, and the provider domain for your Tax ID is set up. You will be assigned the ePP Provider Administrator and ePP Provider User profiles for this registered domain. Your **My Inbox** page in the Provider Portal now displays.

Add Providers and Users

ADDING A PROVIDER DOMAIN

As an ePP Provider Administrator or an ePP Provider User, you can add a provider domain to the portal. To do so, you must have your organization's **Tax ID**, **Accounts Receivable POC Email**, **UEI**, and **EFT Indicator**.

1. Select the **Admin** tab, then select **Domain List** from the menu.

		Claims 🔻	Admin 👻	My Inbox 🔻	CAMS"
MAINTENANCE	USER MAINTE	AINTENANCE	BATCH	89 👤 Bugg, Aid	123456789
	User List	tion Batch List	User Associa		Myinbox
		MAINTENANCE	Domain List	te Alert	Close C Delete
]	Domain List	nders	My Remind





ADDING A PROVIDER DOMAIN (continued)

2. Select the Add Provider Domain button.

G 120496789 I Bugg,	Aida Profile: ePP Provider Administrator						9 I
MyInbox > Domain List							
Close OAdd Provider Doma	in O Annual Revalidation						
Manage Domains							
Manage Domains							
Manage Domains ter By:	O Go				🖲 Clear Fi	lter 🖹 Save Filter	▼ My Filters
Manage Domains ter By: v Domain Name	© Go Domain Description	Start Date ▲▼	End Date	Status ▲▼	© Clear Fil Annual Va	Iter 🖹 Save Filter	▼ My Filters
Manage Domains ter By: V	Domain Description	Start Date ▲▼ 01/01/2010	End Date ▲▼ 12/31/2999	Status	Clear Fil Annual Va 09/30/2023	iter Pitter Save Filter lidity Date	▼ My Filters

 Answer Yes or No to the Temporary Key question. If No, then enter the following information to receive your Temporary Key: Tax ID, Accounts Receivable POC Email, UEI, and EFT Indicator information for the provider organization. Then select OK.

	O Help	
	Add Provider Domain	^
Ha	ave you already received Temporary Key for eCAMS Provider Portal Registration in your Accounts Receivable POC Email? * 🖲 No OYes	
	Tax ID:* UEI:*	
	Accounts Receivable POC Email: EFT Indicator:	
Suc	ccessful submission will generate a Temporary Key for your Accounts Receivable POC Email. The Temporary Key will expire in 15 minutes.	
	O OK	O Cancel

- 4. When you receive the Temporary Key, select **Yes** to the previous question and enter the Temporary Key in the **Temporary Key** field.
- 5. As you did on the **User Registration** page, enter the Billing Provider's NPI, if applicable, and enter the details in the appropriate fields for a paid claim submitted by the organization to the VA. Then select **OK**.

9 Help					
Add Provider Domain					^
Have you already received Temporary Key for eCAMS Provider Port	al Registration in your Accounts	Receivable POC Email?* ONo ®Yes			
Do you have an active National Provider Identifier (NPI) associated w Please enter the Billed amount and Claim ID Or Patient Control Num	ith your organization? [*] ○No ● per associated with the entered N	Yes NPI.			
NPI: Claim ID:	*		Billed Amount: Patient Control Number:	*	
Please enter any one of the combinations of: Check/EFT Trace Numl Check/EFT Trace Number:	er and Check/EFT Trace Date Or	r Submitted Client Identifier Last 4 and Auth	orization Number or Diagnosis Code Check/EFT Trace Date:	or Procedure Code.	
Submitted Client Identifier Last 4:			~		
		At Di Pr	uthorization Number iagnosis Code rocedure Code		O OK Cancel

The Manage Domains page now displays the new provider domain.



ADDING A PROVIDER TO A DOMAIN

- 1. Select the Admin tab, then select Domain List to navigate to the Manage Domains page.
- 2. Select the link under the **Domain Name** column for the domain to which you want to add the provider.

(a) 123456789	Profile: ePP Provider Administrator							9 I
MyInbox > Domain List								
ose Add Provider Domain	O Annual Revalidation							
Manage Domains								
inanage = entanto								
er By:	0 60					O Chan Filter	De Cour Filter	W Ma Filtere
er By:	0 60					⊙ Clear Filter	P Save Filter	▼ My Filters
er By:	O Co Domain Description	Start Date ▲▼	End Date	Status ▲▼		Clear Filter	Save Filter	Wy Filters
er By: Domain Name A 123123123 PE	O Go Domain Description	Start Date ▲▼ 01/01/2010	End Date ▲▼ 12/31/2999	Status	09/30/2023	Clear Filter Annual Validity ▲▼ 3	Bave Filter	▼ My Filters

3. Select the Associated Providers List from the Show drop-down menu.

eCAMS HCEV	My Inbox 👻	Admin 👻	Claims -		
(¹) 🚱 12345678	9 👤 Aida, Bug	g Profile:	ePP Provider Administrator		😗 Help
🛧 > Myinbox > Don	nain List 🔸 Domain	n Details			
Domain ID: 999			Name: 12312	3123	
Close					Show -
III Domain D	etails				Associated Providers List
Domain Name:	123123123		Domain Description:	PEDIATRIC CARE	li
Start Date:	01/01/2010		Expiration Date:	12/31/2999	

- The Add Provider To Domain page displays.
- 4. Select Add Provider.

	Profile: ePP Provider Adm	inistrator			🤁 H
MyInbox > Domain List > Domain Deta	tails > Providers Association	1 List			
nain ID: 999		Name: 123123123			
Close O Add Provider O EOP Subs	scribe 🕢 EOP Unsubscribe	e			Sho
Providers Association List					
ilter By :		Go	Clear Filter	Save Filter	▼ My Filters ▼
ilter By : V NPI/Tax ID	С	IGo	Clear Filter	Save Filter	₹ My Filters •
ilter By : ▼ NPI/Tax ID 987654321	Type	Paper EOP subscribed	Clear Filter	Save Filter	▼ My Filters •
ilter By :	Type Type Type NPI NPI	Paper EOP subscribed Paper EOP subscribed	Clear Filter	Save Filter	▼ My Filters •





Page 5

ADDING A PROVIDER TO A DOMAIN (continued)

- 5. As you did on the Add Provider to Domain page, enter the Billing Provider's NPI, if applicable, and enter the details in the following fields:
 - Check/EFT Number and Check/EFT Trace Date of the check or EFT payment received for this claim; OR
 - Submitted Client Identifier Last 4. From the drop-down field, select Authorization Number, Diagnosis Code, or Procedure Code. Then select OK.

€ Help		
Domain ID: 999	Name: 123123123	
Add Provider To Domain		^
Do you have an active National Provider Identifier (NPI) associated with your organization? * $^{\circ}$ No $^{\odot}$ Yes		
Please enter the Billed amount and Claim ID Or Patient Control Number associated with the entered NPI.		
NPI:	Billed Amount:	*
Claim ID:	Patient Control Number:	
Please enter any one of the combinations of: Check/EFT Trace Number and Check/EFT Trace Date Or Submitted Client Ide	ntifier Last 4 and Authorization Number or Diagnosis Code or Procedure Code.	
Check/EFT Trace Number:	Check/EFT Trace Date:	
Submitted Client Identifier Last 4:	~	
	Authorization Number Diagnosis Code	O OK Cancel
	Procedure Code	

The Providers Association List page now displays the associated provider's NPI/Tax ID.

eCAMS My Inbox - Admin -	Claims 🔻		
🕛 🚱 123456789 👤 Bugg, Aida Profi	le: ePP Provider Admi	inistrator	Heij
> MyInbox > Domain List > Domain Details >	Providers Association	n List	
omain ID: 999		Name: 123123123	
Close O Add Provider O EOP Subscribe	• EOP Unsubscribe	e	Show
Providers Association List			~
Filter By : V	0	Go	⊗ Clear Filter ■ Save Filter ▼My Filters ▼
□ NPI/Tax ID	Type ▲▼		EOP Subscription ▲▼
987654321	NPI	Paper EOP subscribed	
2222222222	NPI	Paper EOP subscribed	
Delete View Page: 1 O Go	+ Page Count	Viewing Page: 1	K First Firev Next Last
K Save loc Sv			

ADDING PROVIDER USERS

NOTE: Provider Users must be registered using their ID.ME email address.

1. Select the Admin tab, then select User List from the menu.







ADDING PROVIDER USERS (continued)

2. At the Manage Users page, select the Add Provider User button.

	/		er Administrator							3
Myinbox > UserLis Close Add Prov	ider User	Annual Rea	authorization							
ilter By:	~	And:		•	With S	Status: All Vuser Type	Provider 🗸 🔘 Go	Clear Filter	Save Filte	r My Filter
ilter By:) Name △▼	✓ Domain Name	And: Status	Start Date	End Date	With S User Type	Status: All Vser Typ	e: Provider V OGo SSO Login ID	Clear Filter	Save Filte	m ▼ My Filter
ilter By: Name △▼		And:	Start Date ▲▼ 06/24/2021	End Date	With S User Type	Status: All VUser Type erd@gmail.com	e: Provider ✓ ⓒ Go SSO Login ID	⊘ Clear Filter	Save Filte	r ▼ My Filter
Ilter By: Name △▼ Erd, Liz Akew, Barb	Domain Name	And:	Start Date ▲▼ 06/24/2021 06/23/2021	End Date	With S User Type Vrovider Provider	Status: All Viser Type erd@gmail.com b.akew@mail.com	e: Provider V O Go SSO Login ID	Clear Filter	Save Filte Annu 09/30/202 09/30/202	r ▼ My Filter

3. At the Add Provider User page, enter the user's First Name, Last Name, Email, From and To Dates, and then select OK.

Help Add Provider	User						~
First Name:			*	Middle Name:			
Last Name:			*	Email:			*
Domain:	123123123		*	* Phone No:			
From Date:	02/06/2023	*		To Date:	12/31/2999	*	
						Оок	C Can

The Manage Users page now displays the new provider user.

ASSOCIATING A USER TO A PROFILE

- 1. Select the Admin tab, then select User List.
- 2. At the Manage Users page, select a user hyperlink to display the User Details page.

	123456789	👤 Bugg, Aida Prof	ile: ePP Provide	er Administrator							0 H
> Myinbo	O Add Provi	der User O Delete	O Annual Real	uthorization							
II Ma	anage Users	;									
ilter By:	:	~	And:	~	•	With S	Status: All Vser Ty	vpe: Provider 🗸 🔘 Go	Clear Filter	Save Filter	r ▼ My Filters
Filter By:	Name ∆▼	✓ Domain Name	And: Status	Start Date	End Date	With S User Type ▲▼	Status: All Viser Ty	ype: Provider ♥ ⓒ Go SSO Login ID	O Clear Filter	Save Filter	T ▼ My Filters
Filter By:	Name △▼	✓ Domain Name	And:	Start Date ▲▼ 06/24/2021	End Date ▲▼ 10/06/2022	With S User Type ▲▼ Provider	Status: All Vuser Ty erd@gmail.com	rpe: Provider ♥	⊘ Clear Filter	Save Filter	r ♥ My Filters
Filter By:	Name △▼ .iz	Domain Name	And: Status Approved Rejected	Start Date ▲▼ 06/24/2021 06/23/2021	End Date	With S User Type Vrovider Provider	Status: All Vuser Ty erd@gmail.com b.akew@mail.com	rpe: Provider ♥ O Co SSO Login ID	Clear Filter	Save Filter Annua 09/30/2022 09/30/2022	My Filters





ASSOCIATING A USER TO A PROFILE (continued)

3. Select the **Show** drop-down menu, then select **Associated Profiles.**

HCE	< ▼ Admin ▼ Claims ▼			
🖒 😧 123456789 👤 Bu	gg, Aida Profile: ePP Provider Ad	Iministrator		 Help
> MyInbox > UserList > User	erDetails			
Jser Login ID: BuggA@mail.co	m	Na	me: Bugg, Aida	
O Close Save View	History			Show
User Details				Associated Profiles Provider User Association List
First Name:	Erd	*	Middle Name:	
Last Name:	Liz	*	Lock User: 🗌 Acti	vate User: 🗌
Domain Name:	123123123			
Start Date:	06/24/2021		Expiration Date: 10/06/2022	
Status:	Approved			
Remarks:	10/07/2022	k		
Add O Delete				
Add O Delete	etail List			^
Add Communication D Communication D	etail List Communication Detai ▲▼	il Type	Commu	nication Value
Add Delete Communication D Work - Email	etail List Communication Detai ▲▼	іІ Туре	Commu	Inication Value

4. At the Manage User Profile page, select Add.

Claims ▼ Admin ▼ Claims ▼									
🖒 🚱 123456789 👤 Bugg, Aida 🛛 Profile: ePP Provider	r Administrator			3 Help					
> MyInbox > UserList > UserDetails > UserProfileList									
ser Login ID: BuggA@mail.com	Name: Bugg, Aida								
Close Add Approve Reject				Show					
Manage User Profiles				^					
Filter By: V With Status: All V O Go									
Filter By:	h Status: All V OGo		🙁 Clear Filter 🗎 S	ave Filter ▼My Filters ▼					
Filter By: Vit	h Status: All VOGo Description	Start Date	Clear Filter S End Date	ave Filter ♥ My Filters ▼ Status					
Filter By: Vit	h Status: All O Co Description	Start Date ▲ ▼ 07/08/2021	Clear Filter S End Date	ave Filter ♥ My Filters ▼ Status A ▼ Rejected					
Name ePP Provider Administrator ePP Provider User	h Status: All OGo Description AT ePP Provider Administrator ePP Provider User	Start Date ▲▼ 07/08/2021 09/07/2022	Clear Filter ► S End Date ▲▼ 12/31/2999 10/06/2022	ave Filter V My Filters V Status AV Rejected In Review					

5. Select the profile from the **Available Profiles** selection box, select the double right arrow button to move the profile to the **Associated Profiles** selection box, then select **OK**.

Help								
Here Add New Profiles to User						^		
User Name: Erd, Liz								
Start Date:	02/06/2023		* End Date:	02/06/2024	*			
Available Profiles			Associated Pro	ofiles				
		» «	ePP Provider Ad	dministrator	* *			
					Оок	Cancel		

The Manage User Profiles page now displays the associated profile.



ASSOCIATING A PROVIDER TO A USER

Associating a provider to a user enables the user to access claims information for the associated provider.

1. Navigate to the User Details page as described in "Associating a User to a Profile," then select Provider User Association List from the Show drop-down menu.

HCE	My Inbox	▼ Admin ▼	Claims 👻							
(1) (2) 12345	56789 👤 Bug	g, Aida Profile: e	PP Provider Administra	ator						😧 Help
> Myinbox >	UserList > User	Details								
User Login ID: E	BuggA@mail.con	n			Name: Bugg, Aida					
O Close	Save 🔊 View H	History								Show
III User D	Details							Associ	ated Profiles	
	First Name:	Liz	*		Middle Name:			Provide	er User Asso	ciation Lis
	Last Name:	Erd	*		Lock User:		Activate User:			
I.	Domain Name:	123123123								

	Start Date:	06/24/2021	i		Expiration Date:	10/06/2022	*			
	Start Date: Status: Remarks:	06/24/2021		4	Expiration Date:	10/06/2022				
🔾 Add 🔵 🗢 De	Start Date: Status: Remarks:	06/24/2021		i	Expiration Date:	10/06/2022	H.,			
O Add O De III Comm	Start Date: Status: Remarks: elete	06/24/2021		i.	Expiration Date:	10/06/2022	.			*
Add De Comm	Start Date: Status: Remarks:	06/24/2021 Approved 10/07/2022 tall List Communicati	on Detail Type	<i>k</i>	Expiration Date:	10/06/2022	nunication Value			•
Add O De Comm Work - Ema	Start Date: Status: Remarks: elete nunication Det	06/24/2021 Approved 10/07/2022 tail List Communicati	on Detail Type	i.	Expiration Date:	10/06/2022 Comm	nunication Value			~

2. Select the Add button.

Bugg, Alua Piolile	: ePP Provider Administrator	⊘ H
Mylnbox > UserList > UserDetails > Provider	Association List	
er Login ID: BuggA@mail.com	Name: Bugg, Aida	
Close O Add		Sho
Brovider User Association List		
FIOVIDEI OSEI ASSOCIATION LIST		
- Frovider Oser Association List		
ilter By :	0 Go	 ⊘ Clear Filter Pave Filter ▼My Filters
ilter By :	O Go Provider Name	Clear Filter ■ Save Filter ▼My Filters ▼ Type
ilter By :	Provider Name	Clear Filter 🖻 Save Filter 🛡 My Filters •
ilter By :	Provider Name	Clear Filter Save Filter Type
ilter By : NPI/Tax ID 9876543210 2222222222	C Go Provider Name A T EXAMPLE, PROVIDER LAST, FIRST	Clear Filter Save Filter Type





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ASSOCIATING A PROVIDER TO A USER (continued)

3. At the Associate Provider to User page, select the provider(s) in the Available Providers selection box that you want to associate, select the double right arrow button to move these to the Selected Providers selection box, then select OK.

¢	D Help						
	III Associate Provider To User						^
	Available Providers			Selected Providers			
		78978978978-PROVIDER EXAMPLE	•	» «	4564564564-LAST, FIRST	•	
							O OK Cancel

The **Provider Association List** page now displays the associated Billing Provider's NPI or Tax ID.

ADDING MULTIPLE PROVIDERS TO A DOMAIN VIA BATCH FILE UPLOAD

1. Select the Admin tab, then select User Association Batch List from the menu.

eCAMS [™] My Inbox ▼	Admin - Claims -	
🖞 😧 123456789 👤 Bugg, Aid	BATCH MAINTENANCE	
A → MyInbox	User Association Batch List	User List
Close Close My Reminders	DOMAIN MAINTENANCE	

2. Select **Download Provider Association Template** and save the template to your local drive.

eCAMS My	Inbox - Admin - Claims -					
(¹) 🚱 123456789	Bugg, Aida Profile: ePP Provider Administrator					9 He
> Myinbox > User Asso	ociation Batch History List					
Close OUpload Bat	Download Provider Association Template Download User Association Batch History List	Template				
Filter By :	~ And ~		O Go		⊘ Clear Filter	Save Filter Wy Filters -
Batch File ID ▲▽	File Name ▲▼	Upload Date ▲ ▼	Success Count ▲▼	Failure Count ▲▼	File Upload Status ▲▼	Upload By ▲▼
25175	Provider Association Batch Upload Test.xlsx	12/08/2022	0	76	Success	Bugg, Aida
25174	Provider Association Batch Upload Test 2.xlsx	12/08/2022	0	1	Success	Bugg, Aida
View Page: 2	O Go + Page Count Image SaveToCSV	Viewing Page: 1			≪ First	Prev > Next > Last





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ADDING MULTIPLE PROVIDERS TO A DOMAIN VIA BATCH FILE UPLOAD (continued)

3. Open the saved file and see the instructions on the first sheet for completing the template.

	The Batch file name of the uploaded file for Provider Association Batch Upload must begin with "Provider Association Batch Upload"
	NR Association
	Press mark all the cells in "Text" format before entering the values
	•Only up to 100 records per sheet are allowed
	Please do not delete any sheet/column or change the name of the sheet/column
olumo.	Noter
Jorumn	NOLES
Tax ID	User must enter a value for this field
	Entered Tax ID must be same as the logged-in Tax ID
	Accepts 9 digits (numeric values only)
	e.g. 123456789
NPI	User must enter a value for this field
	Only BILLING Provider NPI is permitted
	Aver must be associated with the entered lax ID Access to digits (numeric values only)
	e.g. 1915161218
/A Claim ID	User must enter a value for either VA Claim ID or Patient Control Number
	User must enter VA Claim ID associated with the entered NPI and Billed Amount
	VA Claim ID is not required to enter if Patient Control Number is entered
	*ACCEPTS 18 digits (numeric values only) es 301792440134580nn
	Cap United Hyper States of the States of Annual Manager 1 March 1 Marc
Patient Control Number	User must enter a value ton entitier rauent Control Number of VA Claim ID User must enter Patient Control Number associated with the entered NPI and Billed Amount
	Patient Control number is not required to enter if VA Claim is entered
	Accepts up to 80 Alphanumeric Characters
	•Accepts Space
300 - 3	
3illed Amount	User must enter a value for this held Lear must enter all damount associated with the entered NPL and VA Claim ID or Patient Control Number
	-oblights not required
	 Accepts 15 digits including the decimal and 2 digits after the decimal
	•Valid Characters are integers, Decimal Point and Sign Characters + OR + Decimation of the second s
	- Decimal is allowed only once - Sign Character is allowed once as the first character
	es125.5 or
	125.57
heck/EFT Trace Number	 User must enter a value for either (Check/EFT Trace Number and Check/EFT Trace Date) OR (Submitted Client Identifier Last 4 and Authorization Number/Diagnosis Code/Procedure Code)
	-User must enter a complete Check/EFT Trace Number(including leading zeros if any) associated with the entered NPI, Billed Amount and VA Claim ID/Patient
	Control Number
	Accepts up to 30 Alphanumeric Characters
beck/FET Trace Date	NO Space allowed Data Entry for this field is required only if the Check/EFT Trace Number has been entered else it must be left blank.
	User must enter Check/EFT Trace Date associated with the entered Check/EFT Trace Number
	•Future date is not allowed
	No space allowed Data must be appreciately in the format of MM/DD/CVV
	e. 12/31/2019
Submitted Client Identifier Last 4	User must enter a value for either (Check/EFT Trace Number and Check/EFT Trace Date) OR (Submitted Client Identifier Last 4 and Authorization
	Number/Diagnosis Code/Procedure Code)
	•User must enter Submitted Client Identifier Last 4 associated with the entered NPI, Billed Amount and VA Claim ID/Patient Control Number Accentr 4 fully fourments values could be added as a second secon
	•Nospace allowed
	e e 1234
Authorization Number	 User must enter Authorization Number/Diagnosis Code/Procedure code only if the Submitted Client Identifier Last 4 have been entered else it must be left blank el lege must enter Authorization Number programmer and with the claim.
	Accepts up to 50 Alphanumeric Characters and special characters and -
	•No space Allowed
	eg.1703_PH-T
	-User must enter Authorization Number/Diagnosis Code/Procedure code only if the Submitted Client Identifier Last 4 have been entered else it must be left blank -User must enter Diagnosis Code accessitate units the claim.
Diagnosis Code	- User indust enter unginous uoue associated with the claim - Accepts up to 10 Alphanumeric Characters - Accepts up to 10 Alphanumeric Characters
	•No space allowed
	e.g. T6101XA
Procedure Code	-User must enter Authorization Number/Diagnosis Code/Procedure code only if the Submitted Client Identifier Last 4 have been entered else it must be left blank User must enter Authorization Number/Diagnosis Code/Procedure code only if the Submitted Client Identifier Last 4 have been entered else it must be left blank
	•User must enter inocedure Lode associated with the claim •Arcents in to 10 Alphanumeric Characters •
	No space allowed
	e.g. 02321

The template appears on the second sheet.

	А	В	С	D	E	F	G	н	1	J	К	A
	Tax ID	NPI	VA Claim ID	Patient Control Number	Billed Amount	Check/EFT Trace Number	Check/EFT Trace Date	Submitted Client Identifier Last 4	Authorization Number	Diagnosis Code	Procedure Code	14
1												- 17
2												
3												
-		1	· · · · ·									304
	- +	1	nstructions	NPI Association	-)							1

- 4. Fill in the providers you want to add, one per row, as outlined in the instructions.
- 5. Save the file with a meaningful name, such as "Provider Batch 7-29-2021.xlsx."



ADDING MULTIPLE PROVIDERS TO A DOMAIN VIA BATCH FILE UPLOAD (continued)

6. On the User Association Batch History List, select Upload Batch.

(a) 123456789	L Bugg, Aida Profile: ePP Provi	der Administrator								01
Myinbox > User Ass	ociation Batch History List									
Close 💿 Upload Ba	tch	on Template	er Association Tem	plate						
		•)(=								
User Associat	tion Batch History List									
ilter By :	✓	And	~		⊙ Go			Clear Filter	Save Filter	▼My Filters
Iter By : Batch File ID ▲▽	~	And File Name	~	Upload Date	© Go Success Count	Failure Count ▲▼	File U	Clear Filter	Save Filter	Wy Filters
Batch File ID ▲▽ 5175	Provider Association Batch Upload	File Name	~	Upload Date	Go Success Count	Failure Count ▲▼ 76	File U	Clear Filter	Bugg, Aid	▼ My Filters

7. Select Provider Association Batch Upload from the Template Type drop-down. Then, select Choose File and locate the file you just created. Select Ok.

(@ Help	
	Batch File Upload	^
Whe Plea	en uploading a file via Upload Batch, upload a duly filled file that is downloaded from Download Template only. The instructions sheet from the downloaded template must not be deleted. ase select the Template Type and the Batch File to be uploaded for the selected Template Type.	
	Template Type: Provider Association Batch Upload 🗸	
	File Name: Choose File No file chosen *	
		;el

The User Association Batch History List page displays the file upload status.

8. To check the status of the batch file upload, select the **Batch File ID** hyperlink.

Q 123456789	Bugg, Aida Profile: ePP Provider Administrator							0
Myinbox > User Asse	ociation Batch History List							
Close 🛈 Upload Bat	ch	ociation Template						
User Associati	on Batch History List							
User Associati	on Batch History List		0.00		QC	aar Eiltar 🔛 Sau	e Filter 🖉 Mu	Eiltore
User Associati Iter By :	And	•	O Go		© Cle	ear Filter 📔 Sav	re Filter ▼ My	Filters
User Associati Iter By : Batch File ID	And File Name	✓ Upload Date	© Go Success Count	Failure Count	© Cic File Upload 3	ear Filter 🗎 Sav	re Filter ▼ My Upload E	Filter:
User Associati Iter By : Batch File ID ▲▽	And Flie Name AV	V Upload Date	⊙ Go Success Count ▲▼	Failure Count ▲▼	© Cic File Upload : ▲▼	ear Filter 🗎 Sav	re Filter 🛛 🐺 My Upload E	Filter: Jy
User Associati Iter By : Batch File ID A V	On Batch History List Characterization And File Name Provider Association Batch Uplead Test xisx	Upload Date A 12/08/2022	O Go Success Count ▲▼	Failure Count	Cike Success	ear Filter 🎦 Sav Status	re Filter YMy Upload E AV	Filter: 3y

9. Select the Status hyperlink for the Provider on the Batch Association List page.

eCAMS My Inbo	ox ▼ Admin ▼ Cla	ims 🔻						
😃 🚱 123456789 👤 B	ugg, Aida Profile: ePP P	rovider Administrator						🥑 Help
> MyInbox > User Associat	ion Batch History List > Batc	h Association List						
Batch Association	h List							^
Filter By :	×	And Status: All	✓ O Go		0	Clear Filter	Save Filter	▼ My Filters ▼
Tax ID △▼	Upload T	Type U	oload Sub Type ▲▼	Status ▲ ▼		Description ▲▼		
123123123	User Association	Add Provider Use	r	Success	Provider User has been added			
View Page: 1	⊙ Go + Page Count] Save ToC SV	Viewing Page: 1			🕊 First	< Prev >	Next 🔉 Last

ADDING MULTIPLE PROVIDERS TO A DOMAIN VIA BATCH FILE UPLOAD (continued)

The Provider Association Detail page displays.

Provider Association Detail	^
Tax ID: 123123123	NPI: 1234567890
Patient Control Number: 12345-1234	Claim ID:
Billed Amount: 500.00	Authorization Number:
Diagnosis Code:	Procedure Code:
Check/EFT Trace Number: 1234567	Check/EFT Trace Date: 12/08/2022
Submitted Client Identifier Last 4:	Description: Provider Association has been added

ADDING MULTIPLE USERS/ASSOCIATING PROVIDERS TO USERS VIA BATCH FILE UPLOAD

Using the User Association Template, you can add multiple users to the current domain as well as associate a list of providers to a list of users via batch file upload. The batch file template provides worksheets for each action, and you can complete both worksheets, or you complete one worksheet while leaving the other blank.

1. Navigate to User Association Batch History List page as described in "Adding Multiple Providers to a Domain via Batch File Upload," then select Download User Association Template.

123456789	Bugg Aida Profile: ePP Provider Administrator							9
Myinbox > User Ass	Control Batch History List							
lose 🕜 Upload Bat	ch 🛓 Download Provider Association Template 🚺 Download User Associat	ion Template						
User Associati	on Batch History List							
User Associat. Iter By :	on Batch History List		O Co		۲	Clear Filter	Save Filter	▼ My Filters
User Associat Iter By : Batch File ID	And File Name AT	Upload Date	© Go Success Count ▲▼	Failure Count ▲▼	Sile Uploa	Clear Filter nd Status ▼	Save Filter	▼My Filter Jpload By
User Associat Iter By : Batch File ID ▲ ♥	And V File Name Av User Association Batch Upload Test xlsx	Upload Date	O Go Success Count ▲▼	Failure Count	File Uploa	Clear Filter nd Status ▼	Save Filter	▼My Filter Jpload By ▲▼ da



Page 13

ADDING MULTIPLE USERS/ASSOCIATING PROVIDERS TO USERS VIA BATCH FILE UPLOAD (continued)

2. Open the saved file and read the instructions on the first sheet for completing the template.

	The Batch file name of the uploaded file for User Association Batch Upload must begin with "User Association Batch Upload"
	Add Uses
	Auturyst:
	This sheet must be completed to do the users to the logge-in Tax ib This sheet see he left hank if the users next equived to be added
	Inits sheet can be left blank if the users are not required to be added Plages mark all the calls in "The" format here and the langes
	Predse mark an the certs in text i format before entering the values
	• Only up to 100 records per sheet are anowed
	Thease do not delete any sneed column of change the name of the sneed column
	Liege Provider Accessition
	This sheat must be completed to associate the users to single/multiple NPL or to the logged in Tay ID
	This sheet ran he left blank if such associations are not required.
	- This answer will be permitted only if the user has an existing association with the entered NPL or Tax ID
	Please mark all the cells in "fext" format before entering the values
	Only up to 100 records per sheet are allowed
	Please do not delete any sheet/column or change the name of the sheet/column
Column	Notes
Tax ID	•User must enter a value for this field
	•User must be associated with the entered Tax ID
	•Entered Tax ID must be same as the logged-in Tax ID
	*Accepts 9 digits (numeric values only)
NPI/Tax ID	•User must enter a value for this field
	Only BILLING Provider NPI or the logged-in Tax ID is permitted
	• NPT must be associated with the entered IBX ID
	*Accepts 9 or 10 algits (numeric values only)
Email	•User must enter a value for this field in a standard email format
	•Accepts up to 100 characters
	e.g.jsmith/1_pt@example-inc.com
First Name	Iter must enter a value for this field
i st hume	•Allowed characters for this field are a-z A-Z 0-9(Alphanumeric) "(Single quote) "(Double quote). (Full stop) -(Hypen) (Vertical Bar) and Space in between
	Accepts up to 50 Alphanumeric Characters
	e.g. John23'
Adde News	Destruction for this for this can are a destruction
vilddie Name	•Uate entry for this meio is not mendatory
	Anowe characters to this let at a start or ophylhammen of parge quoter, (bound quote), (run scop) (rypen) (vertical bar) and space in between Accents unto 50 Albhaniumaric characters
	es. John 23'
ast Name	•User must enter a value for this field
	 Allowed characters for this field are a-z A-Z 0-9 (Alphanumeric) '(Single quote) "(Double quote) .(Full stop) -(Hypen) (Vertical Bar) and Space in between
	Accepts up to 50 Alphanumeric Characters
	e.g. Smith23'
Work Phone Number	Data entry for this field is not mandatory
	•If entered, this field will only accept 10 digits
	e.g. 3016344600

The templates appear on the second and third sheets.

	Α	В	С	D	E	F	G	Н	
	Tax ID	Email	First Name	Middle Name	Last Name	Work Phone Number			ΠL
1									
2									
3									
	< ► Instruc	tions Add User	User Provider Association	÷	: •				Þ

	А	В	С	D	E	F	G	Н	1	J	K	L	М	N	
	Tax ID	Email	NPI/Tax ID												
1															
2															
3															Ţ
	∢ ► Instru	ctions Add User	User Provider Associa	ation	÷			: •						Þ	

- 3. On the Add User sheet, enter the Tax ID for the current domain and fill in the users you want to add, one per row, as outlined in the instructions.
- 4. On the User Provider Association sheet, enter the Tax ID for the current domain, then list the users and providers you want to associate to one another on a separate row each.
- 5. Save the file with a meaningful name, such as "User Batch 7-29-2021.xlsx."





ADDING MULTIPLE USERS/ASSOCIATING PROVIDERS TO USERS VIA BATCH FILE UPLOAD (continued)

- 6. On the User Association Batch History List, select Upload Batch. The User Association Batch History List page will show if the file successfully uploaded.
- 7. To check the status of the batch file upload, select the **Batch File ID** hyperlink.

	Bugg, Aida Profile: ePP Provider Administrator					0
Myinbox > User Ass	ociation Batch History List					-
lose 🛈 Upload Bat	tch	sociation Template				
User Associati	ion Batch History List					
ilter By :	~ And	×	⊙ Go		Clear Filter	Save Filter My Filters
Batch File ID	File Name	Upload Date ▲▼	Success Count ▲▼	Failure Count	File Upload Status	Upload By
Batch File ID ▲♡	File Name	Upload Date ▲ ▼ 09/17/2021	Success Count ▲♥	Failure Count	File Upload Status	Upload By
Batch File ID	File Name	Upload Date	Success Count	Failure Count	File Upload Status	Up

The **Batch Association List** page shows the status.

8. Select the **Status** hyperlink to view the **User Association Detail** page.

) 🙆 123456789 🞐	Bugg, Aida Profile: ePP Provider Admin	histrator					91
Myinbox > User Asso	■ ciation Batch History List → Batch Associatior	1 List					
lasa							
ose							
Batch Associat	ion Liet						
	ION LIST						
lter By :		And Status: All V OGo		٩	Clear Filter	Save Filter	▼ My Filters
ter By : Tax ID △▼	Upload Type	And Status: All VOCO	Status ▲▼	C	Clear Filter	Save Filter	▼ My Filters
Iter By : Tax ID △♥ 23123123	Upload Type	And Status: All V Q Go Upload Sub Type Add Provider User	Status ▲▼ Success	Provider User has been added	Clear Filter	Bave Filter	▼ My Filters

The User Association Detail page displays.

User Association Detail	~
Tax ID: 123123123	Email: Erd@gmail.com
First Name: Liz	Middle Name:
Last Name: Erd	Work Phone Number:
Provider User	
has been added	

Claims Search

SEARCHING FOR CLAIM INFORMATION

 Select the Claims tab and select Provider Claim Inquiry from the menu. The Provider Claim Inquiry page displays.

eCAMS My Inbox - Admin -	Claims ▼		
🖒 🚱 123456789 👤 Bugg, Aida Profile:		REMITTANCE ADVICE	
A → Myinbox	Explanation of Payments Inquiry	Remittance Advice Inquiry	
Close Delete Alert			
III My Reminders	Provider Claim Inquiry		
Filter By :	Provider Bill of Collections Inquiry		





Page 15

SEARCHING FOR CLAIM INFORMATION (continued)

2. Enter the VA Claim ID and select Submit to find an individual claim.

OR Select **Submit** to see all claims from all associated providers.

OR Enter search criteria, such as Provider ID, Claim Status, and so forth, to see claims that meet those criteria.

HCE My Inb	ox ▼ Admin ▼ C	laims 🔻			
🖒 🚱 123456789 👤 E	Bugg, Aida Profile: ePF	Provider Administrator			9 H
> MyInbox > Provider Clair	m Inquiry				
Close Submit					
Provider Claim In	quiry				
When performing a sear When performing a sear When performing a sear	ch using First Name and/or ch with Date of Birth, please ch using To DOS, please als	Last Name, please also enter Date of 6 e also enter the First and/or Last name. so enter the From DOS, the range of th Selected Provider 10	Birth in the DOB field. nese dates cannot exceed six months.	Status	Solociad Claim Status
789789789 789789789 456456456456 - L	rovider IZ ast, First	All	Adjusted Adjusted Adjusted Cancelled Denied In Process Paid Rejected	All	selected vidim Status
Claim ID:		Authorization Number:		Tax ID:	123456789
First Name:		Last Name:		Submitted Client Identifier:	
DOB:		From DOS:		To DOS:	
Patient Control Number:					

3. From the list displayed, select the VA Claim ID hyperlink to view the claim details.

MyInbox > Provider 0			Thomas Autom	istrator					<u>э</u> н
· · ·	laim Inquiry >	Claim Inquiry I	Providers List						
Close									
	havidana Lia								
Claim inquiry F	roviders Lis	t .							
Claim ID	Erem DOS	To DOS	Claim Status	Billed Americat	Daid Amount	Desvides ID	Tax ID	Client Name	Detient Centrel Number
	A ▲	▲▼		Blied Amount		Provider iD ▲▼	A ▼	Client Name ▲▼	
0000000000000000000	03/07/2019	03/07/2019	Adjusted	\$444.00	\$0.00	789789789	123123123	Last, First	777777777Y
000000000000000000000000000000000000000	02/19/2020	02/19/2020	In Process	\$700.00	\$0.00	789789789	123123123	Last, First	777777777Y
000000000000000000000000000000000000000	02/01/2020	02/01/2020	In Process	\$1,400.00	\$0.00	789789789	123123123	Last, First	777777777Y
	06/06/2019	06/06/2019	Denied	\$100.00	\$0.00	789789789	123123123	Last, First	777777777Y
000000000000000000000000000000000000000		06/22/2010	Paid	\$8,000.00	\$2,140.80	789789789	123123123	Last, First	888888888Z
000000000000000000000000000000000000000	06/15/2018	00/22/2010							
000000000000000000000000000000000000000	06/15/2018 01/01/2018	03/30/2018	Paid	\$20,000.00	\$296.06	789789789	123123123	Last, First	888888888Z



SEARCHING FOR CLAIM INFORMATION (continued)

The claim details are displayed on the **Claims Details** page.

4. Select View Correspondence to view the explanation of payment and vendor letter details.

ecams HCE	My Inbox	▼ Admin ▼ C	laims 🔻							
ڻ (⁰	123456789 👤 Bug	g, Aida Profile: ePP	Provider Admi	inistrator						😗 Hel
> Myinbo	ox → Provider Claim I	nquiry > Claim Inquiry P	roviders List)	Claim Details						
Close	Sview Correspond	ence								
III Cla	aim Details									
Detion	Claim ID:	2000000222223333		Claim Rece	eived Date: 07	05/2019		From DOS - T	ODOS: 03/07/20	19 - 03/07/2019
Patier	Adjudication Date:	07/05/2019		Check/EFT 1	Grace Date: 07	ce Date: 07/05/2019			umber:	
	Claim Status:	Adjusted		Remittance Advic	e Number: 11-	1962		h	nterest:	
Auth	norization Number:	1703_BILATERLFOCA	JTH							
Billi	ng Provider Name:	EXAMPLE, PROVIDER		P	rovider ID: 78	97897897			Tax ID: 1231231	23
	Client Name:	Last, First		Submitted Client	t Identifier: XX	X-XX-0000				
	Diagnosis Codes:	P: N401	01:	N138	02	R3915	O3:	R3912		
III Se	rvice Line Details	•								
Line #	Revenue Code	Procedure Code	Modifiers	Facility Type	From DOS	To DOS	Billed Units	Billed Amount	Paid Amount	Line Status
1		21485	50	21	03/07/2019	03/07/2019	2	\$444.00	\$0.00	Adjusted

5. Select the **E2 VAULT KEY** hyperlink to review the vendor letter. **OR** Select **SaveToCSV** to save the vendor letter section.

🕐 😧 123456789 👤 Bugg, Aida	Profile: ePP Provider Administrator						9	Help
# > MyInbox > Provider Claim Inquiry > Claim	Inquiry Providers List > Claim Details > Provider EOP List	t						
Close SaveToCSV								
III EOP List								^
Paid/Denied Date	EOP File Name VA Claim ID	From DOS To DOS	Billed Amount	Paid Amount	Provider ID	Client Name	Check/EFT Trace Number	
		N	lo Records Found!					
SaveToCSV	N							
III Vendor Letter								^
E2 VAULT KEY		CORRESPONDENCE TITLE		SENT DATE			VA Claim ID	
PE3767	Vendor			08/31/2021		20000000222224444		

The vendor letter is displayed.

C)		Department of Financial Se Financial Hea	Veterans Aff rvices Center thcare Servic	airs e				
				Ma	arch 15, 202			
dist.								
RE: Vendor C Payment	ode:	on Number:						
-,								
SUBJECT: Partial	Offset Noti	fication						
The following cred	t(s) have b	een offset against th	e payment(s) t	selow.				
RE: Vendor Code: Payment Ident BUBJECT: Partial Offse The following credit(s) h roucettin voi ab gasecassati 1503202	VCH DATE	POREFERENCE	INVOICE DATE	INVOICE/CREDIT MEMO AMOUNT				
NB	03/15/21	SO 3296623328115032021	03/15/21	3296623328115032021	20.00 PM			
1								
1 NB 329662332811503202 1	03/15/21	SO 3296623328115032021	03/15/21	3296623328115032021	1,400.00 PM			
1 MB 329662332811503202 1 TX 456457465BU	03/15/21	SO 3296623328115032021 AU 345456345AI	10/10/20	Offset_1216_1058A	1,400.00 PM			
1 MB 329662332811503202 1 TX 456457465BU TX 434545234BU	03/15/21 10/10/20 10/10/20	SO 3206623328115032021 AU 345456345AI AU 303450345AI	03/15/21 10/10/20 10/10/20	Offset_1216_1058A Offset_1216_1058	1,400.00 PM -500.00 CRI -500.00 CRI			
1 MB 329862332811503202 1 TX 4564574658U TX 4345452348U If you have any qu Austin, TX I 877-353-97	03/15/21 10/10/20 10/10/20 estions per FSC 91	50 3296623328115032021 AU 345456345AI AU 303456345AI taining to the above	03/15/21 10/10/20 10/10/20 nformation, pl	Offset_1216_1058A Offset_1216_1058 Offset_1216_1058	1,400.00 PM -500.00 CRI -500.00 CRI			





Payments and Explanation of Payment Search

SEARCHING FOR PAYMENT INFORMATION

1. Select the **Claims** tab and select **Remittance Advice Inquiry** from the menu.

eCAMS My Inbox Admin Admin	Claims ▼
(¹) 🚱 123456789 👤 Bugg, Aida Profile:	CORRESPONDENCE
A > Mylnbox	Explanation of Payments Inquiry Remittance Advice Inquiry
Close	PROVIDER
My Reminders	Provider Claim Inquiry
Filter By :	Provider Bill of Collections Inquiry

The **Remittance Advice Inquiry** page displays with the **Tax ID** field auto-populated.

- 2. Enter one of the following: Check/EFT Trace Number, Check/EFT Trace Date, Remittance Advice Number, or Remittance Advice Date.
- 3. Select Submit.

	•		
්) 🚱 123456789 👤 Bug	g, Aida Profile: ePl	P Provider Administrator	9 He
> MyInbox > Remittance Advi	ce Inquiry		
) Close 📀 Submit			
Remittance Advice I	Inquiry		
Tax ID:	123123123		
Check/EFT Trace Number:		Check/EFT Trace Date:	

The **Remittance Advice Payments List** page shows the Remittance Advice record(s) matching your inquiry.

4. Select the **Remittance Advice Number** hyperlink to view the **Remittance Advice Payments Detail**.

eCAMS My Inbox -	Admin 👻 Claims 👻								
🕛 🔮 123456789 👤 Bugg, A	da Profile: ePP Provider Adr	ninistrator							3 Help
MyInbox Remittance Advice I	nquiry > Payment Summary List								
D Close									
Remittance Advice Pay	ments List								^
Remittance Advice Number ▲▼	Check/EFT Trace Number ▲▼	Check/EFT Trace Date ▲▼	Remittance Advice Date ▲ ▼	Claim Count ▲▼	Billed Amount ▲▼	Paid Amount ▲▼	Program ▲▼	Tax ID ▲▼	Cancelled/Reissued △▼
321321	5678912345678912345	07/21/2021	07/21/2021	1	\$400.00	\$717.13	CCNNC	123123123	Cancelled
345345	5678912345678912346	07/21/2021	07/21/2021	2	\$800.00	\$415.13	CCNNC	123123123	Reissued
View Page: 2 O G	Page Count SaveToC	3V	Viewing Page: 1				**	First 🕻 Pr	ev Next >> Last





SEARCHING FOR PAYMENT INFORMATION (continued)

The Payments Detail page is displayed.

-ICE v													
Q 123456789 Q	Bugg, Aida Profi	e: ePP Provider Admi	nistrator										9
MyInbox > Remittance A	Advice Inquiry 🕨 Payn	nent Summary List >	Remittance Advice F	Payments De	tall								
Close View Correspo	ondence												
Payments Detail													
Pa	yee Name: EXAMPL	E MEDICAL CENTER	2		Check/EFT	Trace Date: 02/07/2023							
Pay	ree Tax ID: 1234567	89			Check/EFT Trac	e Number: 567891234567891							
Pai	d Amount: \$214,188	l.10			Remittance Advic	e Number: 345345							
Paymer	nt Method: EFT				Tot	tal Interest: \$180.00							
Remittance Advie	ce Payments Deta	il List											
Claim ID	Claim Status ▲▼	Billed Amount ▲ ▼	Paid Amount ▲▼	Interest ▲▼	Client Name ▲▼	Patient Control Number ▲▼	From DOS	To DOS ▲▼	Provider II	R	eference R	emittance /	Advice
45678000000777001	Paid	\$1,400.00	\$69.82	\$2.00	LAST, FIRST	456456456Y	10/14/2019	10/14/2019	7897897897				
567800000777002	Paid	\$4,200.00	\$923.30	\$2.00	LAST, FIRST	456456456Y	08/16/2020	08/16/2020	7897897897				
5678000000777003	Paid	\$11,400.00	\$4,176.47	\$2.00	LAST, FIRST	456456456Y	06/17/2020	06/17/2020	7897897897				
		GowTroom			Viewing Page: 1					& First	≮ Prev	> Next	>> 1

OR

- 1. Open the Claim Details page as described in "Searching for Claim Information."
- 2. Select the **Remittance Advice Number** hyperlink to view the Remittance Advice details for claims already processed.

> Mv	(Inbox > Provider Claim Inquiry	 Claim Inquiry Providers 	List > Claim Detail	ls						
Clos	se 🔊 View Correspondence]		-						
	Claim Details									
	Claim ID: Patient Control Number: Adjudication Date: Claim Status: Authorization Number:	22220000000777000 7657657Y 07/05/2019 Adjusted 1703_BILATERLFOCAUT	н	Claim R B Check/EF Remittance Ad	eceived Date: 07 illed Amount: \$4 T Trace Date: 07 lvice Number: 11	/05/2019 44.00 /05/2019 111		From DOS Paio Check/EFT Trace	- To DOS: 03/07/2019 d Amount: \$0.00 e Number: Interest:	- 03/07/2019
	Billing Provider Name:	LAST, FIRST			Provider ID: 78	97897897			Tax ID: 123456789	
	Client Name:	LAST, FIRST		Submitted Cli	ent Identifier: XX	X-XX-0000				
	Diagnosis Codes:	P: N401	01:	N138	02	R3915	O3:	R3912		
	Service Line Details									
Lin	e # Revenue Code	Procedure Code	Modifiers	Facility Type	From DOS	To DOS	Billed Units	Billed Amount	Paid Amount	Line Status
1		21485	50	21	03/07/2019	03/07/2019	2	\$444.00	\$0.00	Adjusted





SEARCHING FOR PAYMENT INFORMATION (continued)

The payment details are displayed on the **Payments Detail** page.

Ĥ	DE V		- Anno												
Ф	🚱 123456789 🔒 👤 Bug	gg, Aida Pro	file: ePP Provider Ad	ministrator											3 H
> Му	Inbox > Provider Claim	Inquiry > Claim	Inquiry Providers Lis	Claim Details	Remittanc	e Advice Paymen	ts Detail								
Clos	e 👁 View Correspond	lence													
	Payments Detail														
	Payee Na	me: FIRST LAS	ЭT			Check/El	FT Trace Date:	07/05/2019	iii						
	Payee Tax	x ID: 123456789)			Check/EFT	Trace Number:								
	Paid Amo	unt:				Remittance A	dvice Number:	111111							
	Payment Met	hod:					Total Interest:	\$0.00							
	Remittance Advice	Payments De	tail List												
	Claim ID	Claim Status	Billed Amount ▲▼	Paid Amount	Interest	Client Name	Patient Co	ntrol Number ▲ ▼	From DOS	To DOS	Provide	r ID	Reference	Remittance	Advice
2222	0000000777000	Adjusted	\$444.00	\$0.00		LAST, FIRST	7657657Y		03/07/2019	03/07/2019	78978978	97			
Viev	w Page: 1	⊙Go + Page	Count 🕢 Save Too	sv		Viewing Page	e: 1					« First	Prev	> Next	» Last

SEARCHING EXPLANATION OF PAYMENTS

1. Select the Claims tab and select Explanation of Payments Inquiry from the menu.

ecams HCE	My Inbox 🔻	Admin 👻	Claims 👻	
() (2) 12345678 ↑ MyInbox	9 👤 Bugg, Aid	la Profile:	CORRESPONDENCE Explanation of Payments Inquiry	REMITTANCE ADVICE
Close Close	e Alert		Provider Claim Inquiry	
Filter By :	~	-	Provider Bill of Collections Inquiry	

The **EOP Inquiry** page shows a list of Provider IDs and other search criteria.

2. Select the Provider ID or enter other search criteria, then select Submit.

eCAMS My In	box 👻 Admin 👻	Claims 🔻				
(¹) 🚱 123456789 👤	Bugg, Aida Profile	e: ePP Provider Adm	inistrator			😗 Help
MyInbox > EOP Search						
Close Submit						
EOP Inquiry						
 The Provider ID selecti When performing a sea When performing a sea The range of From To I 	on field below is required rch using To DOS, pleas rch using Paid/Denied T	d (Indicated by the * se also enter the Fro To Date, please also nied From -To Date). om DOS. enter the Paid/Denied F	rom Date.		
Available	Provider ID	nied from - to Date	Selected Provider ID	13.		
789789789789 - Provider 456456456456 - Last, Firs	Example t	All X		*		
Claim ID:		AL	thorization Number:		Check/EFT Trace Number:	
First Name:			Last Name:		Submitted Client Identifier:	
DOB:	i		From DOS:		To DOS:	
Paid/Denied From Date:			Paid/Denied To Date:		Patient Control Number:	



SEARCHING EXPLANATION OF PAYMENTS (continued)

3. Select the **EOP File Name** hyperlink to view the letter explaining the payment.

ل 🕑 😧 123456789	👤 Bugg, Aida	Profile: ePP Provider	r Administrato							(Claim DB
> MyInbox > EOP	Search > Provider	EOP List									Offset121 MAR121 2277 Research Blvd Flour 2277 Research Blvd Flou 2277 Research Blvd Six Gaithenburg, NY 20121	Program: 1703
	0030											THIS IS NOT A BILL
EOP LIST	_										Provider Patient Control Number Claim Dates: 08/28/2019 - 08/29/201 Authorized Dates: 01/01/2017 - 12/01	9
Paid/Denied Date	EOP File Name	Claim ID	From DOS	To DOS	Billed Amount	Paid Amount	Provider ID	Client Name	Check/EFT Trace Number	Patient Control Nur	The above listed claim has been a	dministratively and clinically reviewed by the Depa
8/25/2020	ABCDOne_1	200000000000000000000000000000000000000	09/07/2017	09/07/2017	\$0.00	\$0.00	789789789	Last, First		77777777Y	States Code §1703. Please refer to t	the table below for details.
	ABCDOne 1	200000000000000000000000000000000000000	02/18/2019	02/20/2019	\$0.00	\$0.00	789789789	Last, First		77777777Y	From Date To Date Service Code 08/28/2019 08/28/2019 D0120	Biled Amount Explanation Charges Paid 550.00

The letter explaining the payment is displayed.

(877)881-7618 P.O. Box 14830 Albany, NY 12212

OR

1. Select the VA Claim ID hyperlink to view the claim details associated with this payment.

ecams HCE	My Inbox 👻 ,	Admin 👻 Claims 👻								
🖒 🙆 123456789	👤 Bugg, Aida	Profile: ePP Provider	Administrato							😧 Help
A > MyInbox > EOP	Search > Provider	EOP List								
O Close Save Te	DCSV									
EOP List										^
Paid/Denied Date	EOP File Name	Claim ID	From DOS	Io DOS	Billed Amount	Paid Amount	Provider ID	Client Name	Check/EFT Trace Number	Patient Control Number
08/25/2020	ABCDOne_1	200000000000000000000000000000000000000	09/07/2017	09/07/2017	\$0.00	\$0.00	789789789	Las 12341234	12	ΥΤΤΤΤΤΤΤΥ
07/16/2021	ABCDOne_1	200000000000000000000000000000000000000	02/18/2019	02/20/2019	\$0.00	\$0.00	789789789	Las 12341234	12	77777777Y

The Claim Details page displays with details of the payment.

	402450700	an Aida - Drafilas aDD	Descrides Admin									0.11
୦ ଡ	123456789 Eug	ig, Aida Profile: ePP	Provider Admin	istrator								9 H
> MyInb	ox > EOP Search > I	Provider EOP List > Clain	n Details									
Close	Sview Correspond	ence										
III CI	aim Details											
Patie	Claim ID: nt Control Number: Adjudication Date: Claim Status: horization Number:	33330000000333000 1234123Y 07/16/2021 Denied NEW_03242021_CAH		Claim Recei Billec Check/EFT Ti Remittance Advice Ty	ived Date: I Amount: race Date: Number: pe of Bill:	03/13/2 \$1,000 333333 121	2019 .00		From DOS - To D Paid Amo Check/EFT Trace Num Inter	OS: 02/ unt: \$0.0 ber: est:	18/2019 - ()0)2/20/2019
Bill	ing Provider Name:	EXAMPLE PROVIDER		Pr	ovider ID:	789789	97897		Тах	ID: 123	123123	
	Client Name:	LAST, FIRST		Submitted Client	ldentifier:	XXX-X	X-0000					
	Diagnosis Codes:	P: C801	01:	15033		02: N	179	O3:	1517	O4:	Z9114	
		O5: 1440 O10: E876	O6:	4800		07: E	669	O8:	E785	O9:	D649	
III Se	ervice Line Details	3										
Line #	Revenue Code	Procedure Code	Modifiers	Facility Type	From D	os	To DOS	Billed Units	Billed Amount	Paid	Amount	Line Status
1	0120	11101	FX	21	02/18/2019	9 0	2/18/2019	1	\$500.00	\$0.00		Denied
2	0120	11201	FX	21	02/18/2019	9 0	2/18/2019	1	\$500.00	\$0.00		Denied





Annual Verification

The ePP Provider Administrator completes the annual verification process by 09/30. Domain validation must be complete before users of the domain can be reauthorized.

DOMAIN REVALIDATION

1. Select the **Admin** tab and select **Domain List** from the menu.



2. Select the checkbox for the current domain and select the Annual Revalidation button.

HCEN My Inbox	Admin - Claims -						
🕛 🔇 123456789 👤 Bugg	Aida Profile: ePP Provider Administrator						🤋 Hel
> MyInbox > Domain List							
Close O Add Provider Doma	in O Annual Revalidation						
Manage Domains							^
Filter By:	O Go				 Clear 	Filter 💾 Save Filter	▼ My Filters ▼
Domain Name △▼	Domain Description ▲ ▼	Start Date ▲▼	End Date	Status ▲▼	Annual	/alidity Date ▲▼	Locked ▲▼
123123123	PEDIATRIC CARE	01/01/2010	12/31/2999	Approved	09/30/2023		No
456456456	CHILDREN PEDIATRIC ASSOCIATION	01/01/2010	12/31/2999	Approved	09/30/2022		No
View Page: 1	Go + Page Count SaveToCSV	Viewing Page: 1			**	First 🔇 Prev 🕻	Next 🔉 Last

- 3. On the **Domain Revalidation** page, select **No** to the first question about whether you have received the Temporary Key.
- 4. Enter the provider's **Unique Entity Identifier (UEI)** number, **Accounts Receivable POC Email**, and, if applicable, the provider's **EFT Indicator** number.
- 5. Select Submit.

Help			
Domain Revalidation			^
Below revalidation will extend the Have you already received a Tem	e validity of this domain until 09/30/2023. porary Key in your Accounts Receivable	POC Email?* [®] No ^D Yes	
Tax ID: Accounts Receivable POC Email:	123456789	UEI: * EFT Indicator:	
Successful submission will gener	ate a Temporary Key for your Accounts R	Receivable POC Email. The Temporary Key will expire in 15 minutes.	Submit Cancel

If successful, ePP displays a message that a one-time use/unique Temporary Key has been sent to the ePP Provider Administrator's Accounts Receivable POC email address. The Temporary Key expires in 15 minutes. If the Temporary Key is invalid or expires before registration is complete, repeat the preceding steps.



DOMAIN REVALIDATION (continued)

- 6. When you have the Temporary Key, select **Yes** to the first question to display the **Temporary Key** field.
- 7. Enter the Temporary Key in the **Temporary Key** field.
- 8. Select Submit.

9 Help	
III Domain Revalidation	^
Below revalidation will extend the validity of this domain until 09/30/2023.	
Have you already received a Temporary Key in your Accounts Receivable POC Email?* ONo OYes	
Temporary Key:	
	Submit Cancel

The Manage Domains page displays with the new annual validation date shown in the Annual Validity Date column.

	Aida Profile: ePP Provider Administrator						9 F
MyInbox > Domain List							
Close O Add Provider Domain	n O Annual Revalidation						
Manage Domains							
J							
Iter By:	0 Co				🕲 Clear Fil	ter 💾 Save Filter	▼ My Filters
Iter By:	⊘ Go Domain Description	Start Date ▲▼	End Date ▲▼	Status ▲▼		ter Bave Filter	▼ My Filters
Iter By: V	O Go Domain Description	Start Date ▲▼ 01/01/2010	End Date ▲▼ 12/31/2999	Status Approved	Clear Fil Annual Val Ø9/30/2023	ter Bave Filter	▼ My Filters

USER REAUTHORIZATION

Only the ePP Provider Administrator can reauthorize users. Domain validation must be complete before the ePP Provider Administrator can reauthorize users of the domain. The domain's ePP Provider Administrator is reauthorized automatically when the domain is revalidated.

1. Select the **Admin** tab and select **User List** from the menu.

eCAMS [™] My Inbox ▼	Admin 👻	Claims 💌
() () 123456789 👤 Bugg, Aid	BATCH MA	AINTENANCE USER MAINTENANCE
Close Close Collecte Alert	Domain List	IAINTENANCE



USER REAUTHORIZATION (continued)

2. On the Manage Users page, use the Filter By fields to search for the user you want to reauthorize.

	123456789 👤 B	ugg, Aida Prof	ile: ePP Provid	er Administrator				9
Myinbo	ox 🔾 UserList							
lose	O Add Provider U	ser O Delete	O Annual Rea	uthorization				
Ma	anage Users							
	J	_						
lter By		-	And:	~		With S	Status: All VIser Type: Provider V OGo Clear Filt	er 💾 Save Filter 🔻 My Filters
	Domain Name Email First Name	Domain Name ▲▼	Status ▲▼	Start Date ▲▼	End Date ▲▼	User Type ▲▼	SSO Login ID ▲▼	Annual Validity Date
Erd I	Last Name Profile Name	3456789	Approved	06/24/2021	10/06/2022	Provider	erd@gmail.com	09/30/2022
L.G., L	Userld	3456789	Rejected	06/23/2021	12/31/2999	Provider	b.akew@mail.com	09/30/2022
Akew	Coolia							

3. Select the checkbox for the user you want to reauthorize and select the Annual Reauthorization button. Note: You can reauthorize only one user at a time.

0 120	, 496/89	👤 Bugg, Aida 🛛 Profi	ile: ePP Provide	er Administrator							9
Myinbox	> UserList										
Close C	Add Provid	der User O Delete	O Annual Rea	uthorization							
Mana	age Users	•									
lear But			And			VA/Jala C				-	
Iter By:		~	And:		•	With S	Status: All Viser Type: Prov	ider 🗸 💽 Go	Clear Filter	Save Filte	r Y My Filters
lter By:	Name	✓ Domain Name	And: Status	Start Date	End Date	With S User Type	Status: All VSer Type: Prov	ider 🗸 💿 Go	Clear Filter	Save Filte	r T My Filters al Validity Date
lter By:	Name ∆▼	✓ Domain Name ▲▼	And:	Start Date ▲▼	End Date	With S User Type ▲▼	Status: All VIser Type: Prov	ider ∨ OGo Login ID	Clear Filter	Save Filte	r YMy Filters al Validity Date
Iter By:	Name ∆▼	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	And:	Start Date	End Date	With S User Type Trovider	status: All VISer Type: Prov sso erd@gmail.com	ider ∨ OGo Login ID	Clear Filter	Save Filte	r YMy Filters al Validity Date
Iter By:	Name △▼ arb	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓	And:	Start Date ▲ ▼ 06/24/2021 06/23/2021	End Date	With S User Type Vrovider Provider	tatus: All Viser Type: Prov sso erd@gmail.com b.akew@mail.com	ider ∨ OGo Login ID	Clear Filter	Save Filte	r Y My Filters

- 4. On the **User Reauthorization** page, enter the required comment regarding the reauthorization.
- 5. Select Submit.

Help		
User Real	uthorization	^
The reauthorizatio	on will extend the validity of this user account until 09/30/2023.	
	user reauthorized 9/30/22	
	Comment:	
		Submit Cancel



USER REAUTHORIZATION (continued)

6. The Manage Users page displays the new annual reauthorization date for the user in the Annual Validity Date column.

		Bugg, Alda Prot	ile: ePP Provid	er Administrator				?
Myl	nbox 🔾 UserList							
Close	e O Add Provi	der User 🕒 Delete	• Annual Rea	uthorization				
	Manage Users	6						
lter E	Ву:	~	And:	~	•	With S	Status: All VISer Type: Provider V O Go	er 💾 Save Filter 🔻 My Filter
	Name △▼	Domain Name ▲ ▼	Status ▲▼	Start Date ▲▼	End Date ▲▼	User Type ▲▼	SSO Login ID ▲▼	Annual Validity Date
) Erc	Name △▼ d, Liz	Domain Name ▲▼ 123456789	Status Approved	Start Date ▲▼ 06/24/2021	End Date	User Type	SSO Login ID ▲ ¥	Annual Validity Date
) Erc	Name △▼ d, Liz ew, Barb	Domain Name ▲▼ 123456789 123456789	Status ▲▼ Approved Rejected	Start Date ▲▼ 06/24/2021 06/23/2021	End Date	User Type ¥ Provider Provider	SSO Login ID ▲▼ erd@gmail.com b akew@mail.com	Annual Validity Date

