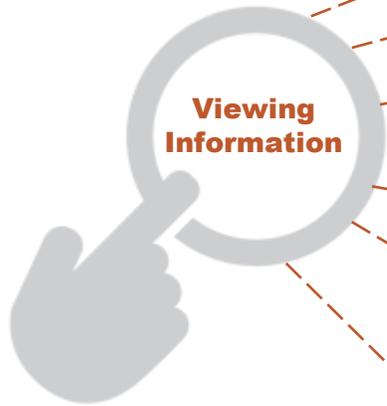




Provider Portal Information



Accessing the Provider Portal

- Login to the portal with your ID.ME credentials.

User Registration (ePP Provider Administrator)

- Register the provider organization with the portal.

Add Providers and Users (ePP Provider Administrator)

- Add new provider domain(s), add new users, manage user profiles, associate providers and users to domain(s), and associate provider(s) to users.

Claims Search

- Find individual claims by VA Claim ID or Authorization Number.
- Access lists of claims by Provider or Claimant.

Payments and Explanation of Payment Search

- Find individual payments by VA Claim ID, Authorization Number, or Check Number.
- Access lists of payments by Provider or Claimant.
- Access the Explanation of Payment letter.

Annual Verification (ePP Provider Administrator)

- Revalidate the Domain.
- Reauthorize Provider Users.

Accessing the Provider Portal

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**.

The screenshot shows the 'User Registration' form in the eCAMS Provider Portal. The form includes the following fields and sections:

- Registration Information:** First Name, Middle Name, Last Name, Email Address, Work Phone Number.
- Registration Question:** "Have you already received a Temporary Key for eCAMS Provider Portal Registration in your Accounts Receivable POC Email?" with radio buttons for "No" (selected) and "Yes".
- Organization Information:** Tax ID, UEI, EFT Indicator.
- Footer:** "Successful submission will generate a Temporary Key for your Accounts Receivable POC Email. The Temporary Key will expire in 15 minutes." and a "Submit" button.

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**.

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.



ADDING A PROVIDER DOMAIN (continued)

2. Select the **Add Provider Domain** button.

Domain Name	Domain Description	Start Date	End Date	Status	Annual Validity 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

3. 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**.

Have you already received Temporary Key for eCAMS Provider Portal Registration in your Accounts Receivable POC Email? * No Yes

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.

OK 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**.

Have you already received Temporary Key for eCAMS Provider Portal Registration in your Accounts Receivable POC Email? * No Yes

Temporary Key: *

Do you have an active National Provider Identifier (NPI) associated with your organization? * No 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 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
Diagnosis Code
Procedure Code

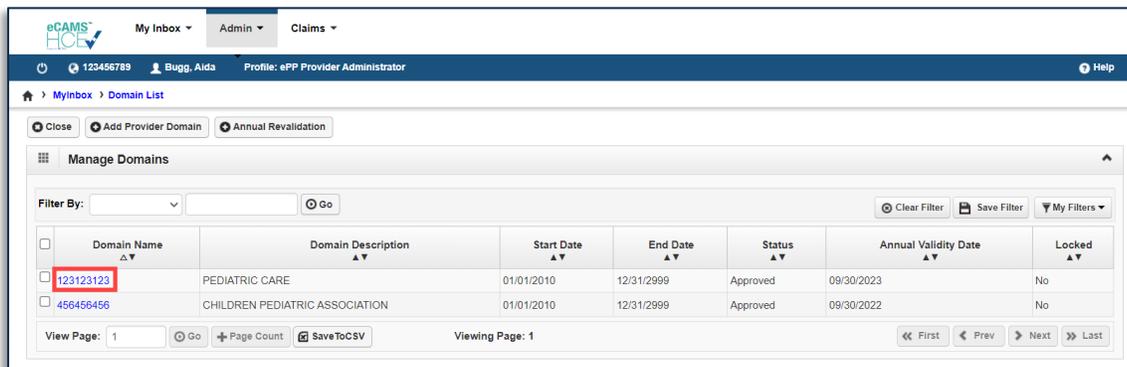
OK Cancel

The **Manage Domains** page now displays the new provider domain.

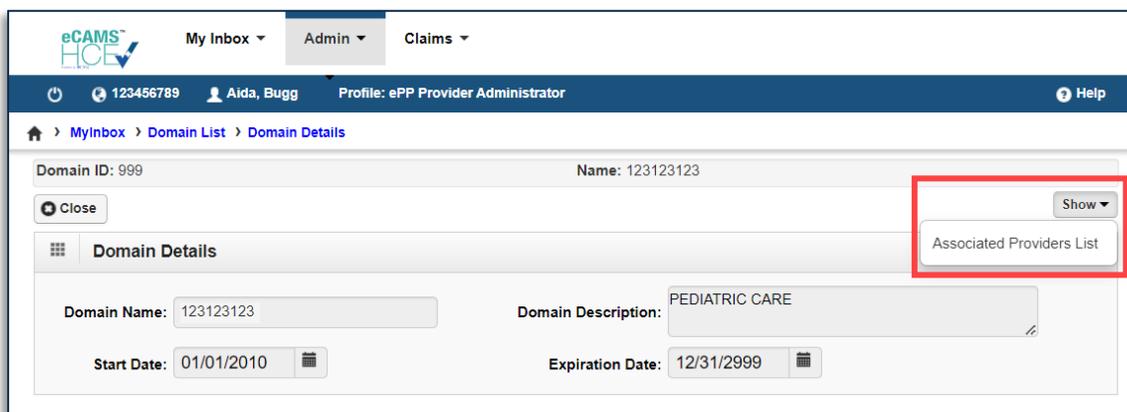


ADDING A PROVIDER TO A DOMAIN

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.

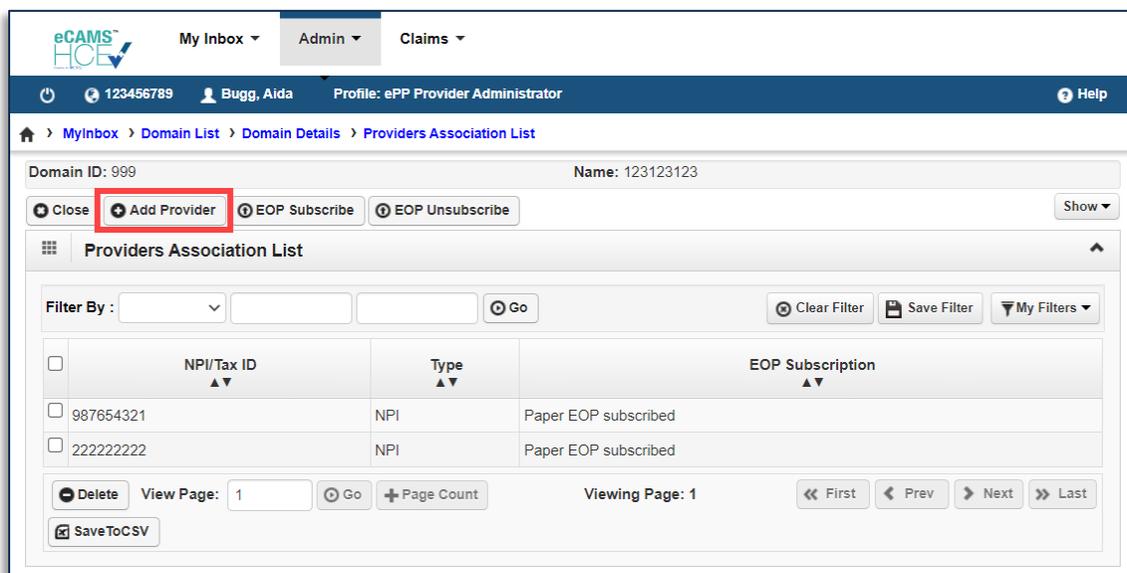


3. Select the **Associated Providers List** from the **Show** drop-down menu.



The **Add Provider To Domain** page displays.

4. Select **Add Provider**.





ADDING A PROVIDER TO A DOMAIN (continued)

- 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**.

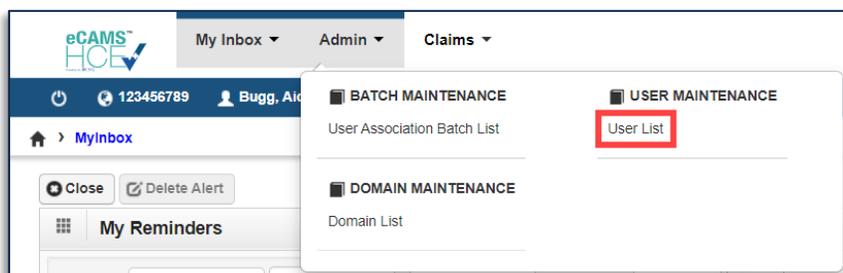
The **Providers Association List** page now displays the associated provider's **NPI/Tax ID**.

NPI/Tax ID	Type	EOP Subscription
987654321	NPI	Paper EOP subscribed
222222222	NPI	Paper EOP subscribed

ADDING PROVIDER USERS

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

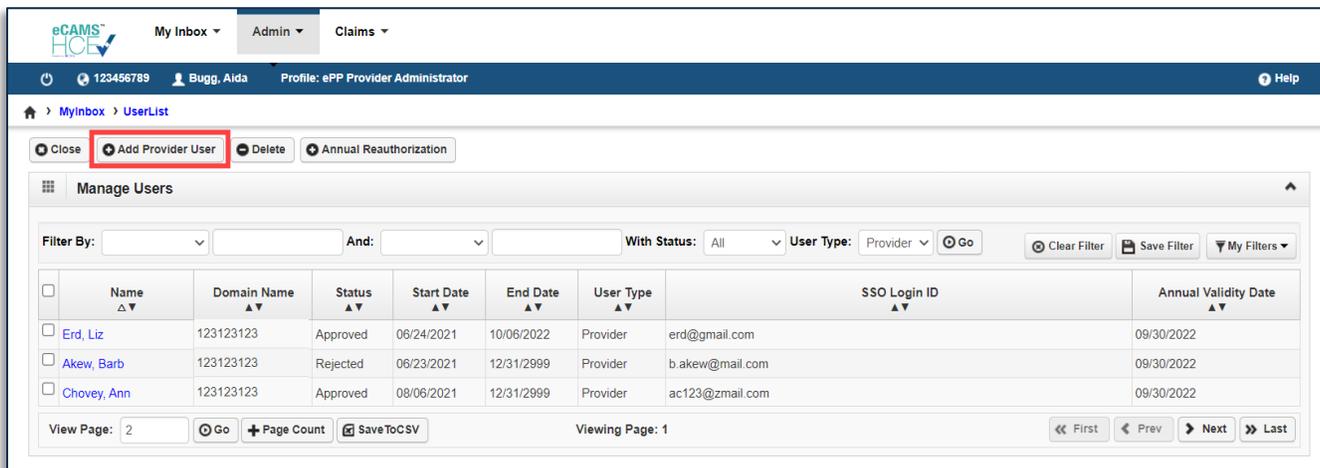
- Select the **Admin** tab, then select **User List** from the menu.



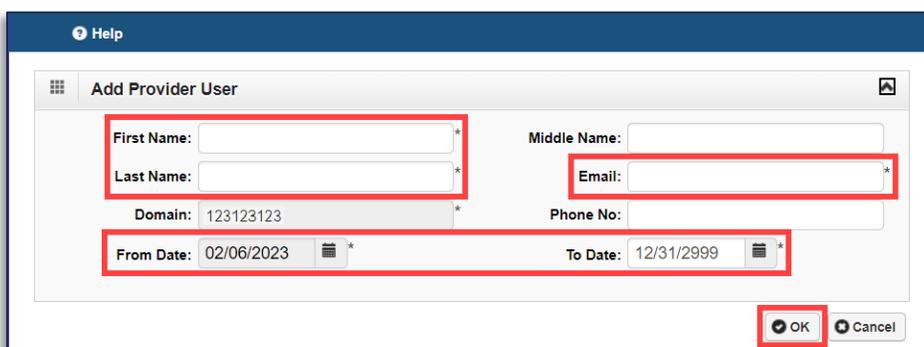


ADDING PROVIDER USERS (continued)

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



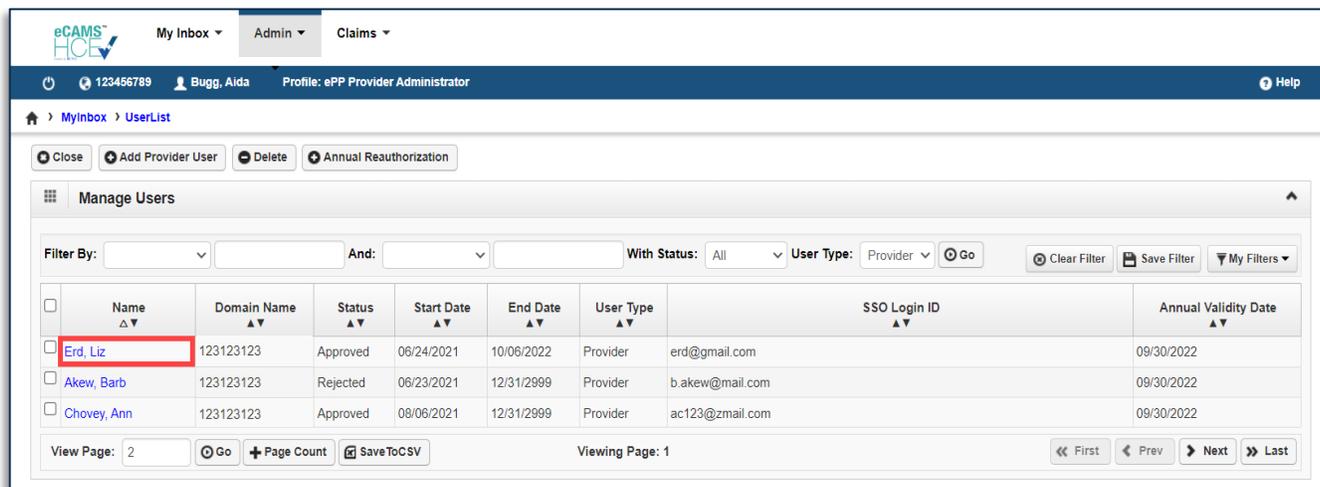
- At the **Add Provider User** page, enter the user's **First Name, Last Name, Email, From and To Dates**, and then select **OK**.



The **Manage Users** page now displays the new provider user.

ASSOCIATING A USER TO A PROFILE

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





ASSOCIATING A USER TO A PROFILE (continued)

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

The screenshot shows the 'User Details' page for user 'Bugg, Aida'. The 'Show' dropdown menu is open, and 'Associated Profiles' is selected. The page displays user information including First Name (Erd), Last Name (Liz), Domain Name (123123123), Start Date (06/24/2021), and Expiration Date (10/06/2022). The status is 'Approved'. There are also fields for Middle Name, Lock User, and Activate User. A 'Remarks' field contains '10/07/2022 -'. Below the user details is a 'Communication Detail List' table with one entry: 'Work - Email' with value 'erd@gmail.com'.

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

The screenshot shows the 'Manage User Profiles' page. The 'Add' button is highlighted with a red box. The page displays a table of user profiles with columns: Name, Description, Start Date, End Date, and Status. The table contains two entries: 'ePP Provider Administrator' (Rejected) and 'ePP Provider User' (In Review).

Name	Description	Start Date	End Date	Status
ePP Provider Administrator	ePP Provider Administrator	07/08/2021	12/31/2999	Rejected
ePP Provider User	ePP Provider User	09/07/2022	10/06/2022	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**.

The screenshot shows the 'Add New Profiles to User' dialog box. The 'User Name' is 'Erd, Liz'. The 'Start Date' is '02/06/2023' and the 'End Date' is '02/06/2024'. There are two selection boxes: 'Available Profiles' and 'Associated Profiles'. The 'Associated Profiles' box contains 'ePP Provider Administrator'. The 'OK' button is highlighted with a red box.

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.

The screenshot shows the 'User Details' page for user 'Bugg, Aida'. The 'Show' dropdown menu is open, and 'Provider User Association List' is highlighted. The page includes fields for First Name (Liz), Last Name (Erd), Domain Name (123123123), Start Date (06/24/2021), and Expiration Date (10/06/2022). There are also checkboxes for 'Lock User' and 'Activate User', and a 'Remarks' field with the value '10/07/2022 - -'.

2. Select the **Add** button.

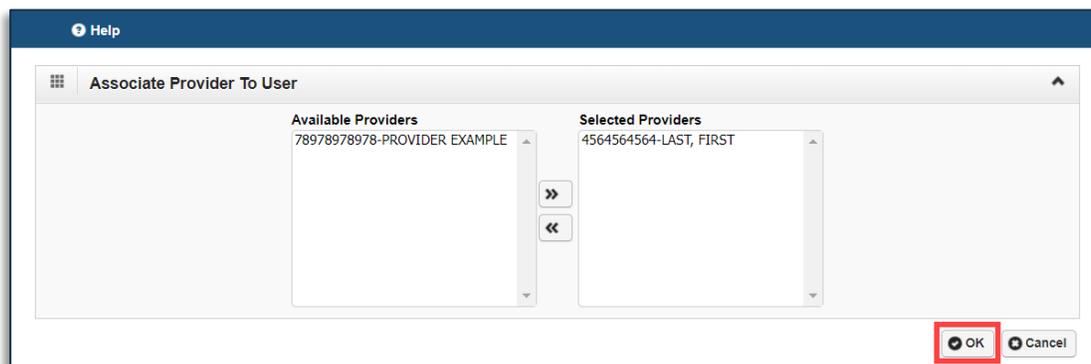
The screenshot shows the 'Provider User Association List' page. The 'Add' button is highlighted. The page includes a filter section with 'Filter By' dropdowns and 'Go', 'Clear Filter', 'Save Filter', and 'My Filters' buttons. Below is a table with columns for 'NPI/Tax ID', 'Provider Name', and 'Type'. The table contains two rows of data.

NPI/Tax ID	Provider Name	Type
9876543210	EXAMPLE, PROVIDER	NPI
2222222222	LAST, FIRST	NPI



ASSOCIATING A PROVIDER TO A USER (continued)

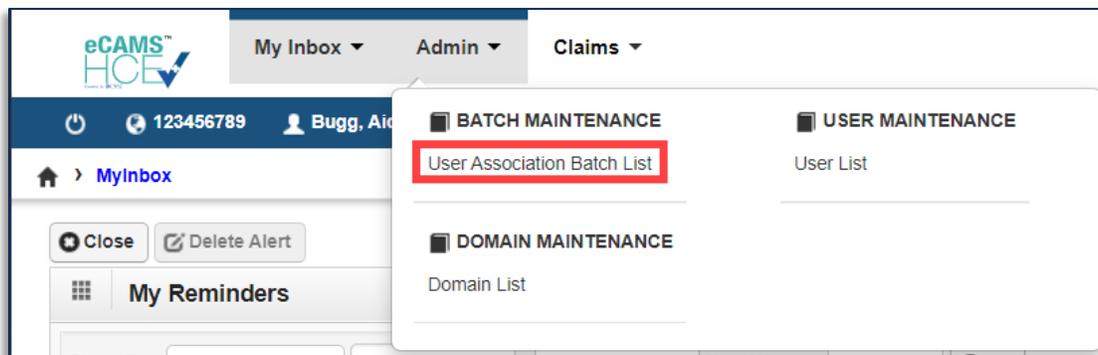
- At the **Associate Provider to User** page, select the provider(s) in the **Available Providers** selection box that you want to associate, select the double right arrow button to move these to the **Selected Providers** selection box, then select **OK**.



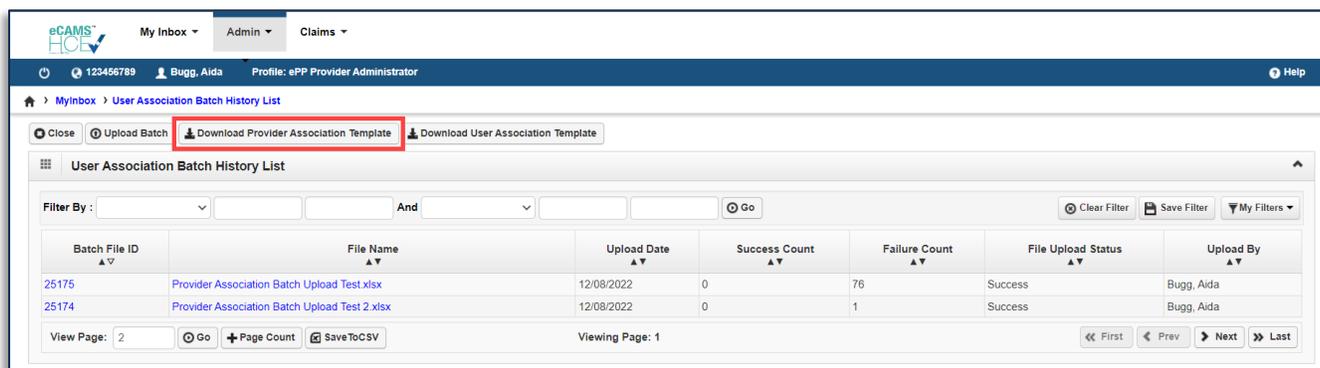
The **Provider Association List** page now displays the associated Billing Provider's NPI or Tax ID.

ADDING MULTIPLE PROVIDERS TO A DOMAIN VIA BATCH FILE UPLOAD

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



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





Medical Providers: Using the Provider Portal

Step-by-Step Guide

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.

	<p>The Batch file name of the uploaded file for Provider Association Batch Upload must begin with "Provider Association Batch Upload"</p> <p>NPI Association:</p> <ul style="list-style-type: none"> Please 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
Column	Notes
Tax ID	<ul style="list-style-type: none"> 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) e.g. 123456789
NPI	<ul style="list-style-type: none"> User must enter a value for this field Only BILLING Provider NPI is permitted NPI must be associated with the entered Tax ID Accepts 10 digits (numeric values only) e.g. 1915161218
VA Claim ID	<ul style="list-style-type: none"> 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) e.g. 30123490124589000
Patient Control Number	<ul style="list-style-type: none"> User must enter a value for either Patient Control Number or 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 e.g. 2.1.5.25TL
Billed Amount	<ul style="list-style-type: none"> User must enter a value for this field User must enter Billed Amount associated with the entered NPI and VA Claim ID or Patient Control Number Dollar sign is not required Accepts 15 digits including the decimal and 2 digits after the decimal Valid Characters are integers, Decimal Point and Sign Characters + OR - Decimal is allowed only once Sign Character is allowed once as the first character. e.g. -125.57 or 125.57
Check/EFT Trace Number	<ul style="list-style-type: none"> 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 No space allowed
Check/EFT Trace Date	<ul style="list-style-type: none"> 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 Date must be entered only in the format of MM/DD/CCYY e.g. 12/31/2019
Submitted Client Identifier Last 4	<ul style="list-style-type: none"> 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 Accepts 4 digits (numeric values only) No space allowed e.g. 1234
Authorization Number	<ul style="list-style-type: none"> 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 associated with the claim Accepts up to 50 Alphanumeric Characters and special characters_ and - No space allowed e.g. 1203_PN-7
Diagnosis Code	<ul style="list-style-type: none"> 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 associated with the claim Accepts up to 10 Alphanumeric Characters No space allowed e.g. T6101XA
Procedure Code	<ul style="list-style-type: none"> 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 Procedure Code associated with the claim Accepts up to 10 Alphanumeric Characters No space allowed e.g. 0252r

The template appears on the second sheet.

	A	B	C	D	E	F	G	H	I	J	K
	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
1											
2											
3											

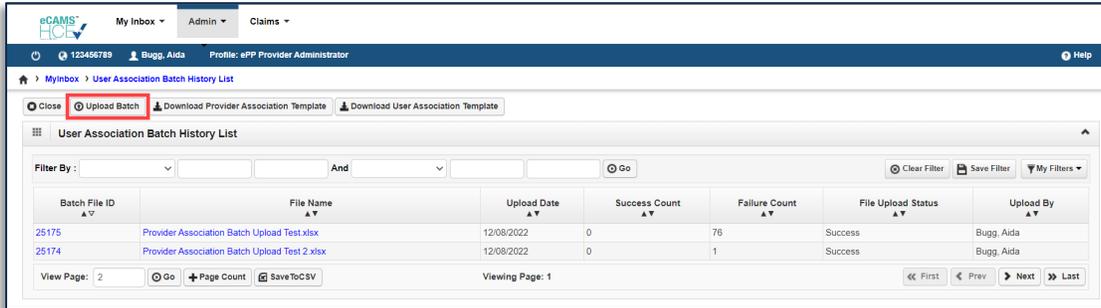
Instructions **NPI Association**

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

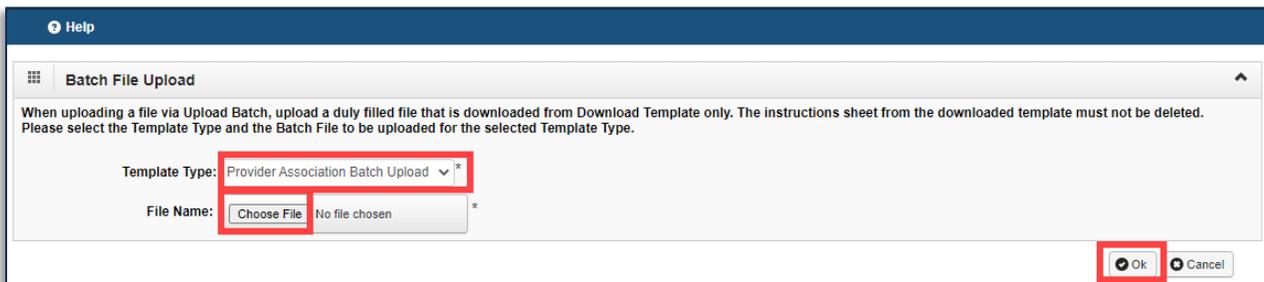


ADDING MULTIPLE PROVIDERS TO A DOMAIN VIA BATCH FILE UPLOAD (continued)

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

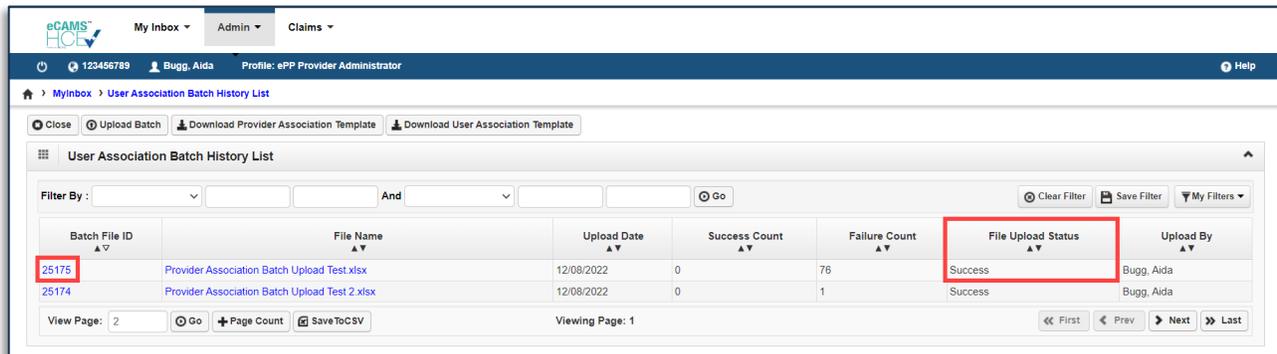


7. Select **Provider Association Batch Upload** from the **Template Type** drop-down. Then, select **Choose File** and locate the file you just created. Select **Ok**.

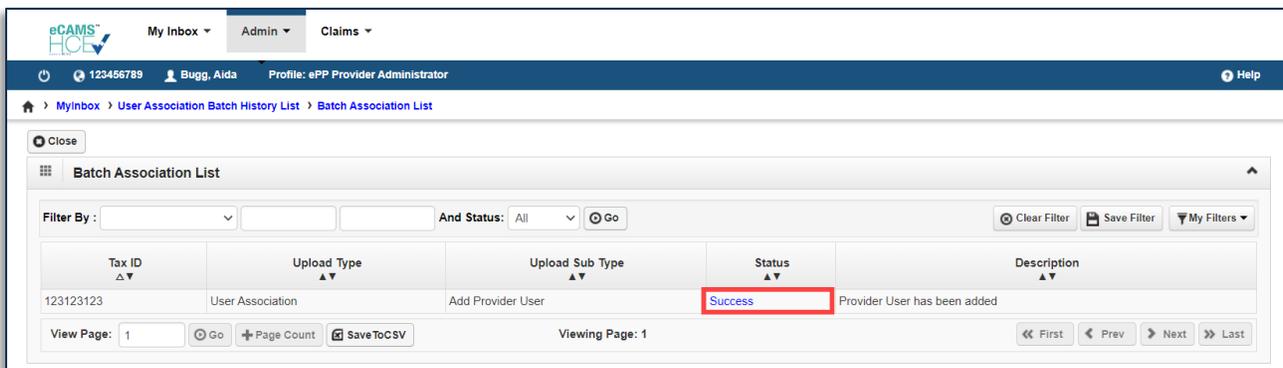


The **User Association Batch History List** page displays the file upload status.

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



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





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

[Cancel](#)

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**.

User Association Batch History List

Batch File ID	File Name	Upload Date	Success Count	Failure Count	File Upload Status	Upload By
20454	User Association Batch Upload Test.xlsx	09/17/2021	0	1	Success	Bugg, Aida
20453	User Association Batch Upload Test 2.xlsx	09/17/2021	1	0	Success	Bugg, Aida



Medical Providers: Using the Provider Portal

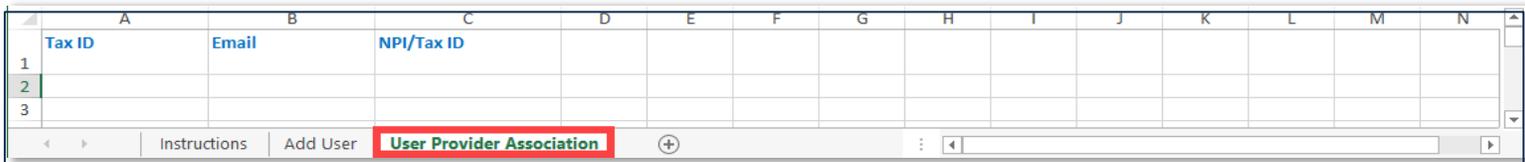
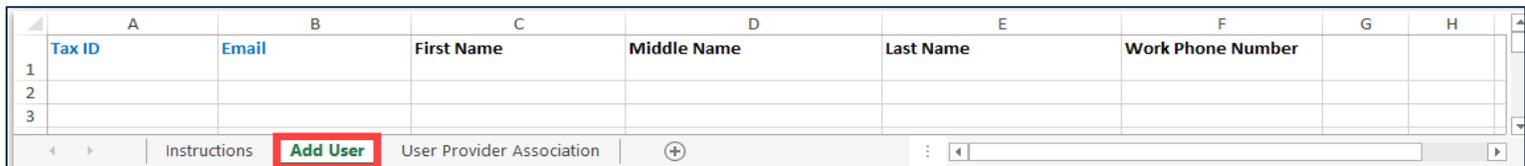
Step-by-Step Guide

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 User: <ul style="list-style-type: none"> This sheet must be completed to add the users to the logged-in Tax ID This sheet can be left blank if the users are not required to be added Please 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 	
User Provider Association: <ul style="list-style-type: none"> This sheet must be completed to associate the users to single/multiple NPI or to the logged-in Tax ID This sheet can be left blank if such associations are not required User association will be permitted only if the user has an existing association with the entered NPI or Tax ID Please 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 	
Column	Notes
Tax ID	<ul style="list-style-type: none"> 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) e.g. 123456789
NPI/Tax ID	<ul style="list-style-type: none"> User must enter a value for this field Only BILLING Provider NPI or the logged-in Tax ID is permitted NPI must be associated with the entered Tax ID Accepts 9 or 10 digits (numeric values only) e.g. 1915161218
Email	<ul style="list-style-type: none"> User must enter a value for this field in a standard email format Accepts up to 100 characters e.g. jsmith21_pt@example-inc.com
First Name	<ul style="list-style-type: none"> User must enter a value for this field Allowed characters for this field are ->->A-Z 0-9 (Alphanumeric) (Single quote) (Double quote) (Full stop) (Hyphen) (Vertical Bar) and Space in between Accepts up to 50 Alphanumeric Characters e.g. John23'
Middle Name	<ul style="list-style-type: none"> Data entry for this field is not mandatory Allowed characters for this field are ->->A-Z 0-9 (Alphanumeric) (Single quote) (Double quote) (Full stop) (Hyphen) (Vertical Bar) and Space in between Accepts up to 50 Alphanumeric characters e.g. JohnS'23'
Last Name	<ul style="list-style-type: none"> User must enter a value for this field Allowed characters for this field are ->->A-Z 0-9 (Alphanumeric) (Single quote) (Double quote) (Full stop) (Hyphen) (Vertical Bar) and Space in between Accepts up to 50 Alphanumeric Characters e.g. Smith23'
Work Phone Number	<ul style="list-style-type: none"> 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.

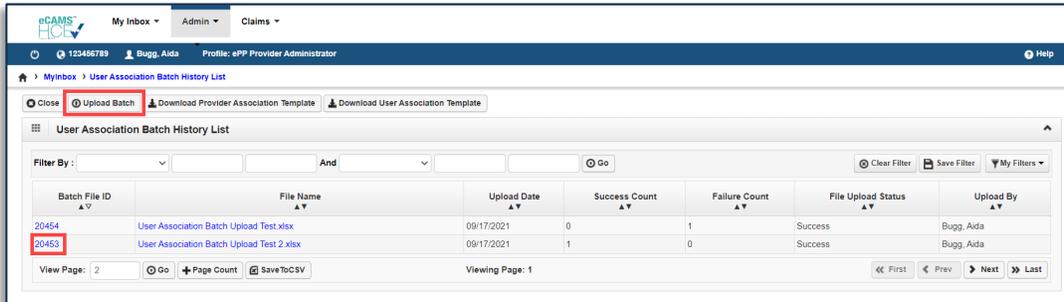


- On the **Add User** sheet, enter the Tax ID for the current domain and fill in the users you want to add, one per row, as outlined in the instructions.
- On the **User Provider Association** sheet, enter the Tax ID for the current domain, then list the users and providers you want to associate to one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



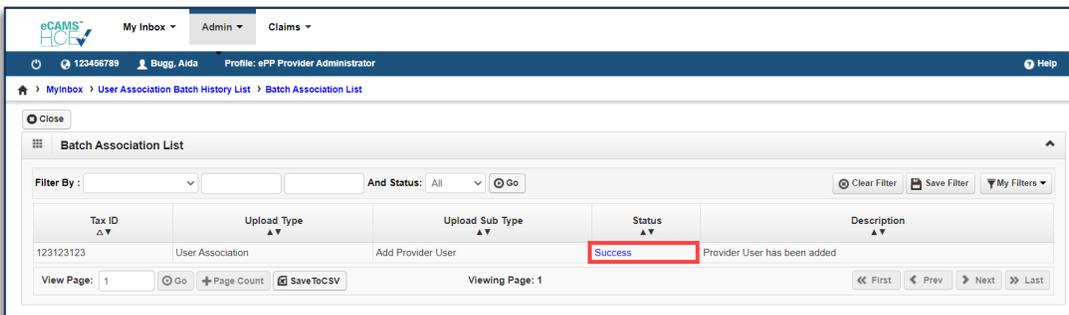
ADDING MULTIPLE USERS/ASSOCIATING PROVIDERS TO USERS VIA BATCH FILE UPLOAD (continued)

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

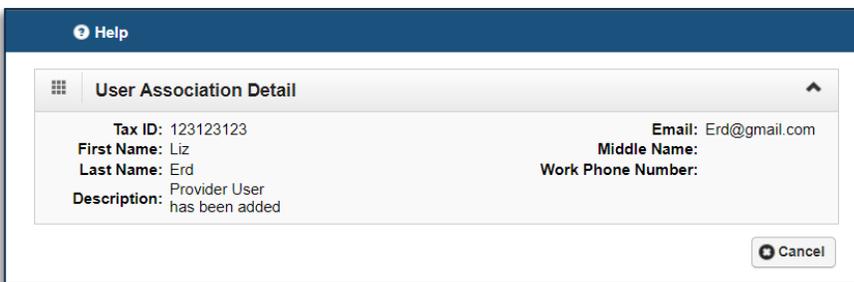


The **Batch Association List** page shows the status.

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



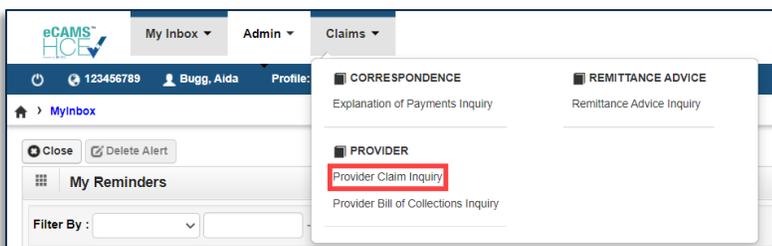
The **User Association Detail** page displays.



Claims Search

SEARCHING FOR CLAIM INFORMATION

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





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.

The screenshot shows the 'Provider Claim Inquiry' form in the eCAMS HCEV system. The 'Submit' button is highlighted with a red box. The form includes the following fields and options:

- Available Provider ID:** 789789789789 - Provider Example, 456456456456 - Last, First
- Selected Provider ID:** All
- Available Claim Status:** Adjusted, Adjustment Complete, Cancelled, Denied, In Process, Paid, Rejected
- Selected Claim Status:** All
- Claim ID:** [Text Input]
- Authorization Number:** [Text Input]
- Tax ID:** 123456789
- First Name:** [Text Input]
- Last Name:** [Text Input]
- Submitted Client Identifier:** [Text Input]
- DOB:** [Date Picker]
- From DOS:** [Date Picker]
- To DOS:** [Date Picker]
- Patient Control Number:** [Text Input]

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

The screenshot shows the 'Claim Inquiry Providers List' table in the eCAMS HCEV system. The first row is highlighted with a red box. The table has the following columns:

Claim ID	From DOS	To DOS	Claim Status	Billed Amount	Paid Amount	Provider ID	Tax ID	Client Name	Patient Control Number
20000000000000000000	03/07/2019	03/07/2019	Adjusted	\$444.00	\$0.00	789789789	123123123	Last, First	777777777Y
20000000000000000001	02/19/2020	02/19/2020	In Process	\$700.00	\$0.00	789789789	123123123	Last, First	777777777Y
20000000000000000002	02/01/2020	02/01/2020	In Process	\$1,400.00	\$0.00	789789789	123123123	Last, First	777777777Y
20000000000000000003	06/06/2019	06/06/2019	Denied	\$100.00	\$0.00	789789789	123123123	Last, First	777777777Y
20000000000000000004	06/15/2018	06/22/2018	Paid	\$8,000.00	\$2,140.80	789789789	123123123	Last, First	888888888Z
20000000000000000005	01/01/2018	03/30/2018	Paid	\$20,000.00	\$296.06	789789789	123123123	Last, First	888888888Z
20000000000000000006	04/01/2018	04/01/2018	Adjusted	\$5,000.00	\$0.00	789789789	123123123	Last, First	888888888Z



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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.

The screenshot shows the 'Claims' section of the eCAMs HOLV portal. The 'View Correspondence' button is highlighted with a red box. Below it, the 'Claim Details' section displays the following information:

- Claim ID: 2000000222223333
- Patient Control Number: 999999999Y
- Adjudication Date: 07/05/2019
- Claim Status: Adjusted
- Authorization Number: 1703_BILATERLFOCAUTH
- Claim Received Date: 07/05/2019
- Billed Amount: \$444.00
- Check/EFT Trace Date: 07/05/2019
- Remittance Advice Number: 114962
- From DOS - To DOS: 03/07/2019 - 03/07/2019
- Paid Amount: \$0.00
- Check/EFT Trace Number: Interest:
- Billing Provider Name: EXAMPLE, PROVIDER
- Provider ID: 7897897897
- Tax ID: 123123123
- Client Name: Last, First
- Submitted Client Identifier: XXX-XX-0000
- Diagnosis Codes: P: N401, O1: N138, O2: R3915, O3: R3912

The 'Service Line Details' table below shows one line item:

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.

The screenshot shows the 'Provider EOP List' page. The 'SaveToCSV' button is highlighted with a red box. Below the 'EOP List' table, which displays 'No Records Found!', is the 'Vendor Letter' section. The 'E2 VAULT KEY' link is highlighted with a red box. The table below shows the following information:

E2 VAULT KEY	Vendor	CORRESPONDENCE TITLE	SENT DATE	VA Claim ID
PE3767	Vendor		08/31/2021	2000000022224444

The vendor letter is displayed.

The screenshot shows a vendor letter from the Department of Veterans Affairs Financial Services Center. The letter is dated March 15, 2021, and is addressed to a vendor. The subject is 'Partial Offset Notification'. The letter states that the following credit(s) have been offset against the payment(s) below:

VOUCHER	VCH DATE	PO REFERENCE	INVOICE DATE	INVOICE/CREDIT MEMO	AMOUNT
MB	03/15/21	SO	03/15/21	329662328115032021	20.00 PMT
MB	03/15/21	SO	03/15/21	329662328115032021	1,400.00 PMT
TX	4/6/21	AU	3/4/21	086_1216_1098A	-600.00 CRD
TX	4/6/21	AU	3/4/21	086_1216_1098	-600.00 CRD

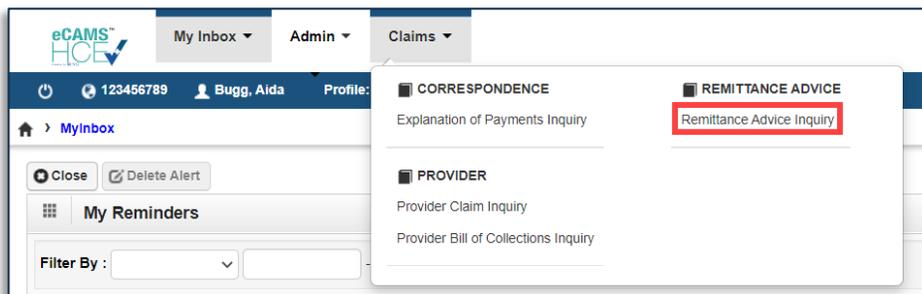
If you have any questions pertaining to the above information, please call: Austin, TX PSC 877-355-8791. Should you disagree with this offset action, please send a copy of this letter and your claim explaining the reason(s) for your disagreement. We will review your claim and will notify you of our action/findings.



Payments and Explanation of Payment Search

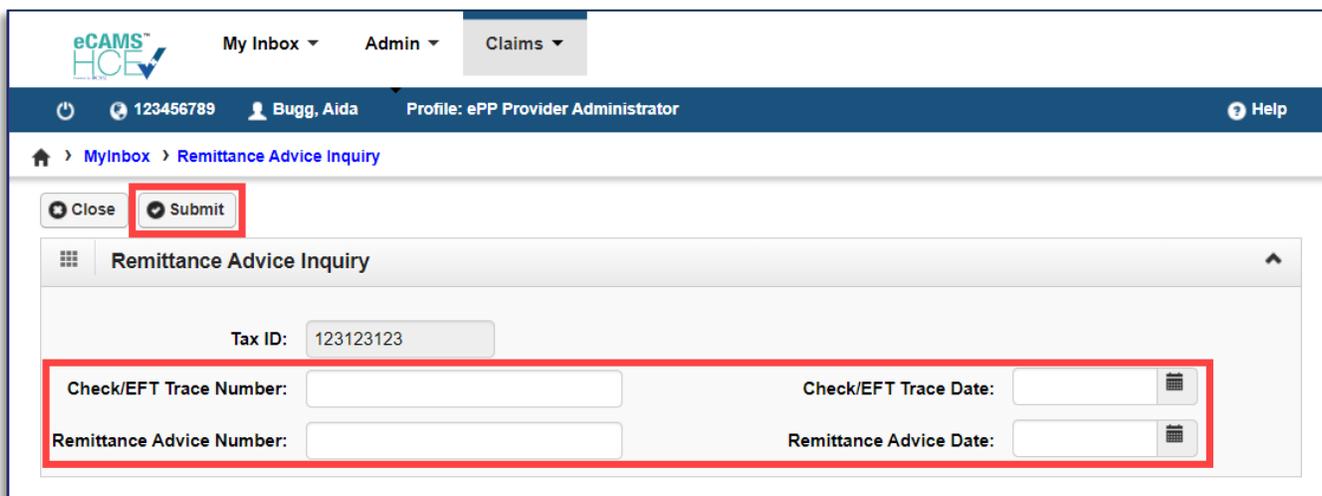
SEARCHING FOR PAYMENT INFORMATION

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



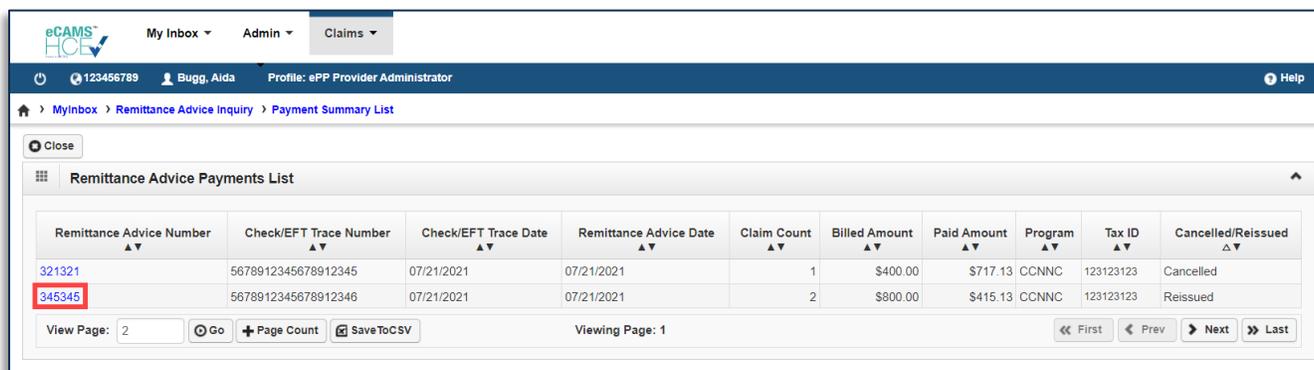
The **Remittance Advice Inquiry** page displays with the **Tax ID** field auto-populated.

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



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**.





SEARCHING FOR PAYMENT INFORMATION (continued)

The Payments Detail page is displayed.

The screenshot shows the 'Payments Detail' page in the eCAMS HCEV portal. The page header includes 'My Inbox', 'Admin', and 'Claims' tabs. The breadcrumb trail is 'MyInbox > Remittance Advice Inquiry > Payment Summary List > Remittance Advice Payments Detail'. The main content area is titled 'Payments Detail' and contains the following information:

- Payee Name: EXAMPLE MEDICAL CENTER
- Payee Tax ID: 123456789
- Paid Amount: \$214,188.10
- Payment Method: EFT
- Check/EFT Trace Date: 02/07/2023
- Check/EFT Trace Number: 567891234567891
- Remittance Advice Number: 345345
- Total Interest: \$180.00

Below this is a table titled 'Remittance Advice Payments Detail List' with the following columns: Claim ID, Claim Status, Billed Amount, Paid Amount, Interest, Client Name, Patient Control Number, From DOS, To DOS, Provider ID, and Reference Remittance Advice. The table contains three rows of data:

Claim ID	Claim Status	Billed Amount	Paid Amount	Interest	Client Name	Patient Control Number	From DOS	To DOS	Provider ID	Reference Remittance Advice
34567800000777001	Paid	\$1,400.00	\$69.82	\$2.00	LAST, FIRST	456456456Y	10/14/2019	10/14/2019	7897897897	
34567800000777002	Paid	\$4,200.00	\$923.30	\$2.00	LAST, FIRST	456456456Y	08/16/2020	08/16/2020	7897897897	
34567800000777003	Paid	\$11,400.00	\$4,176.47	\$2.00	LAST, FIRST	456456456Y	06/17/2020	06/17/2020	7897897897	

At the bottom of the table, there are navigation controls: 'View Page: 2', 'Go', '+ Page Count', 'Save To CSV', and 'Viewing Page: 1'. There are also 'First', 'Prev', 'Next', and 'Last' buttons.

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.

The screenshot shows the 'Claim Details' page in the eCAMS HCEV portal. The page header includes 'My Inbox', 'Admin', and 'Claims' tabs. The breadcrumb trail is 'MyInbox > Provider Claim Inquiry > Claim Inquiry Providers List > Claim Details'. The main content area is titled 'Claim Details' and contains the following information:

- Claim ID: 222200000000777000
- Patient Control Number: 7857857Y
- Adjudication Date: 07/05/2019
- Claim Status: Adjusted
- Authorization Number: 1703_BILATERLFOCAUTH
- Claim Received Date: 07/05/2019
- Billed Amount: \$444.00
- Check/EFT Trace Date: 07/05/2019
- Remittance Advice Number: [111111](#)
- From DOS - To DOS: 03/07/2019 - 03/07/2019
- Paid Amount: \$0.00
- Check/EFT Trace Number:
- Interest:
- Billing Provider Name: LAST, FIRST
- Provider ID: 7897897897
- Tax ID: 123456789
- Client Name: LAST, FIRST
- Submitted Client Identifier: XXX-XX-0000
- Diagnosis Codes: P: N401, O1: N138, O2: R3915, O3: R3912

Below this is a table titled 'Service Line Details' with the following columns: Line #, Revenue Code, Procedure Code, Modifiers, Facility Type, From DOS, To DOS, Billed Units, Billed Amount, Paid Amount, and Line Status. The table contains one row of data:

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



SEARCHING FOR PAYMENT INFORMATION (continued)

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

SEARCHING EXPLANATION OF PAYMENTS

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

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**.



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SEARCHING EXPLANATION OF PAYMENTS (continued)

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

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 Number
08/25/2020	ABCDOne_1	200000000000000000	09/07/2017	09/07/2017	\$0.00	\$0.00	789789789	Last, First		TTTTTTTTTY
07/16/2021	ABCDOne_1	200000000000000001	02/18/2019	02/20/2019	\$0.00	\$0.00	789789789	Last, First		TTTTTTTTTY

10000009627
THIS IS NOT A BILL
March 18, 2021

Department of Veterans Affairs
Financial Services Center
Financial Healthcare Service

Claim ID# 1703
Program: 1703

08/25/20 MAR121
2277 Research Blvd Flur
2277 Research Blvd Flur
2277 Research Blvd 5th
Cohoesburg, NY 2021

Provider: [Redacted]
Patient Control Number: [Redacted]
Claim Dates: 08/26/2019 - 08/26/2019
Authorized Dates: 01/01/2017 - 12/31/2022

The above billed claim has been administratively and clinically reviewed by the Department of Veterans Affairs to determine eligibility for payment of authorized medical care under Title 38 United States Code § 1703. Please refer to the table below for details.

From Date	To Date	Service Code	billed Charges	Amount Paid	Explanation
08/26/2019	08/26/2019	D0120	\$50.00	\$50.00	
08/26/2019	08/26/2019	Global Exam	\$50.00	\$50.00	

By Federal regulation, VA is the primary and exclusive payer for medical care it authorizes, except in the case of community emergency, non-service connected care. As such, the Veterans or any other party may not be billed for any portion of the care authorized by VA. Payment made by the Veterans Health Administration indicates payment in full for the approved care of service. You may be responsible for charges related to services provided outside the VA approved dates of service, including copays and deductibles for community emergency, non-service connected related care.

If you have any questions or concerns, please contact us at:
877-881-7618
P.O. Box 14532
Albany, NY 12212

The letter explaining the payment is displayed.

OR

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

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 Number
08/25/2020	ABCDOne_1	200000000000000000	09/07/2017	09/07/2017	\$0.00	\$0.00	789789789	Last, First	1234123412	TTTTTTTTTY
07/16/2021	ABCDOne_1	200000000000000001	02/18/2019	02/20/2019	\$0.00	\$0.00	789789789	Last, First	1234123412	TTTTTTTTTY

The **Claim Details** page displays with details of the payment.

Claim ID: 333300000000333000
Patient Control Number: 1234123Y
Adjudication Date: 07/16/2021
Claim Status: Denied
Authorization Number: NEW_03242021_CAH

Claim Received Date: 03/13/2019
Billed Amount: \$1,000.00
Check/EFT Trace Date: [Redacted]
Remittance Advice Number: 333333
Type of Bill: 121

From DOS - To DOS: 02/18/2019 - 02/20/2019
Paid Amount: \$0.00
Check/EFT Trace Number: [Redacted]
Interest: [Redacted]

Billing Provider Name: EXAMPLE PROVIDER
Provider ID: 789789789
Tax ID: 123123123

Client Name: LAST, FIRST
Submitted Client Identifier: XXX-XX-0000

Diagnosis Codes:
P: C801, O1: I5033, O2: N179, O3: I517, O4: Z9114
O5: I440, O6: I444, O7: E669, O8: E785, O9: D649
O10: E876, A: Z4800

Line #	Revenue Code	Procedure Code	Modifiers	Facility Type	From DOS	To DOS	Billed Units	Billed Amount	Paid Amount	Line Status
1	0120	11101	FX	21	02/18/2019	02/18/2019	1	\$500.00	\$0.00	Denied
2	0120	11201	FX	21	02/18/2019	02/18/2019	1	\$500.00	\$0.00	Denied

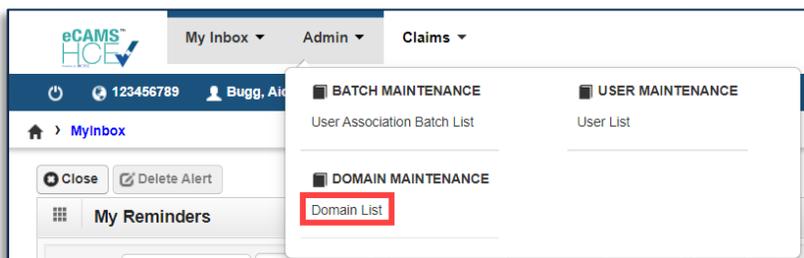


Annual Verification

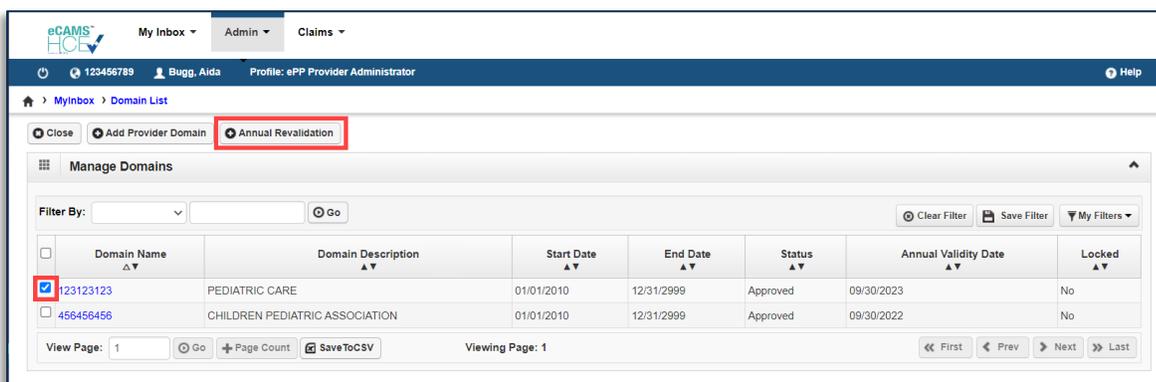
The ePP Provider Administrator completes the annual verification process by 09/30. Domain validation must be complete before users of the domain can be reauthorized.

DOMAIN REVALIDATION

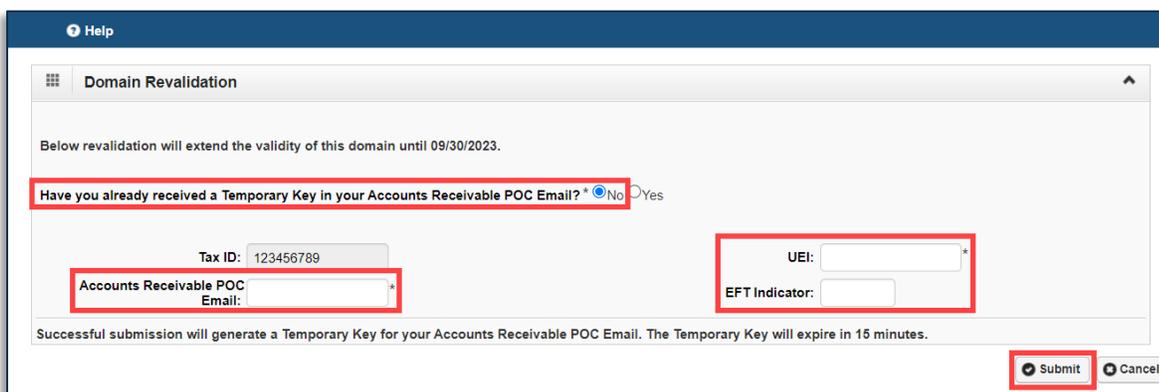
1. Select the **Admin** tab and select **Domain List** from the menu.



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



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**.



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)

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

The screenshot shows a web form titled "Domain Revalidation". It contains a message: "Below revalidation will extend the validity of this domain until 09/30/2023." Below this is a question: "Have you already received a Temporary Key in your Accounts Receivable POC Email?" with radio buttons for "No" and "Yes". The "Yes" option is selected. Below the question is a text input field labeled "Temporary Key:". At the bottom right of the form are "Submit" and "Cancel" buttons. Red boxes highlight the question, the input field, and the Submit button.

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

The screenshot shows the "Manage Domains" page in the eCAMS HCE system. It features a table with columns: Domain Name, Domain Description, Start Date, End Date, Status, Annual Validity Date, and Locked. Two domains are listed:

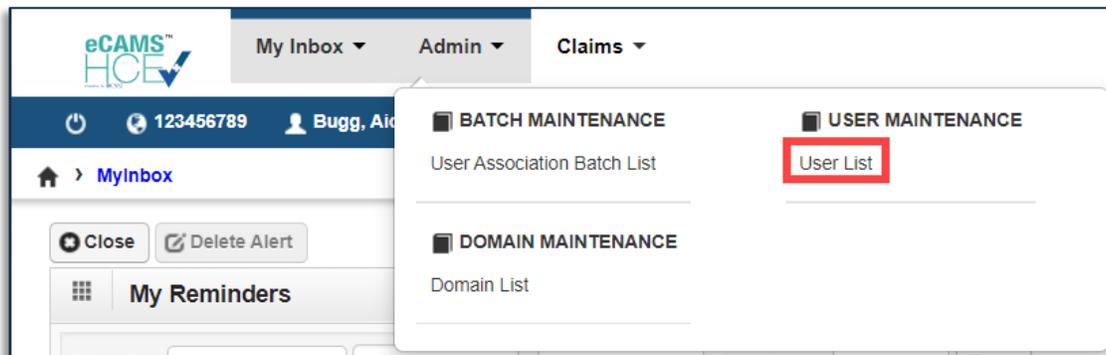
Domain Name	Domain Description	Start Date	End Date	Status	Annual Validity Date	Locked
123123123	PEDIATRIC CARE	01/01/2010	12/31/2999	Approved	09/30/2023	No
456456456	CHILDREN PEDIATRIC ASSOCIATION	01/01/2010	12/31/2999	Approved	09/30/2022	No

The "Annual Validity Date" column is highlighted with a red box. The page also includes navigation buttons like "Close", "Add Provider Domain", "Annual Revalidation", and "Filter By".

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.

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





USER REAUTHORIZATION (continued)

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

	Domain Name	Status	Start Date	End Date	User Type	SSO Login ID	Annual Validity Date
<input type="checkbox"/>	Erd, Liz	Approved	06/24/2021	10/06/2022	Provider	erd@gmail.com	09/30/2022
<input type="checkbox"/>	Akew, Barb	Rejected	06/23/2021	12/31/2999	Provider	b.akew@mail.com	09/30/2022
<input type="checkbox"/>	Chovey, Ann	Approved	08/06/2021	12/31/2999	Provider	ac123@zmail.com	09/30/2022

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.

	Name	Domain Name	Status	Start Date	End Date	User Type	SSO Login ID	Annual Validity Date
<input checked="" type="checkbox"/>	Erd, Liz	123456789	Approved	06/24/2021	10/06/2022	Provider	erd@gmail.com	09/30/2022
<input type="checkbox"/>	Akew, Barb	123456789	Rejected	06/23/2021	12/31/2999	Provider	b.akew@mail.com	09/30/2022
<input type="checkbox"/>	Chovey, Ann	123456789	Approved	08/06/2021	12/31/2999	Provider	ac123@zmail.com	09/30/2022

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

The reauthorization will extend the validity of this user account until 09/30/2023.

Comment: user reauthorized 9/30/22



USER REAUTHORIZATION (continued)

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

The screenshot shows the 'Manage Users' interface in the eCAMS HOE system. The page includes a navigation bar with 'My Inbox', 'Admin', and 'Claims' menus. Below the navigation bar, there are tabs for 'Close', 'Add Provider User', 'Delete', and 'Annual Reauthorization'. The main content area displays a table of users with the following columns: Name, Domain Name, Status, Start Date, End Date, User Type, SSO Login ID, and Annual Validity Date. The 'Annual Validity Date' column is highlighted with a red border. The table contains three rows of data:

Name	Domain Name	Status	Start Date	End Date	User Type	SSO Login ID	Annual Validity Date
Erd, Liz	123456789	Approved	06/24/2021	10/06/2022	Provider	erd@gmail.com	09/30/2022
Akew, Barb	123456789	Rejected	06/23/2021	12/31/2999	Provider	b.akew@mail.com	09/30/2022
Chovey, Ann	123456789	Approved	08/06/2021	12/31/2999	Provider	ac123@zmail.com	09/30/2022