



FirstView

Provider User Guide

Table of Contents

| | |
|--|-----------|
| Security | 1 |
| Change Password | 1 |
| My Profile..... | 2 |
| Inquiry | 3 |
| Claims Inquiry | 3 |
| Procedure: Inquiring About a Claim | 3 |
| Coverage Inquiry | 8 |
| Items and Descriptions - Eligibility Page..... | 8 |
| Procedure: Using Coverage Inquiry | 10 |
| Links | 11 |
| Maintenance | 12 |
| Maintain TIN Access List | 12 |
| Procedure: Removing a TIN(s) | 12 |
| Procedure: Adding a TIN(s)..... | 12 |
| Notes | 14 |

Security

CHANGE PASSWORD

Purpose

- You use the Change Password menu option for any of the following reasons:
- You have received your password in the mail after first-time registration and want to change it to something you can easily remember.
 - You believe that someone may have discovered your password and want to protect your information.
 - Some other circumstance has arisen that leads you to believe it is a good time to do this.

Change Password

NEW PASSWORD: *Password must be at least 6 characters*

CONFIRM NEW PASSWORD:

Submit

| |
|--|
| Home |
| Welcome |
| Security |
| Change Password |
| My Profile |
| Inquiry |
| Claims Inquiry |
| Coverage Inquiry |
| Links |
| Maintenance |
| Maintain TIN Access List |
| Help |
| About |
| Contents |

Password Rules

- Your password must meet these requirements:
- You can use numbers and/or upper or lower case letters.
 - Use a minimum of six and a maximum of ten characters and/or numbers.
Examples: sister, Flower51, FEATHERS, 09GLASS
 - Your password cannot be the same as your user ID.
 - Use a word, number, or combination that is easy for you to remember.
 - Don't use a password that's easy to guess.
Example: Do not use your birth date or anniversary date.
 - Do not use any spaces or unusual characters.
Example 1: Do not use a slash (/) or asterisk (*).
Example 2: You can use an underscore, such as 123_4567.

Reminder

Warning: The next time you log on, you must use this new password. The old password will no longer work.

MY PROFILE

Purpose

Each registered user of the GBAS Web Product has a basic profile stored in the system. Use this option to check and make changes to your profile.

My Profile

Please fill in the form below.

- ◆ Required Information
- ◆ USER ID: Enter a user id you're likely to remember
- ◆ PASSWORD: Password must be at least 6 characters
- ◆ CONFIRM PASSWORD:
- ◆ FIRST NAME:
- ◆ LAST NAME:
- Address Line 1:
- Address Line 2:
- CITY:
- STATE: ▼
- ZIP CODE:
- EMAIL ADDRESS:
- Daytime Phone Number: () - ext.

| |
|--|
| Home |
| Welcome |
| Security |
| Change Password |
| My Profile |
| Inquiry |
| Claims Inquiry |
| Coverage Inquiry |
| Links |
| Maintenance |
| Maintain TIN Access List |
| Help |
| About |
| Contents |

Inquiry

CLAIMS INQUIRY

Purpose

Allows you to verify the status of pending or paid claims for enrolled employees.

Warning: Only those claims that have been registered in GBAS are displayed in Claims Inquiry on the Web.

Warning: When you enter the service dates for the claims you want to display, the FROM and TO dates are not included in the results. If you are looking for a specific date, the FROM and TO dates should be before and after that date, respectively.

| |
|--|
| Home |
| Welcome |
| Security |
| Change Password |
| My Profile |
| Inquiry |
| Claims Inquiry |
| Coverage Inquiry |
| Links |
| Maintenance |
| Maintain TIN Access List |
| Help |
| About |
| Contents |

Procedure: Inquiring About a Claim

| Step | Action |
|------|--|
| 1 | Select Claims Inquiry at the left of the page. <u>Result:</u> The initial Claims Inquiry page displays. |

Claims Inquiry

Select a Search Option :

Case / Cert
 Case / Alternate Key
 SSN

Please Enter:

| | |
|--|--|
| Group # | I.D. Number |
| : <input style="width: 80%;" type="text"/> | : <input style="width: 80%;" type="text"/> |

Procedure: Inquiring About a Claim continued

| | | |
|---|---|--|
| 2 | There are three possible methods by which to choose the Individual who's Claims you want to view. | |
| | Method of Search | Info to Enter |
| | Case/Cert ID (This is the identifier used in the FAI Claims System) | <ul style="list-style-type: none"> ▪ Enter the Group# in the text box next to Group#. ▪ Enter the Cert ID in the text box next to Certificate ID#. ▪ Click Submit. |
| | Case ID/Alternate Key | <ul style="list-style-type: none"> ▪ Enter the Group# in the text box next to Group#. ▪ Enter the I.D. Number in the text box next to I.D. Number (alternative to printing SSN on member ID cards). ▪ Click Submit. |
| | Social Security Number | <ul style="list-style-type: none"> ▪ Enter the Social Security Number of the Individual in the text box next to Social Security Number (xxx-xx-xxxx) ▪ Click Submit |

Claims Inquiry

Group #/Name: 00000 /

Division Number/Name: 001 / FIRSTVIEW TEST COMPANY-ACTIVE

Social Security Number: xxx-xx-x234

Certificate ID #: 0002

I.D. Number: 00000JD0002F

SELECT A NAME: (00000) JOHN DOE

ENTER THE DATE OF SERVICE RANGE. TO ACCEPT THE DEFAULT RANGE, PRESS SUBMIT.

FROM: THRU:
MM/DD/YYYY MM/DD/YYYY




| | |
|---|--|
| 3 | <p>Does the Claim involve an insured person other than the employee (policyholder)?</p> <ul style="list-style-type: none"> ▪ If yes, click the employee's (policyholder's) name next to SELECT A NAME: and select the person's name from the list that displays. ▪ If no, go to the next step. |
| 4 | <p>Type the date or range of dates in which the treatment took place for the Claim you are seeking in the ENTER THE DATE OF SERVICE RANGE item. Note that the dates entered as FROM and TO are not included in the result.</p> <p><u>Displayed dates:</u> Dates covering the last three months are automatically displayed. The dates displayed are not included in the results.</p> |
| 5 | <p>Click Submit at the bottom of the page.</p> <p><u>Result:</u> The Claims Summary page displays.</p> |

Claims Summary

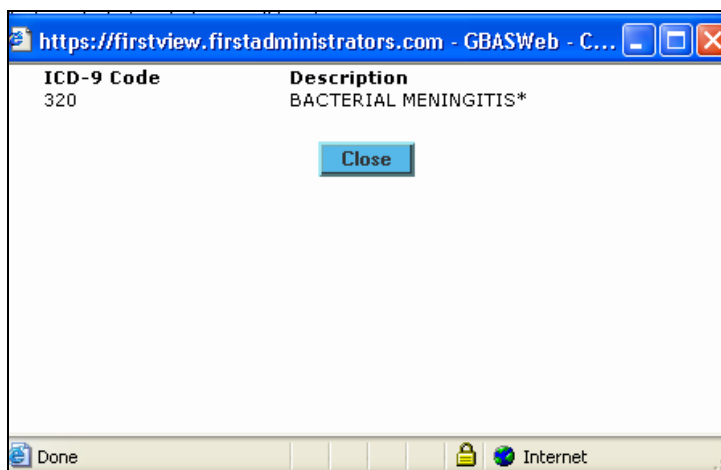
Group #/Name: 00000 / FIRSTVIEW TEST COMPANY
Division Number/Name: 001 / FIRSTVIEW TEST COMPANY-ACTIVE
Patient Name: JOHN DOE
Date of Service Range: 08/31/2003 - 11/29/2007 [Modify](#)
Primary SSN: xxx-xx-x234
Certificate ID # 0002
I.D. Number: 00000JD0002F

Claims:


To view claims detail, click on the glasses.

| View Detail | Date of Service | ICD-9 Code | Provider Name | Ttl. Chg. | Ttl. Amt. Pd. | Last Pmt. Date | Status | Document# |
|---|-----------------------|------------|---|------------|---------------|----------------|-------------|------------|
|  | 6/9/2004 - 6/9/2004 | 320 | 46-0218851 RAPID CITY MEDICAL CENTER | \$285.00 | \$0.00 | | In Progress | 0416102507 |
|  | 6/9/2004 - 6/9/2004 | 320 | 46-0319070 RAPID CITY REGIONAL HOSPITAL | \$1,560.00 | \$1,076.00 | | In Progress | 0416102518 |
|  | 4/15/2007 - 4/15/2007 | 714 | 46-0224743 AVERA MCKENNAN HOSPITAL | \$100.00 | \$0.00 | | In Progress | 0712303799 |

6 To display the description of the ICD-9 Code, click on the code in the ICD-9 Column.
 Result: New window appears with description.



Procedure: Reviewing the Claim Detail page

| Step | Action |
|------|--|
| 1 | <p>Review the desired information. Do you want to view more detail about any Claim listed?</p> <ul style="list-style-type: none"> If yes, click the View Detail button  to the left of the Claim. <p><u>Result:</u> The Claim Detail page displays.</p> <ul style="list-style-type: none"> If no, go to step 4. |

Claim Detail

Group #/Name: 00000 / FIRSTVIEW TEST COMPANY

Division Number/Name: 001 / FIRSTVIEW TEST COMPANY-ACTIVE

Patient Name: JOHN DOE

Date of Service Range: 8/31/2003 - 11/29/2007 [Return to Claim Summary](#)

Primary SSN: xxx-xx-x234 [EOB/Checks](#)

[Click here to download Adobe Acrobat Reader](#)

Certificate ID # 0002

I.D. Number: 00000JD0002F

| Date of Service | Provider Name | Ttl. Chg. | Ttl. Amt. Pd. | Last Pmt. Date | Status | Document# |
|---------------------|------------------------------|------------|---------------|----------------|-------------|------------|
| 6/9/2004 - 6/9/2004 | RAPID CITY REGIONAL HOSPITAL | \$1,560.00 | \$1,076.00 | | In Progress | 0416102518 |

| Status | Date of Service | Procedure | Chg. Amt. | Inelg. Amt. | Message | Contract Discount | Ded. Amt. | Co-Pay Amt. | Patient Coins. | Paid Amt. |
|-------------|-----------------|-----------|------------|-------------|---------|-------------------|-----------|-------------|----------------|-----------|
| In Progress | 6/9/2004 | REV 0100 | \$1,560.00 | \$0.00 | No | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

CLAIMS PAYMENTS/EOBs

| Date | Amt. | Payee | Ck.# | EOB# | Check Clear Date |
|------|------|-------|------|------|------------------|
|------|------|-------|------|------|------------------|

| | |
|---|--|
| 2 | <p>Review the information. Do you see a code in the Message column?</p> <ul style="list-style-type: none"> If yes, click the code in the Message column. <p><u>Result:</u> A new window opens that displays the message code and an explanation. If there was an asterisk next to the text in the Message column, there are multiple messages related to this Claim. All of the message codes and explanations related to this Claim display.</p> <ul style="list-style-type: none"> If no, go to the next step. |
| 3 | <p>Click Close when you have read the explanation.</p> <p><u>Result:</u> The message explanation closes and leaves the Claim Detail page in view.</p> |

| | |
|---|--|
| 4 | <p>To review the CPT Code Description, click the code in the Procedure column</p> <p><u>Result:</u> A new window opens that displays the message code and an explanation. If there was an asterisk next to the text in the Message column, there are multiple messages related to this Claim. All of the message codes and explanations related to this Claim display.</p> |
|---|--|



| | |
|---|--|
| 5 | <p>Click Close when you have read the explanation.</p> <p><u>Result:</u> The message explanation closes and leaves the Claim Detail page in view.</p> |
| 6 | <p>To view an electronic copy of the EOB, click on the EOB/Checks Button.</p> <ul style="list-style-type: none"> ▪ If available, the PDF version of the EOB will open in a new window ▪ Close window to return to Claim Detail |
| 7 | <p>Click Return to Claim Summary at the top of the page.</p> <p><u>Result:</u> The Claims Summary page displays.</p> |
| 8 | <p>Do you want to view the detail about any other claim listed?</p> <ul style="list-style-type: none"> ▪ If yes, repeat steps 1-4. ▪ If no, go to the next step. |
| 9 | <p>Do you want to change the dates for the time period that covers the claim you are checking on?</p> <ul style="list-style-type: none"> ▪ If yes, click Modify at the left of Date of Service in blue text. <p><u>Result:</u> The Claims Inquiry page displays again.</p> <ul style="list-style-type: none"> ▪ If no, you have completed the procedure. |

COVERAGE INQUIRY

Purpose

Allows you to verify the status of coverage for enrolled members.

Items and Descriptions - Eligibility Page

| Eligibility | |
|-----------------------------------|-------------------------------------|
| Case Number/Name: | 00000 / FIRSTVIEW TEST COMPANY |
| Division Number/Name: | 001 / FIRSTVIEW TEST COMPANY-ACTIVE |
| Certificate ID #: | 0002 |
| I.D. Number: | 00000JD0002F |
| Individual Policy/Plan: | 00000/ |
| Requested Date of Service: | 11/27/2007 |

| |
|--|
| Home |
| Welcome |
| Security |
| Change Password |
| My Profile |
| Inquiry |
| Claims Inquiry |
| Coverage Inquiry |
| Links |
| Maintenance |
| Maintain TIN Access List |
| Help |
| About |
| Contents |

This table lists and describes the items for the Eligibility page.

| Item | Description |
|---------------------------|--|
| Case Number/Name | The number and the name of the company or group to which the employee belongs. |
| Division Number/Name | The division the employee is currently listed under. |
| Certificate ID# | The individual identifier in FAI's claims system. |
| Insured Policy/Plan | The Policy and Plan number separated by a slash. |
| Requested Date of Service | The date the service was provided for which coverage inquiry is sought. |

| Individual: |
|---------------------------------------|
| Individual SSN: xxx-xx-x234 |
| Name: JOHN DOE |
| Address Line 1 512 MAIN STREET |
| RAPID CITY, SD 57701 |
| Birth Date: 01/01/1955 |
| Effective Date: 01/01/2003 |
| Term Date: |
| Home Phone: 605-399-7344 |

| Individual Section | |
|---------------------------|---|
| Subscriber SSN | The social security number of the primary insured. |
| Name | Name of the primary insured on the group insurance. |
| Address | The address of the primary insured. |
| Birth Date | The birth date of the primary insured. |
| Effective Date | The date on which the primary insured became effective in the system. |

Items and Descriptions – continued

| | |
|------------|---|
| Term Date | The date on which the primary insured was terminated in the system. |
| Home Phone | The home telephone number of the primary insured. |

| |
|-----------------------------------|
| Claimant: |
| Claimant Name: JOHN DOE |
| Birth Date: 01/01/1955 |
| Effective Date: 01/01/2003 |
| Term Date: |

| | |
|-----------------------------------|---|
| Patient (claimant) Section | |
| Patient Name | Name of the insured whose coverage you are verifying. |
| Birth Date | The birth date of the insured whose coverage you are verifying. |
| Effective Date | The effective date of coverage of the insured whose coverage you are verifying. |
| Term Date | The termination date of coverage of the insured whose coverage you are verifying. |

| Benefit Codes: | | | | | |
|-----------------------|--------------|---------------|---------------|----------------|-----------|
| Benefit | Abbreviation | Description 1 | Description 2 | Effective Date | Term Date |
| 21 | FAM HLTH | HEALTH | FAMILY | 05-01-2007 | |
| DF | FAM DENT | DENTAL | FAM DENT | 05-01-2007 | |

| | |
|----------------------|---|
| Benefit Codes | |
| Benefit | The name of the Benefit Code. |
| Abbreviation | The abbreviation of the Benefit Code as defined in GBAS. |
| Description 1 | The first line of the description of the Benefit Code from the Benefit Parameter file in GBAS. (Limit of ten characters) |
| Description 2 | The second line of the description of the Benefit Code from the Benefit Parameter file in GBAS. (Limit ten characters) |
| Term Date | The date the Benefit was terminated for this Individual or Claimant. If this field is blank, the Benefit has not been terminated. |


Procedure: Using Coverage Inquiry

| Step | Action | | | | | | | | |
|--|---|------------------|---------------|--|---|-----------------------|--|------------------------|--|
| 1 | Select Coverage Inquiry at the left of the page. <u>Result:</u> The Coverage Inquiry page displays. | | | | | | | | |
| 2 | <p>There are three possible methods by which to choose the Individual who's Coverage you want to verify. You will see only those options that have been established for your Case by the system administrator.</p> <p><u>Note:</u> The labels on the Coverage Inquiry page are user customizable. The labels represented in this chart may not appear on your Coverage Inquiry page. They represent what type of information must be entered in this box.</p> <table border="1" data-bbox="285 516 1455 919"> <thead> <tr> <th data-bbox="285 516 659 554">Method of Search</th> <th data-bbox="659 516 1455 554">Info to Enter</th> </tr> </thead> <tbody> <tr> <td data-bbox="285 554 659 695"> Case/Cert ID (This is the identifier used in the FAI Claims System) </td> <td data-bbox="659 554 1455 695"> <ul style="list-style-type: none"> ▪ Enter the Group# in the text box next to Group#. ▪ Enter the Cert ID in the text box next to Certificate ID#. ▪ Click Submit. </td> </tr> <tr> <td data-bbox="285 695 659 850"> Case ID/Alternate Key </td> <td data-bbox="659 695 1455 850"> <ul style="list-style-type: none"> ▪ Enter the Group# in the text box next to Group#. ▪ Enter the I.D. Number in the text box next to I.D. Number (alternative to printing SSN on member ID cards). ▪ Click Submit. </td> </tr> <tr> <td data-bbox="285 850 659 919"> Social Security Number </td> <td data-bbox="659 850 1455 919"> Enter the SSN of the Individual in this box in the format xxx-xx-xxxx. </td> </tr> </tbody> </table> | Method of Search | Info to Enter | Case/Cert ID (This is the identifier used in the FAI Claims System) | <ul style="list-style-type: none"> ▪ Enter the Group# in the text box next to Group#. ▪ Enter the Cert ID in the text box next to Certificate ID#. ▪ Click Submit. | Case ID/Alternate Key | <ul style="list-style-type: none"> ▪ Enter the Group# in the text box next to Group#. ▪ Enter the I.D. Number in the text box next to I.D. Number (alternative to printing SSN on member ID cards). ▪ Click Submit. | Social Security Number | Enter the SSN of the Individual in this box in the format xxx-xx-xxxx. |
| Method of Search | Info to Enter | | | | | | | | |
| Case/Cert ID (This is the identifier used in the FAI Claims System) | <ul style="list-style-type: none"> ▪ Enter the Group# in the text box next to Group#. ▪ Enter the Cert ID in the text box next to Certificate ID#. ▪ Click Submit. | | | | | | | | |
| Case ID/Alternate Key | <ul style="list-style-type: none"> ▪ Enter the Group# in the text box next to Group#. ▪ Enter the I.D. Number in the text box next to I.D. Number (alternative to printing SSN on member ID cards). ▪ Click Submit. | | | | | | | | |
| Social Security Number | Enter the SSN of the Individual in this box in the format xxx-xx-xxxx. | | | | | | | | |
| 3 | <p>Do you want to verify coverage for a date other than today?</p> <ul style="list-style-type: none"> ▪ If yes, enter the date for which to verify coverage in the ENTER DATE FOR WHICH TO VERIFY COVERAGE text box. ▪ If no, leave today's date in the ENTER DATE FOR WHICH TO VERIFY COVERAGE text box. | | | | | | | | |
| 4 | Select the Claimant for whom you want to verify coverage from the SELECT A CLAIMANT drop-down menu. | | | | | | | | |
| 5 | Click on the Submit button. <u>Result:</u> The Eligibility page displays. | | | | | | | | |
| 6 | Review the desired information. | | | | | | | | |
| 7 | When finished, click on the Coverage Inquiry link from the menu on the left. <u>Result:</u> The Eligibility page closes and the Coverage Inquiry page displays. | | | | | | | | |

LINKS

Purpose

The Links menu option takes you to a page where links to sites and documents that may be of interest or assistance to you in using FirstView are located.



Links

First Administrators, Inc.

Medical Reference Websites:

- [Medline Plus](#)
- [MedicineNet](#)

| |
|--|
| Home |
| Welcome |
| Security |
| Change Password |
| My Profile |
| Inquiry |
| Claims Inquiry |
| Coverage Inquiry |
| Links |
| Maintenance |
| Maintain TIN Access List |
| Help |
| About |
| Contents |

Maintenance

MAINTAIN TIN ACCESS LIST

Purpose

Enables you to update your TIN Access List.

Procedure: Removing a TIN(s)

| Step | Action |
|------|---|
| 1 | Select Maintain TIN Access List at the left of the page. <u>Result:</u> The TIN List page displays. |
| 2 | Find the TIN you wish to remove and click on the blue “Delete TIN” link to the left of the TIN Number. <u>Result:</u> Access to the specific TIN is removed. |

Provider System Access Request - TIN List

| | TIN Number | Seq | Name/Contract | Street Address | City, State ZIP | Alpha Sort | Status |
|---------------|----------------------|-----|----------------------|----------------|------------------------|----------------------|----------|
| Delete TIN | <input type="text"/> | 001 | <input type="text"/> | PO BOX 53044 | PHOENIX, AZ 85072-3044 | <input type="text"/> | Approved |

Cancel
Add TINs
Submit

Procedure: Adding a TIN(s)

| Step | Action |
|------|---|
| 1 | Select Maintain TIN Access List at the left of the page. <u>Result:</u> The TIN List page displays. |
| 2 | Click on the Add TINs button at the bottom of the TIN List page. <u>Result:</u> Add TIN Numbers page displays. |
| 3 | Enter the provider TIN and click Submit. <u>Result:</u> TIN Summary page displays. |

Add TIN Numbers

◆ ENTER TIN OF PROVIDER:

(Enter TIN No., -- EXAMPLE: 22-3456789 or 424-88-3622)

Cancel
Submit

3 Select the Sub-TINs you want to access by clicking in each check box. You can select all Sub-TINs by clicking on the Select All button at the bottom of the TIN Summary page.

TIN Summary

TIN: 86-0872873

[1]

| Select | Seq ▲ | Provider Name | Address | City | Alpha Sort |
|--------------------------|-------|---------------|-------------------------|--------------------------|------------|
| <input type="checkbox"/> | 001 | | PO BOX 53044 | PHOENIX AZ 85072-3044 | |
| <input type="checkbox"/> | 002 | | 1255 W WASHINGTON ST | TEMPE AZ 85281 | |

You can select all Sub-TINs contained in this list by clicking on Select All at the bottom of this page or select only the ones you want by clicking in each check box and then submitting.

4 Click Submit.
Result: A confirmation message stating your request has been sent. Once approved by the administrator, you will receive notification.

Notes
