

Gold Services

Introduction

To begin, you need your assigned Insight user ID, password, and organization ID. Your trainer will provide this information.

What are Gold Services?

This service allows customers to request and receive status on eligibility, claim status, and referrals in real-time.

This lesson will show you how to:

- Request eligibility
- Request claim status
- Request referrals

Questions or problems can be reported to Service & Support at:

- Email: service2@.com
- Phone: (866) 367-9778

Let's Get Started

From your Internet Explorer web browser, locate the Insight home page at:
[http:// www.enshealth.com](http://www.enshealth.com).

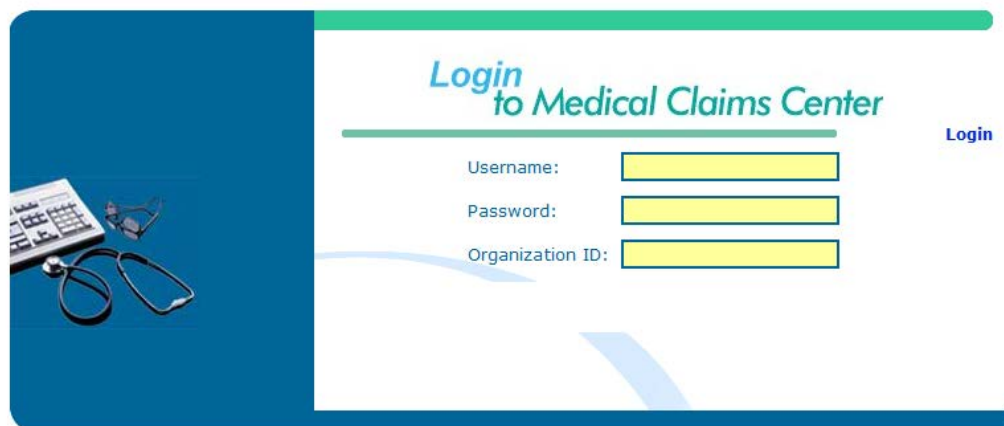
Helpful hint: If you haven't already done so, save this page as a favorite link for future use.

Click on the Client access login tab.

The screenshot shows the Optum EDI Client Center website. At the top left is the Optum logo and the text "EDI Client Center". On the left side, there is a vertical menu with the following items: "Client Center", "Client access login" (highlighted with a dashed border), "Sign up online", "Customer support", "Download center", "Partner access", and "Payer lists". To the right of the menu is a large image of a diverse group of people smiling and working together. Overlaid on this image is a white box with the text: "Simplify every task with full support from Optum." Below the image, the text reads: "Welcome to the client support site for Optum EDI". Further down, a paragraph states: "Optum EDI enables organizations to benefit from higher levels of automation and efficiency by embedding additional functionality into the EDI data stream. To learn more about our solutions, please call 800.765.6793 or visit our site: OptumInsight.com/EDI." At the bottom left, there are two accreditation logos: "CERTIFIED CORE CLEARINGHOUSE PRODUCT Phase II A CAQH Initiative" and "EHNAC ACCREDITED HNAP EHN". At the bottom right, there are two boxes. The first box is titled "Customer Service and EDI Support" and contains the following information: "PHONE: 866.367.9778", "EMAIL: service2@optum.com", and "HOURS: 7:00 a.m. - 5:00 p.m. MT". The second box is titled "Maximize your cash-flow with our EDI system." and contains the text: "Optum Intelligent EDI is focused on providing you the most timely and accurate payments that technology".

Logging In.....

Enter your user ID, password, and organization ID in the appropriate spaces and click on the login button.

A screenshot of a web application's login page. The page has a blue header bar at the top. On the left side, there is a dark blue vertical panel containing an image of a computer keyboard and a pair of glasses. The main content area is white and features the text "Login to Medical Claims Center" in a blue, italicized font. Below this text is a horizontal line. To the right of the line is a blue "Login" button. Underneath the line are three input fields: "Username:" followed by a yellow rectangular box, "Password:" followed by a yellow rectangular box, and "Organization ID:" followed by a yellow rectangular box. The entire page is framed by a blue border at the top and bottom.

Note: You must enter your provider information in “*Manage Provider Information*” before using these features.

Real-time Eligibility Request

From the Health-e Network Home page, click on *Health-e Eligibility*.

- Select Health-e-Eligibility from the left navigation



The screenshot displays the Health-e Network Services website. On the left, a vertical navigation menu lists various services: Health-e Claims, Health-e Eligibility (circled in red), Real-Time Claim Status, Referral Request Home, Administrator, Message Center, File Upload, Electronic Claims Tracking (ECT), Manage Provider Information, Electronic Remittance Advice, and Patient Statements. Below the menu is an image of a calculator and glasses. The main content area features the Health-e Network logo and a banner for OPTUM™. Below the banner, there is a section for "5010 PO Box Solutions Health-e-Claim/DD" with a list of links: "New option in Mar information" and "Click here for details". Another section titled "Message Center" includes a link for "Search for provider" and "Click here for details". A third section, "IEDIS Payer Lists", contains links for "Medical Claims", "Hospital Claims", "Eligibility", "Claim Status", "Referrals / Authorizations", and "ERA". At the bottom of the main content area, there is a call to action: "Learn the latest 5010 news in issues that matter." and a button labeled "> READ THE NEWSLETTER".

Enter the payer name in the search field or click the gray tab to the right to select by alphabet. Blue Cross Blue Shield and Medicaid payers are listed by their state. For example, Colorado Blue Shield will be listed under the alphabet "C". Once you have located your payer, click on ok.

Eligibility

- Select your search option from the drop down menu (this field can not be manually changed).

Eligibility

[Home](#) > [Eligibility](#)

Request	Response
<p>*Required</p> <p>Select a Payer and Search Option to begin your search.</p> <p>Payer Name:* <input type="text" value="Delaware Medicare"/></p> <p>Search Options:* <input type="text" value="Select"/></p>	

Enter the necessary data then click on the submit request button at the bottom.


Eligibility

- Select the requesting provider type (provider or facility) from the drop down menu, this field can not be manually changed.

Eligibility

[Home](#) > [Eligibility](#)

Request	Response
<p>*Required</p> <p>Select a Payer and Search Option to begin your search.</p> <p>Payer Name:* <input type="text" value="Delaware Medicare"/></p> <p>Search Options:* <input type="text" value="Subscriber Member ID"/></p> <p>Requesting Provider:* <input type="text" value="Provider"/></p> <p>Provider Name: <input type="text" value="Select"/></p> <p>Last Name: <input type="text"/></p> <p>First Name: <input type="text"/></p> <p>Provider NPI: <input type="text"/></p> <p>Provider TIN: <input type="text"/></p> <p>Provider PIN: <input type="text"/></p> <p>Plan Network ID: <input type="text"/></p> <p>City: <input type="text"/></p> <p>State: <input type="text" value="Select"/></p> <p>Zip Code: <input type="text"/></p> <p>Payer Assigned Provider ID: <input type="text"/></p>	



- Once the requesting provider is selected a series of additional fields to be completed will be automatically generated, based on the provider type selected.

An example of a real-time eligibility response (271) sent back from the payer.

Eligibility – Response

- The user can also sort the response by Service Type, by selecting the service type from the drop down list.

Eligibility Response	
Payer:	AETNA INC
Subscriber/Patient:	[REDACTED]
Eligibility/Benefit Type:	Plan Begin
Eligibility/Benefit Date:	07/01/2008
Eligibility/Benefit Type:	Service
Eligibility/Benefit Date:	05/04/2012
Eligibility/Benefit Type:	Eligibility Begin
Eligibility/Benefit Date:	07/01/2008
Sort By:	Chiropractic <input type="button" value="Print"/>
Field	Value
Service Type:	Chiropractic
Eligibility or Benefit Info	Limitations
Coverage	Individual
Insurance Type Code	
Coverage Description	
Benefit	Lifetime
Benefit Quantity	
In Network	No
Group Number	
Eligibility/Benefit Type	
Eligibility/Benefit Date	
Message	UNLIMITED

Real-time Claim Status Request

From the Health-e Network Home page, click on *Real-Time Claim Status*.

Enter the payer name in the search field or click the gray tab to the right to select by alphabet. Blue Cross Blue Shield payers are listed by their state. For example, Colorado Blue Shield will be listed under the alphabet "C". Once you have located your payer, click on ok.

Complete the necessary data then click on the submit request button at the bottom.

Real-time Referral Request

To send a real-time referral (278) request to a payer, click on the Referral Request Home button.

All payers are listed in drop down tab. Locate the payer you wish to send your referral request to and then click on the *Create Request* button.

If you wish to send a request to Aetna, you will need to select the type of referral request you wish to send.

Once you have completed entering the necessary data, click on the submit request button. All fields highlighted in green are required and must be populated as well as the provider ID and/or provider NPI fields on the referral inquiry page.

Congratulations

You have now completed Gold Services self-service training.

Questions or issues can be reported in one of three ways

- Email Technical Support at: service2@.com
- Open online support ticket at: https://secure.enshealth.com/customer_center
- Call Service and Support: (866) 367-9778

We appreciate your business