

How To Add a Claim in HealthLINK



1. Sign in to the portal at www.jhbc.com
2. Select either the EHP/Priority Partners/Advantage MD portal or the US Family Health Plan portal

Welcome to Johns Hopkins HealthCare LLC

Johns Hopkins HealthCare LLC (JHHC) provides health care services for four health plans: *Priority Partners*, *Johns Hopkins Employer Health Programs (EHP)*, *Johns Hopkins US Family Health Plan (USFHP)* (*Advantage MD*). This site provides our medical health providers with general plan information, and



Log in to your HealthLINK account to view information on your [EHP/Priority Partners/Advantage MD patients](#).



Log in to your HealthLINK account to view information on your [USFHP patients](#).

3. Click on Office Management and select Claims

JOHNS HOPKINS MEDICINE
US FAMILY HEALTH PLAN

HOME MESSAGES 0 NOVITA HARVEY LOG OUT

Patient Management Office Management Administration References

Role Selection

Select Role

Select Role

Current Role

Eligibility
Claims
Referrals/Auths
Provider Directory
Code Lookup
Reports
Document Manager

USFHP DATA - JHHC
re - JHHC

How To Add a Claim in HealthLINK



4. Click Add Claim and search for the Member using member ID or Last name

The screenshot shows the Johns Hopkins Medicine US Family Health Plan portal. At the top, there is a navigation bar with 'HOME', 'MESSAGES 0', 'NOVITA HARVEY', and 'LOG OUT'. Below this is a menu with 'Patient Management', 'Office Management', 'Administration', and 'References'. A secondary menu highlights 'Claim Status', 'Remittance Advice', and 'Add Claim'. The main heading is 'Create Professional Services Claim' with a 'Help' icon. Below the heading is a 'Patient Search' section with radio buttons for 'Last Name' (selected) and 'Member ID', and an empty search input box.

5. Select the Member

The screenshot shows a member selection interface. A yellow 'Select' button is highlighted, and the name 'HARVEY, I' is visible next to it.

6. Fill in any of the boxes without * as needed. All the boxes with * are required.
 - a. Page 1
 - i. Release of Information – Select from the drop down list
 - ii. Patient Account – can be the practices internal account number or the Member ID number
 - iii. Amount Paid by Patient – Enter amount without \$. Ex. 30.00
 - iv. Date of Current Illness or LMP – Supply the appropriate date (could be the first date of claim)
 - v. Rendering Provider – Select from the drop down list or search by last name.
 - vi. The Practice Name, Rendering Provider Tax ID, and Billing Provider Tax ID should auto populate once a Rendering Provider is selected
 - vii. Verify the information that auto populates are correct

How To Add a Claim in HealthLINK



Create Professional Services Claim

Help

Patient Information

Patient Name	John Doe	* Patient Account	test110000001
Relationship	Self	Member ID	test110000001
Address	123 Baltimore Ln	City	Baltimore
State, Zip	MD, 21060	Home Phone	
Date of Birth	01 Jan 1940	Gender	M
* Release of Information	Signed statement/Claims	* Amount Paid by Patient	10.00

Patient Condition Related To

Related Causes <input type="checkbox"/> Auto Accident <input type="checkbox"/> Employment <input type="checkbox"/> Other	
Accident Location <input type="text" value="State / Prov"/> -or- <input type="text" value="Country"/>	
* Date of Current Illness or LMP <input type="text" value="10/01/2016"/>	Accident Date <input type="text"/>
Admit Date <input type="text"/>	Discharge Date <input type="text"/>

Rendering Provider

* Rendering Provider <input type="text" value="Gergely, Andrew T MD"/>	* Rendering Provider Tax ID <input type="text" value="352173526"/>
* Practice Name <input type="text" value="ANDREW GERGELY MD AND"/>	
Billing Provider <input type="text" value="ANDREW GERGELY MD AND"/>	Billing Provider Tax ID <input type="text" value="352173526"/>
* Provider Signature on File <input type="text" value="Yes"/>	* Provider Accept Assignment <input type="text" value="Assigned"/>
* Benefits Assigned <input type="text" value="Yes"/>	

Referral and Authorization Information

Referring Physician	Prior Auth. No.
<input type="radio"/> Name _____	

How To Add a Claim in HealthLINK



- viii. Provider Signature on File – Select from the drop down list
- ix. Benefits Assigned – Select from the drop down list
- x. Provider Accept Assignment – Select from the drop down list
- xi. Diagnosis Codes – Enter the appropriate code

Referral and Authorization Information

Referring Physician	Prior Auth. No.
Ref/Auth Search <input type="text"/>	
<input checked="" type="radio"/> Name	
<input type="text"/> <input type="button" value="Provider Search"/> -or- <input type="button" value="Referral Search"/>	

Diagnoses

Enter at least two characters

* Dx Codes

Services

- xii. Click Add Services

How To Add a Claim in HealthLINK



- b. Page 2
 - i. Place of Service – Select from the drop down list
 - ii. Type of Service – Select from the drop down list
 - iii. Procedure Code – Enter the appropriate code
To enter the procedure code, click the “search tab” and enter the procedure code then click “ Add procedure “

Services

* Start Date	<input type="text" value="10/01/2018"/>		End Date	<input type="text"/>	
* Place of Service	<input type="text" value="Office"/>				
Service Facility Location	<input type="text"/>	Ⓜ Name	<input type="button" value="Search"/>		
* Type of Service	<input type="text" value="Physician Visit - Office: Sick"/>				
* Procedure Code	<i>Enter at least two characters</i> <input type="button" value="Search"/>				
	<input type="text" value="T1003 - LPN/LVN..."/>				
	Code: T1003 LPN/LVN services, up to 15 minutes				
	Modifiers:	<input type="text"/>			<input type="button" value="FIND MODIFIERS"/>
NDC Code	<i>Enter at least two characters</i> <input type="button" value="Search"/>				
	<input type="text"/>				

How To Add a Claim in HealthLINK



iv. Diagnosis Codes – Check the box next to the diagnosis code

* Diagnosis Codes 1. G80.9 Cerebral palsy, unspecified

v. Units – Select from the drop down list, choose unit or minute and enter the number

vi. Charge – Enter an amount without the \$

vii. Emergency – Select from the drop down list

* Diagnosis Codes 1. G80.9 Cerebral palsy, unspecified

* Units * Charge

* Emergency

Procedure Line Note

NDC Data

viii. Click Add

How To Add a Claim in HealthLINK



7. Your claim will show the information you entered.

[Return to Previous Page](#)

[Help](#)

Add Service

Patient Information

Patient Name	John Doe	Patient Account No.	test110000001
Provider	GERGELY MD,ANDREW T (1243)	Practice	ANDREW GERGELY MD AND ASSOC LLC (1734)

Services

* Start Date	<input type="text" value="8/14/2019"/>	End Date	<input type="text"/>
* Place of Service	<input type="text" value="Office"/>		
Service Facility Location	<input type="text"/>	Name	<input type="text"/>
			<input type="button" value="Search"/>
* Type of Service	<input type="text"/>		
* Procedure Code	<input type="text"/>		<input type="button" value="Search"/>
NDC Code	<input type="text"/>		<input type="button" value="Search"/>
* Diagnosis Codes	<input type="checkbox"/> 1. G80.9 Cerebral palsy, unspecified		
* Units	<input type="text" value="-Select-"/>	* Charge	<input type="text"/>
* Emergency	<input type="text" value="-Select-"/>		
Procedure Line Note	<input type="text"/>		
NDC Data	<input type="text"/>		

How To Add a Claim in HealthLINK



* Indicates required field

Services

	Start	End	POS	TOS	Proc	Mod1	Mod2	Mod3	Mod4	Dx	Emergency	Units	Charge
Edit Remove	10/1/2018		11	BY	T1003					1	N	72 Units	\$3,800.00
Next Cancel													

8. Review the claim and hit next if the information is correct. You will see a claim summary.

Claim Status	Remittance Advice	Add Claim
------------------------------	-----------------------------------	---------------------------

[Print Claim](#)

[Help](#)

Claim Summary

Patient Information

Patient Name	John Doe	Patient Account	test110000001
Relationship	Self	Member ID	test110000001
Address	123 Baltimore Ln	City	Baltimore
State, Zip	MD, 21080	Home Phone	
Date of Birth	01 Jan 1940	Gender	M
Release of Information	Signed statement/Claims	Amount Paid by Patient	\$10.00

Patient Condition Related To

Related Causes	Accident Location
Accident Date	Date of Current Illness or LMP 10/1/2018
Admit Date	Discharge Date

Rendering Provider

Provider	GERGELY MD,ANDREW T	Tax ID	352173526
Practice Name	ANDREW GERGELY MD AND ASSOC LLC (1734)		
Billing Provider	ANDREW GERGELY MD AND ASSOC LLC (1734)	Billing Provider Tax ID	352173526
Provider Signature	Yes	Provider Accept Assignment	Assigned

How To Add a Claim in HealthLINK



9. Click on the Submit Button on the bottom of the summary page

Diagnoses

Dx Codes	1. G80.9 Cerebral palsy, unspecified
----------	--------------------------------------

Services

Start	End	POS	TOS	Proc	Mod1	Mod2	Mod3	Mod4	Dx	Emergency	Units	Charge
10/1/2018		11	BY	T1003					1	N	72 Units	\$3,600.00
Total Charges					\$3,600.00							

[Submit](#) [Cancel](#)

10. Make sure you receive confirmation that the claim was submitted.

HEALTHLINK

Patient Management ▾ Office Management ▾ Administration ▾ References ▾

Claim Status Remittance Advice **Add Claim**

Confirmation

Claim Submitted

Claim added for member ID #test11000001