

MEDBEN MEDICAL PROVIDER PORTAL ON MEDBEN ACCESS

Online Patient Eligibility and Claims Status Usage Instructions

Welcome to **MedBen Access**! This website allows registered MedBen medical providers to confirm eligibility and benefits for patients covered under a MedBen health plan. You can also check the status of a submitted claim and view EOBs and provider information requests. Our online features make retrieving patient claims and benefits information easy!

In this document you will find descriptions of, and instructions for, the features found on the MedBen Medical Provider Portal. To log into MedBen Access, go to **MedBen.com**, select “MedBen Access” from the top menu, and enter your User Name and Password. (If you need help setting up a user account, please refer to the “Self-Registration” document.)

All viewable information conforms to HIPAA compliance standards.

LOOKUP ELIGIBILITY

This feature allows the user to confirm a patient’s eligibility for medical, prescription, dental and vision services.

- 1) Click **“Lookup eligibility”** on the sidebar.
- 2) To locate a patient subscriber (employee) or dependent, please provide the following information **(a)**:
 - a. Whether the patient is a subscriber or dependent;
 - b. The subscriber’s ID Number (this is a required field); and
 - c. One or more of the following fields:
The subscriber/dependent’s First Name, Last Name, Birth Date, and/or Eligible as of Date.
- 3) Press the **“Submit”** button. **PLEASE NOTE that it may take several moments to process your request.**
- 4) The new screen will display general information about the subscriber and patient, benefit status and coverage levels for all covered benefits **(b)**.

Service Type	Eligibility / Benefit Status	Coverage Level	Not Covered (1)
HEALTH BENEFIT PLAN COVERAGE (30)	ACTIVE COVERAGE (1)	EMPLOYEE AND SPOUSE (ESP)	
ABORTION (84)	ACTIVE COVERAGE (1)	EMPLOYEE AND SPOUSE (ESP)	NOT COVERED (1)
AIR TRANSPORTATION (57) - Ambulance Air or Water	ACTIVE COVERAGE (1)	EMPLOYEE AND SPOUSE (ESP)	
ALLERGY (GY)	ACTIVE COVERAGE (1)	EMPLOYEE AND SPOUSE (ESP)	

ISO 9001 CERTIFIED

VIEW CLAIM STATUS

This feature allows the user to check the status of a submitted claim(s).

1) Click **“View claim status”** on the sidebar.

2) To display a claim status list for a patient, the following information **(c)** is **required**:

- The provider’s Tax ID Number (this field should already be filled in); and
- The subscriber’s ID Number, Birth Date and Gender.

You can display a claim status list by entering the following information - **(c)**

Tax ID:

Check Number:

Check Amount:

If you wish to narrow your search, you can also enter the following optional information:

- The provider’s National Provider Identifier (NPI) Number;
- The subscriber’s Account Number;
- The Claim Number and Submitted Charges; and
- The “From” and “Thru” Service Dates.

3) Press the **“Submit”** button.

The new screen will display a list of all patient claims submitted under the specific tax ID number **(d)**. If you used the optional fields to narrow your search, only

Provider Information						
Name: JOHNSON, ALICE L Tax ID: 100623849 NPI: 5556837023						
Subscriber Information						
Identification Number: 1230074628 Name: SMITH, FRANKLIN M						
Claims						
	Patient	Effective date of claim status	Original submitted charges	Adjudication finalized date	Remittance date	Check/EFT amount
<input type="button" value="View"/>	SMITH, FRANKLIN M	09/22/2021	\$375.00	09/21/2021		\$344.27
<input type="button" value="View"/>	SMITH, FRANKLIN M	09/22/2021	\$141.00			\$0.00
<input type="button" value="View"/>	SMITH, FRANKLIN M	09/22/2021	\$145.00	08/08/2021	09/12/2021	\$135.00
<input type="button" value="View"/>	SMITH, FRANKLIN M	09/22/2021	\$13.56	08/02/2021	08/05/2021	\$3.56
<input type="button" value="View"/>	SMITH, FRANKLIN M	09/22/2021	\$175.00	08/02/2021	08/05/2021	\$120.12
<input type="button" value="View"/>	SMITH, FRANKLIN M	09/22/2021	\$188.00	07/30/2021	08/05/2021	\$0.00

claims that fit the requested criteria will appear. Each claim listed notes the effective date of claim status and the original submitted charges. Depending on the claim’s current status, you may also see the date adjudication was finalized, remittance date and check or electronic funds transfer amount.

4) To view specific claim information, press the **“View”** button adjacent to the claim you wish to open. In addition to claims information previously shown, the new screen **(e)** will display the Payer’s Claim Number (1K), Billing Type (BLT) and Service Date (472).

Provider Information	
Name: JOHNSON, ALICE L Tax ID: 100623849 NPI: 5556837023	
Claim Information	
Patient Name:	SMITH, FRANKLIN M
Gender:	M
Birth Date:	02/26/1970
(EJ) Patient Account Number:	L1005558989
Effective Date Of Claim Status:	09/22/2021
Original Submitted Charges:	\$175.00
Adjudication Finalized Date:	08/02/2021
Remittance Date:	08/05/2021
Check Number/EFT Trace Number:	123450
Check/EFT Amount:	\$120.12
(1K) Payer’s Claim Number:	123456789E
(BLT) Billing Type:	
(472) Service Date:	07/16/2021 - 07/16/2021
Claim Status Category:	(F4) Finalized/Adjudication Complete
Claim Status:	(1) For more detailed information, see remittance advice.

- 5) Near the bottom of the page, you will find the Claim Status Category and Claim Status.
 - a. If the Claim Status Category is “(F4) Finalized/Adjudication Complete”, you can view an Explanation of Benefits by pressing the **“View 835/E-EOB”** button (f).
 - b. If the Claim Status Category is “(F3) Pending/Provider Requested Information”, processing cannot be completed until additional requested information has been provided.

Name: JOHNSON, ALICE L
Tax ID: 100623849
NPI: 5556837023

Patient Name: SMITH, FRANKLIN M
Gender: M
Birth Date: 02/26/1970
(EJ) Patient Account Number: L1005558989
Effective Date Of Claim Status: 09/22/2021
Original Submitted Charges: \$175.00
Adjudication Finalized Date: 08/02/2021
Remittance Date: 08/05/2021
Check Number/EFT Trace Number: 123450
Check/EFT Amount: \$120.12
(1K) Payer's Claim Number: 123456789E
(BLT) Billing Type:
(472) Service Date: 07/16/2021 - 07/16/2021
Claim Status Category: (F4) Finalized/Adjudication Complete
Claim Status: (1) For more detailed information, see remittance advice.


View 835/E-EOB
Questions?

- 6) The Provider Letters area will list all correspondence from MedBen requesting claims information. **These are electronic copies of letters that have also been sent to the provider via regular mail.**

Each letter listed notes the date of the letter was printed, whether it requires a response, and a brief description of the requested information.

To view a specific provider letter, press the **“View”** button adjacent to the letter you wish to open (g).

HELP

This feature, found at the top of the user work area, is always available regardless of the page you are on at a given time. Click on “Help” to reveal links to MedBen’s privacy policy, terms of use, and instructional documents for the Medical Provider Portal.


QUESTIONS?

We designed **MedBen Access** to simplify benefits eligibility and claims status checks, but should you need additional assistance, please contact MedBen Provider Affairs at **provideraffairs@medben.com** or **(800) 423-3151**.

Claim Information

Patient Name: SMITH, FRANKLIN M
Gender: M
Birth Date: 02-26-1970
(EJ) Patient Account Number: 000000000002
Effective Date Of Claim Status: 09/21/2021
Original Submitted Charges: \$1,595.89
Adjudication Finalized Date: 08/17/2021
Remittance Date: 08/17/2021
Check Number/EFT Trace Number: 0
Check/EFT Amount: \$0.00
(1K) Payer's Claim Number: 1100000000Q
(BLT) Billing Type: 131
(472) Service Date: 07/28/2021-07/28/2021
Claim Status Category: (F4) Finalized/Adjudication Complete
Claim Status: (1) For more detailed information, see remittance advice.

Provider Letters:

	Print date	Needs response	Description
 View	08/06/2021	No	ADDITIONAL INFO FOR CLAIM

View 835/E-EOB
Questions?