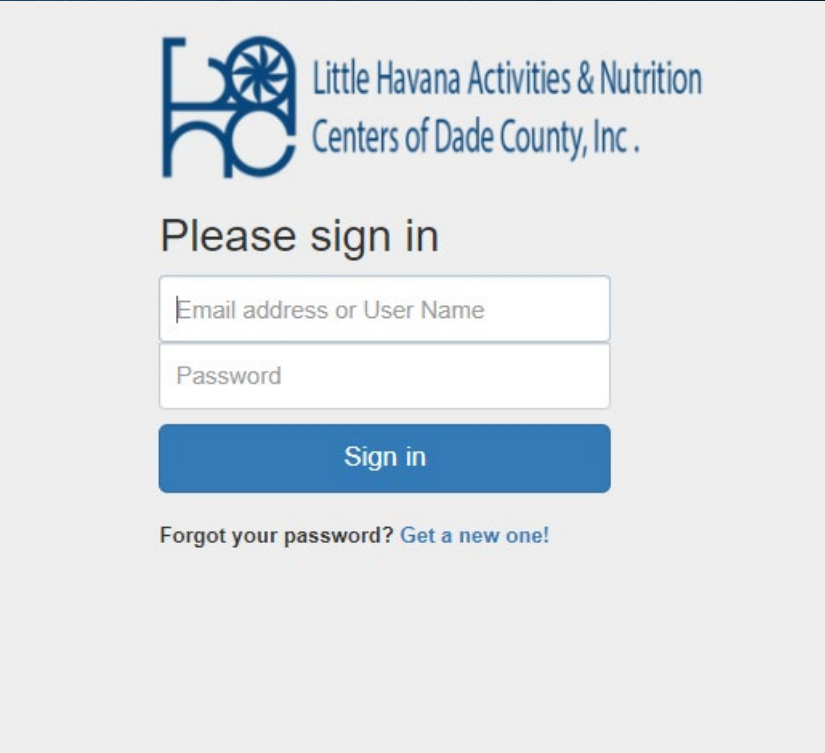




CLAIMS SUBMISSION GUIDE

LOG IN

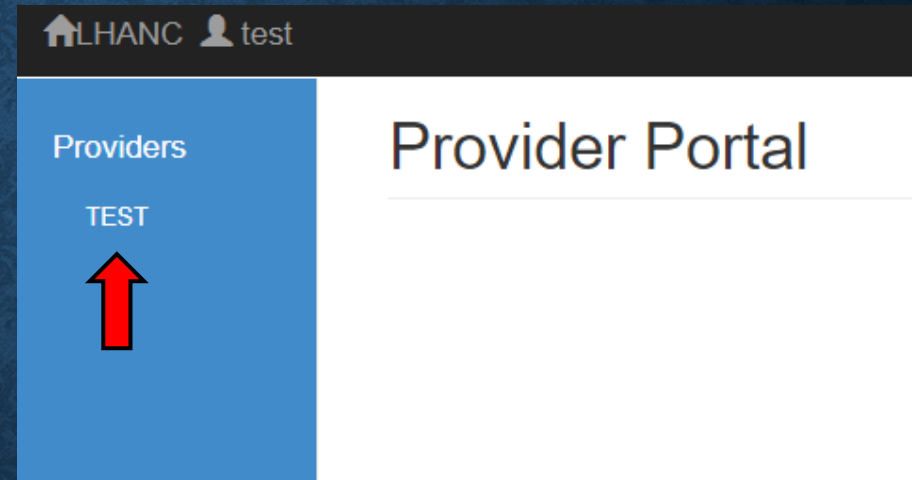
- Navigate to LHANC's Provider Billing Portal:
<https://lhancbiz.org/lhanc/billing/homebill.php>
- Your username will be the same as the email you provided.
- The first time you sign in into the LHANC's provider portal, your password will be the word "**password**" (all lower case).
- Forget your password?
 - Simply click on "Get a New One" and a temporary password will be sent to your email.



The screenshot shows the login interface for Little Havana Activities & Nutrition Centers of Dade County, Inc. At the top left is the organization's logo, which consists of the letters 'LHANC' in a stylized blue font. To the right of the logo, the text 'Little Havana Activities & Nutrition Centers of Dade County, Inc.' is displayed in a blue sans-serif font. Below the logo and text, the heading 'Please sign in' is centered. Underneath the heading are two input fields: the first is labeled 'Email address or User Name' and the second is labeled 'Password'. Below these fields is a blue rectangular button with the text 'Sign in' in white. At the bottom of the form, there is a link that reads 'Forgot your password? Get a new one!'.

WELCOME TO THE LHANC SYSTEM

- Once logged in, click on “Billing” button on the top right of the screen.
- Find and click on your Provider Name on the left-hand column



PROVIDER PORTAL

- Click on **Submit Claim** to upload your claims.
- To check claims history and claims status, click “**Claim History**”.
 - Here, will also be able to see the number and dollar amount for your pending, approved, and/or denied claims.
 - Access to all your EOBs.

#1234 - PROVIDER NAME

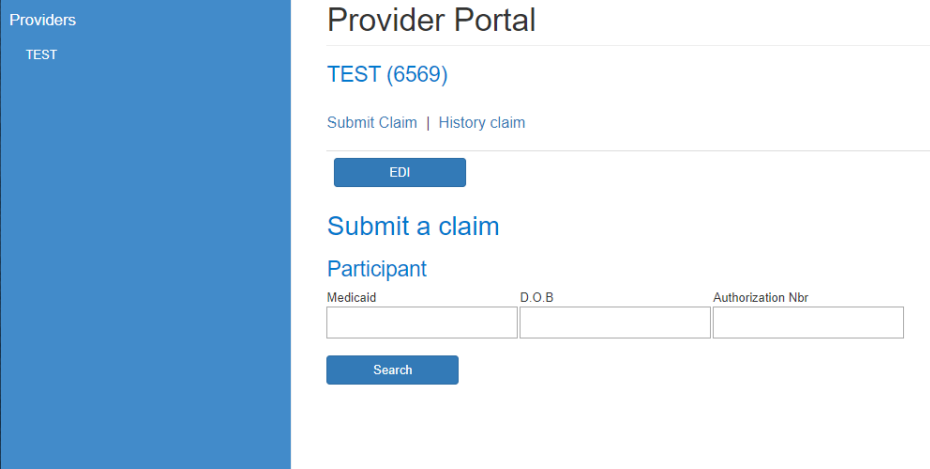
[Submit Claim](#) | [Claim History](#)

	Pending Claims: Amount:		Approved Claims: Amount:		Denied Claims: Amount:
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The screenshot shows a provider portal interface. At the top, it displays the provider ID '#1234 - PROVIDER NAME'. Below this, there are two navigation links: 'Submit Claim' and 'Claim History', with 'Claim History' highlighted by a red box. The main content area features three vertical bars representing claim status categories: 'Pending' (yellow), 'Approved' (green), and 'Denied' (red). Each category is accompanied by a label and the text 'Claims:' and 'Amount:', indicating that the number and dollar amount of claims for each status are visible.

SUBMIT A CLAIM (MANUAL ENTRY)

1. Enter the Medicaid number, Date of Birth, and Authorization Number
2. Click the “Search” button.
3. Patient information will appear.
 - If results do not populate, please ensure information was entered correctly.
 - For any issues, please contact our **Provider Hotline** at **1-844-776-0593**.



The screenshot displays the 'Provider Portal' interface. On the left, a blue sidebar contains the text 'Providers' and 'TEST'. The main content area is white and features the following elements: the title 'Provider Portal', the provider identifier 'TEST (6569)', and navigation links 'Submit Claim' and 'History claim'. Below these is a blue button labeled 'EDI'. A link 'Submit a claim' is also present. Under the heading 'Participant', there are three input fields labeled 'Medicaid', 'D.O.B', and 'Authorization Nbr'. A blue 'Search' button is located at the bottom of the form.

SUBMIT A CLAIM (MANUAL ENTRY)

1. Select the Place Code
2. Under Claim Details, you will need to fill the following fields.
 - Date (Date of Service)
 - HCPC (Service Code)
 - Units
 - Price (please enter the price per unit. The portal will multiply the price by the total units and display the total on the “Total” column)
3. Once done, click the “Submit” button.

Claim

Claim type: Original Type of Bill: Electronic bill

Admission Code: Z599 Diagnosis Code: Z599 Place of Service: 12 Home

Claim Details

	DOS	HCPC	Units 1 unit = 15 mins	Price	Share of Cost	Copayment	Non Covered	Total
1	02/01/2020	S5170	1	5.00				5
2	02/02/2020	S5170	1	5.00				5
3	02/03/2020	S5170	1	5.00				5
4	02/04/2020	S5170	2	5.00				10
5	02/05/2020	S5170	1	5.00				5

CLAIM SUBMISSIONS - EDI

If you are interested in submitting your claims via an 837 file, please send an email to Claims@Lhanc.org requesting the necessary information for this file.

We will request that you send a test file with no more than 10 test claims.

Once test has been completed and validated, our Claims Team will contact you to advise EDI claims submission is now active so you can submit EDI files directly.

CLAIM HISTORY

To check claims history, enter one or more of the following information in the appropriate fields:

- **Medicaid:** Medicaid ID number
- **D.O.S.:** Date of Service
- **HCPC:** Service Code used to submit claim
- **Authorization:** Number issued by FCMSA

You are also able to look up claims by status (paid or denied).

Claim History

TEST (6569)

[Submit Claim](#) | [Claim History](#)

Medicaid:

D.O.S:

HCPC:

Authorization:

Status:

Authorization	Received	First name	Last name	D.O.S	HCPC	Unit	Billed	Paid	Check	Check Dtm	Status
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FOR ANY QUESTIONS, PLEASE CONTACT US!

Toll-Free Provider Hotline: 1-844-776-0593

Prior Authorizations: 1-877-462-1200

Email: Claims@Lhanc.org