



This Guide provides information for using the CEDI Claims Portal (CCP). The CCP provides a web-based claim entry option for Medicare Durable Medical Equipment (DME) suppliers to submit HIPAA compliant ANSI X12 837 claims and download the X12 835 electronic remittance advice (ERA) without the use of a Network Service Vendor (NSV) and without purchasing DME claim submission software.

Each CCP user must enroll and be assigned a unique User ID for submitting claims and/or receiving ERA. Enrollment forms are located on the CEDI Web site [www.ngscedi.com](http://www.ngscedi.com) under Enrollment.

NOTE: The X12 835 ERA provided through the CCP will require software to translate, read, and print the file. CMS offers the free Medicare Remit Easy Print program available for download through the link on the CEDI Web site at [www.ngscedi.com/mrep](http://www.ngscedi.com/mrep).

If you have additional questions or need assistance with CEDI Claims Portal, please contact the CEDI Help Desk at [ngs.cedihelpdesk@anthem.com](mailto:ngs.cedihelpdesk@anthem.com) or at 866-311-9184.



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## Menu Options



File Status And Reports

Professional Claims  
DDE

The Professional Claims DDE module is used to enter and submit claims and resolve errors on submitted claims.

The File Status and Reports module is another option for viewing reports related to your claim submissions. This option will also allow you to download your electronic remittance advice (ERA) if you have completed enrollment to receive your ERA through the CEDI Claims Portal (CCP).

## Professional Claims DDE Dashboard

Selecting the Professional Claims DDE menu option takes you to the Dashboard to enter and manage claim information as well as maintain information related to your payers, patients, and providers.

### DDE Claims






**Search Claims:** Search claims previously entered within the CEDI Claims Portal.

**Start New Claim:** Enter a new claim.

**Provider List:** Enter and maintain billing provider information. Provider information can be established prior to entering a new claim or entered when starting a new claim.

**Patient List:** Enter and maintain patient information prior to starting a claim. Patient information can be entered prior to establishing a new claim or entered directly when starting a new claim.

**Payer List:** Enter and maintain payer information. Payer data must be established prior to entering a new claim.



## Payer List

DME MAC Jurisdiction payers, secondary payers, as well as payers considered primary to Medicare can be added and edited using the Payer List. Payer data must be established prior to establishing Providers and entering a new claim.

### Payer List

Dashboard	New Payer
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### Payer Records

Select an existing payer from the list below. Choose "New Payer" if the payer does not yet exist.

Search

To search enter Payer name only. Press enter to begin search.

Payer

Name	Plan ID	Payer ID	Actions
DME MAC JURISDICTION A		16013	<a href="#">Edit</a> <a href="#">Delete</a>
DME MAC JURISDICTION B		17013	<a href="#">Edit</a> <a href="#">Delete</a>
DME MAC JURISDICTION C		18003	<a href="#">Edit</a> <a href="#">Delete</a>
DME MAC JURISDICTION D		19003	<a href="#">Edit</a> <a href="#">Delete</a>

- Select **New Payer** to add a Payer to the list.
- Select **Edit** under Actions when information related to the Payer needs to be updated.
- Select **Delete** under Actions if the Payer will no longer be used.
- Select **Dashboard** to return to the DDE Claims Dashboard.

If the payer is not listed, select **New Payer** and the Editing Payer screen will display.

Complete the required fields for the Payer.



## Editing Payer

Dashboard
Save

**Name:**

Plan ID / Identification (\*Must have Plan ID and/or Identification)

**Plan ID:**   
(currently unavailable)

**Identification (Payer number):**

Address

**Street:**

**Street 2:**

**City:**

**State:**  ?

**Postal Code:**   
Format is 12345 or 12345-6789

**Country:**

**Name:** This is the name of the Payer. The DME MAC Jurisdiction names are listed below.

- DME MAC JURISDICTION A
- DME MAC JURISDICTION B
- DME MAC JURISDICTION C
- DME MAC JURISDICTION D

**Identification (Payer number):** This is the Payer's ID number. The DME MAC Jurisdiction Payer IDs are listed below. For all other payers, contact the payer for their Payer ID. If you are unable to locate the Payer ID, you can use a gap fill code of XXXXX.

- 16013 for DME MAC JURISDICTION A
- 17013 for DME MAC JURISDICTION B
- 18003 for DME MAC JURISDICTION C
- 19003 for DME MAC JURISDICTION D

**Address:** Enter the address for the Payer. The DME MAC Jurisdiction addresses are listed below.

- DME MAC JURISDICTION A  
PO BOX 6780  
Fargo, ND 58108
- DME MAC JURISDICTION B  
PO BOX 20013



Nashville, TN 37202

- DME MAC JURISDICTION C  
PO BOX 20010  
Nashville, TN 37202
- DME MAC JURISDICTION D  
PO BOX 6727  
Fargo, ND 58108

Click **Save**.

## **Patient List**

Patient information can be managed in the Patient List. New patients can be added prior to beginning a claim or upon entering a new claim. Patient information can be updated using the Edit feature.

Use **Search** to search for previously entered patients.

NOTE: To search, enter the patient's last name only and press "Enter". Additional search filters are available once a search is initiated.

Previously entered patients are listed below the Search field.

- Use **Edit** if a patient's information needs to be updated.
- Use **Delete** if you want to remove the patient from your list.
- Use **New Patient** to enter a new patient's information. This will bring up the Editing Patient screen.



## Editing Patient

Dashboard
Save

Account ID	<input type="text"/>	*
Name	First <input type="text"/> Middle <input type="text"/> Last <input type="text"/> Suffix <input type="text"/>	
Street	<input type="text"/>	*
Street 2	<input type="text"/>	
City	<input type="text"/>	*
State	<input type="text"/>	*
Postal Code	<input type="text"/>	*
	<small>Format is 12345 or 12345-6789</small>	
Country	<input type="text"/> United States of America	*
Gender	<input type="text"/> Male	*
Date of Birth	<input type="text"/>	*
	<small>Format is YYYY/MM/DD</small>	
Date of Death	<input type="text"/>	*
	<small>Format is YYYY/MM/DD</small>	

**Account ID:** This is the patient's unique account number and is assigned by the supplier. (This is not the patient's Medicare number.)

**Name:** Enter the patient's name as it is on file with Medicare.

**Street:** Enter the patient's address as it is on file with Medicare.

**City:** Enter the patient's city as it is on file with Medicare.

**State:** Enter the patient's state as it is on file with Medicare.

**Postal Code:** Enter the patient's ZIP Code as it is on file with Medicare.

**Gender:** Use the drop down to select the patient's sex as it is on file with Medicare.

**NOTE:** This field defaults to **Male**. Use the dropdown to select the appropriate sex.

**Date of Birth:** Enter the patient's date of birth as it is on file with Medicare using the format YYYY/ MM/ DD

**Date of Death:** Enter the patient's date of death (if applicable).

Select **Save** once all information is entered.

Click on **Dashboard** to return to the DDE Claims Dashboard.

## Provider List

The Provider List is used to enter the Billing Provider information. The **Search** option can be used to locate a previously entered billing provider. Provider information may be established prior to entering a new claim or entered when starting a new claim.



- Use **Edit** if a billing provider's information needs to be updated.
- Use **Delete** if you want to remove the billing provider from your list.
- Use **New Provider** to bring up the Editing Provider screen to enter a new billing provider's information.

## Editing Provider

Dashboard
Save

**Billing Provider or Supplier**

**Billing Contact Name:**

**Billing Contact Phone:**   
Format is 123-456-7890

**Billing Name**

**Organizational Provider**  
Organization Name

**Individual Provider**

**Billing Address**

**Billing Address Street:**

**Billing Address Street2:**

**Billing Address City:**

**Billing Address State:**

**Billing Address Postal Code:**   
Format is 12345-6789

**Billing Country:**

**Provider or Supplier Signature on File:**

**Provider Accept Assignment Code:**

Complete the following fields.

**Billing Contact Name:** Enter the billing provider's contact person.

**Billing Contact Phone:** Enter the billing provider's phone number.

**Billing Name:** Enter the billing provider's name. For groups/organizations, select "Organization" to enter the billing organization name. For individuals, select "Individual Provider" to enter the individual billing provider name.

**Billing Address:** Enter the billing provider's address information.

**Provider or Supplier Signature on File:** Check the box if the provider's or supplier's signature is on file.



**Provider Accept Assignment Code:** Use the drop down to select the appropriate accept assignment code.

Payer List	
Choose Payer	<input type="button" value="v"/>
Service Facility Information	
Facility Type:	<input type="button" value="v"/> +
Service Facility Address	
<input checked="" type="checkbox"/>	Same as Billing Provider
Pay-to Address	
<input checked="" type="checkbox"/>	Same as Billing Provider
<input type="button" value="Dashboard"/>	<input type="button" value="Save"/>

**Choose Payer:** Use the drop down to select a Payer the provider is enrolled with for billing. For each Payer the provider is enrolled for billing, a separate Provider Identity screen will need to be completed.

NOTE: Payers must be entered before adding Providers in order for the Payers to be listed in the drop-down box.

**Facility Type:** Use the drop down to select the facility where the service or supply was rendered.

NOTE: This data will be used for the Place of Service on the claim. If multiple services each require reporting a different Place of Service, separate claims should be entered with the facility type and address for each.

**Service Facility Address:** If the Facility Type entered is HOME, uncheck the **Same as Billing Provider** box and leave Service Facility Contact Name, Phone, and Address blank. If the Facility Type is other than HOME and the Service Facility Address is not the same as the billing provider address, uncheck the **Same as Billing Provider** box and enter the facility address where the service or supply was rendered.

Click **Save** once all information is entered.

Click **Dashboard** to return to the DDE Claims Dashboard.

## Start New Claim

Claims can be started by selecting either a current patient or **New Patient**.

Searches can be performed by the patient's last name. Press "Enter" to begin the search.

Current patients and search results will be displayed in the search box.



## Start a New Claim




### Patient Records

Select an existing patient from the list below. Choose "New Patient" if the patient does not yet exist.

Search

To search enter Patient last name only. Press enter to begin search.

Patient

To start a claim for a patient found in the Patient Records list, use **Select** or **Edit**.

- **Select:** You will be presented with the **Confirm Selected Patient** screen. Click **Continue** to continue entering your claim information.
- **Edit:** You will be presented with the **Editing Patient** screen. Make any needed changes and click **Save**.

To start a claim for a patient not found in the Patient Records list, select **New Patient**. The **Editing Patient** screen will display.

### Editing Patient



Account ID	<input type="text"/>	*
Name	First <input type="text"/> Middle <input type="text"/> Last <input type="text"/> Suffix <input type="text"/>	*
Street	<input type="text"/>	*
Street 2	<input type="text"/>	
City	<input type="text"/>	*
State	<input type="text"/> <input type="button" value="v"/> <input type="button" value="i"/>	*
Postal Code	<input type="text"/>	*
	Format is 12345 or 12345-6789	
Country	<input type="text"/> <input type="button" value="v"/>	*
Gender	<input type="text"/> <input type="button" value="v"/>	*
Date of Birth	<input type="text"/> <input type="button" value="i"/>	*
	Format is YYYY/MM/DD	
Date of Death	<input type="text"/> <input type="button" value="i"/>	
	Format is YYYY/MM/DD	

**Account ID:** This is the patient's account number and is assigned by the supplier. (This is not the patient's Medicare number.)

**Name:** Enter the patient's name as it is on file with Medicare.

**Street:** Enter the patient's address as it is on file with Medicare.



**City:** Enter the patient's city as it is on file with Medicare.

**State:** Enter the patient's state as it is on file with Medicare.

**Postal Code:** Enter the patient's ZIP Code as it is on file with Medicare.

**Gender:** Use the drop down to select the patient's sex as it is on file with Medicare.

**NOTE:** This field defaults to **Male**. Use the dropdown to select the appropriate sex.

**Date of Birth:** Enter the patient's date of birth as it is on file with Medicare using the format YYYY/ MM/ DD

**Date of Death:** Enter the patient's date of death (if applicable).

Click **Save** once all information is entered.

### ***Insurance Records***

After the patient information is entered, the Insurance information will be entered.

Select **New Insurance** and the **Editing Insurance** screen will display.



## Editing Insurance

Dashboard
Save

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**Payer Responsibility:**  \*

**Patient Relationship:**  \*

**Name:** First  \* Middle  Last  \* Suffix

**Address**

**Street:**  \*

**Street2:**

**City:**  \*

**State:**  \*

**Postal Code:**  \*  
Format is 12345 or 12345-6789

**Country:**  \*

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**Date Of Birth:**  \*   
Format is YYYY/MM/DD

**Gender:**  \*

**Employer:**

**Claim Filing Indicator:**  \*

**Insurance Type Code:**

**Insurance ID Number:**  \*

**Insurance Group Number:**

**Insurance Group Name:**

**Insurance Policy Number:**

**Patient Source:**

**Benefit Assignment Code:**  \*

**Release of Information Indicator:**  \*

The following fields are required:

**Payer Responsibility:** Use the drop down to select whether Medicare is Primary or Secondary.

**Patient Relationship:** Use the drop down to select the relationship the patient has to the person who holds the insurance.

- If the Patient Relationship is "Self", the Name, Address, Date of Birth, and Gender fields will automatically be completed.

**Name:** Enter the name of the person who holds the insurance.

**Address:** Enter the address of the person who holds the insurance.

**Date of Birth:** Enter the date of birth for the person who holds the insurance.



**Gender:** Use the drop down to select the sex of the person who holds the insurance.

**Claim Filing Indicator:** For Medicare, you must select "Medicare Part B". For other insurances, select the appropriate option.

**Insurance ID Number:** For Medicare, this is the patient's Medicare Beneficiary Identification (MBI) number from the Medicare ID card. For all other insurances, this is the policy number from the patient's insurance card.

Verify the **Benefit Assignment Code** and the **Release of Information Indicator** are correct.

Click **Save**.

### ***Payer Records***

Click **Select** to use a payer from the list displayed on the screen.

Below are examples of entries for the DME MAC Jurisdictions with their associated Payer IDs. You will be asked to Confirm Selected Payer.

Click **Continue**.

DME MAC JURISDICTION A		16013	<a href="#">Select</a> <a href="#">Edit</a> <a href="#">Delete</a>
DME MAC JURISDICTION B		17013	<a href="#">Select</a> <a href="#">Edit</a> <a href="#">Delete</a>
DME MAC JURISDICTION C		18003	<a href="#">Select</a> <a href="#">Edit</a> <a href="#">Delete</a>
DME MAC JURISDICTION D		19003	<a href="#">Select</a> <a href="#">Edit</a> <a href="#">Delete</a>

If the payer listed needs to be edited, click **Edit**, make the needed changes and click **Save**.

If the payer is not listed, select **New Payer** and the Editing Payer screen will display.



## Editing Payer

Dashboard
Save

**Name:**  \*

Plan ID / Identification (\*Must have Plan ID and/or Identification)

**Plan ID:**  (currently unavailable)

**Identification (Payer number):**  \*

Address

**Street:**  \*

**Street 2:**

**City:**  \*

**State:**  ▼ ? \*

**Postal Code:**  \*

Format is 12345 or 12345-6789

**Country:**  ▼ \*

Complete the required fields.

**Name:** Enter the name of the Payer. The DME MAC Jurisdictions are listed below:

- DME MAC JURISDICTION A
- DME MAC JURISDICTION B
- DME MAC JURISDICTION C
- DME MAC JURISDICTION D

**Identification (Payer number):** Enter the Payer's ID number. The DME MAC Jurisdictions Payer IDs are listed below. For all other payers, contact the payer for their 5-digit payer ID. If you are unable to locate the payer ID, you can use a gap fill code of XXXXX.

- 16013 for DME MAC JURISDICTION A
- 17013 for DME MAC JURISDICTION B
- 18003 for DME MAC JURISDICTION C
- 19003 for DME MAC JURISDICTION D

**Address:** Enter the address for the Payer. The DME MAC Jurisdictions addresses are listed below.

- DME MAC JURISDICTION A  
PO BOX 6780  
Fargo, ND 58108

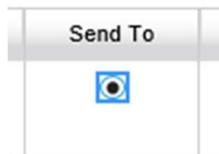


- DME MAC JURISDICTION B  
PO BOX 20013  
Nashville, TN 37202
- DME MAC JURISDICTION C  
PO BOX 20010  
Nashville, TN 37202
- DME MAC JURISDICTION D  
PO BOX 6727  
Fargo, ND 58108

Click **Save**.

### ***Attaching an Insurance to the Claim***

Once all of the patient's insurances have been added, you will need to check the "Send To" radio button for the Medicare DME MAC Jurisdiction to which the patient's claims are to be sent.



If a secondary insurance or an insurance primary to Medicare needs to be included on the claim, select the "Other" radio button for the selected insurance record.



Only two (2) insurances can be selected on a single claim.

Click **Continue**.

### ***Selecting the Billing Provider***

The Provider Records screen will display.

Click **Select** for the billing provider for this claim.

If nothing needs to be updated or changed, click **Continue**. If updates are needed, click **Edit** to make the changes and click **Save**.

Confirm the selected billing provider's information and click **Continue**.

If the Billing Provider is not listed, select **New Provider** and complete the required fields.



Once a Billing Provider is selected or entered, the Editing Provider Identity screen will display. (A separate Provider Identity screen is linked to each separate Payer for which the provider is billing).

## Editing Provider identity

<input type="button" value="Dashboard"/>	<input type="button" value="Save"/>
Billing NPI:	<input type="text" value=""/> <small>Format is 123-45-6789</small>
Billing SSN:	<input type="text" value=""/> <small>Format is 123-45-6789</small>
Billing Tax ID:	<input type="text" value=""/> <small>Format is 12-3456789</small>
Taxonomy Code:	<input type="text" value=""/>
Facility NPI:	<input type="text" value=""/>

**Billing NPI:** This field is required. Enter the billing provider's NPI enrolled with the Payer indicated in the "Choose Payer" field on the Editing Provider screen.

**Billing SSN:** Enter the billing provider's Social Security Number on file with the NPEAST or NPWEST. If the Tax ID is on file, enter it into the "Billing Tax ID" field and leave the "Billing SSN" field blank.

**Billing EIN:** Enter the billing provider's Tax ID on file with the NPEAST or NPWEST. If the Social Security Number is on file, enter it into the "Billing SSN" field and leave the "Billing Tax ID" field blank.

**Taxonomy Code:** This field is optional. The taxonomy code is not used in Medicare DME claims but may be required by a secondary insurance.

**Facility NPI:** Enter the NPI for the facility (place of service). If the facility or place of service is HOME, leave this field blank.

Click **Save** and the Claim Data screen will be displayed.

## Claim Data

The Claim ID will be assigned and displayed at this step.

NOTE: At this point the claim can be saved as In Progress and resumed at a later time, if needed.

Use the Claim Data and Services tabs to complete all claim and charge line information.



## Editing Claim CLAIMID5d8d03c67b8fd

Dashboard Save Review Claim

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Patient Insurance Other Amounts Provider Provider Identity **Claim Data** Services

### Claim Data

Only the fields highlighted in yellow on the **Claim Data** tab are required.

**Claim Frequency Code:** This must always be entered as "Admit through Discharge Claim".

**Total Charges:** Enter the total amount of all charge lines for the claim.

**Diagnosis or nature of illness or injury:** Enter all ICD-10 diagnosis codes applicable to all charge lines being submitted on the claim.

NOTE: Diagnosis codes are entered without the decimal point.

**Claim ID:** The CCP system generated Claim ID is automatically populated to this field.

NOTE: You may choose to modify the Claim ID to a meaningful value if necessary. To modify the Claim ID, return to the Claim Data screen after the charge line information is entered and saved. Enter the new Claim ID and click **Save**. This must be done prior to submitting the claim.

Once all diagnosis codes are entered, click **Services** in the tabs across the top of the claim.

NOTE: If you click **Save** after entering a Total Charges amount but do not go to the Services tab, an online error will be generated: "**Claim Updated Successfully. Enter Service Data.**" To resolve this error, click **Add Service**. The message "**Cancel or Update open service record to re-enable navigation tabs**" will be displayed. Proceed by adding all required charge line information.

### Entering Services (Charge Line Information)

The fields highlighted in yellow on the **Services** tab are required.

**IMPORTANT:** The Ordering Physician fields are required on DME claims and must be entered on **each** charge/service line added to the claim. You will need to add your service line to the claim before attaching an ordering physician.



[Patient](#)
[Insurance](#)
[Other Amounts](#)
[Provider](#)
[Provider Identity](#)
[Claim Data](#)
[Services](#)

## Services

[Add Service](#)

Row Num.	Date From	Date To	Charges	Actions

[Dashboard](#)
[Save](#) [Review Claim](#)

Click **Add Service** to add charge line information.

- Enter the **Date(s) of Service**.
- **Place of Service** is not required at the charge line level but should be the same as the Facility Type entered at the claim level in the Billing Provider setup. **The Facility Type will be used for the Place of Service on the claim.** If multiple services each require reporting a different Place of Service, create separate claims with the Facility Type and address for each.
- Enter the **HCPCS** code and **Modifiers** as needed.
- Use the **NOC Description** field if required by the HCPCS.
- Enter the **Diagnosis Pointers** needed to designate the appropriate diagnosis codes for the specific charge line. The first box will be pre-filled with "1" but it can be changed if needed to reference other diagnoses.
- Enter the **Charge** amount.
- Enter the **Units**.
- To enter the **Ordering Physician** information, please add your service line to the claim before attaching an Ordering Physician by clicking the "Add Service to Claim" button.

Ordering Physician \_\_\_\_\_

Please add your service to the claim before attaching an ordering physician.

[Cancel Editing](#)
[Add Service to Claim](#)

**IMPORTANT:** The Ordering Physician fields are required on DME claims and must be entered on **each** charge/service line added to the claim.

- Select "Edit" on each service line to add the Ordering Physician information.

Row Num.	Date From	Date To	Charges	Actions
1	2024/12/01		\$50.00	<a href="#">Edit</a> <a href="#">Remove</a>



- Scroll down to the Ordering Physician section.

Ordering Physician

Select Ordering Physician
Remove Ordering Physician

First N.  Middle N.  Last N.  Suffix

Address Street:

Address Street2:

Address City:

Address State:

Address Postal Code:   
Format is 12345 OR 12345-6789

Country:

Phone Number:   
Format is 123-456-7890

NPI:

Cancel Editing
Update Service in Claim

- Click the "Select Ordering Physician" button.
- Click either "Select" next to the Ordering Physician for the service or click "New Ordering Physician" to enter a new Ordering Physician not in your current list.

## Ordering Physician List

Dashboard
Return to claim
New Ordering Physician

### Ordering Physician Records

Select an existing Ordering Physician from the list below. Choose "New Ordering Physician" if the Ordering Physician does not yet exist.

Search

To search enter Physician first name, last name, or NPI only. Press enter to begin search.

Ordering Physician

First Name	Last Name	NPI	Actions
ORDERING	PROVIDER	1234567890	<span style="border: 2px solid red; padding: 2px;">Select</span> <span>Edit</span> <span>Delete</span>

Dashboard
New Ordering Physician

- Once the Ordering Physician is selected, the service line will save automatically and a message stating "Successfully added ordering physician to service" will appear.

Successfully added ordering physician ORDERING PROVIDER to service 1

NOTE: The message will indicate the Ordering Physician's name and which service line was updated.



If additional charge lines are needed, click **Add Service**.

Once all charge lines are entered, click **Review Claim**.

### **Review and Submit Claim**

Review the claim information to verify there are no online errors present.

If online screen errors are present, click **Correct these Errors** to resolve each one. Click **Save**.

If no online screen errors are present and you decide the claim data needs to be edited further before submitting, click **Continue Editing** to make any necessary updates.

Download the claim data to the CMS 1500 Claim Form format and Print if needed for your records.

Once the claim is ready and saved, click **Submit**.

If the claim was successfully uploaded, the following message will be displayed. You will then need to verify there are no errors on your claim submission (*Refer to Verify Submission section*).

File upload successful.

Go to 'File', then 'File Status and Reports' and verify the xml.err, 999 and 277CA reports do not contain any errors.

### **Verify Submission**

Once the claim is submitted, verify if the claim had any errors by using one of the following methods:

#### **1. View Thread**

Locate the claim in the Submitted Claims section of the Dashboard and select the **View Thread** link under "Actions".

If there are no submission errors, the patient's name and claim submission date will be followed by (ACCEPTED) and the report message will indicate "Your claim has been received successfully".

If you need the CCN assigned to the claim for processing by the DME MAC Jurisdiction, you must view and download the Claim Acknowledgment Report (CAR). **Refer to File Status and Reports for more information.**

If there are submission errors, the patient's name and claim submission date will be followed by (FAILED). Click to view the errors. Click **Correct Claim** to edit the claim and resubmit. Repeat the "View Thread" process to verify submission errors.



The thread will continue to add entries for each attempted submission until the claim moves to an ACCEPTED status.

## 2. File Status and Reports

From the top of the Dashboard screen, select File, File Status and Reports. This method provides the same information regarding your claim submission as the View Thread method; however, the report files can be downloaded and saved for tracking purposes.

***Refer to File Status and Reports for more information.***

## Reviewing Claims in the Dashboard

### Claims in Progress

This section of the Dashboard will list all claims associated with your Trading Partner organization which are in progress within the CEDI Claims Portal (CCP) but have not yet been submitted. If your Trading Partner organization has multiple authorized CCP users, all claims in progress for your Trading Partner organization will be listed – regardless of the User who entered the claim data. Claims listed here will each have a unique Claim ID number which stays with the claim throughout the submission process.

NOTE: This number is NOT the same as the Claim Control Number (CCN) assigned to accepted claims.

A Claim ID number must be assigned to be considered a Claim in Progress. Claims started by selecting the Patient and Payer but do not reach the point of entering data on the Claim Data screen, will not be saved or listed as a Claim in Progress.

### Claims in Progress

Choose a claim below to continue data entry or to download a 1500 form.

Patient Name	Entry Date	Claim ID	Actions
			<a href="#">View All In Progress</a>

Under Actions:

- Select **Edit** to continue entering information on the claim before submitting the claim.
- Select **Review** to review what information has been entered on the claim and determine if there are any online entry errors. Once in review, you can edit the claim to add more information or submit the claim if information is complete. You can also download the claim data to the CMS-1500 claim form format and print.
- Select **Delete** if the claim will not be submitted and is no longer needed.

Select **View All in Progress** to see all claims in the "In Progress" status.



**Search Claims** can also be used to find a specific claim in progress by entering the Claim ID, claim entry date, or patient name.

### Submitted Claims

This section of the Dashboard will list all claims associated with your Trading Partner organization which have been submitted.

#### Submitted Claims

Choose a claim below to view more details.

Patient Name	Entry Date	Num. Entries	Claim ID	Actions
<input type="button" value="View All Submitted"/> <input type="button" value="View All Accepted"/> <input type="button" value="View All Failed"/>				

- **View All Submitted** will list all submitted claims associated to your Trading Partner organization – regardless of whether they were accepted or rejected with errors. Refer to the “**Verify Submission**” section of this document for more information.
- **View All Accepted** will show only accepted claims. Refer to the “**Verify Submission**” section of this document for more information.
- **View All Failed** will show only claims with submission errors. These claims will need to be corrected before the claim can be resubmitted. Refer to the “**Verify Submission**” section of this document for more information.

NOTE: If your Trading Partner organization has multiple authorized CCP users, all claims for your Trading Partner organization will be listed in these views – regardless of the User who submitted the claim.

**Search Claims** can also be used to find a specific submitted claim by entering the Claim ID, claim entry date, or patient name.