

Humana.com Dental Provider Portal

User Guide

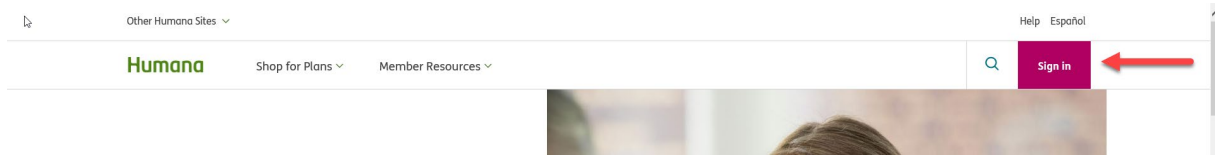


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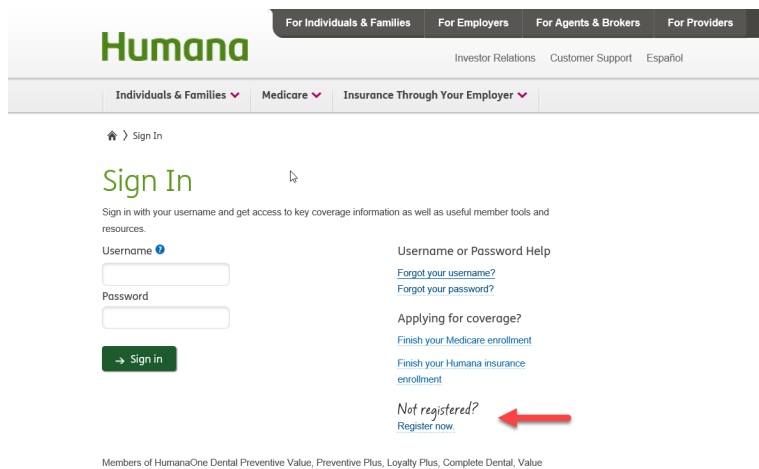
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Registering for the Humana.com Dental Provider Portal via the web

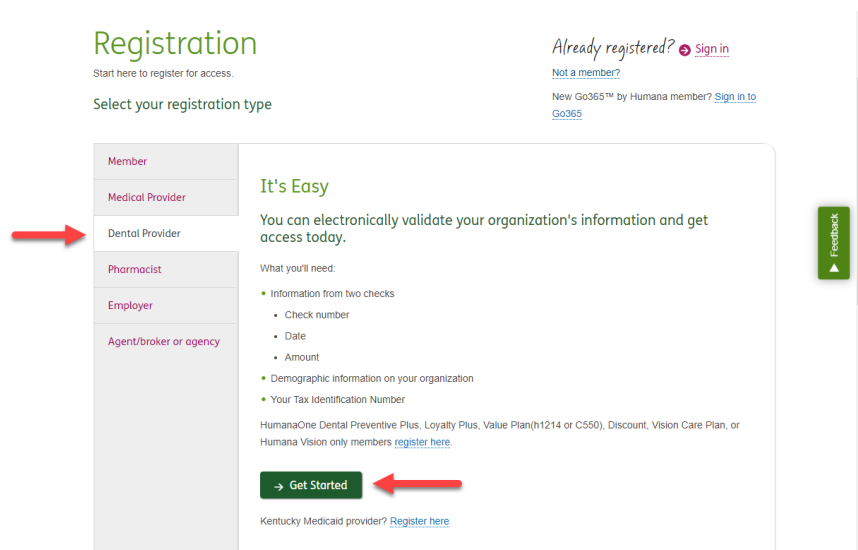
From Humana.com, access the registration page by clicking the “Sign In” link in the upper right of the page.



On the Sign In page, there is a Register Now link on the right sidebar



On the Registration page, select Dental Provider from the options on the left side of the page and then click “Get Started” to proceed with the registration. DO NOT select the Medical Provider option. Medical providers use a different portal, so dental claims will not display.



Step 1 – To register for the dental portal, you'll need:

- Information from two checks received from Humana
 - Check number
 - Check date
 - Check amount
- Your organization's demographic information
- Tax Identification Number

When you have all of this information, click "Register Now." If you do not have this information, skip to Page 9 for information on the paper application process.

Humana.com Home | Explore Provider Self-Service Center

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Providers > Plans & Products > Contracting Resources > Health & Wellness > Tools & Resources >

Home > Providers > Registration

Step 1 : Introduction/Instruction Screen

New: Electronically validate your organization's information and have access to humana.com today!

What you will need:

- Information from two checks
 - Check Number
 - Check Date
 - Check Amount
- Your organization's demographic information
- Tax Identification Number

I have this information, and want access to Humana.com today!

Register Now!

Register Later

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Steps 2 and 3 – Dentist Registration Agreement and Confidentiality Privacy Agreement. Review this information and click "I Agree" on each page to continue.

Step 2: Dentist Registration Agreement

By agreeing to these conditions, you are providing your legal signature. You MUST be legally authorized to sign contracts on behalf of your organization.

Online Services Agreement

Welcome to www.humana.com, the Web site for Humana Inc. Please take a moment to read through this Online Services Agreement before proceeding. This Agreement contains the terms and conditions you agree to when you use our Web site. **YOU MUST CLICK ON "I AGREE"**

Step 3: Confidentiality Privacy Agreement

By agreeing to these conditions, you are providing your legal signature. You MUST be legally authorized to sign contracts on behalf of your organization.

Humana Web Confidentiality Agreement

THIS CONFIDENTIALITY AGREEMENT is entered into by and between HUMANA, INC. ("Humana") and you, in your role as a

Step 4 – Electronic Validation. Enter the Tax Identification Number as well as the information from two checks and click Next.

The screenshot shows the Humana website's registration process at Step 4: Electronic Validation. The page has a green header with the Humana logo and navigation links. Below the header is a breadcrumb trail: Home > Providers > Registration. The main content area is titled "Step 4 : Electronic Validation" and includes a red asterisk indicating required information. A text box for "Enter Tax Identification Number*" is present. Below this, a paragraph instructs the user to enter information from two checks. The form is divided into two columns for "Payment 1" and "Payment 2", each with fields for Check #*, Check Date* (MM/YY), and Check Amount*. At the bottom of the form are "Cancel", "Back", and "Next" buttons. A note at the bottom states: "NOTE: If you have additional tax identification numbers to add, you will have the opportunity to do so at the end of the registration." The footer contains links for About Humana, Company Information, Newsroom, Investor Relations, Careers, Humana.com Home, Members, Employers, Agents, Providers, Site Map, and Humana.Com Feedback.

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Step 4 : Electronic Validation

***Required Information**

Enter Tax Identification Number*

Please enter the following information from two checks payments in order to electronically validate your organization:

Payment 1

Check #*

Check Date* / /

Check Amount*

Payment 2

Check #*

Check Date* / /

Check Amount*

NOTE: If you have additional tax identification numbers to add, you will have the opportunity to do so at the end of the registration.

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Step 5 – Enter organization’s demographic information. Once complete, click Next

The screenshot shows the Humana website's registration process at Step 5: Organization Information. The page has a green header with the Humana logo and navigation links. Below the header is a breadcrumb trail: Home > Providers > Registration. The main content area is titled "Step 5 : Organization Information" and includes a red asterisk indicating required information. The form asks for "Tell us about your Organization" and "Indicates required information". It includes fields for Organization Name* (filled with "Test Dental"), Doing Business As (DBA)*, Address 1* (filled with "123 Main St"), Address 2*, City* (filled with "Green Bay"), State* (filled with "Wisconsin"), ZIP* (filled with "54313"), Phone* (filled with "920 - 555 - 1234"), and Fax*. Below these are "Contact Information" fields: First Name* (filled with "John"), Last Name* (filled with "Johnson"), Work E-mail* (filled with "jj@testdental.com"), and a checkbox for "I do not have a e-mail address.". At the bottom of the form are "Cancel", "Back", and "Next" buttons.

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Providers > Plans & Products > Contracting Resources > Health & Wellness > Tools & Resources >

Home > Providers > Registration

Step 5 : Organization Information

Tell us about your Organization
*** Indicates required information**

Organization Name*

Doing Business As (DBA):

Please provide the address where we can send information regarding your application.

Address 1*

Address 2:

City* State*

ZIP* +

Phone* - - x

Fax: - -

Contact Information

Please tell us how we can contact you if we have questions about your application.

First Name* MI:

Last Name*

Work E-mail*

☐ I do not have a e-mail address.

Phone* - - x

Step 6 – Designate your primary controlling authority (PCA). This person has legal authorization to sign contracts for your organization. You can use the information entered in the previous step by clicking the Use My Name and Use Organization Address checkboxes. Once complete, click Next.

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Home > Providers > Registration

Step 6 : PCA Demographic Information

The Primary Controlling Authority (PCA) is the person who is legally authorized to sign contracts on behalf of your organization.

* Indicates required information

Title:

☒ Use My Name

First Name: MI:

Last Name:

Phone: - - x

E-mail:

☒ Use Organization Address

Address 1:

Address 2:

City: State:

ZIP: +

Fax: - -

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Step 7 – Designate an alternate controlling authority (ACA). If there is another person authorized to sign contracts for your organization, you can enter their information here. If you do not want to designate an ACA, you can skip this step by leaving the fields blank and clicking Next.

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Home > Providers > Registration

Step 7 : ACA Demographic Information(Optional)

The Alternate Controlling Authority (ACA) is another person who is legally authorized to sign contracts on behalf of your organization. If you don't want to add an ACA, click on the Next button.

Title:

☐ Use My Name

First Name: MI:

Last Name:

Phone: - - x

E-mail: x

☒ Use Organization Address

Address 1:

Address 2:

City: State:

ZIP: +

Fax: - -

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Step 8 – Designate a primary access administrator (PAA). This person will be responsible for registering additional users for your organization and can assign access privileges. This also is the only person who has authorization to unlock the account via customer care if there’s an access issue. Once this is complete, click Next.

The screenshot shows the 'Step 8 : PAA Demographic Information' form on the Humana website. The form is titled 'Step 8 : PAA Demographic Information' and includes a sub-header explaining the role of the Primary Access Administrator (PAA). The form contains several fields for personal and organizational information, with asterisks indicating required fields. A red note states '* Indicates required information'. The form includes fields for Title, First Name, Last Name, Phone, E-mail, and Organization Address. There are also checkboxes for 'Use My Name' and 'Use Organization Address'. At the bottom, there are 'Cancel', 'Back', and 'Next' buttons.

Step 8 : PAA Demographic Information

The Primary Access Administrator (PAA) is the person responsible for registering users and assigning access privileges to others in your organization.

* Indicates required information

Title:*

☐ Use My Name

First Name:* MI:

Last Name:*

Phone:* - - x

E-mail: x

☒ Use Organization Address

Address 1:*

Address 2:

City:* State:*

ZIP:* +

Fax: - -

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Step 9 – Add Tax Identification Numbers (TINs). If you have TINs you would like to add, you can do that here. You need the TIN as well as payment information for a claim associated with that TIN. If you do not need to add TINs, click Skip.

The screenshot shows the 'Step 9 : Congratulations!' form on the Humana website. The form is titled 'Step 9 : Congratulations!' and includes a sub-header stating 'Your application has been successfully validated. Would you like to add any additional tax identification numbers? (Optional)'. The form contains a 'View' button to see the Tax Identification Number(s). Below this, there is a section for 'Payment Information' with fields for Check #, Check Date, and Check Amount. At the bottom, there are 'Cancel', 'Add TIN', and 'Skip' buttons.

Step 9 : Congratulations!

Your application has been successfully validated. Would you like to add any additional tax identification numbers? (Optional)

*Required Information

Click on view to see the Tax Identification Number(s).

Please enter the following information from one check payment in order to electronically validate organization's additional tax identification numbers(s).

Enter Tax Identification Number*

Payment Information

Check #*

Check Date* / /

Check Amount*

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Step 10 – PAA user information. Create a user ID and password to log in to the dentist portal on this page. You will also select a Secret Question and answer in case you are locked out of your account and need to reset the password. Please make note of this information as it is the only way to reset your password without contacting customer service. Once complete, click Submit

The screenshot shows the 'Step 10: PAA User Information' registration page. It includes a breadcrumb trail: Home > Providers > Registration. The page title is 'Step 10: PAA User Information'. Below the title, it says 'Provide the information below so you can retrieve your password in the future.' and '* Required Information'. A red error message states: 'The following items require your attention: Sorry! This User Id has already been taken.' The form fields are: 'User Id*' with the value 'testdental19' and a list of requirements (Use letters or numbers, no spaces or special characters, 6-15 characters); 'Password*' with a masked field and requirements (no spaces/punctuation, 8-15 characters, different from User ID, at least one number and letter, match Re-type Password); 'Re-type Password*' with a masked field; 'Secret Question*' with the value 'What is the name of the company where you h...'; 'Secret Answer*' with the value 'Humana' and requirements (letters/numbers/commas/periods/hyphens/apostrophes only, at least 4 characters, no leading/trailing spaces, matches Retype); and 'Confirm Secret Answer*' with the value 'Humana'. A 'Submit' button is at the bottom right. The footer contains links: About Humana | Company Information | Newsroom | Investor Relations | Careers.

Step 11 – Registration completed. The username and password can now be used to log in to the dentist portal.

The screenshot shows the 'Step 11: Registration Completed' page. It includes a breadcrumb trail: Home > Providers > Registration. The page title is 'Step 11: Registration Completed'. Below the title, it says 'Thank you, your registration is completed.' and 'Please click on "Log In" to enter the secured dental portal.' There is a 'Log In' button. The footer contains links: About Humana | Company Information | Newsroom | Investor Relations | Careers, Humana.com Home | Members | Employers | Agents | Providers | Site Map | Humana.Com Feedback.

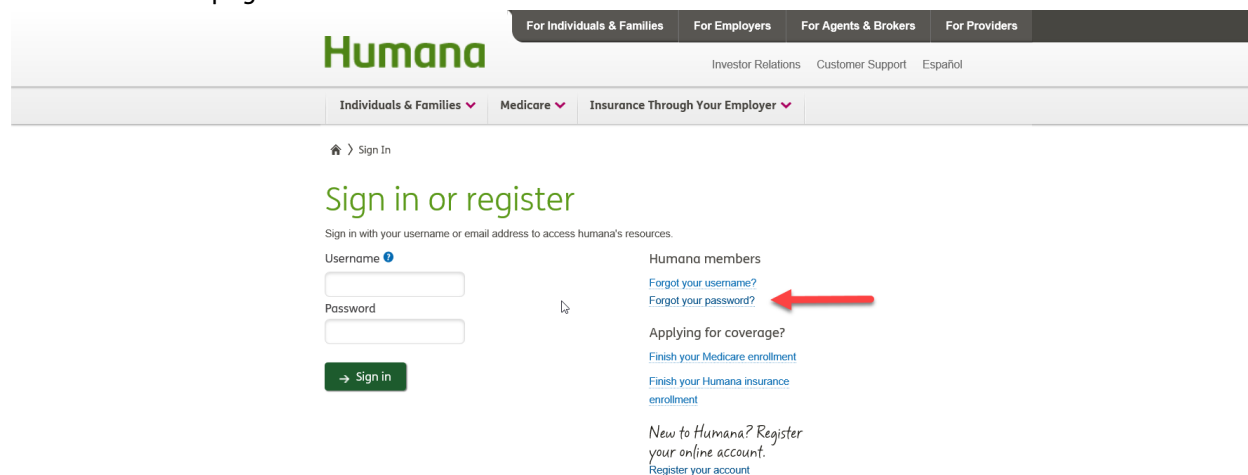
Username and password issues

Retrieve Username

You cannot retrieve your username online for the dentist portal. Please call customer service at 1-800-833-2223. Hours of operation are 8 a.m. to 8 p.m. Eastern time Monday through Friday. Customer service can only assist the PAA with retrieving a username.

Reset Password

To reset your password, start on the login page and click the “Forgot your password link on the right hand side of the page.”



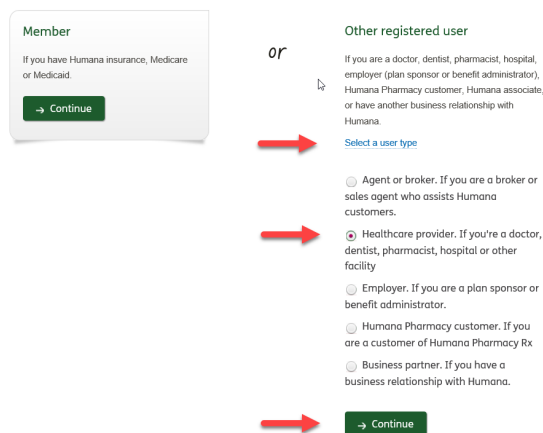
The screenshot shows the Humana website's login page. At the top, there are navigation tabs: "For Individuals & Families", "For Employers", "For Agents & Brokers", and "For Providers". Below these are links for "Investor Relations", "Customer Support", and "Español". The main heading is "Sign in or register". Below this, there are input fields for "Username" and "Password", and a "Sign in" button. To the right of the input fields, there are links for "Forgot your username?" and "Forgot your password?". A red arrow points to the "Forgot your password?" link. Below these links, there are links for "Applying for coverage?", "Finish your Medicare enrollment", and "Finish your Humana insurance enrollment". At the bottom, there is a link for "New to Humana? Register your online account." and a "Register your account" link.

On the password help screen, click “Select user type” under Other registered users, then select Healthcare Provider and click Continue.

Password help

What type of user are you?

Choose the user type that best describes you.



The screenshot shows the "What type of user are you?" screen. On the left, there is a "Member" option with a "Continue" button. On the right, there is an "Other registered user" section. Below this section, there is a "Select a user type" link. Below this link, there are several radio button options: "Agent or broker", "Healthcare provider", "Employer", "Humana Pharmacy customer", and "Business partner". A red arrow points to the "Select a user type" link, and another red arrow points to the "Healthcare provider" option. At the bottom, there is a "Continue" button.

On the Reset your password page, enter your Username and click Continue.

The screenshot shows the Humana website's 'Reset your password' page. At the top, there is a navigation bar with links for 'For Individuals & Families', 'For Employers', 'For Agents & Brokers', and 'For Providers'. Below this is a secondary navigation bar with links for 'Investor Relations', 'Customer Support', and 'Español'. The main header area includes a dropdown menu with 'Individuals & Families', 'Medicare', and 'Insurance Through Your Employer'. The page title is 'Reset your password' in green. Below the title, there is a sub-header: 'Time to reset your password? You're in the right place. Or, if you just forgot your password, we can help with that, too. Enter your username below, or select the "Forgot your username?" link, and we'll provide password assistance.' There is a text input field for 'Username' and a link 'Are you a Humana associate?'. Below the input field is a link 'Forgot your username?'. At the bottom of the form are two buttons: a green 'Continue' button with a right arrow and a blue 'Cancel' button.

You will see the security question you selected when you created your account. Enter the answer you gave during registration and click Continue. If you do not have the correct answer, your PAA will need to call customer service at 1-800-833-2223.

The screenshot shows the Humana website's 'Password Help' page. At the top, there is a navigation bar with links for 'Other Humana sites', 'Español', and 'Help'. Below this is a secondary navigation bar with links for 'Medicare', 'Insurance', 'Prevention and Care', and 'Member Resources'. The main header area includes a search bar with 'Ask Humana' and a 'Sign In' button. The page title is 'Password Help' in green, followed by 'Forgot your password?'. Below the title, there is a sub-header: 'Select the available option(s) and/or answer the question to confirm your identity and we will help you reset your password.' There is a 'Security Question' section with a text input field and a link 'Don't know the answer?'. Below the input field are two buttons: a green 'Continue' button with a right arrow and a blue 'Cancel' button. At the bottom of the page, there is a footer with the Humana logo and a link 'Have questions? Contact us'. The footer also contains a grid of links: Medicare, Dental, Vision, Medicaid, Member Resources, Find a Doctor, Sign in to MyHumana, Sign in to Go365.com, Employers, Agents & Brokers, Providers, Caregivers, About Humana, Contact Us, Careers, and Investor Relations.

Once answered correctly, the Change your password page will display. Enter your new password and click Submit.

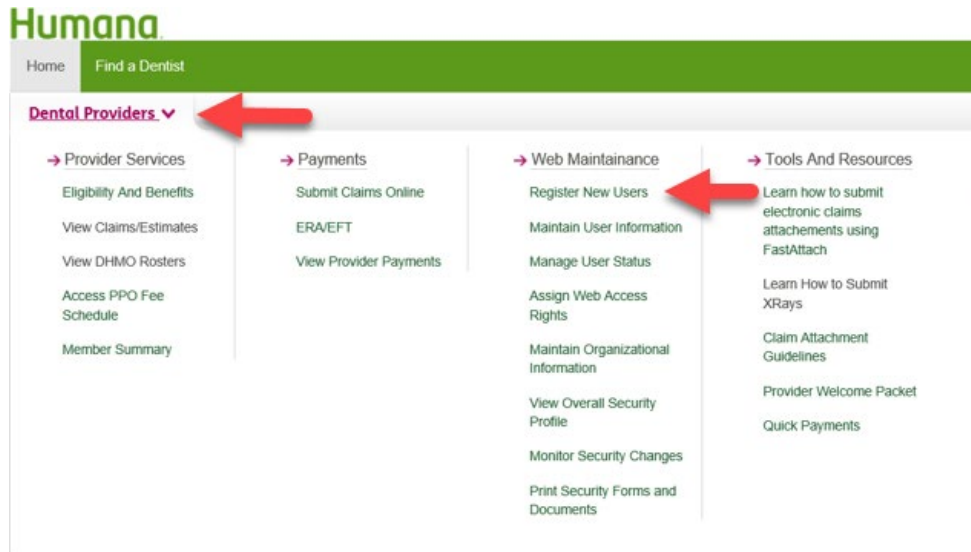
The screenshot shows the Humana website's password change interface. At the top, there is a navigation bar with the Humana logo and links for 'For Individuals & Families', 'For Employers', 'For Agents & Brokers', and 'For Providers'. Below this is a secondary navigation bar with links for 'Investor Relations', 'Customer Support', and 'Español'. A third navigation bar contains dropdown menus for 'Individuals & Families', 'Medicare', and 'Insurance Through Your Employer'. The main heading is 'Change your password' in green. Below the heading, a message states: 'Enter a new password in the fields below, making sure it meets our requirements:'. A list of requirements follows: 8-15 characters long, no spaces or punctuation, no special characters except # * \$ % @, at least one number and one letter, cannot reuse prior password, username and password cannot be the same, and passwords are case sensitive. There are two input fields: 'Enter new password' and 'Re-enter new password'. At the bottom of the form are two buttons: a green 'Submit' button with a right arrow and a blue 'Cancel' button.

You can now log in to the dental portal with your new password

The screenshot shows the Humana website's confirmation page after a password change. The top navigation bar is identical to the previous page. The main heading is 'You've successfully changed your password' in green. Below the heading, a message states: 'Sign in with your username and new password.'. There are two buttons: a green 'Sign in' button with a right arrow and a blue 'Return to Humana.com' button. At the bottom of the page, there is a dark grey footer bar with the Humana logo on the left and the text 'Have questions? Contact us' on the right.

Add new user

The PAA can create additional logins for others to use to access the provider portal. To access this function, hover over the Dental Provider menu from the landing page and select Register New Users from the menu.



The Register New Users page will display in a new window.

On this page you will enter the desired User ID and AKA name (they cannot be the same), the dates you want this login to be effective and information for the user who will use this login. Click Next when complete.

A screenshot of the 'Register New Users' page in the Humana provider portal. The page has a blue header with the 'HUMANA' logo and 'Specialty Benefits' text. Below the header, there is a section for 'Selected Organisation Information' and 'Controlling authority'. The main heading is 'Register New Users' in green. Below this, there is a instruction: 'Register new users to perform business functions on behalf of your organization.' and a note: '* Marked fields are mandatory.' The form contains several input fields: 'User Id *' (with a note '(6 to 15 alphanumeric characters)'), 'AKA Name *' (with a note '(6 to 15 alphanumeric characters)'), 'Effective Date *', 'End Date', 'First Name *', 'MI', and 'Last Name *'. Each field is represented by a text input box.

The login details for this new User ID will display. Take notes of the password provided as it will be needed to log in for the first time. Once this information is recorded, click Next.

The screenshot shows a web interface for HUMANA Specialty Benefits. At the top, there is a blue header with the HUMANA logo and a 'Logout' link. Below the header, a grey box displays 'Selected Organisation Information: The Distinguished Dentists of Hinsdale 6300 Sting Hwy, PO Box 3455, Willowbrook, IL 60514' and 'Controlling authority: Anthony R Hormonski'. The main section is titled 'New User Information' in green. It contains a form with the following fields: Userid (demodentist20), Effective Date (6/1/2020 11:22:00 AM), Name (John Doe), Address (blurred), AKA Name (demodentist2020), End Date, Work Title (Dr), Email (blurred), Telephone (blurred), Fax (blurred), and Comments. Below the form, a grey box contains instructions: 'Record the Password and communicate it to the new user, along with the User ID and AKA Name. YOU WILL NOT HAVE ACCESS TO THE Password AGAIN.' It lists 'Userid: demodentist20', 'AKA Name: demodentist2020', and 'Password: 0Pi05lr0'. A green 'Next' button is at the bottom right.

HUMANA
Specialty Benefits

[Logout](#)

Selected Organisation Information: The Distinguished Dentists of Hinsdale 6300 Sting Hwy, PO Box 3455, Willowbrook, IL 60514
Controlling authority: Anthony R Hormonski

New User Information

Userid : demodentist20 **AKA Name :** demodentist2020
Effective Date : 6/1/2020 11:22:00 AM **End Date :**
Name : John Doe **Work Title :** Dr
Address : [blurred] **Email :** [blurred]
Telephone : [blurred] **Fax :** [blurred]
Comments :

Record the Password and communicate it to the new user, along with the User ID and AKA Name.
YOU WILL NOT HAVE ACCESS TO THE Password AGAIN.

Userid: demodentist20 **AKA Name:** demodentist2020 **Password:** 0Pi05lr0

Next

A second validation page will display. Click Ok to continue

The screenshot shows a validation dialog box with a white background and a dark border. It contains the text: 'Please ensure that you have written down the following information.. This information can not be viewed again after clicking OK.' Below this, it lists 'Userid: demodentist20', 'AKA Name: demodentist2020', and 'Password: 0Pi05lr0'. At the bottom, it says 'Click Cancel to return, or Ok to continue.' and has two green buttons: 'Ok' and 'Cancel'.

Please ensure that you have written down the following information..
This information can not be viewed again after clicking OK.

Userid: demodentist20 **AKA Name:** demodentist2020 **Password:** 0Pi05lr0

Click Cancel to return, or Ok to continue.

Ok **Cancel**

The Assign Web Access Rights page will now display. On this page you can grant specific business functions to this newly created login. You can click the checkbox for individual rights or if you want to assign all you can click the box next to their name. Click Save once the appropriate rights are selected.

HUMANA
Specialty Benefits

Logout

Assign Web Access Rights

Select the business functions you would like this person to access. When the selections have been completed, select "save."

John Doe at [redacted]

- ☐ Humana_Dentist
 - ☐ Access your PPO fee schedule
 - ☐ Communications Center
 - ☐ CoverageDetailDocsViewer
 - ☐ Dental eCertNext Certificate of Coverage
 - ☐ ERA/EFT Setup-Change Request
 - ☐ Humana Dentist Security (SENSITIVE)
 - ☐ Patient Records
 - ☐ Provider Remittance Inquiry
 - ☐ View DHMO Rosters
- ☐ Humana_Provider
 - ☐ Pharmacy Prior Authorization - ePA

Cancel Back Save

You will receive two confirmation screens. The first validates the access profile has been changed. Click OK to finalize the changes. The next will confirm the changes were made. From this screen, you have the option of adding another user to the organization, which will take you back to the Register New Users page. If you do not want to add users, click OK to continue.

Close

Access Profile Changed

You have requested changes in the assignment of business function assignment for one or more users.
Click OK to complete the changes or Cancel to cancel the changes.

OK Cancel

Access Profile Changed

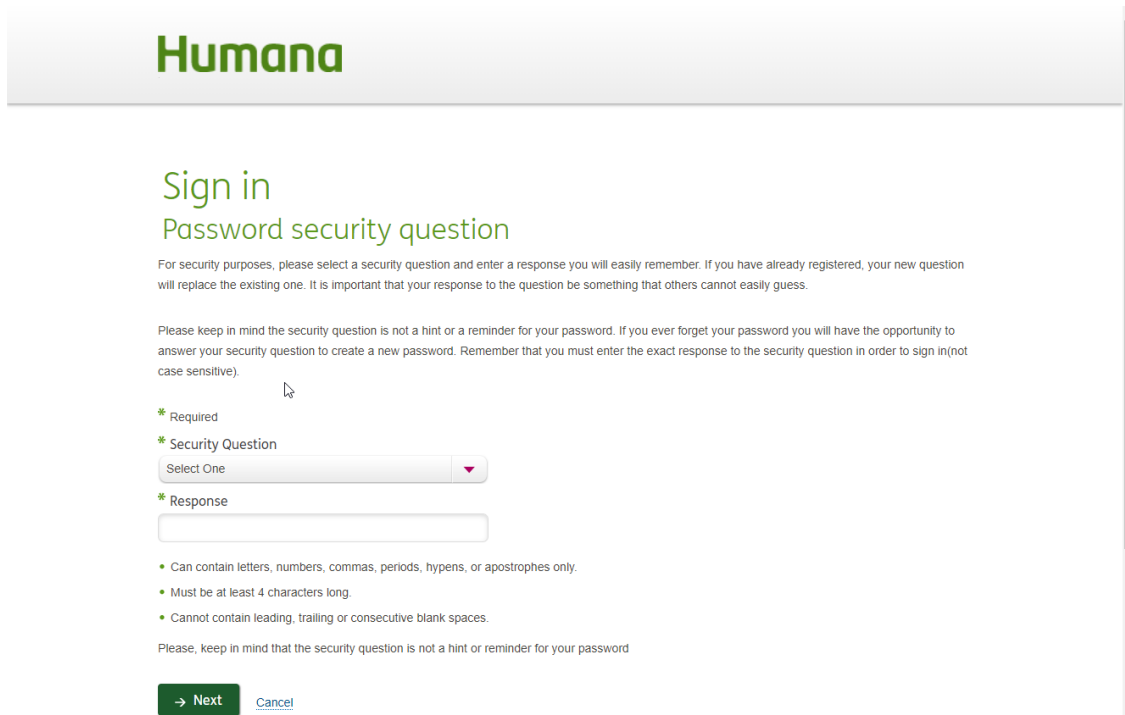
The access profile has been updated

[Add another user to this Organization](#)

OK

To complete the new user registration, that User ID needs to be used to log in to the dental portal. Return to the login page at <https://www.humana.com/login/> and have the new user log in with the User ID and the password provided during the registration process.

Once logged in, you will see a password security question. The user will need to select a question and provide an answer to unlock the account if the password is forgotten or misplaced. Once complete, click Next.



The screenshot shows the Humana login interface. At the top is the Humana logo. Below it, the text "Sign in" is followed by "Password security question". A paragraph explains that users must select a security question and provide a response. Another paragraph states that the security question is not a hint and that users must enter the exact response. Below this are three required fields: "Security Question" (a dropdown menu with "Select One" and a downward arrow), "Response" (a text input field), and "Response" (another text input field). A list of rules for the response is provided: it can only contain letters, numbers, commas, periods, hyphens, or apostrophes; it must be at least 4 characters long; and it cannot contain leading, trailing, or consecutive blank spaces. At the bottom, there is a note to keep in mind that the security question is not a hint or reminder for the password. Two buttons are at the bottom: a green "Next" button with a right arrow and a blue "Cancel" button.

Humana

Sign in

Password security question

For security purposes, please select a security question and enter a response you will easily remember. If you have already registered, your new question will replace the existing one. It is important that your response to the question be something that others cannot easily guess.

Please keep in mind the security question is not a hint or a reminder for your password. If you ever forget your password you will have the opportunity to answer your security question to create a new password. Remember that you must enter the exact response to the security question in order to sign in (not case sensitive).

* Required

* Security Question

Select One

* Response

Can contain letters, numbers, commas, periods, hyphens, or apostrophes only.

Must be at least 4 characters long.

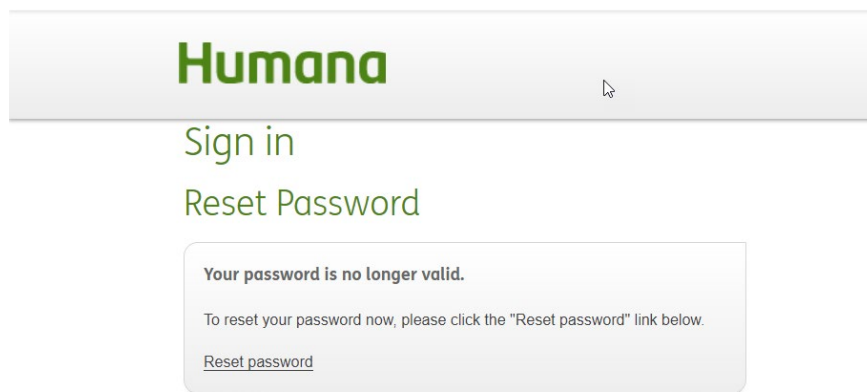
Cannot contain leading, trailing or consecutive blank spaces.

Please, keep in mind that the security question is not a hint or reminder for your password

→ Next Cancel

Next, two terms-of-use pages will display – the Online Services Agreement and the Humana Web Confidentiality Agreement. Review this information and click the “I Agree” button on each page to continue.

Once completed, the Reset Password page will display. Click the “Reset Password” link to update the temporary password with your own.



The screenshot shows the Humana login interface. At the top is the Humana logo. Below it, the text "Sign in" is followed by "Reset Password". A message box states "Your password is no longer valid." and "To reset your password now, please click the 'Reset password' link below." Below this is a link labeled "Reset password".

Humana

Sign in

Reset Password

Your password is no longer valid.

To reset your password now, please click the "Reset password" link below.

[Reset password](#)

The Change your password page will now display. Enter a new password in both fields following the password rules. Click Submit when complete.

Humana

Change your password

[Reset password](#)

For security reason, you must choose a new password. For suggestions on creating a more secure one, see [tips for creating good passwords](#)

Enter your password in the fields below:

- Not contain any spaces, punctuation, or special characters other than one of these characters: # * \$ @
- Contain 8-15 characters
- Not contain your User ID or User Id in Reverse
- Contain at least one number
- Contain at least one letter
- Must be different than your current password
- Can not reuse prior password(s)

* Enter a new password

* Re-enter new password

[→ Submit](#)

[Cancel](#)

The password change confirmation screen will now display. You can click Sign in to be directed to the dental portal landing page. Your new username and password are now ready to use.

Humana

For Individuals & Families For Employers For Agents & Brokers For Providers

Investor Relations Customer Support Español

Individuals & Families Medicare Insurance Through Your Employer

Change your password

[Password Help](#)

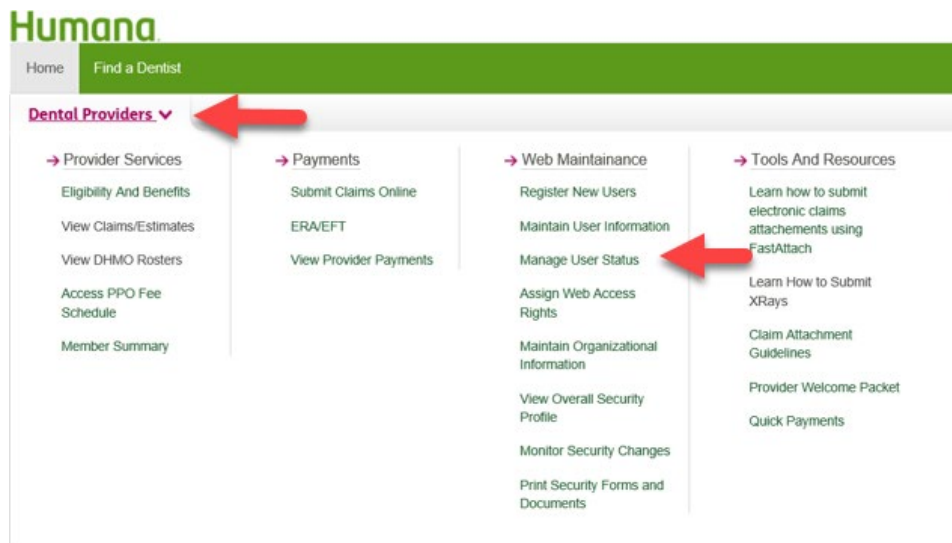
Your password change was successful!

[→ Sign in](#)

[Return to Humana.com](#)

Manage User Status

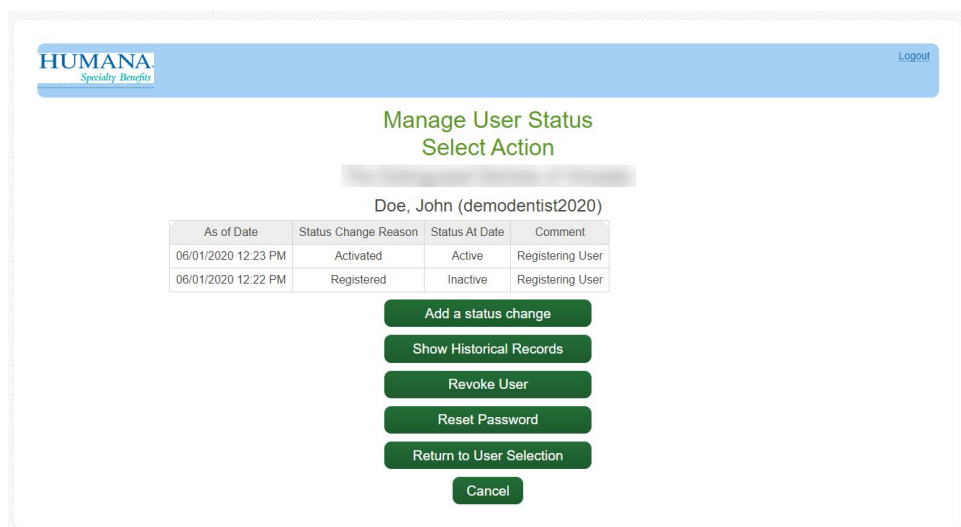
If you need to make changes to the access for a User ID created by your PAA, you can do so through the Manage User Status page. To access this function, hover over the Dental Provider menu from the landing page and select Manage User Status from the menu.




From the Manage User Status page, select the user you would like to update by clicking the name from the list of users.

From this page, you have multiple options:

- Add a status change, such as placing an account on hold for an associate being on leave, vacation or suspension.
- Show a history of the status changes and who applied them.
- Revoke access to the User ID.
- Reset password for a User ID.



To submit a status change, click on the button that takes you to the Add Status Change page. Here you can select the type of action from leave, suspension and vacation and set the time range for the action being added. Click the Submit New Action button when completed.


[Logout](#)

Manage User Status

Add Status Change

Doe, John (demodentist2020)

Reason:

Comments:

Beginning:

End:


[Submit New Action](#)

Activity History

As of Date	Status Change Reason	Status	Comment
06/01/2020 12:23 PM	Activated	Active	Registering User
06/01/2020 12:22 PM	Registered	Inactive	Registering User

[Return to User Selection](#)

You will return to the Select Action screen and see the status change added to history for the user. The user will be unable to access the dental portal with their login during the time frame submitted.


[Logout](#)

Manage User Status

Select Action

Doe, John (demodentist2020)

As of Date	Status Change Reason	Status At Date	Comment
06/16/2020 12:00 PM *	End Vacation	Active	End of Vacation
06/09/2020 12:00 PM *	Begin Vacation	Temporarily Inactive	Out of the office
06/01/2020 12:23 PM	Activated	Active	Registering User
06/01/2020 12:22 PM	Registered	Inactive	Registering User

Red entries indicate future dates. Only records with future dates can be changed.

To CHANGE a record, click on its date.

[Add a status change](#)
[Show Historical Records](#)
[Revoke User](#)
[Reset Password](#)
[Return to User Selection](#)
[Cancel](#)

To cancel or change a future status change (this is indicated by the status listed in red), click the blue hyperlink for the status change in “As of Date” field.

The **Manage User Status** screen will now display, here you have the choice of changing or canceling the action. Making a change to the action and submitting will return you to the Select Action window where the update will now display. If you cancel the action, it will no longer display. The screenshot below shows the page after cancelling the action submitted previously.

HUMANA
Specialty Benefits

[Logout](#)

Manage User Status Select Action

The Distinguished Dentists of Hinsdale
Doe, John (demodentist2020)

As of Date	Status Change Reason	Status At Date	Comment
06/01/2020 12:23 PM	Activated	Active	Registering User
06/01/2020 12:22 PM	Registered	Inactive	Registering User

[Add a status change](#)

[Show Historical Records](#)

[Revoke User](#)

[Reset Password](#)

[Return to User Selection](#)

[Cancel](#)

The canceled record is no longer present. If you would like to review any canceled or historical changes, click the Show Historical Records button.

10/17/2019 12:00 AM	End Vacation	Active	End of Vacation		10/09/2019 03:00 PM		10/09/2019 03:08 PM
10/10/2019 12:00 AM	Begin Vacation	Temporarily Inactive	Associate on Vacation		10/09/2019 03:00 PM		10/09/2019 03:08 PM
10/09/2019 10:43 AM	Activated	Active	Registering User	y	10/09/2019 10:43 AM		
10/09/2019 10:42 AM	Registered	Inactive	Registering User		10/09/2019 10:43 AM		

Red entries indicate future dates. Only records with future dates can be changed.

To CHANGE a record, click on its date.

[Add a status change](#)

[Hide Historical Records](#)

[Revoke User](#)

[Reset Password](#)

To end access to the portal for a User ID, select Revoke User. You can make a comment as to why the user was revoked, then select a start date and time. Once submitted, the user will no longer have access to the portal as of the date and time you indicate

HUMANA
Specialty Benefits [Logout](#)

Manage User Status

Add Status Change

Doe, John (demodentist2020)

Reason:

Comments:

Beginning:

[Submit New Action](#)

Activity History

As of Date	Status Change Reason	Status	Comment
06/01/2020 12:23 PM	Activated	Active	Registering User
06/01/2020 12:22 PM	Registered	Inactive	Registering User

[Return to User Selection](#)
[Cancel](#)

The screenshot below shows this user's access has been revoked. This action can be reversed by selecting the Reinstate User option and entering the date you would like the user reinstated.

To reset a password, select that option from the Select Action page. You can then create a temporary eight-character password for that User ID. Once they log in with the temporary password, they will be prompted to change the password to their own.

HUMANA
Specialty Benefits [Logout](#)

User Logon Reset

John Doe

Userid: demodentist20
AKA Name: demodentist2020

Please ask the user for a temporary password and enter it here. The password must be exactly 8 letters and numbers.

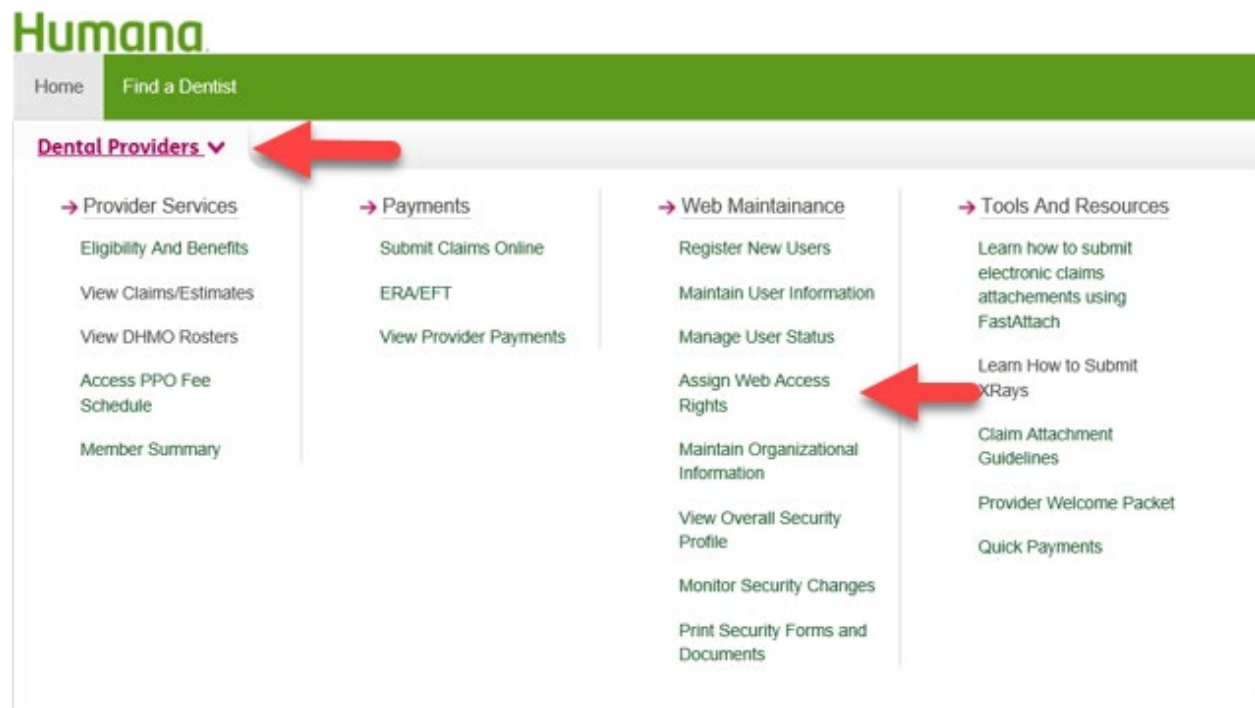
New password for user demodentist20 * :

Click "Submit" to unlock the user. They will have to change this password at next login.

[Return to User Selection](#) [Submit](#) [Cancel](#)

Assign Web Access Rights

To update what functions a user can access, select the Assign Web Access Rights link from the Dental Providers drop-down menu.



Select your organization from the drop-down menu, then select the user you would like to update from the listing below and click Next.

The screenshot shows the 'Assign Web Access Rights' form. At the top, there is a blue header with the 'HUMANA' logo and 'Specialty Benefits' text. Below the header, the title 'Assign Web Access Rights' is displayed in green. A red note states: '* Marked fields are mandatory.' The form contains two mandatory fields: 'Select the Organization *' with a dropdown menu, and 'Select the User *' with a list box. The list box shows two entries: 'Dentist, Fake (DDStest1)' and 'Doe, John (demondentist2020)'. At the bottom of the form, there are two buttons: 'Back' and 'Next'.

The list of functions that displayed during new user registration will display. You can expand the fields to select individual functions to allow or disallow. Once your selections are complete, click Save.

HUMANA
Specialty Benefits

Logout

Assign Web Access Rights

Select the business functions you would like this person to access. When the selections have been completed, select "save."

- ☒ John Doe at
 - ☒ Humana_Dentist
 - ☒ Access your PPO fee schedule
 - ☒ Communications Center
 - ☒ CoverageDetailDocsViewer
 - ☒ Dental eCertNext Certificate of Coverage
 - ☒ ERA/EFT Setup-Change Request
 - ☒ Humana Dentist Security (SENSITIVE)
 - ☒ Patient Records
 - ☒ Provider Remittance Inquiry
 - ☒ View DHMO Rosters
 - ☒ Humana_Provider
 - ☒ Pharmacy Prior Authorization - ePA

Cancel Back Save

You will receive two confirmation screens. The first is to validate that the access profile has been changed. Click OK to finalize the changes. The next will confirm the changes were made. When you click OK on the second screen, you will return to the dental portal landing page.

Close

Access Profile Changed

You have requested changes in the assignment of business function assignment for one or more users. Click OK to complete the changes or Cancel to cancel the changes.

OK Cancel

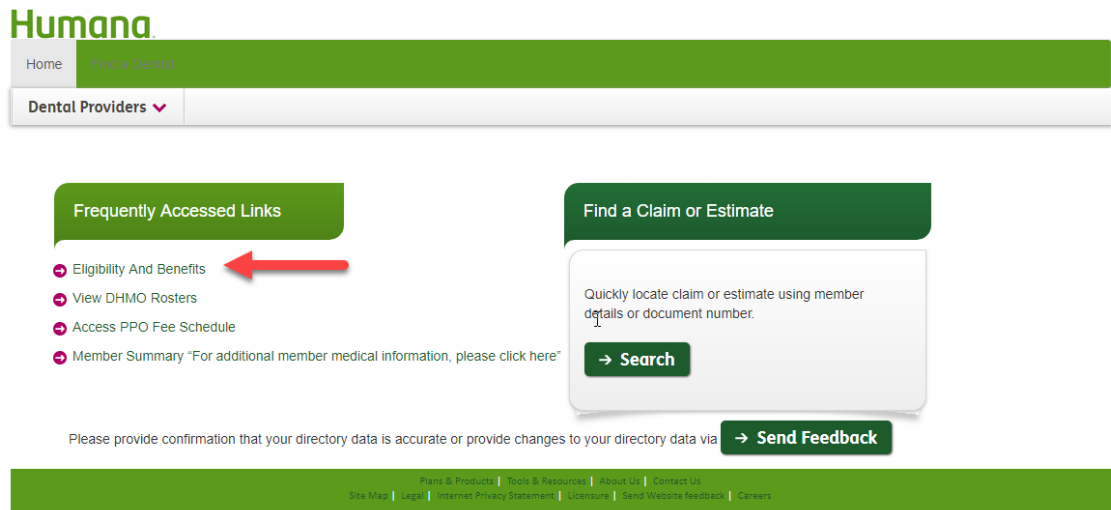
Access Profile Changed

The access profile has been updated

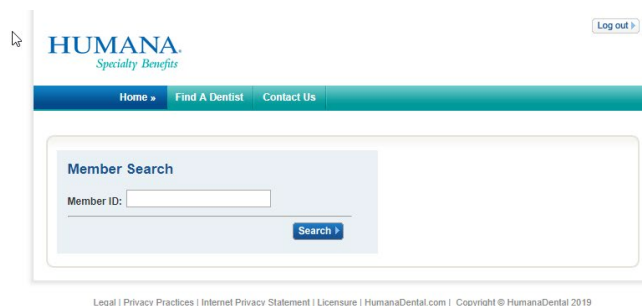
OK

Eligibility and Benefits

To view member eligibility and benefits, click that option under Frequently Accessed Links on the dental portal landing page.



The member search page will display. Enter the ID number for the member you would like to review and click Search.



Search results will display showing the member associated with that ID number. Select the hyperlink for the member you would like to review. Please note: There may be multiple entries if the member has had plan changes with Humana.



The member details page will display. On the tab displayed, you can view the member's demographic information as well coverage information.

- Dental PPOD

Print

Member Details

Plan Benefit Detail

DJACY STOCKWELL (Subscriber)

Subscriber information

Subscriber name:

DJACY STOCKWELL

Member ID:

00245

Year-to-date usage:


See what's been applied towards deductibles and maximums

[Deductibles and Maximums](#)

Coverage Details

For coverage details, download this printable document, which is in Portable Document Format (PDF).

[Download PDF](#)



Member information

Member name:

DJACY STOCKWELL

Member ID:

00245

Birth date:

Gender:

MALE

Address:

Phone:

Relationship to subscriber:

SELF

Status:

FULLTIME EMPLOYEE

Coverage information

Group name:

Policy effective date:

09/01/2017

Policy end date:

NONE

Coverage type:

EMPLOYEE ONLY

Plan description:

DENTAL

Network:

TX HEALTH VELOCITY DENTAL PPO/TRAD

Contract type:

DENTAL PPO

Line of business:

TX TRADITIONAL PLUS 01K UC 14

Max dependent age:

26

Max student age:

26

From this page, you can also access the member's year-to-date plan usage. Under the subscriber information header at the top of the page, click the Deductible and Maximums link.

- Dental PPOD

Print

Member Details

Plan Benefit Detail

DJACY STOCKWELL (Subscriber)

Subscriber information

Subscriber name:

DJACY STOCKWELL

Member ID:

00245

Year-to-date usage:


See what's been applied towards deductibles and maximums

[Deductibles and Maximums](#)

Coverage Details

For coverage details, download this printable document, which is in Portable Document Format (PDF).

[Download PDF](#)



Member information

Member name:

DJACY STOCKWELL

This link will open a new window that contains year-to-date deductible information as well as counters for services limited by the member's plan.

You're viewing benefits for:

01/01/2019 through 10/06/2019 ▼

Deductibles

Benefit	Period	Deductible	Met	Benefit Remaining
Dental standard deductible individual in network	Calendar year	\$50.00	\$0.00	\$50.00
Dental standard deductible individual out of network	Calendar year	\$150.00	\$0.00	\$150.00
Dental standard deductible family in network	Calendar year	\$150.00	\$100.00	\$50.00
Dental standard deductible family out of network	Calendar year	\$450.00	\$100.00	\$350.00

Limits and Maximums

Benefit	Period	Maximum	Used	Benefit Remaining
Oral examination	Per calendar year	2	1	1
Periodontal exams	Per calendar year	2	0	2
Bitewing x-rays	Set per calendar year	1	0	1
Fullmouth and panorex	Per 36 months (full mouth and panorex x-rays share frequency)	1	0	1
Cleaning	Per calendar year	2	0	2
Periodontal cleaning	Per calendar year	4	1	3
Fluoride (see plan benefit details for age limits)	Per calendar year	2	0	2
Periodontal surgery	Per quadrant per three years	1	0	1
Dental standard annual maximum	Calendar year	\$2,000.00	\$229.00	\$1,771.00
Dental standard orthodontic maximum	Lifetime	\$2,000.00	\$0.00	\$2,000.00

Benefits are subject to the provisions and limitations of the plan and are not guaranteed. For a pretreatment estimate, submit a dental treatment plan; we do not preauthorize benefits over the phone. For questions, contact Customer Care at the phone number on the back of the member's Humana ID Card.

For benefits on individual services, click the Plan Benefit Details tab.

- Dental PPOD Print

Member Details **Plan Benefit Detail**

DJACY STOCKWELL (Subscriber)

Subscriber information

Subscriber name: DJACY STOCKWELL

Member ID: 00245

Year-to-date usage: See what's been applied towards deductibles and maximums [Deductibles and Maximums](#)

Coverage Details

For coverage details, download this printable document, which is in Portable Document Format (PDF).

[Download PDF](#)

Get Adobe Reader

Member information

Member name: DJACY STOCKWELL

On the Plan & Coverage Detail screen, you can access the plan deductibles as well as benefits for individual services. Each of the fields in the screenshot below – Preventive services, Basic services, Major services and Orthodontic services – is an expandable field that contains benefit coverage for individual services. These categories may change based on the member’s coverage.

Plans & Coverage Detail

[Return To Search Results](#)[Search Again](#)

Dental PPOD[Print](#)

[Member Details](#)[Plan Benefit Detail](#)

(Subscriber)

Deductibles and maximums

	In Network	Out of Network
Individual deductible	\$50.00	\$50.00
Family deductible	\$150.00	\$150.00
Annual maximum (individual)	\$1000.00	\$1000.00
Lifetime orthodontic maximum	\$1000.00	\$1000.00

Coverage Details

[Download PDF](#)

Preventive services (Available 9/1/2017) [Show Info](#)

Basic services (Available 9/1/2017) [Show Info](#)

Major services (Available 9/1/2017) [Show Info](#)

Orthodontic services (Available 9/1/2017) [Show Info](#)

Included options

Endodontics covered under basic1+
Voluntary Rider 1+
\$1000 CHILD ORTHO 1+

Additional Information

You can select the dentist of your choice. If you visit a dentist who does not participate in our network, you can be billed

You also can access the member’s Certificate of Coverage by clicking the Download PDF link under Coverage details.

Claims and Estimates Status

To access the claims status tool, click the Search button on the right side of the dental portal landing page.

Humana

Home Find a Dentist

Dental Providers ▼

Frequently Accessed Links

- Eligibility And Benefits
- View DHMO Rosters
- Access PPO Fee Schedule
- Member Summary *For additional member medical information, please click here*

Find a Claim or Estimate

Quickly locate claim or estimate using member details or document number.

→ Search

Please provide confirmation that your directory data is accurate or provide changes to your directory data via → Send Feedback

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On the claims search page, you can look for either claims or estimates.

You can choose what will display by clicking the Type field and selecting which one you would like to search. Additionally, if you have multiple Tax Identification Numbers, you can select which to review by clicking that field and selecting the appropriate one.

Humana

Home Find a Dentist

Dental Providers ▼

Patient Claim Search Document Search

Patient Claim Search

Provider Tin 61

* Member Number

* Patient DOB mm/dd/yyyy

Date of Service - From mm/dd/yyyy

Date of Service - To mm/dd/yyyy

Type Claims

Search Clear

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Enter the ID number and date of birth for the member whose claims you would like to see, then click Search. If you only want to see claims for a certain date range, you can specify that in the Date of Service – From and To fields.

Humana

Home Find a Dentist

Dental Providers ▼

Patient Claim Search Document Search

Patient Claim Search

Provider Tin: 61

* Member Number: [Redacted]

* Patient DOB: 04/14/ [Redacted]

Date of Service - From: mm/dd/yyyy

Date of Service - To: mm/dd/yyyy

Type: Claims

Search Clear

Click on column heading to change sort order.

Service Date	Patient Name	Total Charge	Claim Status	Document
06/06/2019	[Redacted]	\$ 230.00	COMPLETED	2019
07/09/2018	[Redacted]	\$ 145.00	COMPLETED	2018
01/22/2018	[Redacted]	\$ 385.00	COMPLETED	2018
01/15/2018	[Redacted]	\$ 230.00	COMPLETED	2018
01/08/2018	[Redacted]	\$ 210.00	COMPLETED	2018

To see claim details, click anywhere on the line for the claim you would like to see. The claim details will then populate below the search results.

Claim Summary

Begin Service Date: 7/9/2018 Billing Provider: [Redacted] Claim Status: COMPLETED

End Service Date: 7/9/2018 Document Number: 2018 Total Charge: \$145.00

Member Number: [Redacted] Received Date: 7/11/2018 Amount Paid: \$107.00

Check Number: [Redacted] Date Paid: 7/16/2018

Claim Line 1

Service Date: 7/9/2018 Status: PAID Charged: \$55.00 Service Code: D0120

Paid: \$35.00 Date Paid: 7/16/2018 Check Number: [Redacted]

F1 65

Claim Line 2

Service Date: 7/9/2018 Status: PAID Charged: \$90.00 Service Code: D1110

Paid: \$72.00 Date Paid: 7/16/2018 Check Number: [Redacted]

F1 65

Claim Line	Service Code	Service Code Description	Tooth Number	Allowed	Not Covered	Discount	Deductible Applied	Estimated Member Cost
1	D0120	PERIODIC ORAL EVALUATION - ESTABLISHED PATIENT		35.00	0.00	20.00	0.00	0.00
2	D1110	PROPHYLAXIS-ADULT		72.00	0.00	18.00	0.00	0.00

Go To Top

If you already have the claim number and want to go directly to the claim details, click the Document Search tab on the Document Search screen. Here you can enter the claim number directly. Click Search to populate the claim details.

Humana

Home Find a Dentist

Dental Providers ▼

Patient Claim Search Document Search

Document Claim Search

Provider Tin

* Document Number

Type

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The detailed claims info will display directly under the Search window.

Document Claim Search

Provider Tin

* Document Number

Type

Claims Info

Claim Summary

Begin Service Date:	6/6/2019	Billing Provider:	<input type="text"/>	Claim Status:	COMPLETED
End Service Date:	6/6/2019	Document Number:	2019	Total Charge:	\$230.00
Member Number:	<input type="text"/>	Received Date:	6/7/2019	Amount Paid:	\$163.00
Check Number:	<input type="text"/>	Date Paid:	6/10/2019		

Claim Line 1

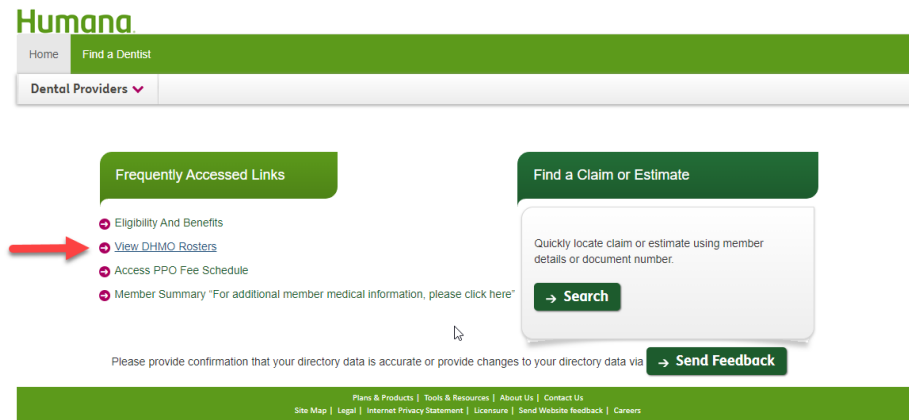
Service Date:	6/6/2019	Status:	PAID	Charged:	\$55.00	Service Code:	D0120
Paid:	\$35.00	Date Paid:	6/10/2019	Check Number:	<input type="text"/>		

F1 65

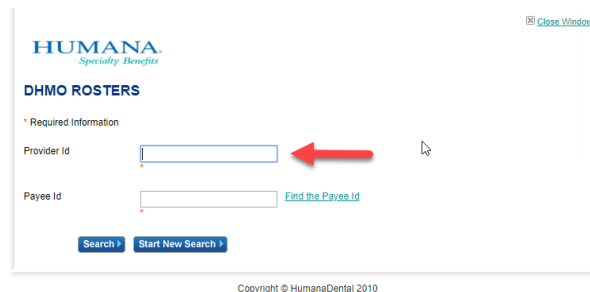
Claim Line 2

View DHMO Rosters

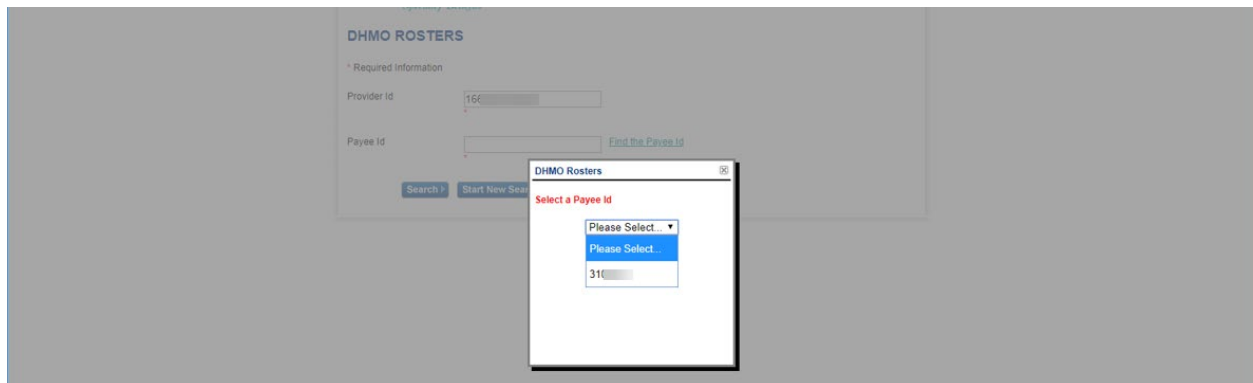
To view the monthly dental health maintenance organization (DHMO) roster for your office, click the View DHMO Rosters link from the provider portal landing page.



The DHMO Roster search page will display in a new window. Enter your Provider ID, then the Search button to display the associated Payee IDs



The Payee ID selection will display. Click the drop-down button and select the ID you want to view.



The Provider ID and Payee ID fields will now populate with the appropriate information. Click Search.

HUMANA
Specialty Benefits

DHMO ROSTERS

* Required Information

Provider Id

Payee Id [Find the Payee Id](#)

[Search](#) [Start New Search](#)

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Roster results will now display.

HUMANA
Specialty Benefits

DHMO ROSTERS

* Required Information

Provider Id

Payee Id [Find the Payee Id](#)

[Search](#) [Start New Search](#)

Date	Select
2018 January	View
2018 February	View
2018 March	View
2018 April	View
2018 May	View
2018 June	View
2018 July	View
2018 August	View
2018 September	View
2018 October	View

1 2 3

Click the View button next to the month you want to review. Roster details will open as a PDF file.

Current Member Eligibility List for 10/2019

PAYEE ID: 31
PROVIDER ID: 16

MEMBER NAME	MEMBER ID	AGE	SEX	NETWORK NAME	CAP AMT
	-01	66	M	CS350 DHMO	2.77
	-01	59	F	C250DHMO	3.76

6.53

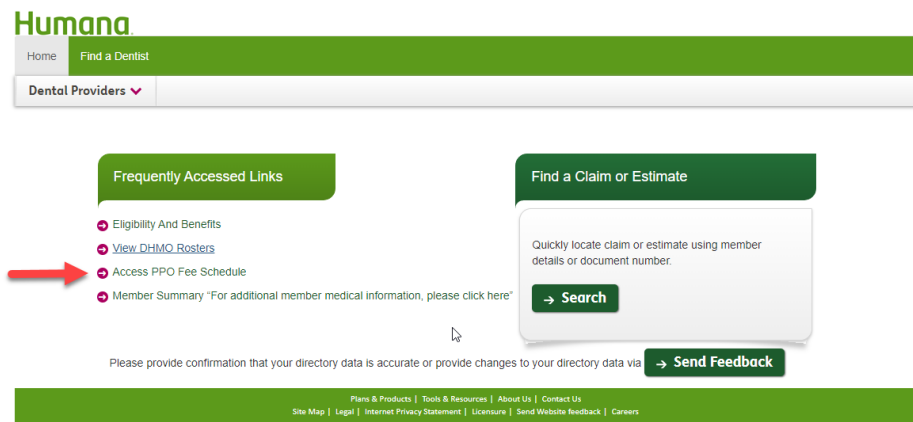
TOTAL MEMBERS: 2

CURRENT MONTH CAPITATION TOTAL

Page 3 of 8

PPO Fee Schedule

The Fee Schedule Inquiry function lets your office staff review specific fee schedules applicable to your provider agreements with Humana. You can access this from the Dental Provider Portal landing page.



A new window will display with two pages of information relating to the fee schedule tool and how to use it to determine your allowed amounts. Review this information and verify the correct provider name and ID appear, then click Continue on each page.

Fee Schedules - Select Provider

Provider Name :

Continue

Explanation of Factors That Impact Payment Amount:

Amounts listed in the fee schedules on this site are allowable amounts for the services for the specific code listed. Only current CPT and HCPCS codes and their current allowable amounts are listed. Obsolete codes are not displayed. The amount of the payment for the services provided will be affected by the terms of the provider contract and the following factors:

[Select Provider](#)

Fee Schedules - Select Id

Provider Name :
Provider ID:

Continue

Important Information Regarding the Fees Displayed:

The Fee Schedule Inquiry function allows you and your office staff to review specific fee schedules that are applicable to your provider agreements with Humana.

Based on the authentication of your tax identification numbers(s) through the secured log-on


Any contracted fee schedules will be displayed. Click the link under the “Schedule/Area” header to continue.

[Select Provider](#) [Select Id](#)

Fee Schedules - Select Schedule

Provider Name : [REDACTED]
Provider ID: 52904

Schedule/Area:	Description:
184/398	HUMANA SPECIALTY BENEFITS HUMANA DENTAL FEE SCHEDULE



On the next page, you can enter either the specific CPT4 codes you want to review or the code range. When you have your criteria entered, click Search.

[Select Provider](#) [Select Id](#) [Select Schedule](#)

Fee Schedules - Select Codes

Provider Name : [REDACTED] **Provider ID :** 52904

Fee Schedule Number : 184 HUMANA SPECIALTY BENEFITS
Area : 398 HUMANA DENTAL FEE SCHEDULE

Please enter CPT4 codes for rate information:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OR - Enter a range of codes - From: To:

The Code Return page will display with the results displayed for the codes you entered. From this page, you can enter additional codes to search and recalculate the allowable percentage if your contracted rate is a set percentage of the fee schedule amount.

[Select Provider](#) [Select Id](#) [Select Schedule](#) [Select Codes](#)

Fee Schedules - Code Return

Provider Name: [REDACTED] **Provider ID:** 52904 10/29/2019

Fee Schedule Number: 184 HUMANA SPECIALTY BENEFITS
Area: 398 HUMANA DENTAL FEE SCHEDULE

Calculator

Enter your contracted fee percentage to re-calculate the fees. Refer to your contract for your fee percentage.

%

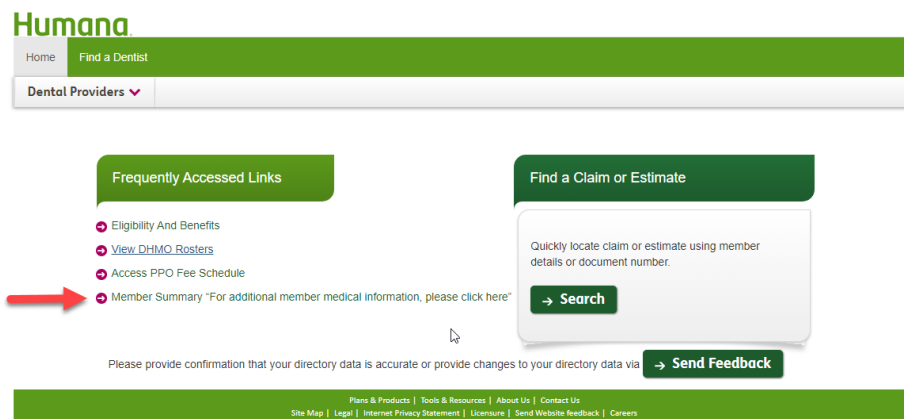
[Factors That Affect Payment Amount/Important Info Regarding Fees](#)

Total Records: 1

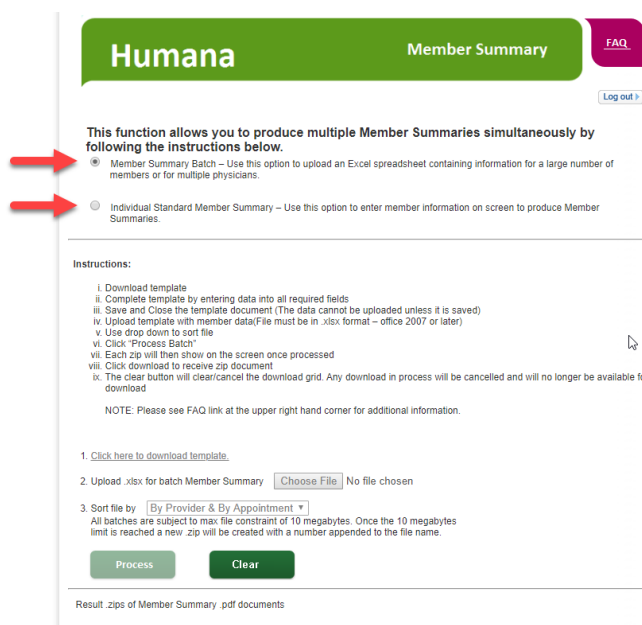
Code:	Description:	Global Component 100.00% of the fee	Differential Component 100.00% of the fee
		0.00	0.00

Member Summary

The Humana Member Summary displays member-specific, clinically relevant information to assist providers in identifying additional actionable opportunities for improving clinical outcomes and reducing medically related costs. To access this tool, click the Member Summary link on the Dental Provider Portal landing page.



The Member Summary page will display. From here you have two options. You can download a spreadsheet if you would like to generate a large number of member summaries. The directions for this option appear on the page. If you only want one or two member summaries, you can click the Individual Standard Member Summary to enter the information on the page.



Enter the member IDs and date of birth, then click Process. You can enter up to 10 members in a single request with this option.

The member summaries will process and be available to open in a PDF document. This document will list any conditions the patient had claims submitted with during the previous 365 days.

Humana.

MEMBER SUMMARY

NAME:		HUMANA ID:		POINT OF SERVICE(POS) - 01/01/2019	PARTICIPATING PROGRAMS:
DOB:		MEDICAL:			Member not currently participating.
GENDER:		MED PC/P/PROVIDER:			
CITY/STATE:		DENTAL:		DENTAL PPO - 01/01/2019	
PHONE:		VISION:		VISION - 01/01/2018	

CARE ALERT		COMPLIANT	ALERT DATE
Records indicate member has periodontal disease, member should consult with dentist regularly.		N	06/11/2017

PATIENT ADMISSION/READMISSION AND ER VISITS	PERIOD REPORTED: 365 DAYS
There are no Patient Admission/Readmission or ER visits for this member.	

MEDICAL DIAGNOSIS	CMS-Accepted condition for each time period		
MEDICAL DIAGNOSIS (PERIOD REPORTED 365 DAYS)	TYPE	SERVICE DATE	PHYSICIAN
ALLERGIC RHINITIS, UNSPECIFIED - J30.9	Chronic	10/23/2018	

PHARMACY	PERIOD REPORTED: 365 DAYS
MEDICATION	
There are no Medications for this member.	

VACCINATION
Vaccination History Information is not currently available.

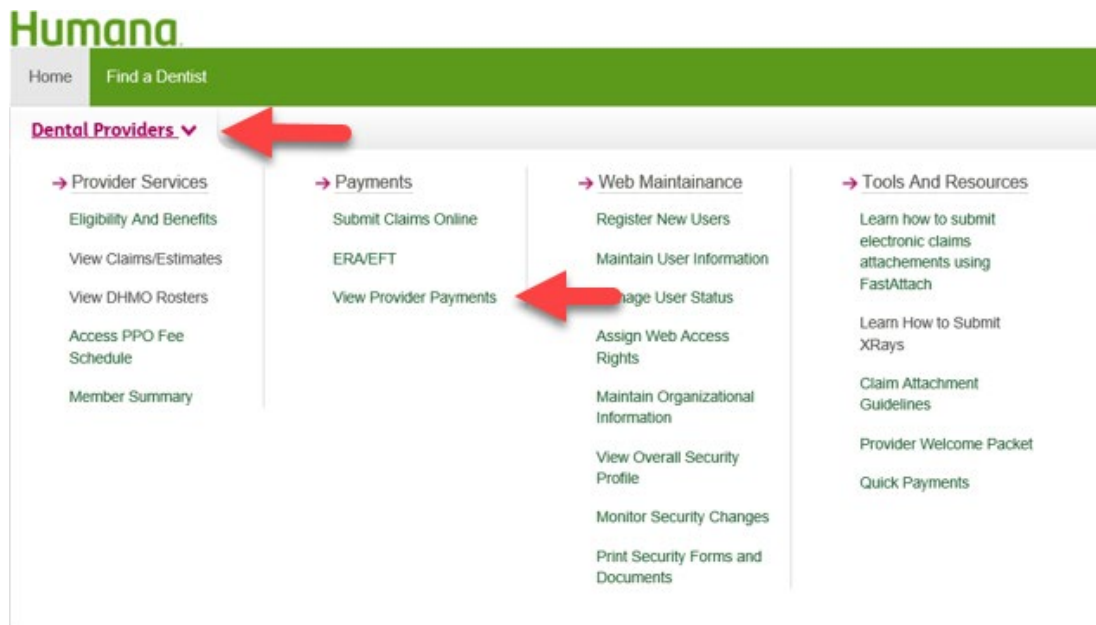
ALLERGIES
There are no Allergy records for this member.

LAB RESULTS	PERIOD REPORTED: 365 DAYS
There are no Lab Results for this member.	

ORAL HEALTH HISTORY	PERIOD REPORTED: 365 DAYS			
DATE	DENTAL INFORMATION	DENTAL CODE	CONDITION	PROVIDER
02/08/2019	PERIODONTAL MAINTENANCE	D4910	Periodontal Disease	
02/08/2019	COMP ORAL EVALUATION - NEW/ESTABLISHED PATIENT	D0150		

Provider Payments

To access the payment information tool, hover over the Dental Providers menu and select View Provider Payments.



The Provider Remittance Advice (835 Transaction) Inquiry page will open in a new window. If you have multiple TINs associated with your office, you can select the Provider Group/TIN from the drop-down menus in the Provider Settings window. Once selected, you can choose your search criteria.

A screenshot of the Humana Provider Portal. The page title is 'Provider Remittance Advice (835 Transaction) Inquiry'. It features a 'Provider Settings' section with dropdown menus for 'Organization', 'Provider Group' (selected as 'DDS Office'), and 'TIN'. Below this is a 'Select Your Search Criteria' section with a 'Search Type' dropdown menu (selected as '--Please Select--') and a message box that says 'Please select a search type to continue..'. The page includes a header with the Humana logo, a welcome message for Pamela dated October 30, 2019, and a navigation bar with links like 'Providers', 'Eligibility Tools', 'Claims Tools', 'Referrals/Authorizations', and 'Resources'. The footer contains legal links and a copyright notice for 2019 Humana Inc.

The Search Type drop down contains 12 search options:

- ACH Number
- Check Number
- Claim Number
- Remit Number
- Family Unit by Service Date
- Family Unit by Voucher Date
- Member by Service Date
- Member by Voucher Date
- Service Date
- Voucher Date
- EFT Deposit Date
- BOP Number

The search field will change based on the search criteria selected. If you choose ACH Number, Check Number, Claim Number, Remit Number or BOP Number, a single field will display where you can enter the applicable number for your search. Click Submit to continue.

Provider Home | Security Administration | Log out

HUMANA
Provider Portal

Welcome, Pamela
October 30, 2019

Adjust Text Size

Providers » Eligibility Tools Claims Tools Referrals/Authorizations Resources

Remit Search

Provider Remittance Advice (835 Transaction) Inquiry

Provider Settings

Organization
Provider Group * DDS Office
TIN *
Address 1100 Employers Blvd
Green Bay , WI 54304

Select Your Search Criteria

Search Type * Check Number

Check # * Check Number

(* Required Fields) Submit

Leading zeros may need to be added to the beginning of the check number in order to perform your search successfully.

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This is a Secure Site

The search results will display.

Provider Home | Security Administration | Log out

HUMANA
Provider Portal

Welcome, Pamela
October 30, 2019

Adjust Text Size

Providers » Eligibility Tools Claims Tools Referrals/Authorizations Resources

Remit Search » Remit Summary

Remit Summary [Expand All](#) [Collapse All](#)

Search criteria used

Search Type: Check Number Search Value: 010

Total Records: 1 [View EOR Downloads](#) [Help](#)

Select Remits Below
[Select All](#) [Remove All](#)
[Begin Download](#)

Check/ACH #	Paid Amount	Check/Remit Date	Type (Check/EFT)	EFT Deposit Date	Single Remit Download	Multiple Remit Download
010	\$214.00	10/28/2019	CHK			

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HUMANA
Guidance when you need it most

You can search by family unit or member if you want to see all remittances for a 30-day period. With that option, enter the Member ID number and date range you would like to review. In the member search, enter the date of birth for the specific member.

HUMANA
Provider Portal

Welcome, Pamela
October 30, 2019

Adjust Text Size

Providers » Eligibility Tools Claims Tools Referrals/Authorizations Resources

Remit Search

Provider Remittance Advice (835 Transaction) Inquiry

Provider Settings

Organization
 Provider Group: DDS Office
 TIN:
 Address: 1100 Employers Blvd, Green Bay, WI 54304

Select Your Search Criteria

Search Type: Family Unit by Service Date Please provide the member's ID and date range

Member ID:
 Service Date Range: Start: mm/dd/yyyy End: mm/dd/yyyy

(* Required Fields) [Submit](#)

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HUMANA
Provider Portal

Welcome, Pamela
October 30, 2019

Adjust Text Size

Providers » Eligibility Tools Claims Tools Referrals/Authorizations Resources

Remit Search

Provider Remittance Advice (835 Transaction) Inquiry

Provider Settings

Organization
 Provider Group: DDS Office
 TIN:
 Address: 1100 Employers Blvd, Green Bay, WI 54304

Select Your Search Criteria

Search Type: Member by Service Date Please provide the member's ID and date range

Member ID:
 Date of Birth: mm/dd/yyyy
 Service Date Range: Start: mm/dd/yyyy End: mm/dd/yyyy

(* Required Fields) [Submit](#)

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After submitting, a new page will display with a list of members and policies. Below is the search results for Family Unit, if you search by member only the member with the matching date of birth will display.

Click the name of the member whose remittances you want to review. A member's name may display multiple times if they have both dental and medical policies.

Provider Home | Security Administration | Log out

HUMANA
Provider Portal

Welcome, Pamela
October 30, 2019

Adjust Text Size

Providers » Eligibility Tools Claims Tools Referrals/Authorizations Resources

Remit Search » Family Unit By Service Date

Family Unit Selection Please select the member to continue

Search Criteria Used

Search Type: Family Unit by Service Date Start Date: 09/01/2019
Member Id: End Date: 10/01/2019

Total number of records: 4

Name	Date of Birth	Member ID	Coverage Type	Coverage Period
ELIZABETH N	1973	01	Dental	Current
ELIZABETH N	1973		Medical	Current
GABRIELLE P	2003	03	Dental	Current
GABRIELLE P	2003		Medical	Current

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HUMANA
Guidance when you need it most

Search results will display.

Provider Home | Security Administration | Log out

HUMANA
Provider Portal

Welcome, Pamela
October 30, 2019

Adjust Text Size

Providers » Eligibility Tools Claims Tools Referrals/Authorizations Resources

Remit Search » Family Unit » Remit Summary

Remit Summary Expand All Collapse All

Search criteria used

Search Type: Family Unit by Service Date Member Id
Date Range: 09/01/2019 - 10/01/2019 Paid Amount:

Total Records: 2 View EOR Downloads Help

Select Remits Below
Select All Remove All
Begin Download

Check/ACH #	Paid Amount	Check/Remit Date	Type (Check/EFT)	EFT Deposit Date	Single Remit Download	Multiple Remit Download
+	\$272.00	10/3/2019	CHK			
+	\$308.00	9/22/2019	CHK			

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HUMANA
Guidance when you need it most

If you want to review all remittances for a 30-day period, you can search by Service Date, Voucher Date or EFT Deposit Date. The search page will display a start and end field. Specify the time frame you would like to review (30 days maximum) and click submit.

HUMANA
Provider Portal

Welcome, Pamela
October 30, 2019

[Providers »](#) [Eligibility Tools](#) [Claims Tools](#) [Referrals/Authorizations](#) [Resources](#)

Remit Search

Provider Remittance Advice (835 Transaction) Inquiry

Provider Settings

Organization

Provider Group * **DDS Office**

TIN *

Address
1100 Employers Blvd
Green Bay , WI 54304

Select Your Search Criteria

Search Type * **Service Date**

Please provide service date range

Service Date Range

Start: * **09/01/2019**

End: * **10/01/2019**

(* Required Fields) **Submit**

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This is a Secure Site

Search results will display.

HUMANA
Provider Portal

Welcome, Pamela
October 30, 2019

[Providers »](#) [Eligibility Tools](#) [Claims Tools](#) [Referrals/Authorizations](#) [Resources](#)

Remit Search » Remit Summary

Remit Summary

[Expand All](#) [Collapse All](#)











































Search criteria used

Search Type: Service Date
Date Range: 09/01/2019 - 10/01/2019

Search Value
Paid Amount:

Total Records: 11 [View EOR Downloads](#) [Help](#)

Select Remits Below
Select All **Remove All**
Begin Download

Check/ACH #	Paid Amount	Check/Remit Date	Type (Check/EFT)	EFT Deposit Date	Single Remit Download	Multiple Remit Download
  [redacted]	\$163.00	10/7/2019	CHK		   	<input type="checkbox"/>
  [redacted]	\$272.00	10/3/2019	CHK		   	<input type="checkbox"/>
  [redacted]	\$110.00	10/3/2019	CHK		   	<input type="checkbox"/>
  [redacted]	\$301.00	10/3/2019	CHK		   	<input type="checkbox"/>
  [redacted]	\$72.00	10/3/2019	CHK		   	<input type="checkbox"/>
  [redacted]	\$0.00	9/29/2019	NON		   	<input type="checkbox"/>
  [redacted]	\$308.00	9/22/2019	CHK		   	<input type="checkbox"/>

Regardless of the search criteria, the remit summary page will contain the same information. To see additional information about a remit, you can click the box with the plus sign to the left of the check number field. This will open an expandable field with additional payment information.

HUMANA
Provider Portal

Welcome, Pamela
October 30, 2019

Providers » Eligibility Tools Claims Tools Referrals/Authorizations Resources

Remit Search » Remit Summary











Remit Summary [Expand All](#) [Collapse All](#)

Search criteria used

Search Type: Service Date Search Value
Date Range: 09/01/2019 - 10/01/2019 Paid Amount:

Total Records: 11 [View EOR Downloads](#) [Help](#)

Select Remits Below
Select All Remove All
Begin Download

Check/ACH #	Paid Amount	Check/Remit Date	Type (Check/EFT)	EFT Deposit Date	Single Remit Download	Multiple Remit Download
<input checked="" type="checkbox"/> 0100507092	\$163.00	10/7/2019	CHK		   	<input type="checkbox"/>
<p>Check Nbr: ECN:</p> <p>Payment Method CD: CHK Check Amt: \$163.00</p> <p>Provider Tax ID: Provider ID (NPI):</p> <p>Additional Payee ID: Payee Name:</p> <p>Platform Ind: EM Transaction Type: P</p> <p>Date Created: 10/7/2019 Test/Prod Flag: PRODUCTION DATA</p>						
<input type="checkbox"/>	\$272.00	10/3/2019	CHK		   	<input type="checkbox"/>
<input type="checkbox"/>	\$110.00	10/3/2019	CHK		   	<input type="checkbox"/>

To view additional remit information, you have multiple options. For a single remit download, there are four icons for each remit. The Notepad and Word document icon will download the HIPAA ANSI X12 version of the remit. The Excel file icon will download an Excel document that displays key elements of the payment. The PDF icon will download a PDF of the remittance advice, which can be seen below.

Humana
500 West Main Street
Louisville, KY 40202-4268

Billing Provider

Provider Name: Insured Name: Patient Name: Member ID: Claim #: Claim Receive Date: 10/04/2019 Patient Acct #: Group:

Check/Remit #: 010
Check Amount: \$163.00
Check Date: 10/07/2019
Federal Tax ID: Provider ID:

Dates of Service	Service Code	Billed Amount	Provider Discount	Allowed Amount	Deductible	Copay	Coins	Other Insurance	Sequestration Amount	Paid Amount	HIPAA Codes
10/01/2019	D1110	\$90.00	\$18.00	\$72.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$72.00	45
10/01/2019	D0274	\$85.00	\$29.00	\$56.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$56.00	45
10/01/2019	D0120	\$55.00	\$20.00	\$35.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$35.00	45
Totals		\$230.00	\$67.00	\$163.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$163.00	
Estimated Member Responsibility \$0.00				Total Paid \$163.00							

You can download multiple remittances. However, you can only do this in the HIPAA ANSI X12 format. You can select the specific remits you want to download, or you can click the Select All button. Once you have the remits you would like, click Begin Download. A new window will display with the requested information, which you can copy and import as needed.

Remit Search > Remit Summary

Remit Summary

[Expand All](#) [Collapse All](#)

Search criteria used

Search Type: Service Date
Date Range: 09/01/2019 - 10/01/2019

Search Value
Paid Amount:

Total Records: 11

[View EOR Downloads](#)

[Help](#)

Select Remits Below

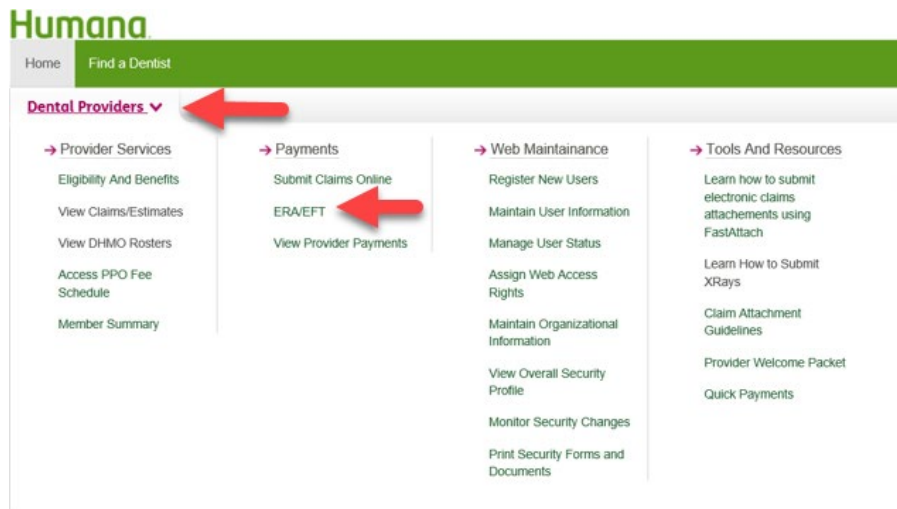
[Select All](#) [Remove All](#)

[Begin Download](#)

Check/ACH #	Paid Amount	Check/Remit Date	Type (Check/EFT)	EFT Deposit Date	Single Remit Download	Multiple Remit Download
	\$163.00	10/7/2019	CHK			<input type="checkbox"/>
	\$272.00	10/3/2019	CHK			<input type="checkbox"/>
	\$110.00	10/3/2019	CHK			<input type="checkbox"/>
	\$301.00	10/3/2019	CHK			<input type="checkbox"/>
	\$72.00	10/3/2019	CHK			<input type="checkbox"/>
	\$0.00	9/29/2019	NON			<input type="checkbox"/>
	\$308.00	9/22/2019	CHK			<input type="checkbox"/>

ERA/EFT Setup

To access the ERA/EFT tool, hover over the Dental Providers menu, then select ERA/EFT from the menu that displays.



This guide will show how to add or cancel an ERA/EFT transaction via the provider portal. For a more comprehensive guide, access the full manual by clicking the Help link in the upper right corner of the ERA/EFT tool.

To continue with the ERA/EFT setup, validate that the prefilled Requestor Information is correct, then select your Tax Identification Number from the drop-down menu and click Next.

The screenshot shows the 'ERA/EFT setup request and change form' in the Humana provider portal. The form is titled 'Requestor information' and contains several fields for user details. A red arrow points to the 'Next' button at the bottom right of the form. The fields are as follows:

- *Required Field
- Requestor information
- * Person submitting enrollment : Gordon Bombay
- *Person submitting enrollment email : gbombay@humana.com
- *Person submitting enrollment confirm email : gbombay@humana.com
- *Person submitting enrollment phone number : 9205551234 (e.g. 999999999)
- Person submitting enrollment phone extension :
- *Tax Id : Select Tax Id
- Next >

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Select the kind of request you would like to submit from the Request Type drop-down menu. The options are Add ERA, Add EFT, Add ERA/EFT, Cancel ERA, Cancel EFT, Cancel ERA/EFT, Change File Delivery, Change Bank Information, Confirm Pre-Note and Status Inquiry. This example uses Add ERA/EFT.

*Required Field

* Request Type : Select Request Type Please Select a Request Type in order to select a record

Provider Demographics

Warning: Selecting multiple provider types, such as group and facility, will cause the remits to be combined to a single 835 data file for delivery. The NPI reported on the 835 data file for the N1 segment will contain the first NPI of the first entity in the 835 file.

Please review ALL listings contained on each tab (Group, Facility, Individual and Other) to ensure a correct and complete setup.

All Group Facility Individual Other

Provider Name	Type	Tax Id	Billing Address	Setup Selection		File Delivery Method	Vendor ID	Vendor Source	Category	Record ID
				ERA	EFT					
	G								DT	M140040265092

Next >

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Next you will select from either Group, Facility or Individual tabs for the provider type you want to set up. Click the check boxes next to those provider listings, then click Next.

* Request Type : Add ERA/EFT Please Select a Request Type in order to select a record

Provider Demographics

Warning: Selecting multiple provider types, such as group and facility, will cause the remits to be combined to a single 835 data file for delivery. The NPI reported on the 835 data file for the N1 segment will contain the first NPI of the first entity in the 835 file.

Please review ALL listings contained on each tab (Group, Facility, Individual and Other) to ensure a correct and complete setup.

All Group Facility Individual Other

Select Providers	Provider Name	Type	Tax Id	Billing Address	Setup Selection		File Delivery Method	Vendor ID	Vendor Source	Category	Record ID
					ERA	EFT					
<input checked="" type="checkbox"/>	JR DDS	G								MD	C721421355BD
<input checked="" type="checkbox"/>	DENTAL OFFICE OF DDS	G								DT	M140040265092

Next >

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The next page that displays is the Terms and Conditions for Electronic Funds Transfer Agreement and Authorization. Review this information and click I Agree to continue with setup.

The Add ERA page will now display. You can choose between Web and Clearinghouse. If you choose Web, the remittance will be available from the provider payment tool on the web. Otherwise, you can select your Clearinghouse from the drop-down menu or manually enter the information if it does not appear in the menu. Once completed, click the Continue to EFT Setup button to continue.

Billing NPI :

* Method of Delivery : ☐ Web ☒ Clearinghouse

Clearinghouse Information

* Clearinghouse Name : (If "Other" is selected, please fill out "Other Clearinghouse Information")

Clearinghouse Partner ID (Avallity Customer ID) : (For Avallity Use Only)

Other Clearinghouse Information :

Clearinghouse Name :

Clearinghouse Contact Name :

Clearinghouse Contact Phone Number : (e.g. 999999999)

Clearinghouse Contact E-mail Address :

Selecting 30 Day Test ERA and Paper EOR means you will receive paper EORs and matching test ERAs for 30 days in addition to the normal 30 day setup time. You will not receive any EFT payments for the selected providers during the test or setup period.

☐ ERA (no test) ☒ 30 Day Test ERA and Paper EOR

ERA (no test) means the providers on this page will not have an ERA test period after the ERA or ERA EFT setup is completed. Select this option if you do not need test remits or want shorter setup time.

[< Back](#) [Continue to EFT Setup >](#)

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On the Add EFT page, enter in your bank's routing number and click Verify. The rest of the institution information will appear. Enter your Account number and indicate the account type by selecting the Checking or Saving button. Click Next to complete the setup.

Add EFT

Note: Enter your financial institution routing number and click Verify. If your financial institution routing number is found your banking information will automatically populate.

*Financial Institution Routing Number : [Verify >](#)

*Financial Institution Name :

*Address 1 :

Address 2 :

*City :

*State or Providence :

*Zip Code :

*Provider's Account Number :

*Confirm Provider's Account Number :

*Account Type : ☒ Checking ☐ Saving

Note:

Two pre-note transactions of \$0.01 will be transferred to your account to test the EFT transaction process.

Note: Once your pre-note is received, to expedite your request, return to this tool and select Confirm Pre-Note on the Provider Details page. Pre-Note delay is 8 days.

[< Back](#) [Next >](#)

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The confirmation page will now display. You can click the Print button in the upper right corner to print the confirmation for your records.

Humana.

ERA/EFT setup request and change form

[Help](#) [FAQ](#)

[Home](#) Print for your records [Print](#)

Add ERA/EFT

Confirmation # : 740004
 Date Submitted : 10/30/2019 1:32:25 PM
 Updates are scheduled to be applied on : 11/20/2019 1:32:25 PM

Updates made to :

- ☐ DDS
- ☐ DDS
- ☐ DDS
- ☐ DDS
- ☐ DDS
- ☐ DDS
- ☐ DDS
- ☐ DDS
- ☐ DDS
- ☐ DDS

Click the Home link in the upper left corner to return to the Provider Demographics page. Here the checkmarks in the ERA and EFT fields show the update was applied.

* Request Type : Please Select a Request Type in order to select a record

Provider Demographics

Warning: Selecting multiple provider types, such as group and facility, will cause the remits to be combined to a single 835 data file for delivery. The NPI reported on the 835 data file for the N1 segment will contain the first NPI of the first entity in the 835 file.

Please review ALL listings contained on each tab (Group, Facility, Individual and Other) to ensure a correct and complete setup.

[All](#) [Group](#) [Facility](#) [Individual](#) [Other](#)

Select Providers	Provider Name	Type	Tax Id	Billing Address	Setup Selection		File Delivery Method	Vendor ID	Vendor Source	Category	Record ID
					ERA	EFT					
<input checked="" type="checkbox"/>	DDS	G			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				MD	C721421355BD
<input checked="" type="checkbox"/>	DENTAL OFFICE OF DDS	G			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A & E Billing Services INC	597766		DT	M140040265092

[Next >](#)

To stop using ERA/EFT, select Cancel ERA/EFT from the Request Type drop-down menu. Select the providers for whom you want to cancel ERA/EFT, then click Next.

*Required Field

* Request Type : Select Request Type Please Select a Request Type in order to select a record

Provider Demographics

Warning: Selecting multiple provider types, such as group and facility, will cause the remits to be combined to a single 835 data file for delivery. The NPI reported on the 835 data file for the N1 segment will contain the first NPI of the first entity in the 835 file.

Please review ALL listings contained on each tab (Group, Facility, Individual and Other) to ensure a correct and complete setup.

All Group Facility Individual Other

Select Providers	Provider Name	Type	Tax Id	Billing Address	Setup Selection		File Delivery Method	Vendor ID	Vendor Source	Category	Record ID
					ERA	EFT					
<input checked="" type="checkbox"/>	DDS	G			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				MD	C721421355BD
<input checked="" type="checkbox"/>	DENTAL OFFICE OF DDS	G			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A & E Billing Services INC	597766		DT	M140040265092

Next

The Cancel ERA/EFT page will display. From the drop-down menu, select the reason you would like to cancel ERA/EFT. If you select Other, you can use the free-form text field to provide a reason. When completed, click Next.

Humana

ERA/EFT setup request and change form

[Home](#) [Help](#) [FAQ](#)

Cancel ERA/EFT

*Required Field

Person submitting enrollment : Gordon Bombay
 Person submitting enrollment email : gbombay@humana.com
 Person submitting enrollment confirm email : gbombay@humana.com
 Person submitting enrollment phone number : 9205551234
 Person submitting enrollment phone extension :

Provider Demographics

Provider Name	Tax Id	Billing Address	Setup Selection		Clearinghouse Name	Vendor ID	Provider Category	Record ID
			ERA	EFT				
OFFICE OF DDS			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	A & E Billing Services INC	597766	DT	M140040265092

Cancel ERA/EFT

*Please indicate below why you would like to cancel your ERA/EFT


Select Reason

If other is selected, please specify

Back Next

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The next page will display with a final validation that you want to cancel ERA/EFT. Click Yes to continue.



ERA/EFT setup request and change form

[Home](#)
[Help](#)
[FAQ](#)

[Print for your records](#)
[Print](#)

Cancel ERA/EFT


Are you sure you want to cancel ERA and EFT for the selected TAX ID number?

Note: If you cancel ERA/EFT you will only receive paper checks and paper remits.

[Yes >](#)
[No >](#)

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The confirmation page will display. You can click the Print button in the upper right corner to print the confirmation for your records.



ERA/EFT setup request and change form

[Home](#)
[Help](#)
[FAQ](#)

[Print for your records](#)
[Print](#)

Cancel ERA/EFT

Confirmation #: 740005

Date Submitted: 10/30/2019 1:37:42 PM

Updates are scheduled to be applied on: 11/20/2019 1:37:42 PM

Updates made to:

	DDS
	DDS

Please note:

- You can cancel ERA only if you do not receive EFT. If you receive EFT from Humana, you must also be set up for ERA.
- If your ERA/EFT setup was initiated through EnrollHub™, a CAQH EFT/ERA Solution™, please contact CAQH to cancel the setup.

For additional information or questions about ERA/EFT changes, please refer to the Help guide on the ERA/EFT tool page.