



Contracted Provider Claims Submission

This help guide includes the process for entering contracted provider claims for payment by the CMH.

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How to Enter Professional Claim using HCFA-1500 Form

1. Click “*Claim Submission (AP)*” on the Main Menu.
2. Click the “*Step (1) – Enter New Claims*” link to the right of the Main Menu and the following screen will display:

Provider Test Provider (2628) Phone	Location Type Contracted Service Provider Fax	Address 12345 Fake St Detroit, MI 48202
--	--	--

Case #: <input type="text"/>	Last Name: <input type="text"/>
Authorization Number: <input type="text"/>	
<input type="checkbox"/> Check this box to show all authorizations If not checked, only authorizations that expired less than a year ago will be shown.	
Provider: <input type="text" value="2628"/>	Test Provider <input type="text"/>
<input type="button" value="lookup"/>	<input type="button" value="clear"/>
<input type="button" value="SEARCH"/>	

To enter a claim, find the approved authorization you wish to base the claim on in the list below and click **Enter HCFA-1500** or **Enter UB-04**.
If you cannot find the Authorization in the list or if there are no more available units for you to claim on an authorization, contact your CMH Support Coordinator to issue an Authorization.

3. Search for the Client by Case #, Last Name or Authorization Number.

1 Authorizations

Authorization #	Affiliate	Provider Name	Client Name	Authorization Effective	
2104A0000026	Pines BHS	Test Provider	Green Apple (00030002)	04/01/21 - 04/28/22	View Authorization Enter HCFA-1500
Authorized Service Description		Units Authorized	Units Claimed	Units Paid	Units Available
H2015	CLS Professional, CLS Parapro	30 Per Auth Total:30	8	6	24
		04/01/21-04/28/22			

4. To enter a claim, Click “Enter HCFA-1500” to the right of the authorization that is associated with the service date and type.

5. Following the steps outlined above, Latitude 43 will now display the HCFA-1500 Claim form below:

Authorization # 2104A0000026	Provider Name Test Provider	Authorization Effective 04/01/21 - 04/28/22	Status Approved
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Authorized Service Description	Units Authorized	Units Claimed to Date	Units Paid to Date	Units Available
H2015 CLS Professional, CLS Parapro	30 Per Auth Total:30	8	6	24
		View Rates		04/01/21-04/28/22

Health Insurance Claim Form

Claim Batch
NEW BATCH

Patient's Name 00030002 APPLE GREEN Medicaid Eligibility Inquiry	3. Patient Birthdate 03/30/1995	Sex <input type="radio"/> Male <input checked="" type="radio"/> Female	4. Insured's Name APPLE GREEN
5. Patient's Address 123 FAKE ST	6. Patient relation to insured <input checked="" type="radio"/> Self <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Other		7. Insured's Address 123 FAKE ST
City COLDWATER	State MI	8. Patient Status <input checked="" type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Other	City COLDWATER
Zip Code 49036	Telephone 3333333333	<input type="radio"/> Employed <input type="radio"/> FT Student <input type="radio"/> PT Student	Zip Code 49036
Telephone 3333333333			Telephone 3333333333

21. Diagnosis Codes
1) F10.180 [lookup](#)

2) [lookup](#)

3) [lookup](#)

4) [lookup](#)

[Add More Detail Lines](#)
[Expand All](#)
[Contract All](#)

24.	A	B	C	D	E	F	G	H	I	J	K
Dates Of Service	POS	TOS	Procedures/ Service	Diagnosis	Charges	Units	Family Plan	EMG	COB	Local Use	
From To			CPT/HCPCS Mod(s)								

6. Verify you have the correct authorization, Client, etc. Several fields are read-only and cannot be modified. Below are some field descriptions:

- Claim Batch – Use the drop-down menu to select the batch number that you would like the claim to be added to. If no batch exists, the only option will be “NEW BATCH.”
- Medicaid Eligibility Inquiry- allows you to run a Medicaid verification.
21. Diagnosis Codes – Diagnosis may pre-populate here from the Client’s record in the sequence in which they are listed in the Client’s chart. Use the “Lookup” as needed to search for and select the diagnosis.
- Add More Detail Lines, Expand All, Contract All – These links adjust the rows below.
24. (Detail Lines) – The CPT codes and modifiers related to the authorization that is at the top of the screen will pre-populate the claim detail area of the form as a help and reminder to which claims can be

added within this claim form. Enter claims and/or delete the pre-populated information as needed to create an accurate claim for the date(s) of service.


	24.	A		B	C	D				E	F	G	H	I	J	K	
		Dates Of Service				POS	TOS	Procedures/ Service									Diagnosis
		From	To			CPT/HCPCS	Mod(s)										
+ Copy				?		H2015				1							
+ Copy				?													
+ Copy				?													
+ Copy				?													

- Dates of Service – Enter the first date of the service in the “From” field. Enter the last date of the service in the “To” field. If this service is to be reported per date of service, enter the same date in the “From” and “To” fields.
 - POS (Place of Service) – Enter the place of service numeric value.
 - TOS (Type of Service) – (May be left blank).
 - CPT/HCPCS – Latitude 43 will automatically enter the CPT/HCPCS code(s) listed in the authorization.
 - Mod(s) – Add modifier(s) as needed.
 - Diagnosis – Latitude 43 will automatically indicate that this claim pertains to the diagnosis listed in section 21 box 1 above; modify as needed.
 - Charges – Enter the total charges for this service line.
 - Units – Enter the total number of units for this service line.
 - Family Plan, EMG, Local Use – read-only fields.
 - COB (Coordination of Benefits) – This field is not used. See below for COB information.
7. For services that require you to report the time of service, rendering staff NPI, and/or to enter COB information, Click the [+](#) button to the left of the service or Click “Expand All” link above the detail lines.

	24.	A		B	C	D				E	F	G	H	I	J	K	
		Dates Of Service				POS	TOS	Procedures/ Service									Diagnosis
		From	To			CPT/HCPCS	Mod(s)										
- Copy				?		H2015				1							
<div> <div> 1 Time of Service From: <input type="text"/> AM <input type="text"/> To: <input type="text"/> AM <input type="text"/> </div> <div> 2 Allowed Amount: <input type="text"/> 3 Paid Amount: <input type="text"/> 4 HIPAA Adjustment Reason Code ? <input type="text"/> </div> <div> 5 Staff: <input type="text"/> lookup clear <input type="checkbox"/> Check to specify Rendering Provider not in the system Notes: <input type="text"/> Prefill COVID-19 Telehealth Note Video Audio-Only </div> </div>																	


- Enter begin and end time of the service (if required/applicable).
- Enter the COB Allowed Amount – This is the amount that is allowed by the 3rd party insurance company for this line of service.
- Enter the COB Paid Amount – This is the amount that was paid by the 3rd party insurance company for this line of service.
- Enter the COB HIPAA Claim Adjustment Reason Code – This is the standard HIPAA (Medicaid) adjustment reason code for this COB payment.

Contracted Provider Claims Submission

- e. To enter the Staff who performed the service, click the “Lookup” button to the right of the “Staff” field and search for and select the Client.
 - If the provider is not in the system, click in the box and add name, NPI number and any notes.
8. If desired, click the  button to collapse the data entry field or click the “Contract All” link above the detail lines (the information will be hidden in the screen, not deleted).
9. Latitude 43 has a *Copy* link to assist entering data; the *Copy* link will allow you to copy a service detail line and make it applicable to multiple service dates. To use the copy function:
 - a. Complete the service detail line
 - b. Click the “Copy” link to the left of the line and a calendar will appear:

Select All April 2021 Unselect All

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>	15 <input type="checkbox"/>	16 <input type="checkbox"/>	17 <input type="checkbox"/>
18 <input type="checkbox"/>	19 <input type="checkbox"/>	20 <input type="checkbox"/>	21 <input type="checkbox"/>	22 <input type="checkbox"/>	23 <input type="checkbox"/>	24 <input type="checkbox"/>
25 <input type="checkbox"/>	26 <input type="checkbox"/>	27 <input type="checkbox"/>	28 <input type="checkbox"/>	29 <input type="checkbox"/>	30 <input type="checkbox"/>	


CREATE DETAIL LINES CANCEL COPY

- c. Place a checkmark in the days the service took place (as a shortcut, you can click “Select All” or “Unselect All” as needed)
 - d. Click “Create Detail Lines” button and dates you selected will populate into the service lines section.
 - e. Update remaining sections including adding any comments as needed.
 - f. Click “Save”.
10. Continue to add claims to the batch by selecting the search for the next Client.
 11. When finished entering claims, return to the Main Menu and select “Step (2) - Review and Send Batch of Entered Claims to CMH for Payment”

How to Enter Institutional Claim using UB-04 Form

1. Click “Claim Submission (AP)” on the Main Menu.
2. Click “Step (1) Enter New Claims” link to the right of the Main Menu and the following screen will display:
3. Search for the Client by Case #, Last Name or Authorization Number.

Provider Test (2627) Phone	Location Type Hospital Fax	Address 1234 Fake St Detroit, MI 48202
----------------------------------	----------------------------------	--

Case #: Last Name:

Authorization Number:

☐ Check this box to show all authorizations
If not checked, only authorizations that expired less than a year ago will be shown.

Provider: 2627 Test

To enter a claim, find the approved authorization you wish to base the claim on in the list below and click **Enter HCFA-1500** or **Enter UB-04**.
If you cannot find the Authorization in the list or if there are no more available units for you to claim on an authorization, contact your CMH Support Coordinator to issue an Authorization.

1 Authorizations

Authorization #	Affiliate	Provider Name	Client Name	Authorization Effective	
2104A0000018		Test	Broc Olli (00030001)	04/28/21 - 04/29/21	View Authorization Enter HCFA-1500 Enter UB-04
Authorized Service Description		Units Authorized	Units Claimed	Units Paid	Units Available
01XX	Inpatient Hospitalization	1 Per Day Total:2	0	0	2
		04/28/21-04/29/21			

- Click "Enter UB-04" link to the right of the authorization that is associated with the service date and type.
- Verify and update the following information (several fields are read-only):

Authorization # 2104A0000018	Provider Name Test	Authorization Effective 04/28/21 - 04/29/21	Status Approved
Authorized Service Description 01XX Inpatient Hospitalization	Units Authorized 1 Per Day Total:2	Units Claimed to Date 0	Units Paid to Date 0
		View Rates	Units Available 2 04/28/21-04/29/21

UB-04 HCFA-1450																					
Claim Batch NEW BATCH																					
Name and Address of Facility TEST 1234 FAKE ST DETROIT, MI 48202				Billing Name and Address TEST 1234 FAKE ST DETROIT, MI 48202				Billing NPI (VERIFY) <input type="text"/>													
3. PATIENT CONTROL NUMBER 00030001				6. STATEMENT COVERS PERIOD FROM THRU				7. COV D	8. N-C D	9. C-I D	10. L-R D										
12. PATIENT NAME 00030001 OLLI BROC Medicaid Eligibility Inquiry				13. PATIENT ADDRESS 1234 GARDEN ROW COLDWATER MI 49036																	
14. BIRTHDATE 01/01/1999		15. SEX M	16. MS S	5. ADMISSION 17. DATE 04/28/2021				18. HR	19. TYPE	20. SRC	21. D HR	22. STAT	23. MEDICAL RECORD NO	CONDITION CODES 24. 25. 26. 27. 28. 29. 30. 31.							

- Claim Batch – Use the drop-down menu to select the batch number for the claim. If no batch exists the only option will be "NEW BATCH." You may use the "NEW BATCH" option to begin a new batch at any time.
- Box 3 - Patient Control Number – This is the Client's Latitude 43 member ID and it will be automatically filled-in.

- c. Box 6 - Statement Covers Period From/To – The dates associated with the Latitude 43 authorization will automatically pre-fill; change date(s) as needed to reflect the actual dates for this claim. Note: the dates must fall within the authorization date range.
 - d. Medicaid Eligibility Inquiry – allows you to run a Medicaid verification.
 - e. Box 17 – Admission Date – Enter the inpatient admission date associated with this claim.
6. Detail Lines – Enter the following information in the applicable boxes. Enter a detail line for each date of service or date range of services. “PLEASE NOTE” – Only services with a day unit can be reported in date ranges. All other service units, i.e. 15-minute, hour and encounters, are reported per date or service.

	From	To	42. REV CD	Mod	43. DESCRIPTION	44. HCPCS	45. SERV. DATE	46. SERV UNITS	47. TOTAL CHARGES	48. NON-COVERED CHARGES	49.
1	1		2	3		4		5	6		
2											
3											
4											
5											
6											

66. DIAG. CD (PRIN)		CODE (ADMIT)		CODE		CODE	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
<input type="button" value="lookup"/>		<input type="button" value="lookup"/>		<input type="button" value="lookup"/>		<input type="button" value="lookup"/>	

73. PC	74. PRINCIPAL PROCEDURE		OTHER PROCEDURE		OTHER PROCEDURE		76. ATTENDING PHYSICIAN ID. (Last, First, NPI)
	CODE	DATE	CODE	DATE	CODE	DATE	
	<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"/>	
	OTHER PROCEDURE		OTHER PROCEDURE		OTHER PROCEDURE		78. OTHER PHYSICIAN ID.
	CODE	DATE	CODE	DATE	CODE	DATE	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
80. REMARKS							78. OTHER PHYSICIAN ID.
<input type="text"/>							
characters left: 1024							

TOTAL PRIOR PAID AMOUNT		CO-INSURANCE AMOUNT
<input type="text"/>		<input type="text"/>

- a. From/To Dates – Enter the first date of the service in the “From” field. Enter the discharge date in the “To” field.
- b. REV CD – Latitude 43 may automatically enter the Revenue Code listed in the authorization. Note: if the authorization uses the generic bundled code such as 01XX, change it to the appropriate code that is being billed, for example, 0100.
- c. Mod – Add modifier(s) as needed.
- d. HCPCS – Not used on the UB-04 in Latitude 43 Professional service must be reported on a separate HCFA-1500 form.
- e. SERV UNITS – Enter the total number of units (days) for this service line. Note: Since the discharge date is not paid, the number of units should represent the number of nights in the date range.
- f. Total Charges – Enter the total charges for this service line.

Contracted Provider Claims Submission

- g. Diagnosis – Principal and code diagnoses are required fields. If a diagnosis exists in the Client's record, Latitude 43 will automatically pre-fill the PRIN field. If no diagnosis exists in either field, click "Lookup" to search for and select the diagnosis. Please enter both Diag CD and Code (Admit).
- h. Attending Physician - Please fill in the last name, first name, and NPI of the attending physician.
- i. Remarks – Enter notes as needed.

7. Click "Save" button.
8. Continue to add claims to the batch by searching for the next Client.
9. When finished entering claims, return to the Main Menu and select "Step (2) - Review and Send Batch of Entered Claims to CMH for Payment"

How to Adjudicate Claims, Make Changes and Send a Batch of Claims for Processing

Use this link to view a list of claim that have been entered into batches. You can review the claims in each batch and send to the CMH for payment. Each step below builds on the previous step.

1. Click "Claim Submission (AP)" on the Main Menu.
2. Click "Step (2) – Review and Send Batch of Entered Claims to CMH for Payment" link to the right of the Main Menu and the following screen will display:

Provider:	<input type="text"/>	lookup clear
For Batch Dates:	<input type="text"/> thru <input type="text"/>	
Batch Number:	<input type="text"/>	SEARCH

1 Claim Batch(es) - Ready

Batch Number	Billing Provider	Batch Date	Claims	Total Billed/ Payable	
000003 Regular	Test Provider (2628) - pce_megan	04/29/2021	1	40.00 0.00	View Claims in Batch Adjudication Report Submit Claims to CMH View Batch Info

Adjudicate Claims

You must run a preliminary adjudication report for the claims batch prior to sending the batch to the CMH for payment. The adjudication report is used to determine whether there are any data entry errors.

Batch Number	Billing Provider	Batch Date	Claims	Total Billed/ Payable	
000003 Regular	Test Provider (2628) - pce_megan	04/29/2021	1	40.00 0.00	View Claims in Batch Adjudication Report Submit Claims to CMH View Batch Info

1. Click "Adjudication Report" link to the right of the batch. The following message will appear.

Provider: lookup clear


For Batch Dates: thru

Batch Number: SEARCH

Your request is being processed. Once the file has been generated, you can access it by clicking on the message icon (✉) at the top of the screen.

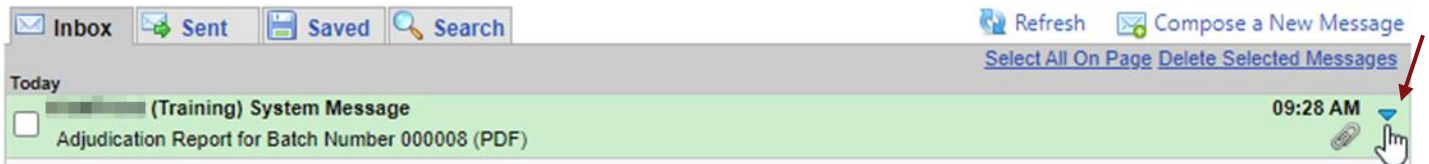
1 Claim Batch(es) - Ready

Batch Number	Billing Provider	Batch Date	Claims	Total Billed/ Payable	
000003 Regular	Test Provider (2628) - pce_megan	04/29/2021	1	40.00 0.00	View Claims in Batch Adjudication in Progress Submit Claims to CMH View Batch Info

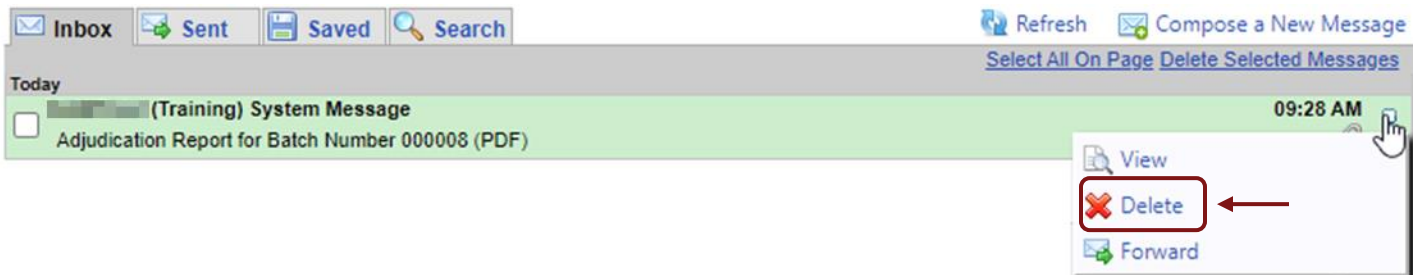
- You can choose to click "Search" to refresh the screen and the "Adjudication in Progress" message will disappear and the Payable amount will change based on the Adjudication process.
- Click the  icon in the upper left corner of Latitude 43 to retrieve the Adjudication Report from your System Messages.
- Click on the message to open the report.



- You can delete the Adjudication Report from your system message by hovering over the far right of the message until you see the Blue arrow appear.



- Click on the blue arrow to view the menu option and click "Delete" as needed to remove the report.



Correct Claims in a Batch

- From Step 2, click "View Claims in Batch" to access all claims in the batch.

Batch Number	Billing Provider	Batch Date	Claims	Total Billed/ Payable	
000003 Regular	Test Provider (2628) - pce_megan	04/29/2021	1	40.00 0.00	View Claims in Batch ← Adjudication Report Submit Claims to CMH View Batch Info

- For each claim in the batch you will have a link to View, Change or Delete. Use these links as needed to adjust the claim information. If you do not see the Change or Delete link, you may need to *Take Over the Batch*. Please see the next step in this manual.

Important Note

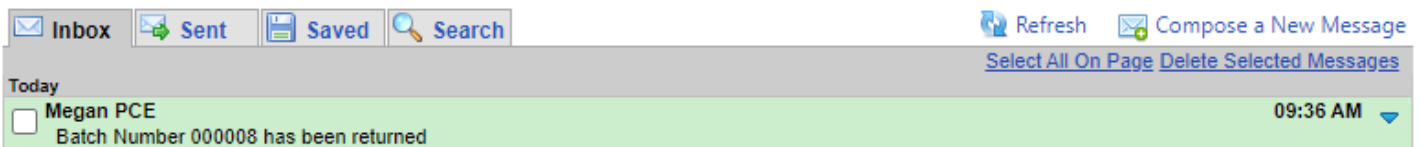
If you make changes to any of the claims in the batch after running the Adjudication Report, you will need to re-run the adjudication report again.

You can run the adjudication as many times as needed until the Payable amount reflects your expectation for that batch before submitting the batch to the CMH for payment.

Batch Returned to the Provider

As a practice, please always re-visit Step 2 after submitting batches to the CMH. In this manner, you can check whether any claims have been reviewed by the CMH and returned to you for any reason.

- If you submitted a batch of claims which subsequently was returned to you by the CMH, you - the sender - will receive a system message within Latitude 43.



- Check System Messages and click on the message to view the Comment that was entered by the CMH staff as they are required to enter a reason for returning the batch to the provider.
- Returned batches are always sent back to Step 2.

Provider: lookup clear

For Batch Dates: thru

Batch Number: SEARCH

1 Claim Batch(es) - Ready

Batch Number	Billing Provider	Batch Date	Claims	Total Billed/ Payable	
000003 Regular	Test Provider (2628) - pce_megan	04/29/2021	1	40.00 0.00	View Claims in Batch View Comments ← Adjudication Report Submit Claims to CMH View Batch Info

- From Step 2, click on the link "View Comments" above and the following screen will appear:

1 Comments

Date & Time	Returned By	Returned To	Comments
04/29/2021 04:20:34 PM	Megan PCE	Megan PCE	Batch number 000003 has been returned for the following reason(s): Please adjust claims as discussed on the phone

- As needed, modify your claim(s) in the batch, run the Adjudication Report again, and re-submit to the CMH.

Take Over a Batch

1. If you are not the owner of a batch, you cannot change or delete the claims within the batch. You also cannot submit the batch to the CMH for payment. There may be times where it is necessary to transfer ownership of a batch.
2. From Step 2, click the *“Take Over Batch”* link to the right of the batch you wish to work on

For Batch Dates:	<input type="text"/>	thru	<input type="text"/>	<input type="button" value="SEARCH"/>
Batch Number:	<input type="text"/>			

2 Claim Batch(es) - Ready

Batch Number	Billing Provider	Batch Date	Claims	Total Billed/ Payable	
000781 Regular	Test Provider (150) - pce_nikki	02/27/2019	1	500.00 0.00	View Claims in Batch Adjudication Report Take Over Batch View Batch Info
000780 Regular	Test Provider (150) - pce_ntest	02/27/2019	1	150.00 120.00	View Claims in Batch Adjudication Report Submit Claims to CMH View Batch Info

3. The batch then becomes assigned to you. Follow the steps above to modify it as needed.

Submit Claims for Payment

Once the batch is ready, i.e. all claims have been entered and all corrections have been made, send the batch to the CMH for payment.

1. From Step 2, click *“Submit Claims to the CMH”* link to the right of the batch you wish to send.

Batch Number	Billing Provider	Batch Date	Claims	Total Billed/ Payable	
000004 Regular	Test Provider (2628) - pce_megan	04/29/2021	1	40.00 0.00	View Claims in Batch View Comments Adjudication Report Submit Claims to CMH ← View Batch Info

2. If you need to find the batch once it has been sent, click the Home button and then click *“View all Batches and Claims”*.

View Payments

Follow the steps below to view checks or electronic fund transfers and view or print the remittance advice and explanation of benefits.

1. Click *“Claim Submission (AP)”* on the Main Menu
2. Click *“Step (3) – View Checks and Print EOB”* link to the right of the Main Menu and the following screen will display:

Provider	Check # / EFT	Check Date	Check Amount	
Test Provider	#1111111	04/29/2021	\$40.00	View Change Print Remittance (Short) Print Remittance Advice Print EOB View Payment Requests

3. The checks/EFT will display. You can filter the list by check number and/or check date.

Print Remittance Advice

- From Step 3, click “*Print Remittance*” link to the right of the check/EFT information.

Provider	Check # / EFT	Check Date	Check Amount	
Test Provider	#1111111	04/29/2021	\$40.00	View Change Print Remittance (Short) Print Remittance Advice ← Print EOB View Payment Requests

- The report will open in a pop-up window.

Print Explanation of Benefits

- From Step 3, click “*Print EOB*” link to the right of the check/EFT information.

Provider	Check # / EFT	Check Date	Check Amount	
Test Provider	#1111111	04/29/2021	\$40.00	View Change Print Remittance (Short) Print Remittance Advice Print EOB ← View Payment Requests

View All Batches and Claims

Use this link to view all batches and claims submitted by you regardless of the batch status.

- Click “*Claim Submission (AP)*” on the Main Menu.
- Click “*All Batches and Claims*” link to the right of the Main Menu.

Provider: lookup clear
 Batch Status: ☒ All ☐ Unsent / Data Entry ☐ Sent to CMH for Payment ☐ Adjudicated
☐ Approved for Payment ☐ Sent to GL / Paid
 For Batch Dates: 02/28/2021 thru
 Batch Number: SEARCH

4 Claim Batch(es)

Batch Number	Billing Provider	Batch Date	Batch Status	Claims	Total Billed/ Payable	
000004 Regular	Test Provider (2628) - pce_megan	04/29/2021	Claim Data Entry	1	40.00 0.00	View Claims in Batch View Comments Adjudication Report View Batch Info
000003 Regular	Test Provider (2628) - pce_megan	04/29/2021	Claim Data Entry	1	40.00 0.00	View Claims in Batch View Comments Adjudication Report View Batch Info
000002 Paper	Test Provider (2628) - pce_megan	04/29/2021	Paid / Sent to GL	1	40.00 20.00	View Claims in Batch Adjudication Report Print EOB View Batch Info

Upload EDI 837 Claims File

Uploading an 837 file allows you to skip Step 1 and proceed to Step 2.

- Click “*Claim Submission (AP)*” on the Main Menu.

Contracted Provider Claims Submission

- Click “Upload EDI 837 Claims Files” link to the right of the Main Menu. The following screen will open and staff will need to select “here” to proceed to the next steps.

Provider: [lookup](#) [clear](#) [SEARCH](#)

File Type: EDI 837 Claims File

File ID:

[Click here to upload a new EDI 837 Claims File](#)

0 Batches

File ID	Provider	Notes	Date/Time Submitted	Status	

- Follow the instructions on the screen.

Upload EDI

STEP 1 - Select the file to upload

I. Select a file to upload.
Files to be uploaded cannot exceed 30MB. Try compressing (ZIP) large files.

[Choose File](#) No file chosen

II. Click “Upload” to begin uploading the file you’ve selected. This may take several minutes depending on the file size.

[Upload](#)

STEP 2 - File Information

To identify the file that you are uploading, please complete the following information.

File Type
EDI 837 Claims File

File Description/Notes

STEP 3 - Authentication

For authentication purposes, type in your **ViewPoint (Development) (Training)** password and click Finalize Upload.

Password:

[Finalize Upload](#) [Cancel](#)

- After finalizing the upload, you can view the status in the same place where it was uploaded.

Provider: [lookup](#) [clear](#) [SEARCH](#)

File Type: EDI 837 Claims File

File ID:

[Click here to upload a new EDI 837 Claims File](#)

51 Batches [PREVIOUS](#) Page 3 of 3 [NEXT](#)

File ID	Provider	Notes	Date/Time Submitted	Status	
14	GT Financial Services LLC		11/15/2016 11:35 AM	File Rejected	Delete Reprocess View Download 837 Error Report ← Download Uploaded 837 Claims File

- If errors exist, click “Download 837 Error Report” to view the details of the errors.
- Correct the errors in your originating system and then recreate the 837 file and upload it to Latitude 43 again.