

# USING THE GHP CLAIMS INQUIRY SITE FOR CLAIMS INFORMATION

MARCH  
2024

The Change Healthcare cybersecurity incident has temporarily affected the availability of both PDF and paper versions of Explanation of Benefits (EOB) documents for GHP participants. Many participants submit these documents for reimbursement from Flexible Spending Accounts (FSA) or Health Savings Accounts (HSA) or for out-of-pocket expenses related to the claim.

While the typical formatted EOB document is not currently available, most of the claim information it contains can still be accessed through the GHP Claims Inquiry Site.

## Information that *is* available online and on the EOB:

- Patient name
- Claim status
- Service dates
- Transaction number (claim number/ID)
- Account number
- Provider/practitioner name
- Service description
- Billed amount
- Amount paid by NTCA (discount)
- Amount paid to the provider, if applicable

## Information that is *not* available online and on the EOB:

- Participant birthdate
- Relationship to participant
- Claim appeal information

Follow the instructions below to retrieve claim information online.

## 1 LOG IN TO THE GHP CLAIMS INQUIRY SITE

- Navigate to [ntca.org/MyGHPClaims](https://ntca.org/MyGHPClaims)
- Enter your Username and Password to access your account

### TIPS:

- If you have not registered for an account, use the *New Member Registration* Link.
- Likewise, use the *Forgot Username or Password* link if you do not remember your credentials.

The screenshot shows the NTCA Benefits website interface. At the top, it says "NTCA BENEFITS THE RURAL BROADBAND ASSOCIATION". Below this is a "Site Sign In" form with fields for "Username" (containing "jjas@ntca.org") and "Password" (masked with asterisks). There are links for "New Member Registration" and "Forgot Username or Password". To the right of the form is a banner image of a family sitting on a couch with a laptop, with the text "Group Health Program Claims Information Site". Below the form and banner are sections for "Attention" (warning of account disabling after 3 failed attempts) and "Welcome" (providing instructions for coverage selection, ID cards, and registration).

## 2 ACCESS CLAIM DETAIL

- Find the *Recent Claims* section in the center of the *Member Dashboard* home screen.
- Click the *Claim ID* link to view additional details about a claim.

## 3 VIEW DEDUCTIBLE INFORMATION

- Find the *Benefits Used* section at the bottom of the *Member Dashboard* home screen.
- Click the *Details* link to view additional deductible details for each covered individual.

ABC TELCO (NTP - 12345)

**Member Dashboard**

**User Details**

**Participant, John**

NTCA GHP

Primary Insured

Sign Out

**Current Coverages**

Coverage Type	Coverage Name	Effective Date	Termination Date	Premium PPP	Covered Dependents
<a href="#">Health</a>	PREFERRED HDHP 7000 FAM	11/08/2021		0.00	JOHN (S), MARY (CH)
<a href="#">Dental</a>	DENTAL FAM	11/08/2021		0.00	JOHN (S), MARY (CH)
<a href="#">A &amp; S</a>	STD 01/50%	11/08/2021		0.00	JOHN (S)
<a href="#">LTD</a>	PLTD 13	11/08/2021		0.00	JOHN (S)

**Member Info**

**JOHN PARTICIPANT (INSURED)**

**Alternate ID:** 000123456

**Group Name:** ABC TELCO

**Group ID:** 12345

**Subgroup Name:** ABC TELCO

**Subgroup ID:** 123456.ACT

**Recent Claims**

Claim ID	Claim Type	Patient	Service Date	Billed	Paid	Provider	Status	EOB
<a href="#">123455</a>	Health	JOHN (S)	03/06/2024	\$14.25	\$0.00	Pharmacy Benefit	Paid	<input type="checkbox"/>
<a href="#">123456</a>	Health	JOHN (S)	12/06/2023	\$780.00	\$426.37	Sample Provider	Paid	<input type="checkbox"/>
<a href="#">123457</a>	Dental	MARY (CH)	01/15/2024	\$323.00	\$323.00	Sample Dentist	Paid	<input type="checkbox"/>
<a href="#">123458</a>	Dental	JOHN (S)	01/15/2024	\$433.00	\$394.11	Sample Dentist	Paid	<input type="checkbox"/>

[CLICK TO VIEW CLAIM DETAIL](#)

Don't see the claim you're looking for? [Search Claims](#)

**Benefits Used**

Plan Year: 2024

**Medical** **Dental**

	Out of Pocket Spending	Deductible	Copay	Coinsurance	Annual \$ Paid by your Plan		Lifetime \$ Paid by your Plan
					Individual	Individual	
<b>Member</b>		<b>Ind/Fam</b>	<b>Ind/Fam</b>	<b>Ind/Fam</b>	<b>Individual</b>	<b>Individual</b>	
JOHN PARTICIPANT		\$14.25/\$75.94	\$0.00/\$0.00	\$0.00/\$0.00	\$0.00	\$980.22	
MARY PARTICIPANT		\$61.69/\$75.94	\$0.00/\$0.00	\$0.00/\$0.00	\$0.00	\$412.94	

[Details](#)   [Plan Limit Maximums](#)

**DEDUCTIBLE INFORMATION**

\* The dollars displayed in this section are used to satisfy Annual/Plan Year Deductible and/or Coinsurance Limits. To see other out-of-pocket dollars used (such as Copay), please use the appropriate filter in the 'Additional Search Options' drop down list on the Claim Search page.

The dollars displayed in this section do not contain prior year Deductible Carry Forward amounts.

**Claim Details**

**Claim Information Detail - [Health]**

**Patient:** JOHN PARTICIPANT  
**Status:** Paid  
**Service Dates:** 12/06/2023 - 12/06/2023  
**Trans #:** 123456  
**Account #:** 12345678900

**Process Date:** 01/23/2024  
**Provider:** Sample Provider  
**Practitioner:**

Service Date	Service Description	# Units	Billed Amount	Less Discount	Less Excluded	Less Adjust	Less Copay	Less Deduct	Equals (X) Amount	(%)	(=) Benefit
12/06/2023	Professional Service	1	\$250.00	\$148.63					\$101.37		\$101.37
12/06/2023	Professional Service	1	\$530.00	\$205.00					\$325.00		\$325.00
<b>TOTALS:</b>			<b>\$780.00</b>	<b>\$353.63</b>					<b>\$426.37</b>		<b>\$426.37</b>

**PAID PROVIDER:** Check #: 12345678-0001      **Check Date:** 01/23/2024      **\$426.37**

**PAYEE:** SAMPLE PROVIDER  
 PO BOX 123 ASHEVILLE, NC 28803

**COMMENTS:** - Paid in accordance with UnitedHealthcare Choice Plus PPO. For questions please call 1-828-281-9000.

[Back to Member Dashboard](#)

## 4 VIEW CLAIM DETAIL

- The *Claim ID* link opens a new window with most of the same information that is included in the Explanation of Benefits document.
- From this window, use the *Print* function in your browser to print a hard copy or *Save as a PDF*.