



Provider Portal Companion Guide

HRSA COVID-19 Coverage Assistance Fund
Administered by The SSI Group

HRSA CAF Phone Support: (833) 967-0770 | TTY: (888) 970-2920
Hours: 8:00 AM to 8:00 PM, EST
Publish Date: October 2021

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Enrollment

To enroll in the program, visit <https://covid19coverageassistance.ssigroup.com/Enroll> to start your enrollment. If you are already registered, select “Login Here” at the top right-hand side of the page to continue. If you have not registered, fill in the necessary information on the provider registration form shown in Figure 1. Read the “Insurance Confirmation” and select the “I attest to this statement” box at the bottom of the screen, then click “Submit.”

Figure 1 | Provider Registration Form

Provider Registration

HRSA
Health Resources & Services Administration

Already registered? [Login here.](#) Text Resize **A A A**

This registration is for claim submission to the COVID-19 Coverage Assistance Fund. Please submit the completed form and we will contact you to complete the registration process.

After successful submission of FTN and NPI, we will contact you to complete account setup.

Coverage Assistance Fund

Provider Details

Provider Name* Billing NPI* Billing Federal Tax Number*

Address* City* Select State* Zip Code*

System Administrator Information

First Name* Last Name* Phone Number*

Email* Confirm Email*

Password* Confirm Password*

Account Administrator Contact Same as System Administrator

First Name* Last Name* Phone Number*

Email* Confirm Email*

*Indicates Required Field

Insurance Confirmation

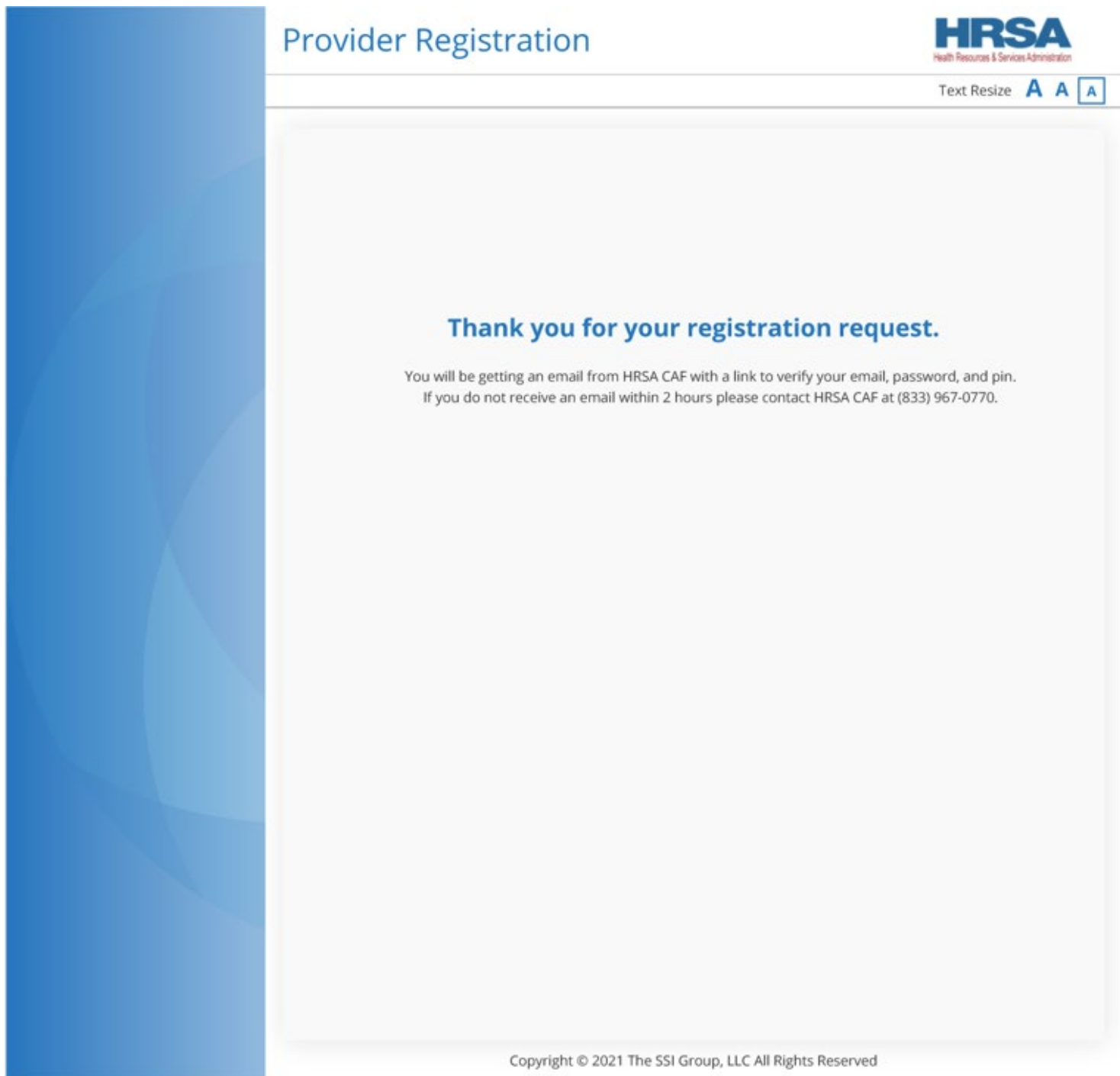
The U.S. Department of Health and Human Services will provide reimbursements directly to eligible health care providers for FDA licensed or authorized COVID-19 claim vaccine administration provided to individuals whose healthcare coverage does not include the vaccination administration as a covered benefit or only provides partial reimbursement. As part of this step, you should make best efforts that claims submitted to the HRSA COVID-19 Coverage Assistance Fund are for insured individuals for whom all insurance benefits have been exhausted. The claims you will file will only be for balances remaining for COVID-19 vaccine administration fees after remittance has been received from all other known healthcare coverage for each patient at time of service.

I'm not a robot reCAPTCHA Privacy - Terms I attest to this statement **Submit**

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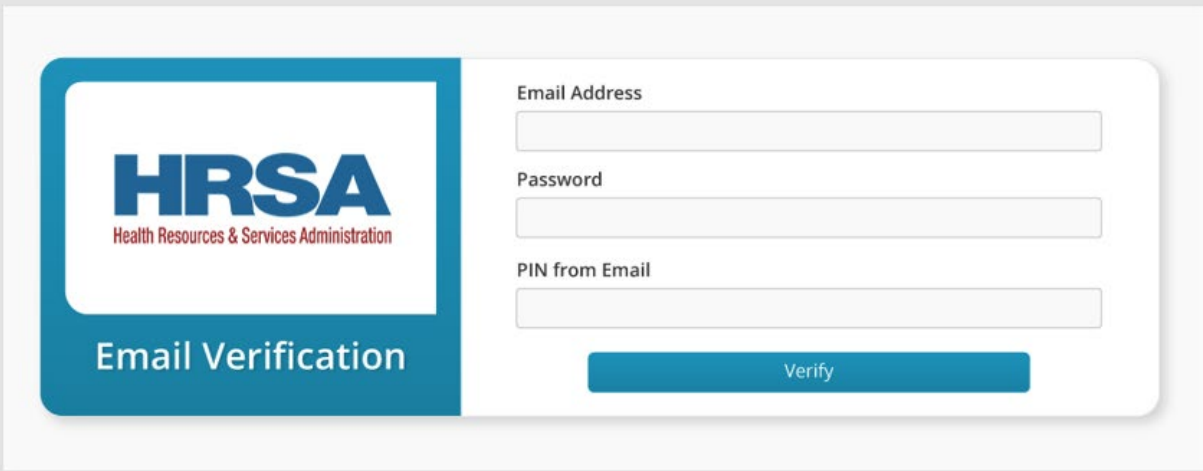
Once your form has been submitted the below will display (Figure 2).

Figure 2 | Provider Registration Confirmation



You will then receive an email confirmation from “no-reply@ssigroup.com” with a link to verify your email, password, and pin (Figure 3). If you do not receive an email within two hours of enrollment form submission, please contact HRSA CAF customer service at (833) 967-0770.

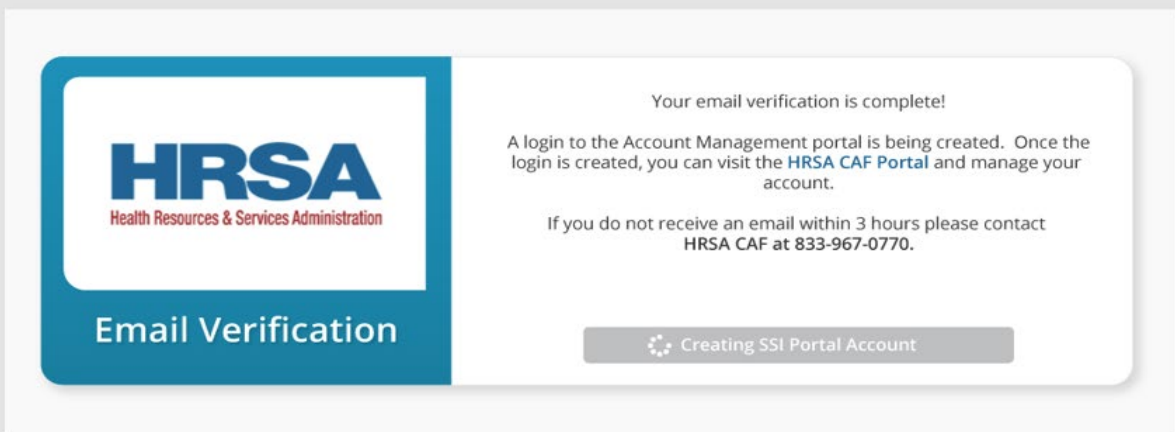
Figure 3 | Provider Registration Email Verification



The screenshot shows a web form for email verification. On the left, there is a blue-bordered box containing the HRSA logo (Health Resources & Services Administration) and the text "Email Verification". To the right of this box are three input fields: "Email Address", "Password", and "PIN from Email". Below these fields is a blue button labeled "Verify".

When the email verification process is complete the below will display (Figure 4).

Figure 4 | Provider Registration Email Verification Complete



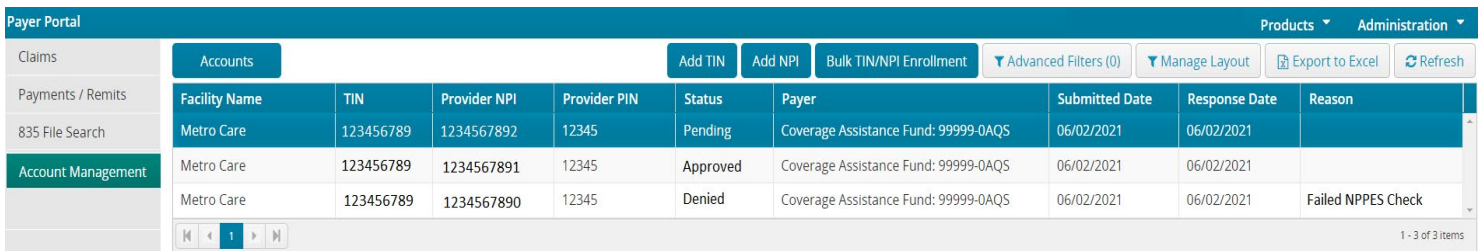
The screenshot shows a confirmation message. On the left, there is a blue-bordered box containing the HRSA logo (Health Resources & Services Administration) and the text "Email Verification". To the right of this box, the text reads: "Your email verification is complete! A login to the Account Management portal is being created. Once the login is created, you can visit the [HRSA CAF Portal](#) and manage your account. If you do not receive an email within 3 hours please contact HRSA CAF at 833-967-0770." Below this text is a grey button with a circular arrow icon and the text "Creating SSI Portal Account".

Once your user account has been setup you will receive an additional “Setup Complete” email from “no-reply@ssigroup.com” which will include a link to access the Provider Portal to manage your account.

Account Management

After you complete your enrollment and receive an email confirmation, you can access the Account Management page (Figure 5) to check your enrollment status. Enrollment validation can take up to four business days, which includes confirming your Tax ID, NPI and banking ACH information.

Figure 5 | Account Management



The screenshot shows the 'Payer Portal' interface with the 'Accounts' tab selected. The table displays enrollment records with columns for Facility Name, TIN, Provider NPI, Provider PIN, Status, Payer, Submitted Date, Response Date, and Reason. The records show one 'Approved' status and one 'Denied' status with the reason 'Failed NPPES Check'.

Facility Name	TIN	Provider NPI	Provider PIN	Status	Payer	Submitted Date	Response Date	Reason
Metro Care	123456789	1234567892	12345	Pending	Coverage Assistance Fund: 99999-0AQS	06/02/2021	06/02/2021	
Metro Care	123456789	1234567891	12345	Approved	Coverage Assistance Fund: 99999-0AQS	06/02/2021	06/02/2021	
Metro Care	123456789	1234567890	12345	Denied	Coverage Assistance Fund: 99999-0AQS	06/02/2021	06/02/2021	Failed NPPES Check

As your enrollment processes, the status will update to “Pending, Approved, or Denied” as shown above in Figure 5.

- Pending Status - Enrollment validation still in process.
- Approved Status – Enrollment has been approved; you will now be able to submit claims through your clearinghouse or on this portal.
- Denied Status – Enrollment has been denied. Your enrollment can be denied for numerous reasons, including incorrect banking information, or incorrect/invalid NPI or Tax ID. Please see the “Reason” column for additional information. Review the reason for denial and request new enrollment with correction or contact HRSA CAF customer service (833) 967-0770 for additional assistance.

***NOTE:** Claims should only be submitted to the HRSA CAF Provider Portal when the enrollment status is “Approved”. Claims submitted for an NPI that has a status of “Pending” or “Denied” will be rejected.

Add Additional TIN Enrollment Option

To enroll additional TINs, please utilize the “Add TIN” option.

Select “Account Management” from the main menu then select “Add TIN”. The following screen will display as shown in Figure 6.

Figure 6 | Add TIN

Add New FTN ✕

Please enter the provider information and select Submit

Payer

Coverage Assistance Fund: 99999-0AQS

Provider Details

Provider Name* Billing NPI* Billing Federal Tax Number*

Address* City* State* Zip Code*

Select State

Account Administration Details

First Name* Last Name* Phone Number*

Email* Confirm Email*

Submit

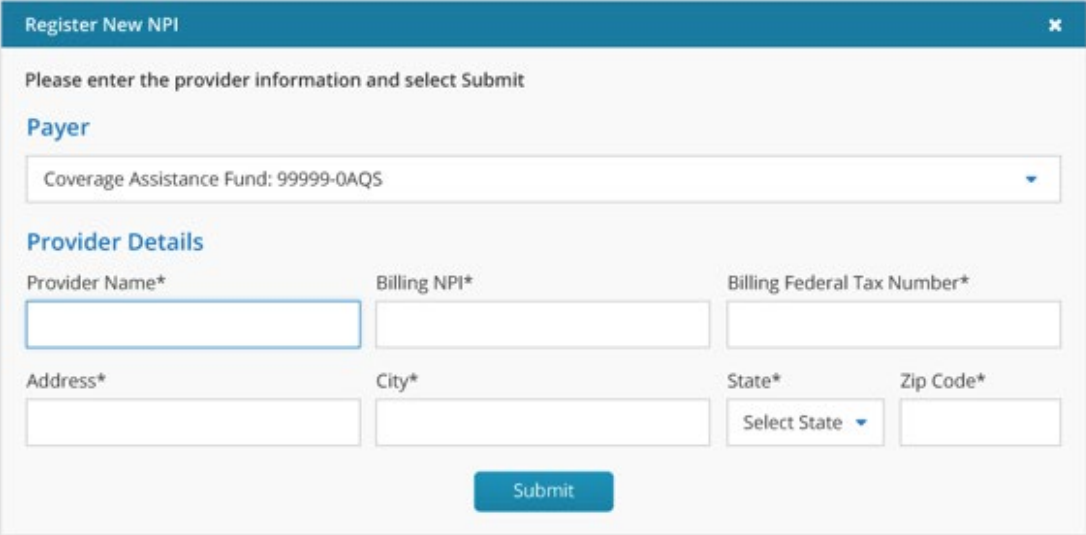
Once the additional TIN enrollment request has been submitted the enrollment status can be viewed on the “Account Management” screen.

Add Additional NPI Enrollment Option

To enroll additional NPIs, please utilize the “Add NPI” option.

Select “Account Management” then select “Add NPI” and the following screen will display as shown in Figure 7.

Figure 7 | Add NPI



The screenshot shows a web form titled "Register New NPI" with a close button (X) in the top right corner. Below the title, there is a prompt: "Please enter the provider information and select Submit". The form is divided into two main sections: "Payer" and "Provider Details".

Payer

Coverage Assistance Fund: 99999-0AQS

Provider Details

Provider Name* Billing NPI* Billing Federal Tax Number*

Address* City* State* Zip Code*

Select State

Submit

Once the additional NPI enrollment request has been submitted the enrollment status can be viewed on the “Account Management” screen.

Bulk TIN/NPI Enrollment Option

The bulk enrollment option will allow you to upload a CSV file that contains enrollment data for providers TIN and NPIs. The specified Account Administrator Information will be applied to all entries in the uploaded file.

File format must be a comma delimited (.csv) file format. No quotes (“) or additional commas (,) are allowed. Each line requires the following data elements TIN, NPI, Provider Name, Address, City, State Abbreviation, Zip Code.

Select “Account Management” then select “Bulk TIN/NPI Enrollment” and the following screen will display as shown in Figure 8.

Figure 8 | Bulk TIN/NPI Enrollment

Upload Bulk TIN/NPI Registration File ✕

Payer

Coverage Assistance Fund: 99999-0AQS ▾

Account Administration Details

The specified Account Administrator Information will be applied to all entries in the upload file.
If separate Account Administrators need to be configured, then multiple files must be uploaded for each Administrator.

First Name* Last Name* Phone Number*

Email* Confirm Email*

ⓘ Format must be comma delimited (.csv) file format. No quotes (“) or additional commas (,) are allowed.
Example: TIN, NPI, PROVIDER NAME, ADDRESS, CITY, STATE ABBREVIATION, ZIP CODE

ⓘ Any formatting errors will cause the entire file to be rejected

Once the bulk enrollment request has been successfully submitted, the enrollment status can be viewed on the “Account Management” screen.

Claims

Claims List

To view previously submitted claims, select the “Claims” tab from the main menu. The “Advanced Filters” tab will allow you to create a customized claims list. When a claim is selected from the claims list the “Transaction Details” will display as shown below (Figure 9).

Figure 9 | Claims List

The screenshot shows the Payer Portal interface. On the left is a navigation menu with options like 'Claims', 'Payments / Remits', '835 File Search', 'Account Management', and 'Organization Name'. The main area displays a table of claims. Below the table, the 'Transaction Details' tab is selected for a specific claim, showing its status as 'Rejected' and various details for the patient, facility, and payer.

FTN/TIN	Provider NPI	Account...	Patient ...	Patient ...	Claim Date	Claim Total	Adjudicate...	Received	Received Date	Proc...	Process...
123456789	1234567892	999999	Hotel	Oscar	08/12/2021	\$40.00	\$0.00	✓	01/14/2021	✓	
123456789	1234567892	999998	Foxtrot	Echo	03/03/2021	\$50.00	\$40.00	✓	03/04/2021	✓	
123456789	1234567892	999997	Alpha	Zulu	02/08/2021	\$16.94	\$16.94	✓	02/09/2021	✓	
123456789	1234567892	999996	Golf	Kilo	02/08/2021	\$50.00	\$40.00	✓	02/09/2021	✓	
123456789	1234567892	999995	Lima	Golf	02/08/2021	\$16.94	\$16.94	✓	02/09/2021	✓	
123456789	1234567892	999994	Lima	Foxtrot	01/21/2021	\$50.00	\$40.00	✓	01/22/2021	✓	

Patient		Facility	Previous Payer	Current Payer	
Patient Name:	OSCAR HOTEL	Facility Name:	Metro Care	Payer Name:	COVERAGE ASSISTANCE FUND
Account Number:	999999	Facility TIN:	123456789	Sum of Line Charges:	\$40.00
Transaction ID:	187210968	Facility NPI:	1234567892	Adjusted Amount:	\$40.00
		Facility Status:	ACH Setup Approved on 9/24/2021	Payment Amount:	\$0.00
				Allowed Amount:	\$40.00
				Adjusted Amount:	\$40.00
				Payment Amount:	\$0.00

To view the status of a claim, select the claim from the claims list then select the “Tracking Details” tab as shown below (Figure 10). Claim status can also be found by visiting covid19coverageassistance.ssigroup.com/StatusPortal.

Figure 10 | Claim Status Tracking Details

Selected Claim ID: -2147413495

Transaction Details	Tracking Details	Error Details	837 Files	835 Files	Refresh
Status Date ↓	Bill Trace	Trace Number	Category Code	Status Code	Status Description
10/07/2021 04:03:31	07873-2147422239	187210968	A3	21	Missing or invalid information: See 277 or 864 for details

1 - 1 of 1 items

To view the details for a rejected claim, select the claim from the claims list then select the “Error Details” tab as shown below (Figure 11).

Figure 11 | Claim Error Details

Selected Claim ID: -2147413495

Transaction Details	Tracking Details	Error Details	837 Files	835 Files	Refresh
Claim Link	Error Message	Data In Error	Actions		
-2147413495	IF PRIMARY ADJUSTMENT GROUP CODE (CHG) EXISTS THEN PRIMARY ADJUSTMENT REASON CODE (CHG) MUST EXIST AND MUST BE A VALID CL	28	View		

1 - 1 of 1 items

To view the 837 file for “Uploaded Files” or “Keyed Claims”, select the claim from the claims list then select the “837 Files” tab as shown below (Figure 12). Please note claims submitted through a clearinghouse (Electronic Data Interchange) may contain comingled claims and will not be visible here.

Figure 12 | Claim 837 File View

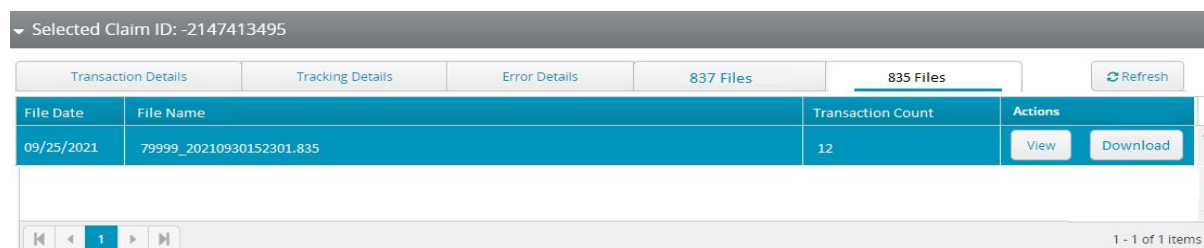
Selected Claim ID: -2147413495

Transaction Details	Tracking Details	Error Details	837 Files	835 Files	Refresh
File Date	File Name	Transaction Count	Actions		
09/25/2021	79999_20210925235956.837	12	View Download		

1 - 1 of 1 items

To view the 835 file for the selected claim from the claims list, select the “835 Files” tab as shown below (Figure 13). The 835 file will only be available for claims that have completed the claim adjudication process.

Figure 13 | Claim 835 File View



Selected Claim ID: -2147413495

Transaction Details	Tracking Details	Error Details	837 Files	835 Files	Refresh
File Date	File Name	Transaction Count	Actions		
09/25/2021	79999_20210930152301.835	12	View Download		

1 - 1 of 1 items

Claim Submission

Please note, while all providers are required to register and receive approval via this portal prior to claim submission, the two claim submission options described below are offered only as an alternative for providers that do not have the ability to submit claims via a participating clearinghouse. There are two options to submit a claim through the provider portal:

- Upload a claim file into the portal
- Direct Data Entry to manually enter a new claim

Claim File Upload

Providers who submit electronically through a clearinghouse can continue to send claims through their clearinghouse or can upload claims in batches to the portal. If files are submitted in a valid HIPAA 837 claim format and have the CAF payer ID (99999-0AQS) in loop 2010BB NM109, your claims will successfully be processed.

The “Uploaded Files” tab will display all previously uploaded files. To upload a new claim file, select “Claims” from the main menu then the “Uploaded Files” tab. Uploaded claim files can only contain claims for the selected TIN and may not contain facility NPIs that are not already registered to the provider.

Next select the “Upload File” option, as shown in Figure 14.

Figure 14 | Uploading a Claim File

Payer Portal

Products Administration

Claims Uploaded Files Keyed Claims Information Upload File Advanced Filters (1) Manage Layout Refresh

FTN/TIN	File Name	Upload Date	Uploaded By	Claim Count	Status	Source
123456789	Upload.837	10/07/2021	User@facility.com	8	Uploaded	Uploaded

Organization Name
The SSI Group, Inc.
Select Organization
The SSI Group, Inc.
Select Provider

When the “Upload File” tab is selected the below will display (Figure 15). When the claim file has been accepted the claims will display in the claims list on the “Claims” tab.

Figure 15 | Uploading a Claim File

Upload 837 for 123456789 ✕

Use this to upload claims in EDI Format. Format must be a valid EDI X12 5010. Claims will be validated for structure, your facility information, and correct payer information. Failure for these three items will result in complete file rejection.

Additional validation will be performed when the claim is processed by the adjudication system.

Claims will appear on the Claim tab once accepted.


Select Payer

Coverage Assistance Fund: 99999-0AQS ▾

Select Type of Claim

Professional Claim ▾

Select File

 **Sample.837** 1.12 MB ✕

Submit File

Keyed Claims

To view previously keyed claims, select the “Claims” tab from the main menu, then select the “Keyed Claims” tab (Figure 16). The “Advanced Filters” tab will allow you to create a customized claims list.

Figure 16 | Keyed Claims List

The screenshot shows the 'Payer Portal' interface with the 'Keyed Claims' tab selected. The table displays a list of claims with columns for Provider NPI, TIN, Claim Status, Claim Type, Patient Account, and Created Date. The 'Keyed Claims' tab is highlighted, and there are buttons for 'New Claim', 'Edit Claim', 'Advanced Filters (0)', 'Manage Layout', and 'Refresh'.

Provider NPI ↑	TIN	Claim Status	Claim Type	Patient Account	Created Date
1234567892	123456789	Draft	HOSP	123456	09/26/2021
1234567892	123456789	Draft	PHYS	12345	09/27/2021
1234567892	123456789	Draft	PHYS	test	09/29/2021
1234567892	123456789	Draft	HOSP	test	09/29/2021
1234567892	123456789	Draft	PHYS	test	10/01/2021

If you do not have an 837 file, follow the claim submission instructions below.

To enter a new claim, select the “New Claim” tab. The following screen will display (Figure 17). You will need to select the appropriate billing Facility and Type of Claim (Institutional or Professional).

Figure 17 | Payer and Claim Type

The screenshot shows a modal window titled 'Select Payer and Claim Type'. It contains three dropdown menus: 'Select Payer' with the value 'Coverage Assistance Fund: 99999-0AQS', 'Select Facility' which is empty, and 'Select Type of Claim' with the value 'Professional Claim'. A blue 'Submit' button is located at the bottom of the form.

Select a Professional/CMS1500 Type of Claim for providers submitting vaccine administration claims. An example of a professional claim form is displayed below in Figure 18. All data fields with an asterisk (*) are required to be populated.

Figure 18 | Professional Claim Form

Payer Portal
Products ▾ Administration ▾

Professional Claim Entry

Payer Information

Coverage Assistance Fund

Coverage Assistance Fund
4721 Morrison Dr, Mobile, AL, 36609
Plan ID: 99999-0AQS

Facility / Provider Information

Billing Provider

Metro Care

Metro Care
123 Metro St, AnyTown, AL, 99999
FTN/TIN: 123456789 Facility NPI: 1234567892

Service Facility Same as Billing Facility

Rendering Provider Same as Billing Facility

Patient Information

Patient Account *

First Name *

Last Name *

Middle Name

Suffix

Address *

City *

State *
Select State *

Zip Code *

Gender *
Select Gender *

Date of Birth *
month/day/year

Race
Select Race

Previous Payer Information

Primary Payer

Name *

Payer ID *

Subscriber ID *

Payer Address

City *

State *
Select State *

Zip Code *

Patient Relation to Subscriber *
Select Relationship *

Subscriber First Name *

Last Name *

Middle Name

Suffix

Subscriber Address

City *

State *
Select State *

Zip Code *

Claim Information

Primary Diagnosis *

Place of Service *
Select Place of Service *

Total Claim Amount

\$0.00

Add Charge

Id	Service Start	Service End	CPT/HCPS	Charge	Paid	Amount	Actions
No items to display							

Submit
Save as Draft
Close

Select an Institutional/UB-04 Type of Claim for providers submitting outpatient vaccine administration claims. An example of an institutional claim form is displayed below in Figure 19. All data fields with an asterisk (*) are required to be populated.

Figure 19 | Institutional Claim Form

Payer Portal
Products ▾ Administration ▾

Institutional Claim Entry

Payer Information

Coverage Assistance Fund
 4721 Morrison Dr, Mobile, AL, 36609
 Plan ID: 99999-0AQS

Facility / Provider Information

Billing Provider

Metro Care
 123 Metro St, AnyTown, AL, 99999
 FTN/TIN: 123456789 Facility NPI: 1234567892

Service Facility Same as Billing Facility

Rendering Provider Same as Billing Facility

Attending Provider / Physician

Last Name or Organization *

First Name

Middle Name

Suffix

Patient Information

Patient Account *

First Name *

Last Name *

Middle Name

Suffix

Address *

City *

State *

Zip Code *

Gender *

Date of Birth *

Race

Previous Payer Information

Primary Payer

Name *

Payer ID *

Subscriber ID *

Payer Address

City *

State *

Zip Code *

Patient Relation to Subscriber *

Subscriber First Name *

Last Name *

Middle Name

Suffix

Subscriber Address

City *

State *

Zip Code *

Secondary Payer

Name

Payer ID

Subscriber ID

Payer Address

City

State

Zip Code

Patient Relation to Subscriber

Subscriber First Name

Last Name

Middle Name

Suffix

Subscriber Address

City

State

Zip Code

Primary Diagnosis *

Facility Type *

Revenue Code *

Total Claim Amount

To add a charge line to a keyed claim, select the “Add Charge” button located at the bottom of the claim form. Once selected the following screen will display (Figure 20). In order to determine a claim’s eligibility for payment under this program, service line level adjudication from prior payer(s) must be included. Service line adjustments and the service line paid amount are required on all claims.

Figure 20 | Add Charge Line

The screenshot displays the 'Add Charge' form with the following fields and values:

Service Start Date	Service End Date	CPT/HCPS	Charge Amount
9/26/2021	9/26/2021	0001A - Pfizer-Biontech Covid-19 V...	40.00

Payment Date	Paid Amount	Payer Sequence Code
9/29/2021	30	Primary Payer

Adjustment Amount	Group Code	Reason Code
10	CO - Contractual Obliga...	101S

Buttons: Add Adjustment, Remove, Submit

Once the forms have been populated and charges have been added, you can submit the form. You can also save your progress by clicking “Save as Draft” at the bottom of the page. The “Save as Draft” claim can be located under the “Keyed Claims” tab with a claim status of “Draft”. To make changes to the “Draft” claim, select the claim, then select “Edit Claim”. This will allow for claim modifications and submission.

Payments/Remits

Once a claim has been submitted and successfully processed, you can expect to receive an electronic remittance advice (ERA) along with ACH payment in five (5) business days. If you receive an ERA with a denial of payment, a new claim will need to be resubmitted with correction, if applicable. Do not file an appeal.

The “Payment/Remits” tab on the main menu will allow users to view all payments and remits. To locate a specific payment the following search options are available: Check Number, Check Date, FTN/TIN, NPI, and Status (Figure 21).

Figure 21 | Payments/Remits

The screenshot displays the Payer Portal interface for Payments/Remits. The top navigation bar includes 'Payer Portal', 'Products', and 'Administration'. The left sidebar shows 'Claims', 'Payments / Remits', '835 File Search', and 'Account Management'. The main content area features a search filter for 'Checks' with fields for Check Number, Check Date, FTN/TIN, NPI, and Status. Below the search is a table of check records.

Check Number	Check Date	Provider Name	FTN/TIN	NPI	Payment Amount	Claim Count	Status	Status Date	Payment Date
200000018	07/16/2021	Metro Care	123456789	1234567892	\$0.00	1	Paid	07/09/2021 07:30 PM	
200000019	07/20/2021	Metro Care	123456789	1234567892	\$431.68	15	In process of payment	07/20/2021 09:24 AM	07/20/2021 09:24 AM
200000020	07/21/2021	Metro Care	123456789	1234567892	\$275.33	8	Paid	07/22/2021 08:04 AM	07/22/2021 08:04 AM
200000021	07/21/2021	Metro Care	123456789	1234567892	\$50.82	3	Paid	07/22/2021 08:04 AM	07/22/2021 08:04 AM
200000022	07/21/2021	Metro Care	123456789	1234567892	\$40.00	1	Paid	07/22/2021 08:04 AM	07/22/2021 08:04 AM

Below the table, a section titled 'Selected Check Number:' shows details for check 200000018. It includes a 'Check Details' tab and a table with the following data:

Check Number	Patient Account Number	Charge Amount	Payment Amount	Patient First Name	Patient Last Name	Statement From	Statement To	Date Received
200000018	999999999	\$40.00	\$40.00	Last Name	First Name	07/09/2021 07:30 PM	07/09/2021 07:30 PM	07/09/2021 07:30 PM

The left sidebar shows the organization name 'The SSI Group, Inc.' and buttons for 'Select Organization' and 'Select Provider'.

The “835 File Search” tab on the main menu will allow users to view all 835 files. To locate a specific 835 file the following search options are available: File Name, File Date, and File Content (Figure 22).

Figure 22 | 835 File Search

The screenshot shows the Payer Portal interface. The top navigation bar includes 'Payer Portal', 'Products', and 'Administration'. The left sidebar has 'Claims', 'Payments / Remits', '835 File Search' (selected), and 'Account Management'. The main content area has a '835 File Search' tab. Search filters include 'File Name' (with an 'Equals' dropdown), 'File Date' (with an 'Equal To' dropdown), and 'File Content' (with a 'Contai...' dropdown). There are 'Search', 'Clear Filters', 'Manage Layout', and 'Export to Excel' buttons. The search results table is as follows:

File Name	File Size	File Date	Actions
211006MA005FM.835	64689	10/06/2021	View Download
211006MS005FM.835	3628	10/06/2021	View Download
211006G015FM.835	1209	10/06/2021	View Download
211006H00446COM0001.835	1209	10/06/2021	View Download
211008NA5FM.835	4615	10/06/2021	View Download
211012N005FM.835	2652	10/06/2021	View Download