Job Aid

Long Term Care Claim Submission

This job aid provides step-by-step instructions on how to submit a Long Term Care Claim in the MESA portal. Please read the instructions thoroughly.

Review the steps to submit a Long Term Care Claim

Steps	Description
Step 1	Login to the Portal. The **Portal Home** screen Displays. 
Step 2	The following steps will review how to submit a Long Term Care Claim in MESA: Hover over the **Claims** tab on the menu bar. A list of claim types displays below. • Select **Submit Claim Inst**. 

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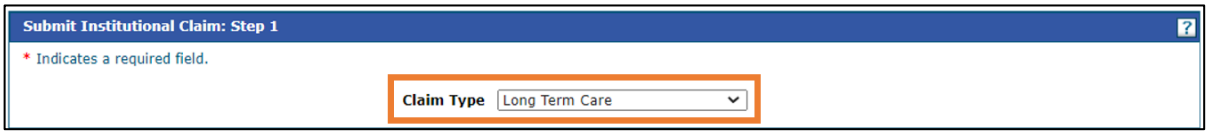
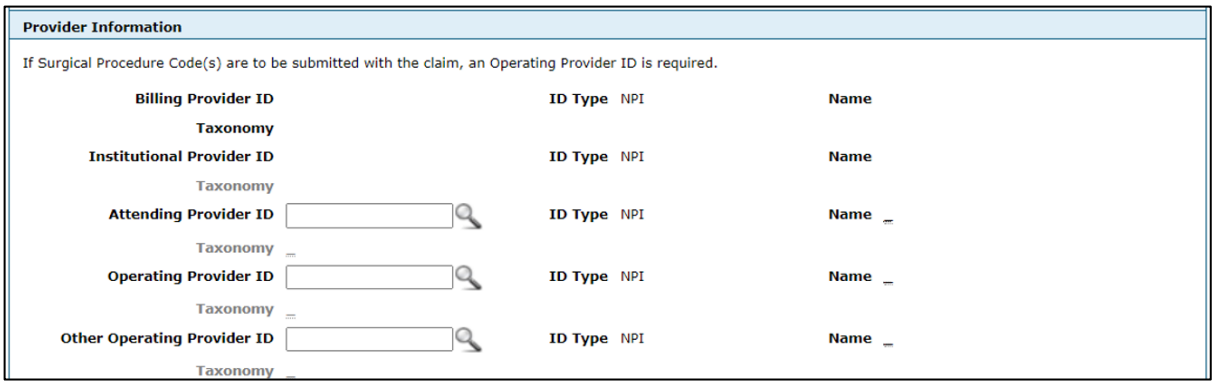
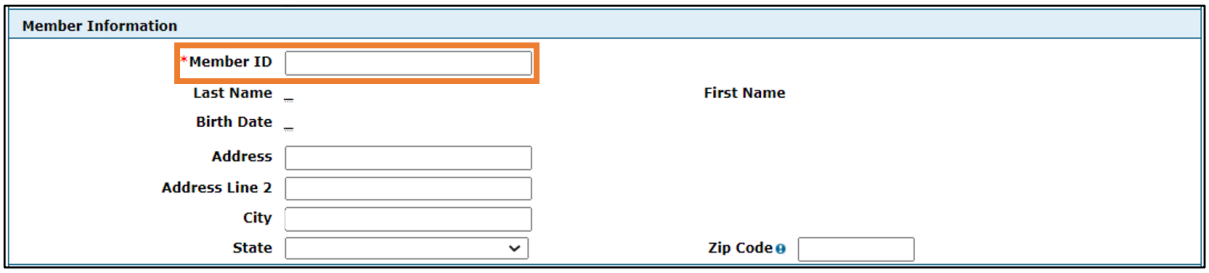
Steps	Description
Step 3	The Portal displays the “Submit Institutional Claim: Step 1” page. • Select **Claim Type** Long Term Care. 
Step 4	• Complete the **Provider Information** section. NOTE: There will be information already generated in this section. Complete additional fields if applicable to the claim being submitted. 
Step 5	• Complete the **Member Information** section. NOTE: Once the Member ID is entered, the system will generate the remaining fields in this section. Verify the fields populate correctly. 
Step 6	• Complete the **Claim Information** section. • Once all information is entered for this section review the information and select **Continue** see image below. NOTE: Everything with a red asterisk * must be completed. NOTE: If the member has TPL check the Other Insurance checkbox and provide the details. Details can be added on step 2.

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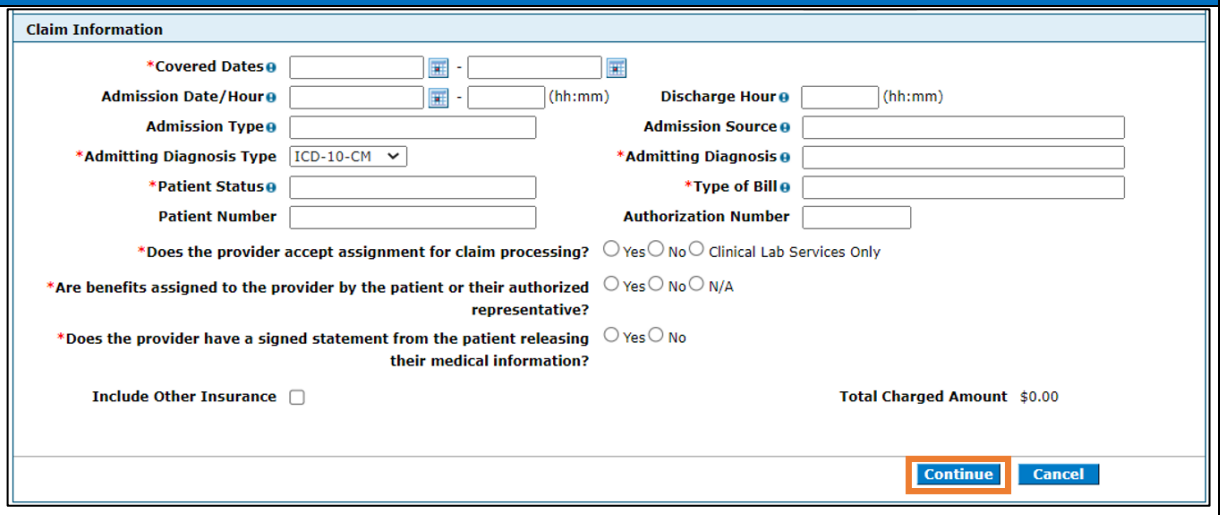
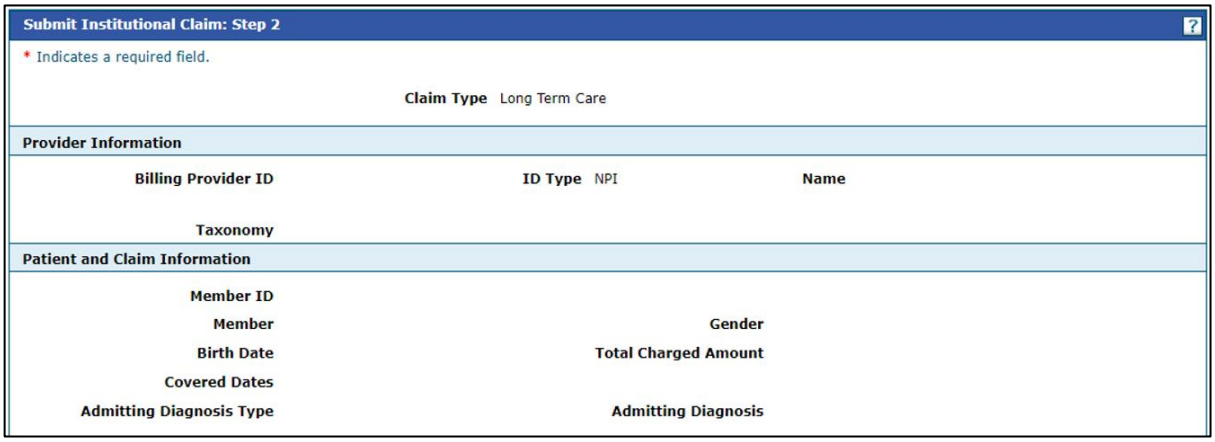
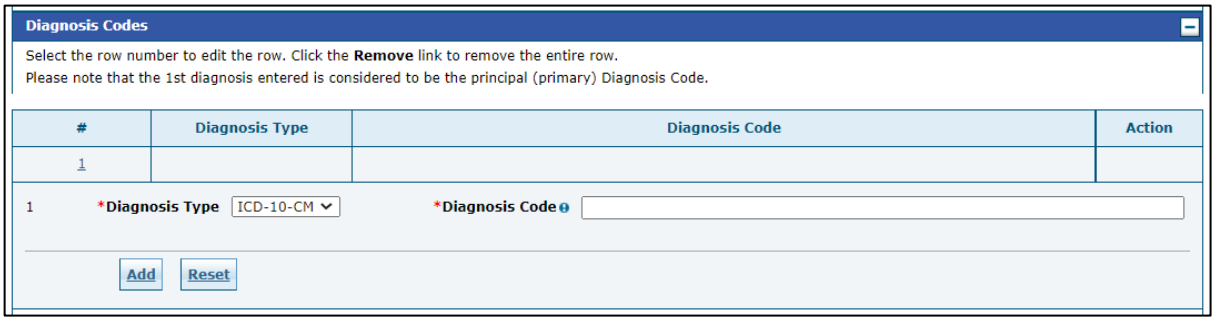
Steps	Description
	
Step 7	The Portal displays the “Submit Institutional Claim: Step 2” page. The previous information that was entered in step 1 will display at the top of the page in step 2. • Review the previously submitted information and scroll down. 
Step 8	• Enter the **Diagnosis Code** then select **Add**. NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim. 
Step 9	• Enter the **External Cause of Injury Diagnosis Code** if applicable then select **Add** see image below. NOTE: Everything with a red asterisk * must be filled out if the section is applicable to the claim.

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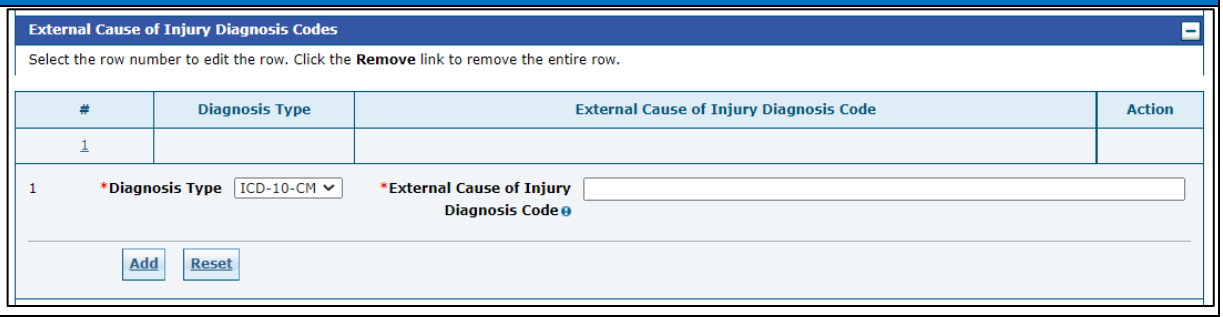
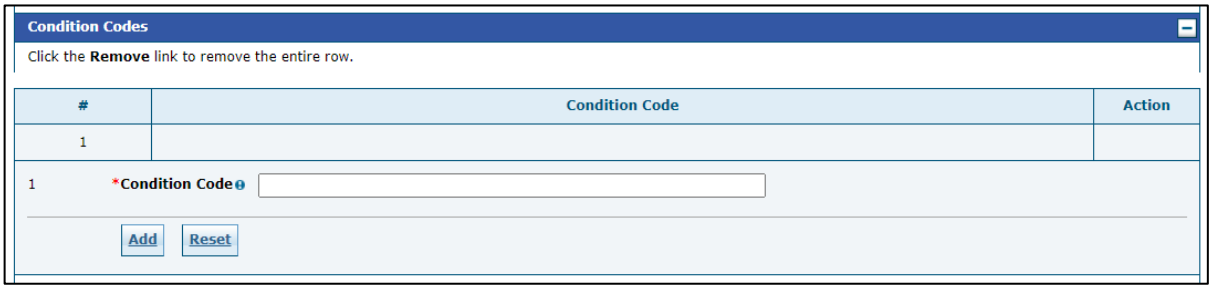
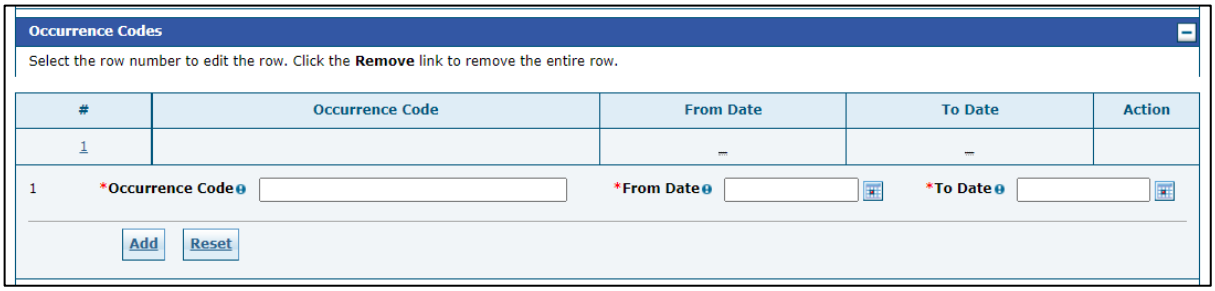
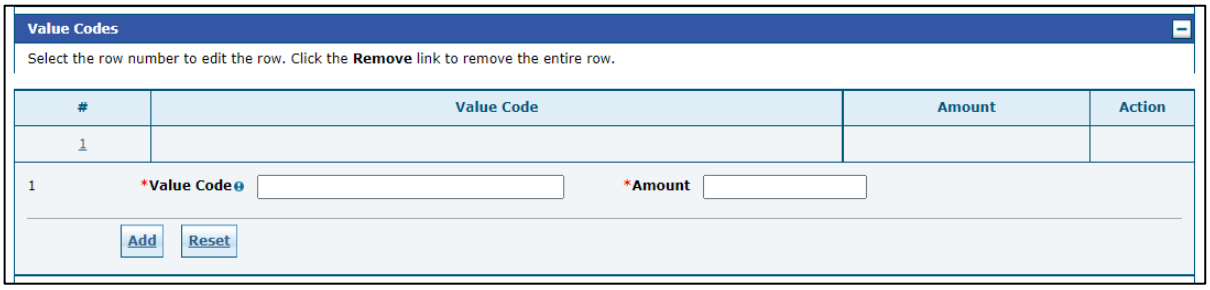
Steps	Description
	
Step 10	• Enter the **Condition Codes** information if applicable then select **Add**. NOTE: Everything with a red asterisk * must be filled out if the section is applicable to the claim. 
Step 11	• Enter the **Occurrence Codes** information if applicable then select **Add**. NOTE: Everything with a red asterisk * must be filled out if the section is applicable to the claim. 
Step 12	• Enter the **Value Codes** information if applicable then select **Add**. NOTE: Everything with a red asterisk * must be filled out if the section is applicable to the claim. 
Step 13	• Enter the **Surgical Procedures** information if applicable then select **Add**. NOTE: Everything with a red asterisk * must be filled out if the section is applicable to the claim.

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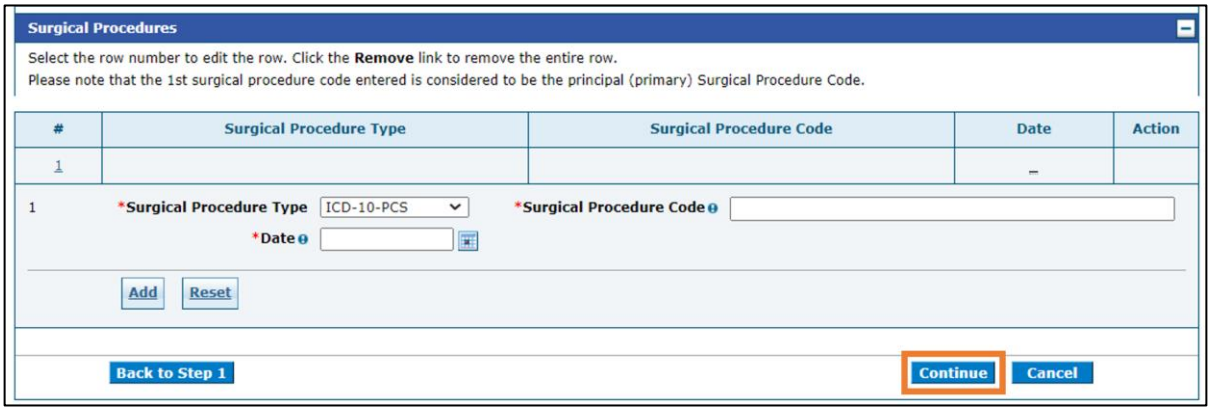
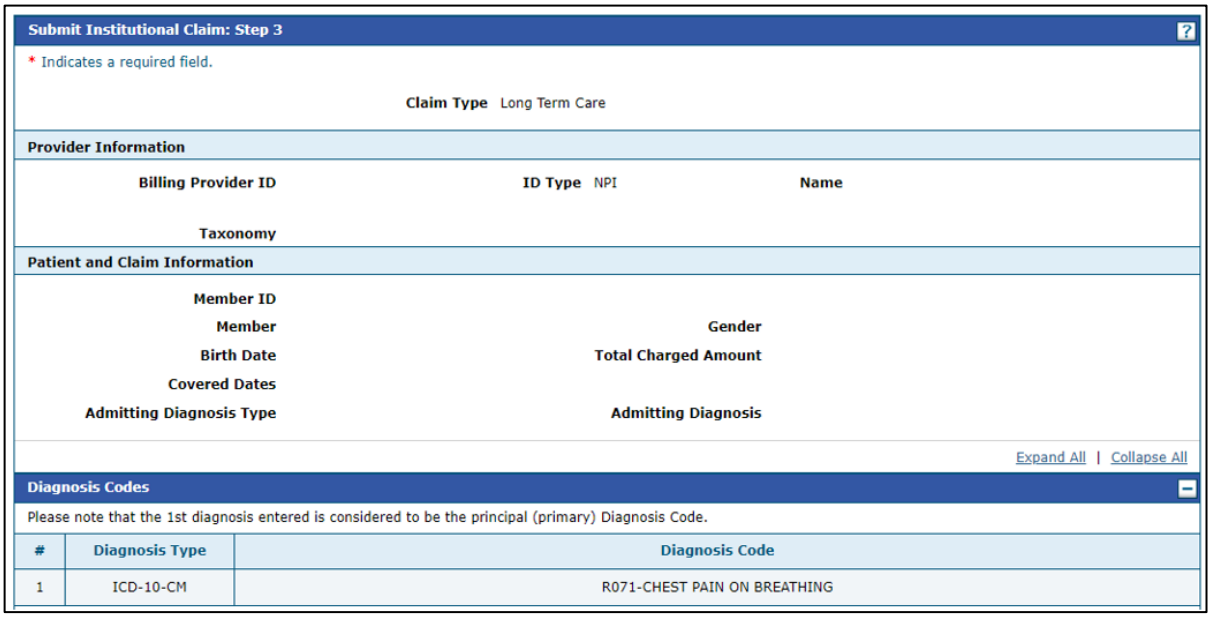
Steps	Description
	• Review all sections under Submit Institutional Claim: Step 2 page. If all the information is correct select **Continue** to move on to Step 3. 
Step 14	The Portal displays the “Submit Institutional Claim”: Step 3 page. The previous information that was entered in step 1 and step 2 is displayed at the top of the page on step 3. • Scroll down to view the additional sections on this page. NOTE: Select the plus and minus for each section to expand and collapse. 
Step 15	• Fill out the required information for the **Service Details** section. • Once all information has been completed, select **Add** see image below.

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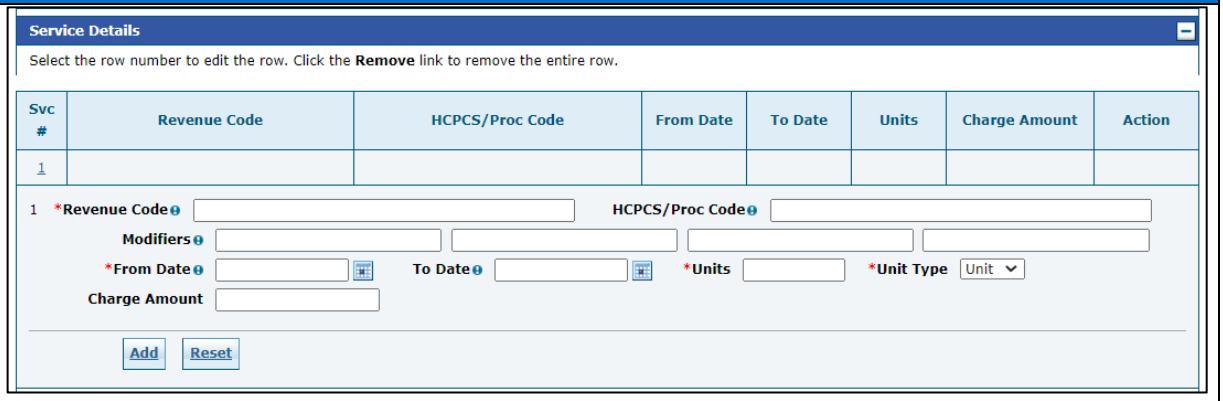
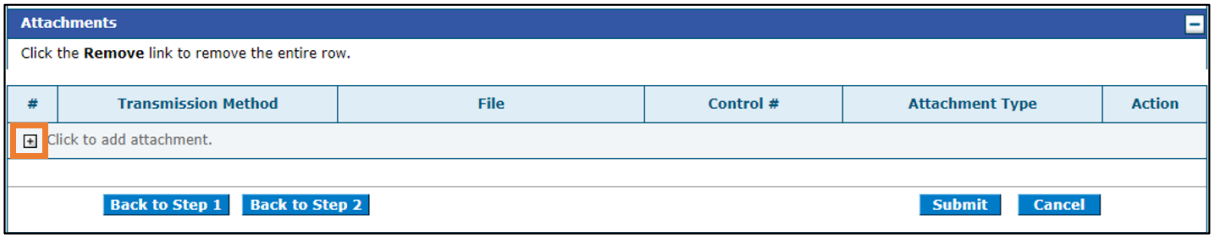
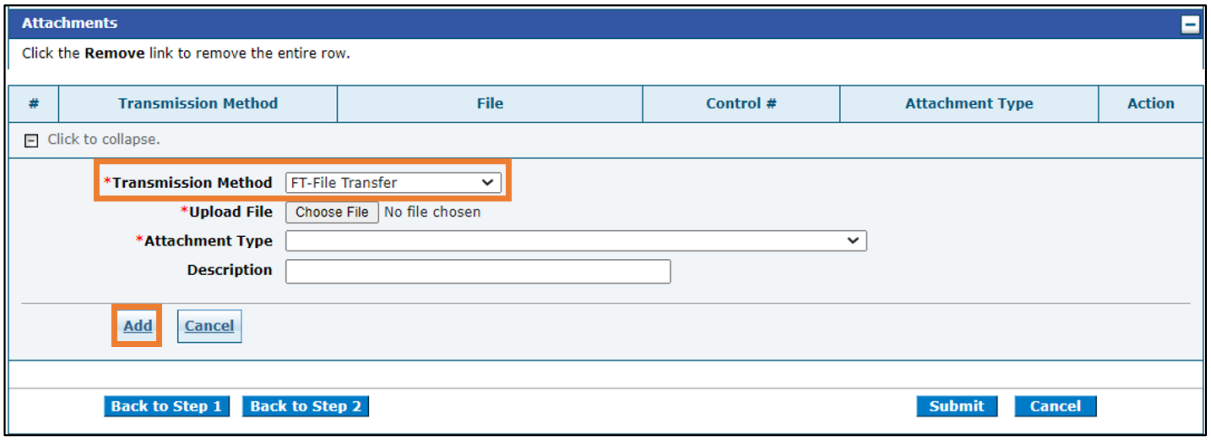
Steps	Description
	
Step 16	• Select the **plus sign** in the Attachments section to submit an attachment with the claim. NOTE: If an attachment is not needed for this claim select **Submit** to submit the claim. 
Step 17	• Select FT-File Transfer or NotSpecified-Not Specified from the **Transmission Method** dropdown. This selection affects the fields that display. • Complete the additional required fields for this section and select **Add**. NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.  If NotSpecified-Not Specified was selected for the Transmission Method, an Attachment Control Number (ACN) must be added in the Control # field. NOTE: A unique Attachment Control Number (ACN) must be created for each claim if NotSpecified-Not Specified is selected as the Transmission Method. In addition, a Claim Attachment Form must accompany each Explanation of Medicaid Benefits (EOMB) and must identify the Provider's NPI and ACN as it was entered in the Attachments section**. The Claim Attachment Form is located at: Forms - Mississippi Division of Medicaid.**

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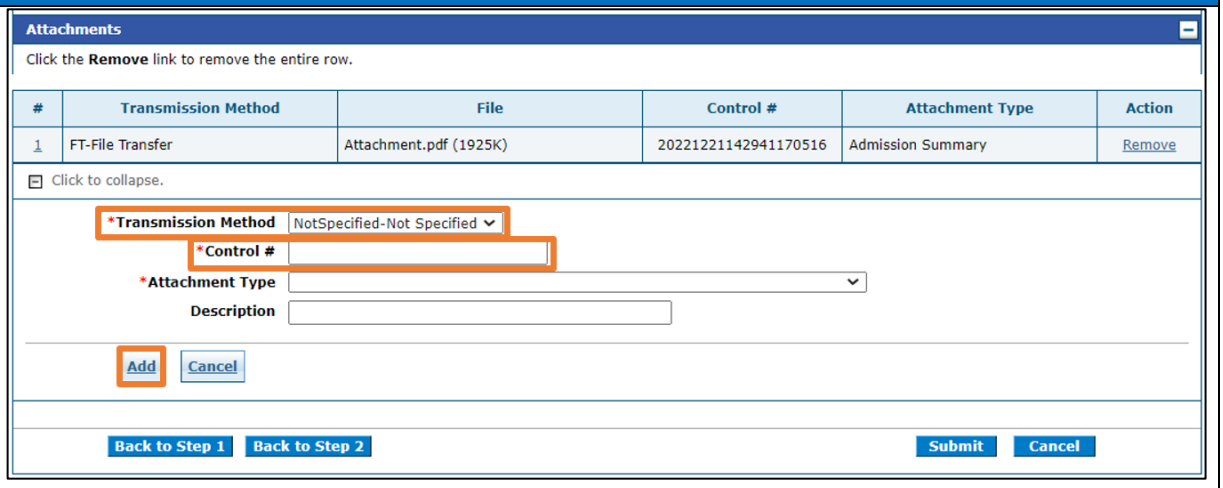
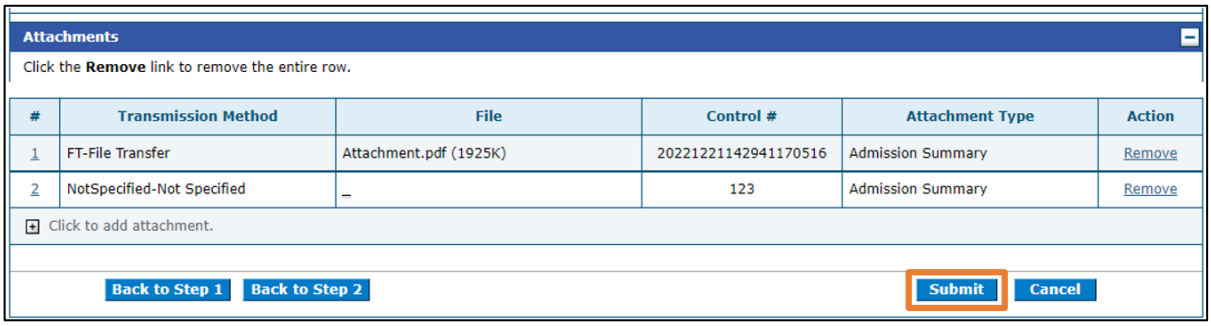
Steps	Description
	
Step 18	Any added attachments display in the Attachments section. • Review the information entered for Step 3 and select **Submit**. 
Step 19	The Portal displays the **Confirm Institutional Claim** page. Review all the information entered for this claim. Select the plus and minus to expand and collapse each section. Expand All and Collapse All to expand and collapse all the sections at once. At the bottom of the page, select Back to Step 1, 2, or 3 to go back and edit the information entered for this claim. • After reviewing all entered claims data, select **Confirm** to confirm the claim submission. (See images below of page.)

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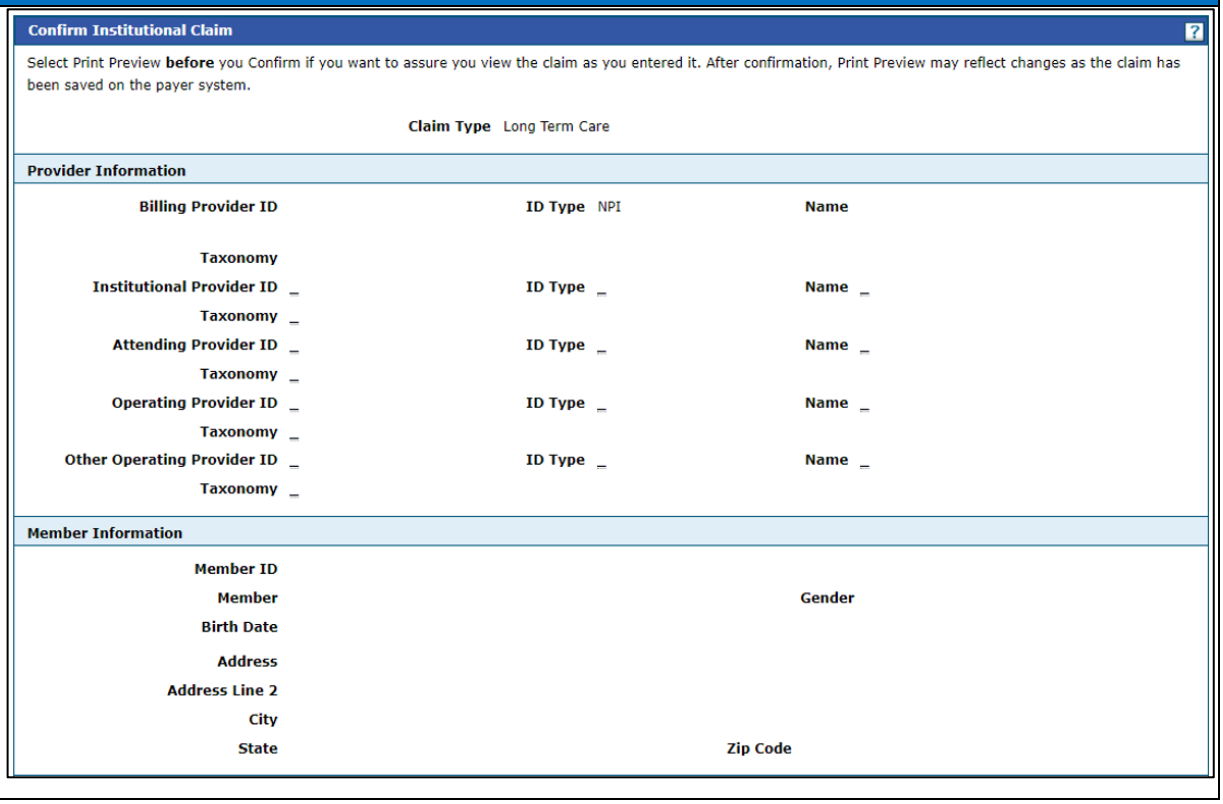
Steps	Description
	

Confirm Institutional Claim

Select Print Preview **before** you Confirm if you want to assure you view the claim as you entered it. After confirmation, Print Preview may reflect changes as the claim has been saved on the payer system.

Claim Type Long Term Care

Provider Information

Billing Provider ID	**ID Type** NPI	**Name**
Taxonomy		
Institutional Provider ID _	**ID Type** _	**Name** _
Taxonomy _		
Attending Provider ID _	**ID Type** _	**Name** _
Taxonomy _		
Operating Provider ID _	**ID Type** _	**Name** _
Taxonomy _		
Other Operating Provider ID _	**ID Type** _	**Name** _
Taxonomy _		

Member Information

Member ID	
Member	**Gender**
Birth Date	
Address	
Address Line 2	
City	
State	**Zip Code**

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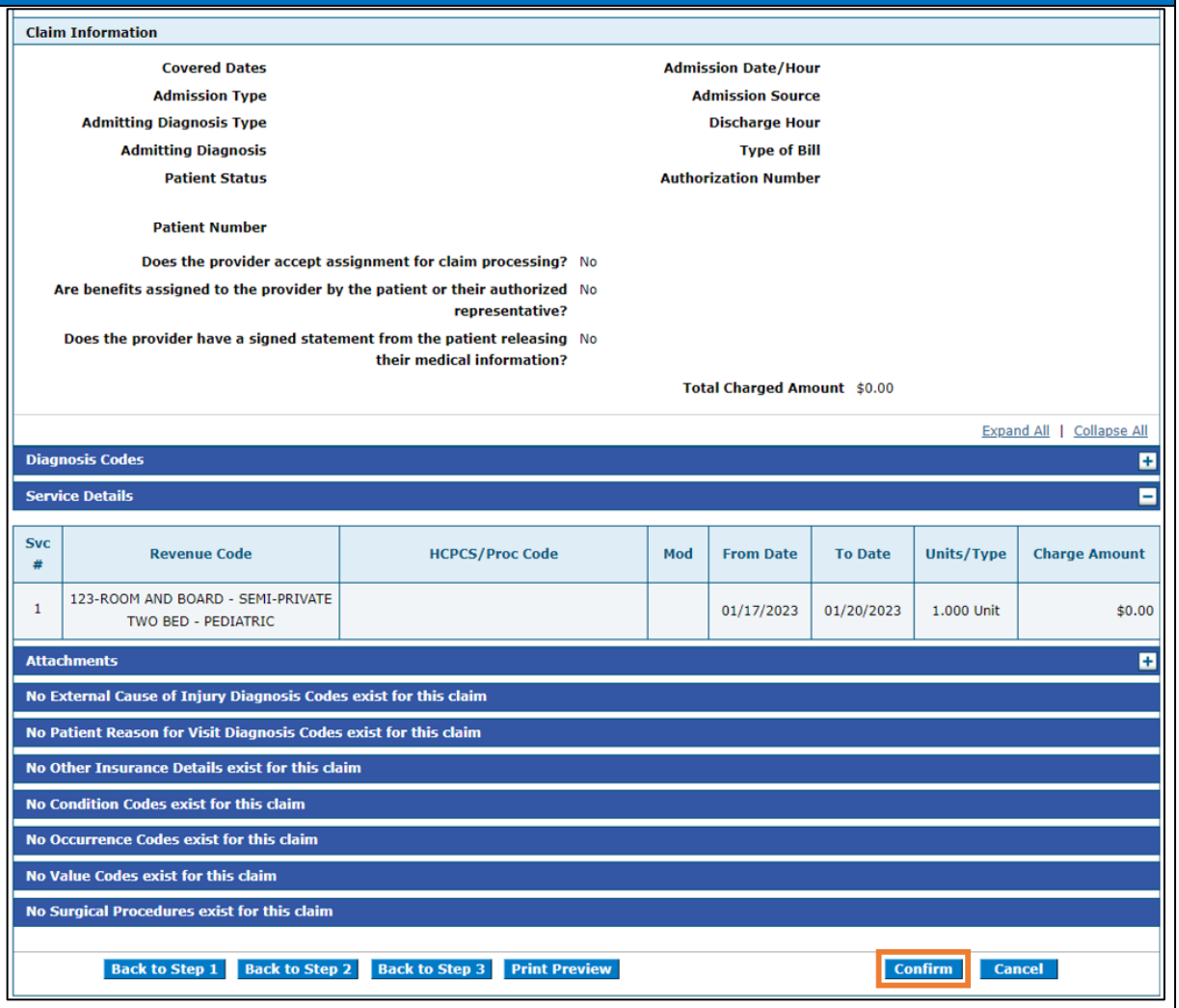
Steps	Description
	
Step 20	The Portal returns the **Submit Long Term Care Claim: Confirmation** page. (See image below) NOTE: The confirmation page displays. ALL Crossover claims go to a PENDING status to verify the EOMB. NOTE: If the claim has an attachment with a not-specified transmission method then the Confirmation page has an Attachments Coversheet(s) button for the cover page. NOTE: It is required to mail the attachment after submitting the claim when a not-specified value is selected for the transmission method.

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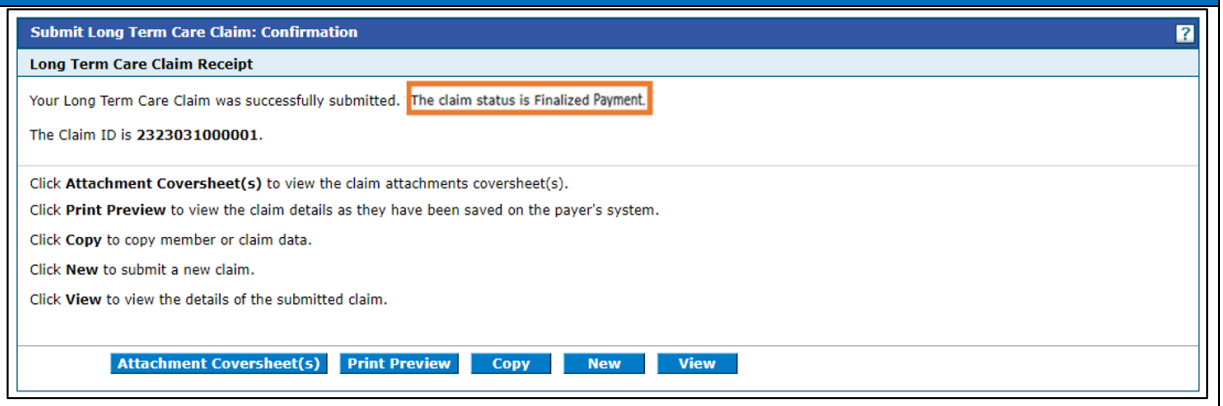
Steps	Description
	

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