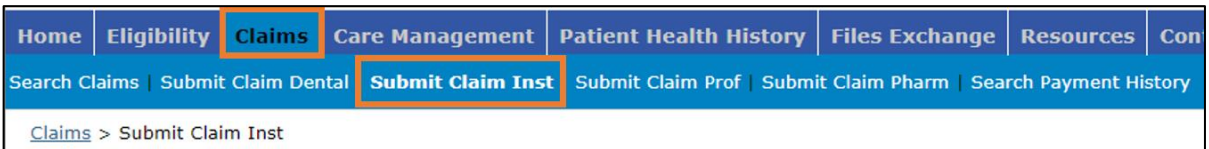


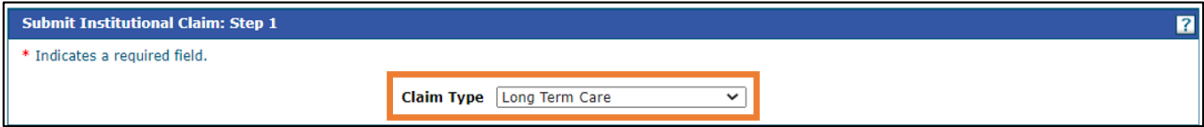
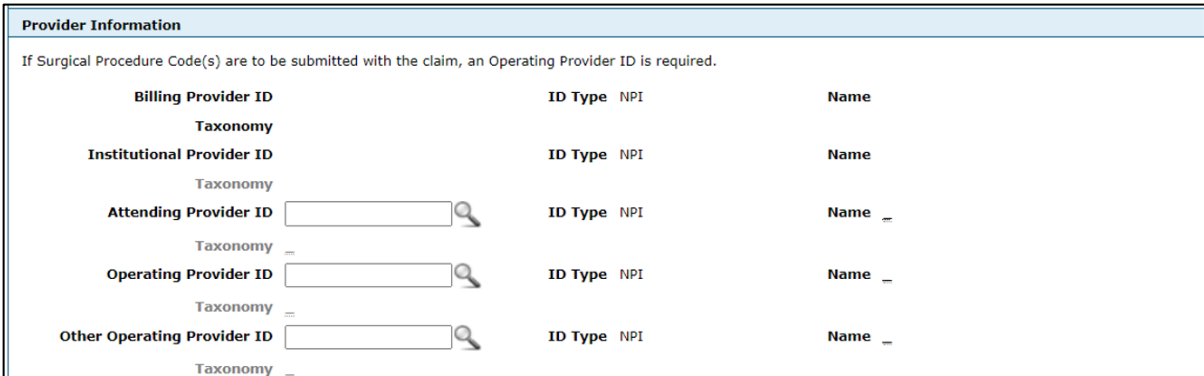
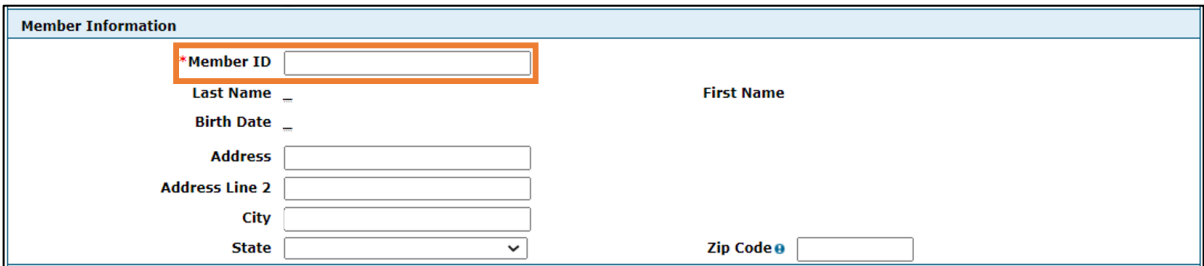
Job Aid

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. 

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.

Steps	Description								
	Claim Information * Covered Dates - Admission Date/Hour - (hh:mm) Discharge Hour (hh:mm) Admission Type Admission Source * Admitting Diagnosis Type ICD-10-CM * Admitting Diagnosis * Patient Status * Type of Bill Patient Number Authorization Number * Does the provider accept assignment for claim processing? Yes No Clinical Lab Services Only * Are benefits assigned to the provider by the patient or their authorized representative? Yes No N/A * Does the provider have a signed statement from the patient releasing their medical information? Yes No Include Other Insurance Total Charged Amount \$0.00 Continue Cancel								
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. Submit Institutional Claim: Step 2 * Indicates a required field. Claim Type Long Term Care Provider Information Billing Provider ID ID Type NPI Name Taxonomy Patient and Claim Information Member ID Member Gender Birth Date Total Charged Amount Covered Dates Admitting Diagnosis Type Admitting Diagnosis								
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. Diagnosis Codes Select the row number to edit the row. Click the Remove link to remove the entire row. Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code. <table><thead><tr><th>#</th><th>Diagnosis Type</th><th>Diagnosis Code</th><th>Action</th></tr></thead><tbody><tr><td>1</td><td></td><td></td><td></td></tr></tbody></table> 1 * Diagnosis Type ICD-10-CM * Diagnosis Code Add Reset	#	Diagnosis Type	Diagnosis Code	Action	1			
#	Diagnosis Type	Diagnosis Code	Action						
1									
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.								

Steps	Description										
	External Cause of Injury Diagnosis Codes Select the row number to edit the row. Click the Remove link to remove the entire row. <table border="1"> <thead> <tr> <th>#</th><th>Diagnosis Type</th><th>External Cause of Injury Diagnosis Code</th><th>Action</th></tr> </thead> <tbody> <tr> <td>1</td><td></td><td></td><td></td></tr> </tbody> </table> 1 *Diagnosis Type ICD-10-CM *External Cause of Injury Diagnosis Code Add Reset	#	Diagnosis Type	External Cause of Injury Diagnosis Code	Action	1					
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1											
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. Condition Codes Click the Remove link to remove the entire row. <table border="1"> <thead> <tr> <th>#</th><th>Condition Code</th><th>Action</th></tr> </thead> <tbody> <tr> <td>1</td><td></td><td></td></tr> </tbody> </table> 1 *Condition Code Add Reset	#	Condition Code	Action	1						
#	Condition Code	Action									
1											
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. Occurrence Codes Select the row number to edit the row. Click the Remove link to remove the entire row. <table border="1"> <thead> <tr> <th>#</th><th>Occurrence Code</th><th>From Date</th><th>To Date</th><th>Action</th></tr> </thead> <tbody> <tr> <td>1</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> 1 *Occurrence Code *From Date *To Date Add Reset	#	Occurrence Code	From Date	To Date	Action	1				
#	Occurrence Code	From Date	To Date	Action							
1											
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. Value Codes Select the row number to edit the row. Click the Remove link to remove the entire row. <table border="1"> <thead> <tr> <th>#</th><th>Value Code</th><th>Amount</th><th>Action</th></tr> </thead> <tbody> <tr> <td>1</td><td></td><td></td><td></td></tr> </tbody> </table> 1 *Value Code *Amount Add Reset	#	Value Code	Amount	Action	1					
#	Value Code	Amount	Action								
1											
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.										

Steps	Description																
	Service Details Select the row number to edit the row. Click the Remove link to remove the entire row. <table border="1"> <thead> <tr> <th>Svc #</th> <th>Revenue Code</th> <th>HCPCS/Proc Code</th> <th>From Date</th> <th>To Date</th> <th>Units</th> <th>Charge Amount</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> 1 *Revenue Code HCPCS/Proc Code Modifiers *From Date To Date *Units *Unit Type Charge Amount Add Reset	Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action	1							
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1																	
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. Attachments Click the Remove link to remove the entire row. <table border="1"> <thead> <tr> <th>#</th> <th>Transmission Method</th> <th>File</th> <th>Control #</th> <th>Attachment Type</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td></td> <td colspan="5">Click to add attachment.</td> </tr> </tbody> </table> Back to Step 1 Back to Step 2 Submit Cancel	#	Transmission Method	File	Control #	Attachment Type	Action		Click to add attachment.								
#	Transmission Method	File	Control #	Attachment Type	Action												
	Click to add attachment.																
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. Attachments Click the Remove link to remove the entire row. <table border="1"> <thead> <tr> <th>#</th> <th>Transmission Method</th> <th>File</th> <th>Control #</th> <th>Attachment Type</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td></td> <td colspan="5">Click to collapse.</td> </tr> </tbody> </table> *Transmission Method FT-File Transfer *Upload File Choose File No file chosen *Attachment Type Description Add Cancel Back to Step 1 Back to Step 2 Submit Cancel 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.	#	Transmission Method	File	Control #	Attachment Type	Action		Click to collapse.								
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Step 18	Any added attachments display in the Attachments section. Review the information entered for Step 3 and select Submit. Attachments Click the Remove link to remove the entire row. <table><thead><tr><th>#</th><th>Transmission Method</th><th>File</th><th>Control #</th><th>Attachment Type</th><th>Action</th></tr></thead><tbody><tr><td>1</td><td>FT-File Transfer</td><td>Attachment.pdf (1925K)</td><td>20221221142941170516</td><td>Admission Summary</td><td>Remove</td></tr><tr><td>2</td><td>NotSpecified-Not Specified</td><td>—</td><td>123</td><td>Admission Summary</td><td>Remove</td></tr></tbody></table> Click to add attachment. Back to Step 1 Back to Step 2 Submit Cancel	#	Transmission Method	File	Control #	Attachment Type	Action	1	FT-File Transfer	Attachment.pdf (1925K)	20221221142941170516	Admission Summary	Remove	2	NotSpecified-Not Specified	—	123	Admission Summary	Remove
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2	NotSpecified-Not Specified	—	123	Admission Summary	Remove														
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.)																		

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 <table> <tr> <td>Billing Provider ID</td> <td>ID Type NPI</td> <td>Name</td> </tr> <tr> <td>Taxonomy</td> <td></td> <td></td> </tr> <tr> <td>Institutional Provider ID _</td> <td>ID Type _</td> <td>Name _</td> </tr> <tr> <td>Taxonomy _</td> <td></td> <td></td> </tr> <tr> <td>Attending Provider ID _</td> <td>ID Type _</td> <td>Name _</td> </tr> <tr> <td>Taxonomy _</td> <td></td> <td></td> </tr> <tr> <td>Operating Provider ID _</td> <td>ID Type _</td> <td>Name _</td> </tr> <tr> <td>Taxonomy _</td> <td></td> <td></td> </tr> <tr> <td>Other Operating Provider ID _</td> <td>ID Type _</td> <td>Name _</td> </tr> <tr> <td>Taxonomy _</td> <td></td> <td></td> </tr> </table> Member Information <table> <tr> <td>Member ID</td> <td></td> <td></td> </tr> <tr> <td>Member</td> <td></td> <td>Gender</td> </tr> <tr> <td>Birth Date</td> <td></td> <td></td> </tr> <tr> <td>Address</td> <td></td> <td></td> </tr> <tr> <td>Address Line 2</td> <td></td> <td></td> </tr> <tr> <td>City</td> <td></td> <td></td> </tr> <tr> <td>State</td> <td></td> <td>Zip Code</td> </tr> </table>	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 ID			Member		Gender	Birth Date			Address			Address Line 2			City			State		Zip Code
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Steps	Description
	Submit Long Term Care Claim: Confirmation Long Term Care Claim Receipt Your Long Term Care Claim was successfully submitted. The claim status is Finalized Payment. The Claim ID is 2323031000001. Click Attachment Coversheet(s) to view the claim attachments coversheet(s). Click Print Preview to view the claim details as they have been saved on the payer's system. Click Copy to copy member or claim data. Click New to submit a new claim. Click View to view the details of the submitted claim. Attachment Coversheet(s) Print Preview Copy New View