

## Job Aid

## **Professional Crossover Claim Submission**

This job aid provides step by step instructions to submit a Professional Crossover Claim in the MESA portal. Please read the instructions thoroughly and follow all directions.

Starting December 18, 2023, providers will have access to their portal account for up to 1 year from the date of termination. Claims for services provided before the termination effective date may be submitted for processing as well as adjustments or voids. Claims for services provided on or after the termination date will be denied.

Steps		Description	
Step 1	Login to the Portal. The Port	rtal Home screen Displays.	
	Home       Eligibility       Claims       Care Manual         Home            Provider Name       Location           Location             Welcome Group              Mu Profile	agement       Patient Health History       Files Exchange       Resources       Contained         Role IDs         Taxonomy         Topological States         Contained         Welcome Health Care Professional!         We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.	Legout Act Us Wednesday 11/30/2022 04:31 PM CST Sign Up to Receive News Secure Correspondence Latest News Late Breaking News Late Breaking News Provider Bulletins UM/QIQ Report Fraud
	Member Focused Viewing     Search Payment History     Affiliated Providers     340B Program Information		
Step 2	The following steps will revi Hover over the <b>Claims</b> tab	ew how to submit a Professional Crossover Claim on the menu bar. A list of claim types displays be	n in MESA: low.

## **Review the Steps to Submit a Professional Crossover Claim**



Steps	Description
	Select Submit Claim Prof.
	Home         Eligibility         Claims         Care Management         Patient Health History         Files Exchange         Resources         Contact Us
	Search Claims   Submit Claim Dental   Submit Claim Inst   Submit Claim Prof   Submit Claim Pharm   Search Payment History
Step 3	The Portal displays the "Submit Professional Claim": Step 1 page. <ul> <li>Select Claim Type Crossover Professional.</li> </ul>
	Submit Professional Claim: Step 1
	* Indicates a required field.  Claim Type Crossover Professional
Step 4	Complete the <b>Provider Information</b> section.     NOTE: There will be information already generated in this section. Complete additional fields if applicable to the claim being submitted.
	Provider Information           Billing Provider ID         ID Type         NPL         Name
	Taxonomy Performing Provider ID I ID Type NPI Name _
	Taxonomy _
	Taxonomy _
	Supervising Provider ID I ID Type NPI Name
Step 5	Complete the <b>Member Information</b> section. NOTE: Once the Member ID is entered, the system will generate the remaining fields in this section. Verify the fields populate correctly.
	Member Information
	* Member ID Last Name Birth Date
	Address       Address Line 2       City       State
Step 6	<ul> <li>Complete the Claim Information section.</li> <li>NOTE: The "Include Other Insurance" box is grayed out for Crossover Claim Types.</li> <li>NOTE: Everything with a red asterisk * must be completed.</li> </ul>

1	MISSISSIPPI DIVISION OF
52	MEDICAID

Steps	Description
	Claim Information
	Date Type     ✓     Date of Current ()       Accident Related     ✓     Admission Date ()       Patient Number     Authorization Number
	*Does the provider have a signature on file? OYes®No
	*Does the provider accept assignment for claim processing? OYes No OC linical Lab Services Only
	*Are benefits assigned to the provider by the patient or their authorized O Yes  No N/A representative?
	*Does the provider have a signed statement from the patient releasing OYes®No their medical information?
	Include Other Insurance 🗾 Total Charged Amount \$0.00
0, 7	
Step 7	<ul> <li>Complete the Medicare Crossover Details section.</li> <li>Review all sections on Submit Professional Claim: Step 1 page. If all the information entered is correct select Continue to move on to Step 2.</li> </ul>
	Medicare Crossover Details
	Allowed Medicare Amount \$0.00       Co-insurance Amount [0.00]         Deductible Amount [0.00]       Psychiatric Services Amount [0.00]         Medicare Payment Amount [0.00]       Medicare Payment Date 9         Copay Amount [0.00]       Image: Copay Amount [0.00]
	Continue Cancel
Step 8	The Portal displays the "Submit Professional 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 Professional Claim: Step 2
	* Indicates a required field.
	Claim Type Crossover Professional
	Provider Information
	Billing Provider ID ID Type NPI Name
	Taxonomy
	Patient and Claim Information
	Member 10 Member Gender
	Birth Date Total Charged Amount
	Medicare Crossover Details
	Allowed Medicare Amount \$0.00 Co-insurance Amount \$0.00
	Deductible Amount \$0.00 Psychiatric Services Amount \$0.00
	Medicare Payment Amount \$0.00 Medicare Payment Date
Step 9	<ul> <li>Enter the Diagnosis Code then select Add.</li> <li>NOTE: Evenything with a red actorials * people to be completed if the section is applicable to the claim.</li> </ul>
	THE LEVERYTHING WITH A TEU ASTERISK THEEDS TO BE COMPLETED IT THE SECTION IS Applicable to the Claim.



Steps				Description			
	Diagnosis Codes	1					-
	Select the row num Please note that th	mber to edit the row. Cli ne 1st diagnosis entered	ck the <b>Remove</b> link to remove the is considered to be the principal (	e entire row. primary) Diagnosis Code.			
	#	Diagnosis Type		Diagnosis Code			Action
	1						
	1 *Diagn	1 *Diagnosis Type ICD-10-CM ✓ *Diagnosis Code θ					
	Add	d Reset					
Step 10	<ul> <li>Scroll down to the Other Insurance Detail panel.</li> <li>NOTE: If there is other insurance information already populated that is out of date, select the Remove button under the Action column.</li> <li>Select the plus sign to add any other insurance.</li> </ul>						
	Other Insurance	Details					
	Enter the carrier a	and policy holder informa	ation below.				
	Enter other carrier Details section.	r Remittance Advice deta	ails here for the claim or with each	service line. Enter adjusted payment d	letails, such as reason (	codes, in the Claim Ad	justment
	NOTE: Please click	k <b>Remove</b> to discard an	y unrelated "Other Insurance", pri	or to submitting claim.			
						Refresh Other	Insurance
	# Ca	nrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action
	Click to add a	new other insurance.					
Step 11	<ul> <li>The required fields to be completed for the Other Insurance Details section depend on the selection in the Claim Filing Indicator dropdown.</li> <li>Select 16 (Medicare Part C), MA (Medicare Part A), or MB (Medicare Part B) for the Claim Filing Indicator and the additional fields will not be displayed.</li> <li>Anything selected other than 16, MA, or MB will require additional fields to complete the Other Insurance Details section.</li> <li>Select MB-Medicare Part B from the Claim Filing Indicator dropdown.</li> </ul>						
	Other Insurance	Details					-
	Enter the carrier a	nd policy holder informa	tion below.				
	Enter other carrier Details section.	r Remittance Advice deta	ils here for the claim or with each	service line. Enter adjusted payment d	etails, such as reason o	codes, in the Claim Ad	justment
	NOTE: Please click	k <b>Remove</b> to discard an	y unrelated "Other Insurance", pri	or to submitting claim.			
						Refresh Other	Insurance
	# Ca	rrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action
	Click to collaps	se.					
	*Claim F	iling Indicator MB-N	1edicare Part B	~			
	Add	d Insurance Cance	el Insurance				
Step 12	Other Insura	ance displays	on line #1 for Medic	are Part B.			
	Select the <b>plus sign</b> to add another Other Insurance.						





Steps	Description					
	Other Insurance Details					-
	Enter the carrier and policy holder info	ormation below.				
	Enter other carrier Remittance Advice Details section.	details here for the claim or with each	n service line. Enter adjusted paymen	details, such as reason	codes, in the Claim A	djustment
	NOTE: Please click Remove to discar	d any unrelated "Other Insurance", pr	ior to submitting claim.			
					Refresh Other	Insurance
	# Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action
	1 Claim Filing Indicator: 'Medicar	e Part B'				Remove
	Click to add a new other insurance					
Step 13	<ul> <li>Select LM-Liability Medical for the Claim Filing Indicator. The additional fields display once the selection is made.</li> <li>Complete the additional other insurance fields that are required.</li> </ul>					
	Complete the Outpr	ationt Adjudication Inf	ormation section if an	olicable		
	Ones all the inform	ation is entered select		Jilcable.		
	Once all the information	ation is entered select	Add Insurance.			I.a.'
	NOTE: Everything with	a red asterisk " must i	be completed if the se	ection is applic	able to the c	iaim.
	# Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action
	1 Claim Filing Indicator: 'Health N	laintenance Organization (HMO) Medi	care Risk'			Remove
	Click to collapse.					
	*Claim Filing Indicator 1	7-Dental Maintenance Organization	<b>~</b>			
	*Carrier Name		*Carrier Code			
	*Subscriber Last Name		*First Name			
	Subscriber Address					
	City		State		✓	
	*Subscriber ID		Country		•	
	*Group #					
	Group Name		]			
	Insurance Type				~	
	*Payer Responsibility	× *	Relationship to Subscriber	~	]	
	*COB Payer Paid Amount	.00	*Remittance Date 😝			
	Remaining Patient Liability					
	*Release of Information	~				
	Assignment of Benefits	~				
	Patient Signature Source Code				~	



Steps		[	Description			
	Outpatient Adjudication Information					
	Reimbursement Rate		Claim HCPCS Payable			
	Remark CoMS 1					
	Remark Code 2					
	Remark Code 3					
	Remark Code 4		Non-payable Professional			
	Claim ESRD Payment Amount		Component Amount			
	Add Insurance Can	<u>cel Insurance</u>				
Step 14	After the other insura	ance has been added	I, select the number 2	hyperlink fo	r the other i	nsurance
	added to proceed to	view the other insura	nce sub-panel.	lifthe Claim	Filing Indian	ton : o
	NOTE: Users can only vi anything other than 16 (M	ew the Other Insuran Jedicare Part C) MA	(Medicare Part A) or	I If the Claim I MB (Medicare	Part B) Th	tor is Ne liser
	MUST select on the num	ber hyperlink after ac	Iding insurance in orde	er to view it.	5 i uit Dj. ii	
	Other Insurance Details					-
	Enter the carrier and policy holder inform	nation below.				
	Enter other carrier Remittance Advice de	tails here for the claim or with each	service line. Enter adjusted payment d	etails, such as reason o	codes, in the Claim A	djustment
	Details section.					
	NOTE: Please click Remove to discard	any unrelated "Other Insurance", pri	or to submitting claim.			
					Refresh Other	Insurance
	# Carrier Name	Carrier Code	Group #	COB Payer Paid Amount	Remittance Date	Action
	1 Claim Filing Indicator: 'Medicare F	Part B'			1	<u>Remove</u>
	<u>2</u> test	test	test	\$0.00	11/30/2022	Remove
	Click to add a new other insurance.					
Step 15	Scroll down to the <b>Other</b>	Insurance Reason	section.			
	Fill out the Other Inst	urance Reasons sect	ion and select Add Re	ason.	hla ta tha al	aim
	NOTE. Everything with a	Ted asterisk must L	be completed if the sec	tion is applica		aim.
	You can enter up to five unique group	odes. You can reneat six combinati	ons of reason code and adjustment am	ount with each group	code.	-
	fou can enter up to five anique group			ioune man cach group	couc.	
	Click the <b>Remove</b> link to remove the e	ntire row.				
	# Group Code		Reason	Amount	Units of Service	Action
	Click to collapse.				•	
	*Group Code		~			
	*Reason 9					
	*Amount	0.00	Units of Service			
	Add Reason Cance	el Reason				
	Once the Other Insu section.	rance Reasons are	added select Save Ins	surance and	move on to	the next



Steps					Descript	ion			
	Other You ca Click th	Insurance n enter up t he Remove	e Reasons to five unique group codes. Ink to remove the entire r	You can repeat six combi ow.	inations of reason co	ode and adjustment amount w	ith each group code		
	#		Group Code		Reason		Amount	Units of Service	Action
	1	PR-P	atient Responsibility	36-Balance does not exc	ceed co-payment an	nount.	\$1.00		<u>Remove</u>
	. € Clie	ck to add a	new claim reason.						
	Save Insurance Cancel Insurance								
Step 16	<ul> <li>The Portal displays the "Submit Professional 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.</li> <li>Scroll down to view the additional sections on this page.</li> </ul>								
	NOTE	E: Sele	ct the plus and r	ninus for each	section to e	expand and collap	se the secti	on.	
	Submi	it Professio	onal Claim: Step 3						?
	* Indic	ates a requ	ired field.	Claim Tuna (	Sector Declaration	-1			
	Drovid	los Inform	ation	Claim Type C	rossover professiona	di			
	Provider Information Billing Provider ID ID Type NPI Name								
			Тахорору						
	Patien	t and Clair	n Information						
			Member ID						
			Member Birth Date		Gender Total Charged Amount				
	Medica	are Crosso	ver Details						
		Allowed I	Medicare Amount \$0.00			Co-insurance Amount \$0.00			
		De Medicare I	eductible Amount \$0.00		Psychiatric Services Amount \$0.00 Medicare Payment Date				
			Copay Amount \$0.00						
								Expand All	Collapse All
	Diagno	osis Codes	ne 1st diagnosis entered is c	onsidered to be the princi	nal (primary) Diago	osis Code			
		#	Diagnos	is Type	par (printer)) biogri	Diagno	osis Code		
		1	ICD-1	)-CM		R071-CHEST PA	IN ON BREATHING		
	Other	Insurance	Details						
	#		Carrier Name	Carr	ier Code	Group #	COB Par Ame	yer Paid punt	emittance Date
	1	Claim Filing	Indicator: 'Health Maintena	nce Organization (HMO) N	1edicare Risk'				
	2	test		test		test		\$0.00	12/09/2022
Step 17	<ul> <li>Fi</li> <li>0</li> <li>0</li> <li>0</li> <li>NOTE</li> </ul>	ill out t Con Con Ince all	he required info nplete the <b>Medio</b> nplete the <b>NDCs</b> I information has system requires	rmation for the care Crossove for Svc. #1 parts been complet that the Medic	Service De er Details se anel if appli- ced, select A care Crosso	etails section. ection. cable. Add. ver Details amou	ots at the be	eader lev	el (the
	sectio	n com	pleted in Step 1	) are balanced	against the	Medicare Crosso	ver Details	amounts	at the



Steps			Description			
	service line level (the section displayed here in Step 2). The amount for each corresponding field should balance out. An <b>edit</b> will be displayed when the amounts are not balanced. NOTE: If values are not completed at both the header level and the details level, the system will not try to balance them.					
	Service Details Select the row number to edit the ro	w. Click the <b>Remove</b> link to remove th	e entire row.			
	Svc # From Date To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
	1 *From Date 🛛	To Date	*Place of		▼ E	MG 🔽
	*Procedure     Modifiers@     *Diagnosis     *     *       Code@     Pointers     Pointers					• •
	Clia Number	Authorization Number	axonomy _			
	Performing Provider ID	J ID Type NPI T	axonomy _			
	Medicare Crossover Details         Allowed Medicare Amount \$0.00       Co-insurance Amount 0.00         Deductible Amount 0.00       Psychiatric Services Amount 0.00         Medicare Payment Amount 0.00       Medicare Payment Date 0         Copay Amount 0.00       0.00					
	NDCs for Svc. # 1 If applicable, only one NDC/UPN is Additionally, NDC/UPN information	allowed per service detail line. When a is required when adding or saving NDC	dding an NDC/UPN, the Code Type, Quantity ar :/UPN with prescription information (Prescriptio	nd Unit of Measure field n Number, Prescription	ds are required Type, Prescrip	I. Dition Date).
	Code Type NDC/UPN 0 Quantity Prescription Number Prescription Date 0		Unit of Measure v Prescription Type	~		
	Add Reset					
Step 18	Select the 1 hyper     Service Details     Select the row number to edit the row	link in the Svc # colum	nn to view the Other Insurar e entire row.	nce Details fo	or Svc #	1 section.
	Svc # From Date To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
	1         12/07/2022         12/08/2022           2	02-Telehealth Provided other than in Patient's Home	01232-ANESTH AMPUTATION OF FEMUR		1.000 Unit	<u>Remove</u>
Step 19	If any insurance was an Other Insurance Details If the Other Insurance I only display the insuran • Complete the requ	dded with a Claim Filin s for Svc # 1 section d Details for Svc # 1 sec nce carrier options with ired information for the	ig Indicator value other than isplays and should be com tion is displayed then the C o Claim Filing Indicator value o <b>Other Insurance Details</b>	n 16, MA, or l pleted. other Carrier d les other thar <b>for Svc # 1</b> s	MB then dropdow 16, MA section.	the n will , or MB.



eps	Description
	• Select Add Insurance then select Save to save the service line detail if information was added to this section.
	NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.
	Service Details
	Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.
	Svc #         From Date         To Date         Place of Service         Procedure Code         Charge Amount         Units         Action
	1         12/07/2022         12/08/2022         02-Telehealth Provided other than in Patient's Home         01232-ANESTH AMPUTATION OF FEMUR         1.000 Unit         Remove
	1 *From Date (12/07/2022) To Date (12/08/2022) *Place of 02-Telehealth Provided other than in Patient's Home V EMG V Service
	*Procedure 01232-ANESTH AMF Modifiers  Modifiers  Pointers
	Charge Amount *Units 1.000 *Unit Type Unit V EPSDT
	Clia Number Authorization Number
	Provider ID
	Performing ID Type NPI Taxonomy _ Provider ID
	Medicare Crossover Details
	Allowed Medicare Amount \$0.00 Co-insurance Amount 0.00
	Deductible Amount         0.00         Psychiatric Services Amount         0.00           Madiana         Demunant         Demunant<
	NDCs for Svc. # 1
	If applicable, only one NDC/UPN is allowed per service detail line. When adding an NDC/UPN, the Code Type, Quantity and Unit of Measure fields are required. Additionally, NDC/UPN information is required when adding or saving NDC/UPN with prescription information (Prescription Number, Prescription Type, Prescription Date).
	Code Type
	Quantity Unit of Measure
	Prescription Date e
	Other Insurance Details for Svc. # 1
	Click the row number to edit the row. Click the Remove link to remove the entire row.
	#     Carrier Code     Procedure Code     Modifiers     COB Payer Paid Amount     Remittance Date     Paid Units     Remaining Patient     Bundled     Action
	Click to collapse.
	*Other Carrier
	*Procedure Code e
	Modifiers e
	COB Payer Paid Amount 0.00 *Remittance Date • *Paid Units 0.00 Remaining Patient Liability
	Add Insurance
	Save Reset Cancel



Steps		Descripti	on		
Step 20	<ul> <li>Select the <b>plus sign</b> in the Attachments section to attach a copy of the EOMB.</li> <li><b>NOTE:</b> It is required to submit the Explanation of Medicare Benefits (EOMB) with all Medicare</li> <li>Crossover claims. Also, if other insurance was added then it is required to attach the Explanation of</li> <li>Benefits (EOB) of the other insurance carrier.</li> <li>Attachments must be in PDF format.</li> </ul>				
	Attachments				
	Click the <b>Remove</b> link to remove the entire ro	w.			
	# Transmission Method	File	Control #	Attachment Type	Action
	Elick to add attachment.				
		_			
	Back to Step 1 Back to Ste	ep 2		Submit Cancel	
Step 21	<ul> <li>Select FT-File Transfer or NotSpecified-Not Specified from the Transmission Method dropdown This selection affects the fields that display.</li> <li>Complete the additional required fields for this section and select Add. Follow the same steps to add another document.</li> <li>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</li> </ul>				ropdown. e steps to laim.
	Attachments				
	# Transmission Mathad	rile	Control #	Attackment Tune	Action
	Click to collapse.	File	control #	Ацаситент туре	Action
	*Transmission Method FT-File *Upload File Choos *Attachment Type Description	Transfer		V	
	Back to Step 1 Back to Ste	p 2		Submit Cancel	
	If "NotSpecified" was selected needs to be added in the Co <b>NOTE</b> : A unique Attachment Not Specified is selected as accompany each EOMB and Attachments section. The <u>Cl</u> <u>Medicaid</u> .	ed for the Transmission Me ntrol # field. Control Number (ACN) m the Transmission Method. I must identify the Provider aim Attachment Form is	thod, an Attachn ust be created fo In addition, a Cla 's NPI and ACN <b>located at: <u>Forr</u></b>	nent Control Number ( or each claim if NotSpe aim Attachment Form as it was entered in th <u>ms - Mississippi Divi</u>	ACN) ecified- must ne <u>sion of</u>



	MICCICCIDDI DIVICION OF
2	MEDICAID

Steps	Description											
	Attachments Click the Remove link to remove the entire row.											
	# Transmission Method		File	Control #	Attachment Type	Action						
	1	FT-File Transfer	Medicare EOMB.pdf (36K)	20221202122716197843	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)	<u>Remove</u>						
		Click to collapse.	·									
		*Control #										
		Description										
	-											
		Add <u>Cancel</u>										
	Back to Step 1     Back to Step 2     Submit     Cancel											
Step 22	The	attachments display in	the Attachments section.									
	Review the information entered for Step 3 and select <b>Submit</b> .											
	Attachments											
	Click	Click the <b>Remove</b> link to remove the entire row.										
	#	Transmission Method	File	Control #	Attachment Type	Action						
	1 FT-File Transfer		Medicare EOMB.pdf (36K)	20221202122716197843	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)	<u>Remove</u>						
	2	NotSpecified-Not Specified	-	123	Explanation of Benefits (Coordination of Benefits or <u>Remov</u> Medicare Secondary Payor)							
	Click to add attachment.											
		Back to Step 1 Back to S	tep 2		Submit Cancel							
Step 23	The	Portal displays the Cor	firm Professional 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.											
	Once reviewing the claims information entered has been completed, select Confirm to confirm the claim submission.											



	Description							
Confirm Professional Claim								
Select Print Preview <b>before</b> 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 Crossover Professional								
Provider Information								
Billing Provider ID	ID Type NPI Name							
Taxonomy								
Performing Provider ID	ID Type Name							
Taxonomy								
<b>Referring Provider ID</b>	ID Type Name							
Taxonomy								
Supervising Provider ID	ID Type Name							
Taxonomy								
Member Information								
Member ID	Member ID Gender							
Member								
Birth Date								
Address								
Address Line 2								
City								
State	Zip Code							
Claim Information								
Date Type	Date of Current							
Accident Related	Admission Date							
Patient Number	Authorization Number							
Transport Certification	No							
Does the provider have a signature on file? No Does the provider accept assignment for claim processing? No								



Steps	Description												
	Are benefits assigned to the provider by the patient or their authorized No representative? Does the provider have a signed statement from the patient releasing No their medical information?												
	Mod	CHOSED V	ar Dotaile										
	Mea		er Details	0			C0	insurance	Amount \$0	.00			
		Ded	luctible Amount \$0.0	0			Psychiatr	ic Services	Amount \$0	.00			
		Medicare Payment Amount \$0.00 Medicare Payment Date											
			Copay Amount \$0.0	0									
	Diag	nosis Codos										Expa	nd All   <u>Collapse All</u>
	Pleas	e note that the	1st diagnosis entered i	s considered	i to be the p	princi	pal (primary) Diagno	osis Code.					
		#	Diagn	osis Type					Dia	agnosis Cod	e		
		1	ICD	-10-CM					R071-CHES	T PAIN ON B	REATHI	NG	
	Othe	r Insurance D	Details										-
	# Carrier Name					Carr	ier Code Group #			COB Payer Paid Amount Remittan		Remittance Date	
	1	Claim Filing I	ndicator: 'Health Mainte	nance Orga	nization (HI	MO) N	1edicare Risk'				I		
	2	test			test			test			\$0.00 12/09/2022		0 12/09/2022
	Serv	ice Details										=	
	#	From Da	ate To Date	Place Servi	of El	MG	Procedure Code	Mod	Diag Code Ptrs	Units	;	EPSDT	Charge Amount
	1	<u>1</u> 12/07/2022 12/08/2022		02			01232	1		1.000 U	) Unit		\$0.00
	Attachments								+				
		Back t	to Step 1 Back to	Step 2 E	Back to Ste	ер 3	Print Preview				Cor	nfirm Ca	ncel
						_							
Step 24	ep 24       The Portal returns the Submit Crossover Professional Claim: Confirmation page.         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.         Submit Crossover Professional Claim: Confirmation         Your Crossover Professional Claim was successfully submitted         The Claim ID is												
										?			
	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												



## **Change History**

The following change history log contains a record of changes made to this document:

Version #	Published/ Revised	Author	Section/Nature of Change
1.0	12/14/2022	Gainwell	Initial publication
1.1	06/02/2023	Gainwell	Updated providers display to show CCO information based on CR1925.
1.2	12/06/2023	Gainwell	Updated portal access to inactive providers date of termination based on CR 2278.
1.3	4/19/2024	Gainwell	Updated an image and some verbiage in steps 6, 14, 15,16, 17 and 20.