Job Aid

CCO Claims Search

This document provides the steps to look up and view member claims associated to the Coordinated Care Organization (CCO) using the MESA Provider Portal.

CCO Claims Search

Claims are displayed based on the specified search criteria. If the member is not affiliated with the CCO during that time span being searched, then no claims will be displayed.

The best way to search is using the Claim ID but if that is not available there are other search options. Using the claim number to search will produce results for just that claim.

If the member number is specified, then all Medicaid claims (not limited to pharmacy claims) that were billed for that member will be displayed for the specified date range (given the member is affiliated with the CCO running the search during that time frame).

Complete the following steps to view member claims:

1. After logging into your Provider Portal account, select the **Claims tab**, then click the **Search Claims** hyperlink either at the top or in the middle of the page.

Figure 1: Navigate to Search Claims page (CCO view)
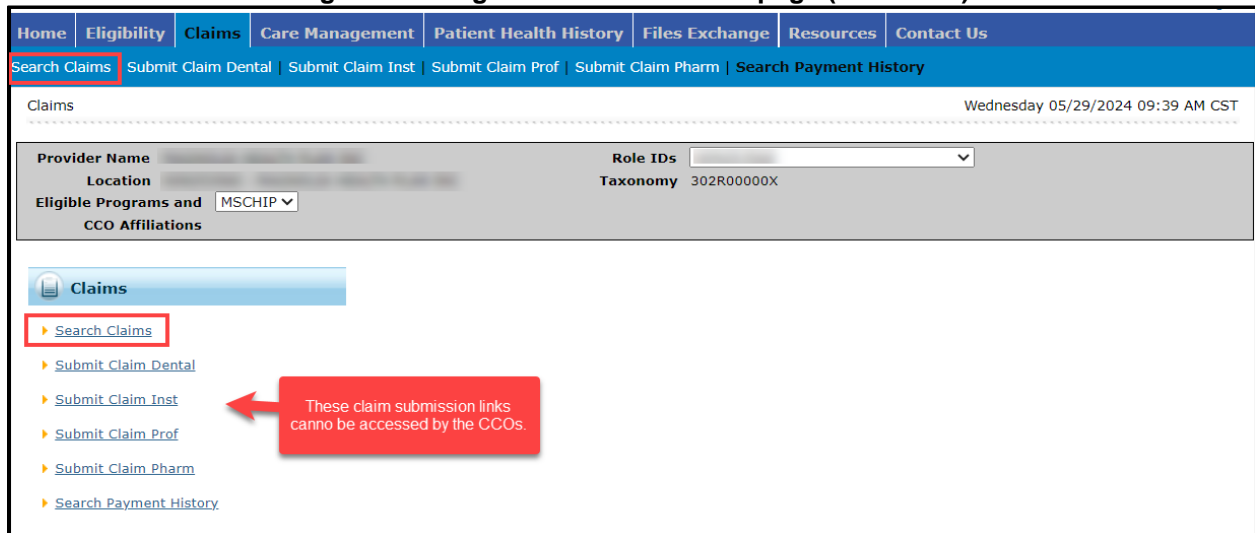
Note: The Submit Claims hyperlinks cannot be accessed by the CCOs and will result in a security warning message being displayed.
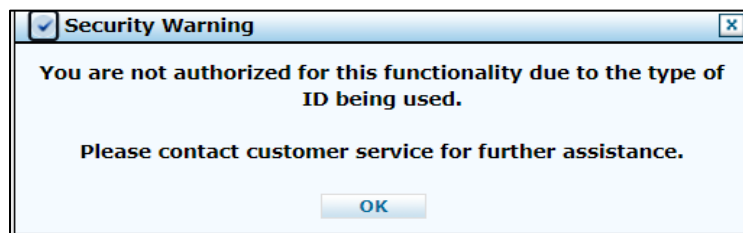
Figure 2: Security Warning Message

Figure 3: Navigate to Search Claims Page (Delegate view)

Note: The Delegate View does not display the Submit Claims hyperlinks Unless, the delegates were created previously and they were allowed to have claims submission funtionality.

2. Click the **Medical/Dental** tab or the **Pharmacy** tab to start a claims search.

Figure 4: Medical/Dental Claims Search Tab

Figure 5: Pharmacy Claims Search Tab

The following filtering criteria will be required:

- Enter the **Claim ID,** select Search.
- If **Claim ID** is not entered, then either **Pay/Deny Date**, or **Service From** and **To Dates**, and either, the **Provider ID**, or **Member ID** are required.
- Search span cannot be more than 1 year.

3. The claims for the search criteria entered will be displayed.

   Note: Entering a date range over one year will result in an error message.

Figure 6: Medical/Dental Claims Search

4. Expand the claim by selecting the **plus** sign to the left of each row.

Figure 7: Claim Expanded View

Search Results

To see service line information, or to view a remittance advice or request an appeal, click on the '+' next to the claims ID.

Total Records: 24

	Claim ID	TCN	Claim Type	Claim Status	Service Date ▼	Member ID	Performing Provider ID	Medicaid Paid Amount	Pay/Deny Date	Member Responsibility
⊟	2224002000031		Dental	Finalized Denied	01/02/2024			$0.00	01/03/2024	

Dental Claim Information

Member		Total Charge Amount	$0.00
Birth Date		Total Paid Amount	$0.00
Performing Provider	_	Pay/Deny Date	01/03/2024
Claim Status	Finalized Denied	Reason	_

Service Information

Service	Service Date	Line Status	Units	Procedure/Modifiers	Charge	Paid
1	01/02/2024 - 12/31/9999	Finalized Denied	5	0168T	$0.00	$0.00

5. Click on the **Claim ID** hyperlink to see more details about the claim.

Figure 8: Claim Detail View

Provider Name	MAGNOLIA HEALTH PLAN INC	Role IDs	
Location		Taxonomy	302R00000X
Eligible Programs and CCO Affiliations	MSCHIP ⌄		

Print Preview

View Dental Claim - ID 2224002000031   Back to Search Results ❓

Provider Information

Billing Provider ID		ID Type	NPI	Name	ASD
Taxonomy	261QF0400X-Clinic/Center - Federally Qualified Health Center (FQHC)				
Performing Provider ID	_	ID Type	_	Name	_
Taxonomy	_				
Service Facility Location ID	_	ID Type	_	Name	_
Taxonomy	_				

Patient Information

Claim Status	Finalized Denied		
Member ID			
Managed Care Plan	MAGNOLIA HEALTH PLAN INC	Benefit Plan	MississippiCAN
Member		Gender	Female
Birth Date			
Address			
Address Line 2	_		
City			
State	Mississippi	Zip Code	39740-0000

Figure 9: Claim Detail View (Cont)

Claim Information

Accident Related _	Accident Date _
Place of Treatment 11-Office	
Patient Number NA	
Initial X-Ray/Photo Date _	
Related Claim ICN _	

Does the provider have a signature on file? Yes

Does the provider accept assignment for claim processing? No

Are benefits assigned to the provider by the patient or their authorized representative? No

Does the provider have a signed statement from the patient releasing their medical information? Yes

Total Charged Amount $0.00

Total Allowed Amount _   Total Co-pay Amount _   Total Paid Amount _

Medicare Crossover Details

Allowed Medicare Amount $0.00	Co-insurance Amount $0.00
Deductible Amount $0.00	Medicare Payment Date _
Medicare Payment Amount $0.00	
Copay Amount $0.00	

Expand All | Collapse All

Adjudication Errors

Claim / Service #	HIPAA Adj	Description	HIPAA Adj Remark	Description	EOB	Description
Claim	270	HEADER TOTAL BILLED AMOUNT MISSING			1270	THE HEADER TOTAL BILLED AMOUNT IS REQUIRED AND MUST BE GREATER THAN ZERO.
Service # 1	231	RENDERING PROVIDER NUMBER IS MISSING			1085	PROVIDER IS A FACILITY OR GROUP PROVIDER. A RENDERING PROVIDER IS REQUIRED.
Service # 1	268	BILLED AMOUNT MISSING			0221	THE DETAIL BILLED AMOUNT IS REQUIRED.
Service # 1	1963	RENDERING PROVIDER IS NOT DESIGNATED TO RENDER			0175	RENDERING PROVIDER INDICATED IS NOT CERTIFIED AS A RENDERING PROVIDER.
Service # 1	3337	NON-COVERED PROC DUE TO CMS TERMINATION			0247	PROCEDURE CODE HAS BEEN TERMINATED BY CMS, AMA OR ADA FOR THE DATE OF SERVICE.

Diagnosis Codes

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

#	Diagnosis Type	Diagnosis Code
1	ICD-10-CM	A082-ADENOVIRAL ENTERITIS

Service Details

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Svc Date	Oral Cavity Area	Tooth#/Letter	Tooth Surface	Procedure Code	Mod	Units	Charge Amount	Allowed Amount	Co-pay Amount
1 Finalized Denied	01/02/2024				0168T		1			

No Other Insurance Details exist for this claim

No Attachments exist for this claim

Print Preview

Go to Top

6. Select the **Print Preview** button to view a printable version of the claim. The **Go to Top** link will bring the user back to the top of the page without having to scroll.

Change History

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

Version #	Published/ Revised	Author	Section/Nature of Change
0.1	08/31/2024	Gainwell	Initial Submission