

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.

Home	Eligibi	lity	Claims	Care Mana	gement	Patient Heal	th History	Files	Exchange	Resources	Contact Us
Search C	laims S	ubmit	Claim Der	ntal Submit (Claim Inst	Submit Claim P	rof Submit	Claim Pl	narm Searc	h Payment Hi	story
Claims											Wednesday 05/29/2024 09:39 AM CST
Provi Eligib	ider Nam Locatio ble Progr	e on ams a	and MSC	HIP 🗸		-	Ro Taxo	le IDs onomy	302R00000X		V
	CCO Af	iliatio	ons								
	Claims										
▶ <u>Sea</u>	arch Clain	<u>15</u>									
► <u>Sul</u>	bmit Clair	n Deni n Inst		These	claim subi	mission links					
▶ <u>Su</u>	bmit Clair	n Prof		canno b	e accesse	d by the CCOs.					
▶ <u>Su</u>	bmit Clair	n Phar	<u>rm</u>								
▶ <u>Se</u> ;	arch Payn	nent H	listory								

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)											
Home	Eligibility	Claims	Care Management	Patient Health History	Resources	Switch Provider	Contact Us					
Search C	earch Claims Search Payment History											
Claims	Claims Wednesday 05/29/2024 03:59 PM CST											
Delegate for Role IDs 🗸												
Provi	der Name											
	Location			Taxo	onomy 302R00	X000						
Eligib	le Programs	and MSC	CHIP 🗸									
	CCO Affiliati	ions										
	(a) Claims											
▶ Sea	arch Claims]										
) <u>Sea</u>	arch Payment I	<u>History</u>										

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 functionality.

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

Figure 4: Medical/Dental Claims Search Tab

Search Claims	?						
Medical/Dental Pharmacy							
A minimum of one field is required If Claim ID is not entered, then either 'Pay/Deny Date' or 'Service From'-'To' Dates AND either Provider ID or Member ID are required. The search span cannot be more than 1 year. Note: Only the claims billed for the CCO Member will be displayed.							
Claim Information							
Claim ID 0 TCN							
Member Information							
Member ID 🛛							
Service Information							
Service From 0 To 0 Claim Status ~ Pay/Deny Date 0 Image: Claim Type ~							
Provider ID 😝 ID Type MCD Name _							
This Provider is the Billing provider on the claim Include Only Fee for Service							
Performing provider on the claim Encounter Claims							
Search Reset							



Figure 5: Pharmacy Claims Search Tab

and the second second second	
minimum of one search field in the Member Information section	any section is required. If the claim 10 is not entered, either Paid Date or Service Date is required. To Search for claims for a specific member, all fields in must be antered.
mly claims for which you are ei	ther the Service Provider or the Prescriber will be returned. Use the Provider ID criteria below if you wish to restrict the search by using a second provider I
s one of the providers with you	r Provider ID being the other.
laim Information	
Claim ID e	Prescription #
tember Information	
Manufact The	
Member ID 0	
ervice Information	
Service From o	Too Claim Status
Pay/Deny Date o	
Provider ID 0	Q ID Type MCD Name _
This Drouider is the	Servicing provider on the claim
This Provider is the	
	Prescriber on the claim

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.

Se	Search Claims										
	Medical/Dental Pharmacy										
	A minimum of one field is required. If Claim ID is not entered, then either 'Pay/Deny Date' or 'Service From'-'To' Dates AND either Provider ID or Member ID are required. The search span cannot be more than 1 year. Note: Only the claims billed for the CCO Member will be displayed.										
	Claim Information										
	Claim ID 0 TCN										
	Member Information										
	Member ID 😝										
	Service Information										
	Service From (05/28/2023) (Claim Status) (Claim Type) (Claim Type)										
	This Provider is the @ Billing provider on the claim Inc. In type From Name										
	Operforming provider on the claim Operforming provider on the claim Operforming context claims Operforming context claims										
	Search Reset										
Se	arch Results										
То	see service line info	rmation, or to vie	ew a remittance adv	rice or request an ap	opeal, click on t	he '+' next to the	claims ID.				
										Total Records: 24	
	Claim ID	TCN	Claim Type	Claim Status	<u>Service</u> 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		
+	2224003000007		Dental	Finalized Denied	12/25/2023			\$0.00	01/03/2024		
+	2224003000017		Dental	Finalized Denied	12/25/2023			\$0.00	01/03/2024		
+	2223363000014		Dental	Finalized Denied	12/25/2023		1245368521	\$0.00	01/03/2024		

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

Sea	Search Results										
10 5	Total Records: 24										
	<u>Claim ID</u>	TCN	<u>Claim Type</u>	<u>Claim Status</u>	<u>Service</u> Date ▼	Member ID	Performing Provider ID	Medicaid Paid Amount	Pay/Deny Date	M Resp	ember onsibility
	2224002000031		Dental	Finalized Denied	01/02/2024			\$0.00	01/03/2024		
	Dental Claim Information										
	Member Total Charge Amount \$0.00										
ı		Birth Da	ite			Total Pai	d Amount \$0.00				
	Perf	orming Provid	ler			Pay/f	Deny Date 01/03/2	2024			
		Claim Stat	us Finalized Deni	ed			Reason				
5	Service Informat	ion									
	Service	Service Date		Lin	e Status	Units	Procedure/	Procedure/Modifiers		je	Paid
	1	01/02/2024 - 12/31/9999		Finalized D	enied	5	016	8Т	\$;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 Location Eligible Programs and MSCHIP V CCO Affiliations	PLAN INC	Role IDs Taxonomy	302R00000X	~	
					Print Preview
View Dental Claim - ID 22240020	00031				Back to Search Results ?
Provider Information					
Billing Provider ID		ID Type NPI		Name ASD	
Taxonomy	261QF0400X-Clinic/Center - Feo	lerally Qualified Health	Center (FQHC)		
Performing Provider ID		ID Туре		Name _	
Taxonomy					
Service Facility Location ID		ID Туре		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	Infor	mation											
		Accie	lent R	elated _	- 17		,	Accident Date					
	Price of Treatment 11-Onice												
	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 No												
	representative?												
Does the provider have a signed statement from the patient releasing their Yes medical information?													
Total Charged Amount = ±0.00													
					Table					0.00			
			wed A	mount _	Total C	o-pay Amount		TOLDI PO					
Medic	are Cr	ossover D	etails										
	Allov	wed Medio	are A	mount \$0.0	00		Co-insur	ance Amount	\$0.00				
		Deduct	ible A	mount \$0.0	00		Medicare F	avment Date					
	Media	are Pavn	ent A	mount \$0.	00								
				mount \$0.	00								
			puy A	filoune șo.									
											Expand All	Collapse All	
Adjudio	cation	Errors										-	
Claim	ı/ œ#	ніраа	Adi		Description	HIPAA Adj Remark	Description	EOB		Descr	iption		
Claim		270	-	HEADER TOT	AL BILLED AMOUNT			1270	THE HEADER T	TOTAL BILLED	- AMOUNT IS RE	OUIRED AND	
			1	MISSING					MUST BE GREA	ATER THAN ZE	RO.		
Service a	# 1	231		RENDERING MISSING	PROVIDER NUMBER IS		1085		PROVIDER IS A FACILITY OR GROUP PROVIDER. A RENDERING PROVIDER IS REQUIRED.			DER. A	
Service a	# 1	268	1	BILLED AMO	UNT MISSING			0221	THE DETAIL B	ILLED AMOUNT	IS REQUIRED		
Service a	# 1	1963	1	RENDERING DESIGNATED	PROVIDER IS NOT TO RENDER		0175 RENDERING PROVIDE AS A RENDERING PRO			ROVIDER INDI ING PROVIDER	ER INDICATED IS NOT CERTIFIED		
Service a	# 1	3337	-	NON-COVER TERMINATIO	ED PROC DUE TO CMS N		0247 PROCEDURE CODE HAS BEEN TERMINATED AMA OR ADA FOR THE DATE OF SERVICE.			BY CMS,			
Diagno	sis Co	des										_	
Please r	note th	at the 1st	diagno	sis entered i	s considered to be the pri	ncipal (primary)	Diagnosis Cod	e.					
	#			Diag	nosis Type				Diagnosis Co	de			
	1 ICD-10-CM A082-ADENOVIRAL ENTERITIS									NTERITIS			
	1		Service Details										
Service	1 e Deta	ils											
Service Select t	1 e Deta he row	ils / number t	o edit t	he row. Click	the Remove link to rem	ove the entire r	ow.						
Service Select t Svc #	1 Deta he row Svc	ils 7 number t : Date	o edit t Dral Ca	he row. Click	the Remove link to rem	Tooth Surf	ow. face Proc	edure Mo	od Units	Charge Amount	Allowed Amount	Co-pay Amount	
Service Select t Svc # <u>1</u> Finalized	1 e Deta he row Svc 01/0	ils 7 number t : Date (2/2024	o edit t Dral Ca	he row. Click	k the Remove link to rem Tooth#/Letter	Tooth Surf	ow. Face Proc Co	edure Mo ode Mo	od Units	Charge Amount	Allowed Amount	Co-pay Amount	
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Service Select t Svc # 1 Finalized Denied No Oth No Atta	1 Deta he row Svc 01/0 er Ins achme	ils v number t 2/2024 surance D ints exist Print Prev	o edit t Dral Ca etails for thi	he row. Click avity Area exist for thi	the Remove link to rem Tooth#/Letter	Tooth Surf	ow. Face Proc Cr 01	edure Mo ode Mo	units	Charge Amount	Allowed Amount	Co-pay Amount	
Select t Select t Svc # I Finalized Denied No Oth No Atta	1 e Deta he row Svc 01/0 eer Ins achme	ils p number t 2/2024 surance D ents exist Print Prev	o edit t Dral Ca etails for thi	he row. Click avity Area exist for thi	the Remove link to rem Tooth#/Letter	Tooth Sur	ow. Face Proc	68T	Dd Units	Charge Amount	Allowed Amount	Co-pay Amount	

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