MISSISSIPPI DIVISION OF MEDICAID

Job Aid

Provider Portal Processes

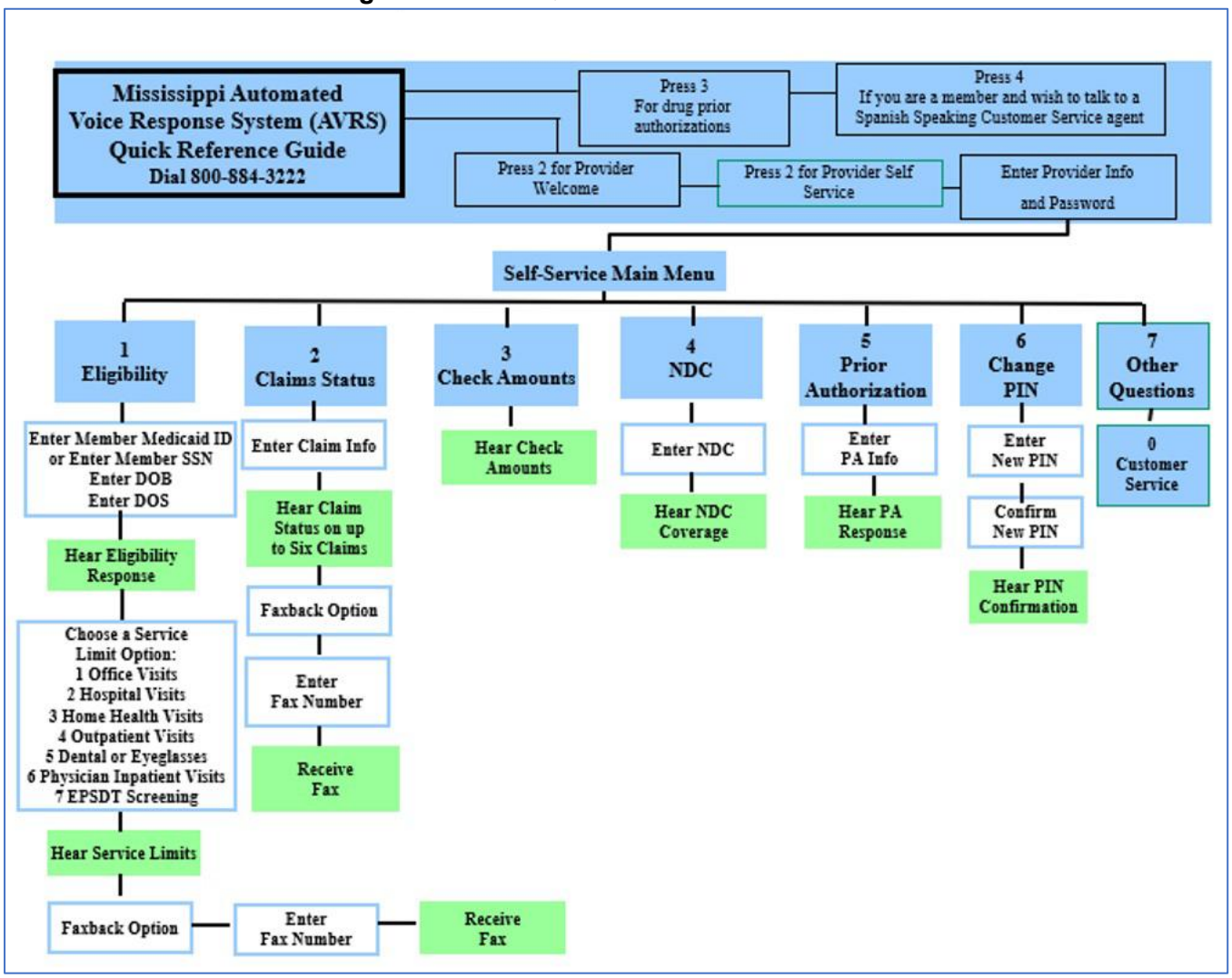
This set of job aids covers the following processes:

Note: *All screenshots in this document were taken with deidentified data.*

Accessing Provider Services in the AVRS

The following figure offers a basic visualization of the Medicaid Enterprise System Assistance (MESA) Automated Voice Response System (AVRS) call flow for providers.

Figure 1: AVRS Quick Reference – Provider



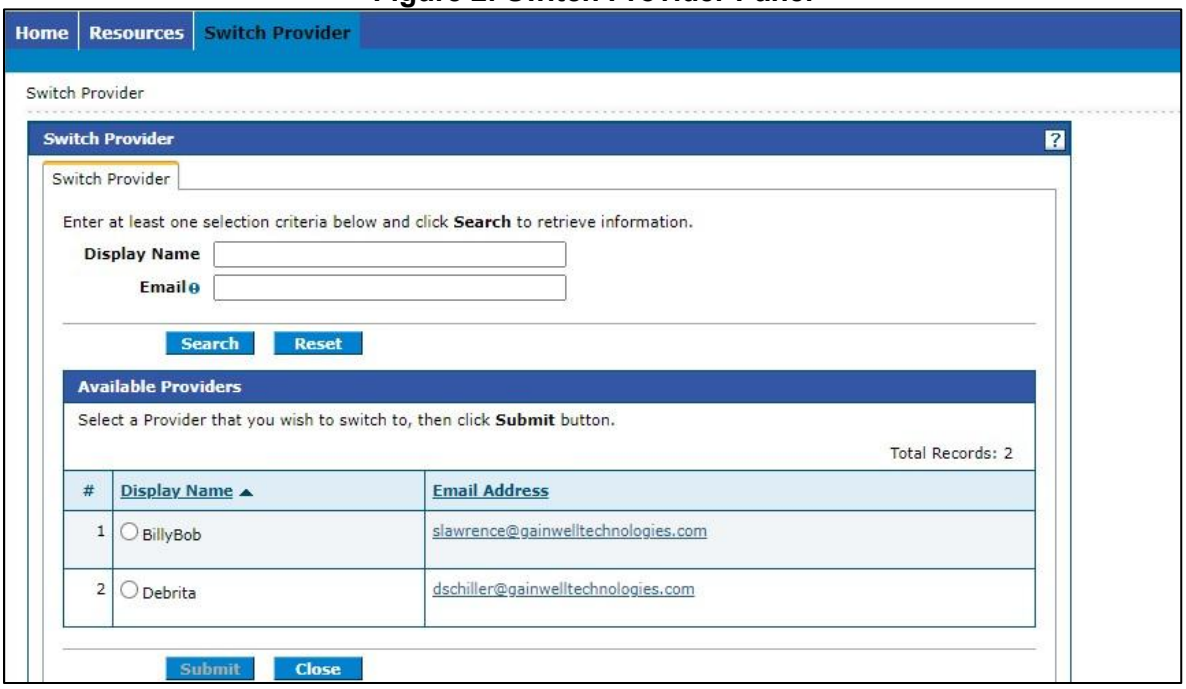
Where applicable, the AVRS system verifies information entered by the caller. The eligibility call flow includes opportunities to hear other associated information (Visits, Dental or Eyeglasses, etc.) and gives callers the opportunity to repeat the information or hear eligibility for a different Date of Service (DOS).

Working with Delegate Accounts

This process describes how to create a delegate account on the provider portal. As discussed in PRP100 Provider Portal Overview, providers often use delegates to manage their claims on the portal. A delegate can serve several provider accounts even if the delegate has only one provider, since providers can have multiple contracts. Delegates who service multiple provider accounts will be presented with a selection of providers to choose from when they log in, as shown in Figure 3: Switch Provider Panel. Once they select a provider, they will see the tabs available to them for that account.

Note: *If you have multiple Medicaid IDs and/or locations, you can change the Display Name on each account to reflect the taxonomy-location for that Medicaid ID.*

Figure 2: Switch Provider Panel



Registering a Delegate Account

Note: *To register as a delegate, you'll need all the information the provider used to create your account. Additional providers assigning you to their locations must have your MESA Delegate Code, so keep it on hand.*

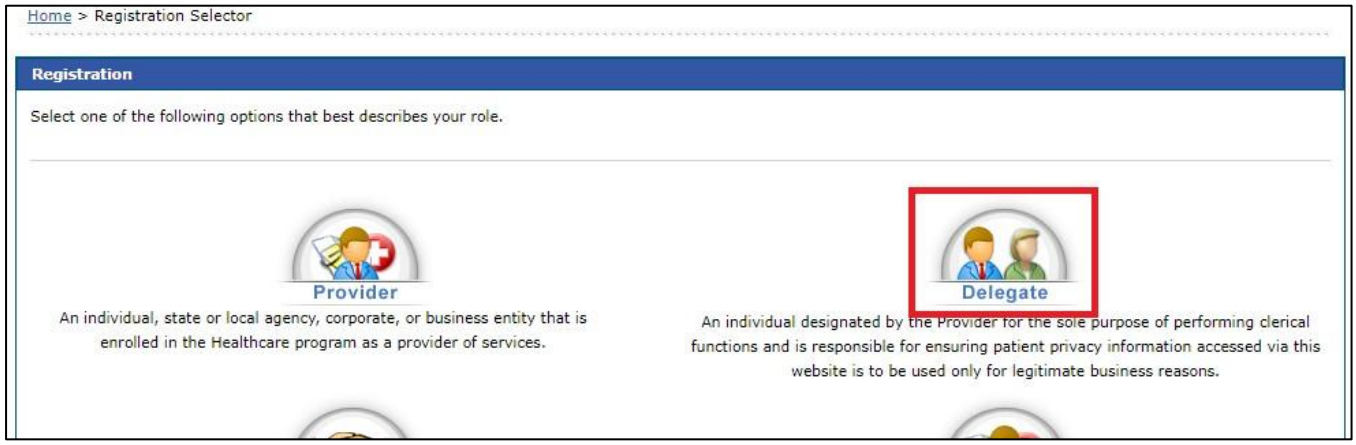
Complete the following steps to create a delegate account:

1. Access the provider portal at the URL that was given to you.
2. At the Home page, click the **Register Now** link.

Figure 3: Provider Portal Home Page

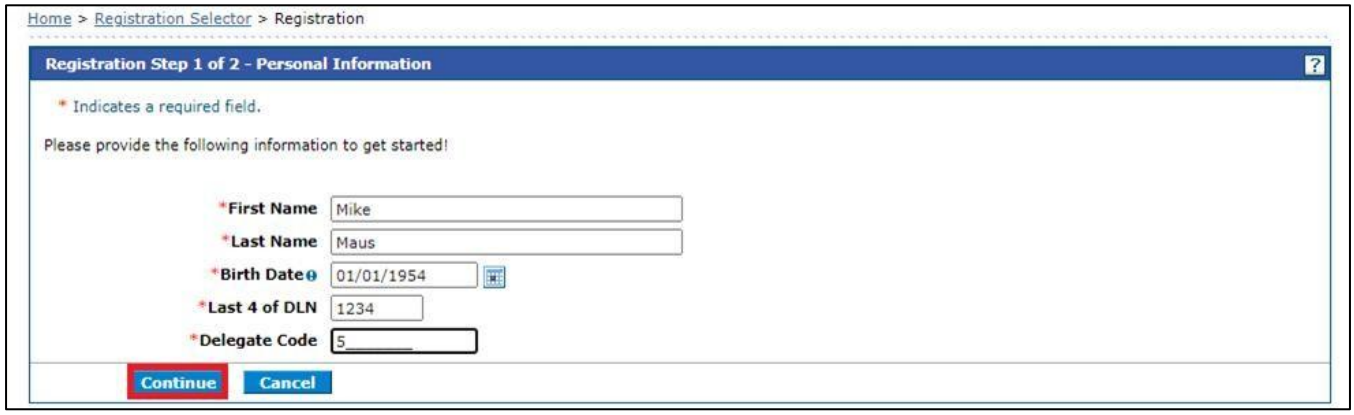
3. The system opens the Registration Selector page. Click the Delegate option.

Figure 4: Registration Selector Page



4. At the Registration panel, enter your name, birth date, and the last four digits of your driver's license number as they were entered by the provider. Enter the delegate code from the record the provider created and click **Continue**.

Figure 5: Registration Step 1



The rest of the registration steps are the same as described in PRP-100 Provider Portal Overview. An email with a link confirms your account. You must confirm your account or you can't log in.

Logging In as a Delegate

When you log into your delegate account, the system opens the Home page if you serve only one provider account. If you are a delegate for multiple provider accounts, the system opens the Switch Provider panel so you can select an account, as shown in Figure 3: Switch Provider Panel on page 3. At any time, you can return to this panel and switch to a different provider to continue your work.

Once you select the provider, you will be see the provider portal as the provider sees it, with the exception of pages and panels that you are not authorized to access.

Checking Member Eligibility

This section provides the process for reviewing member eligibility, service limits, EPSDT visits, and other insurance.

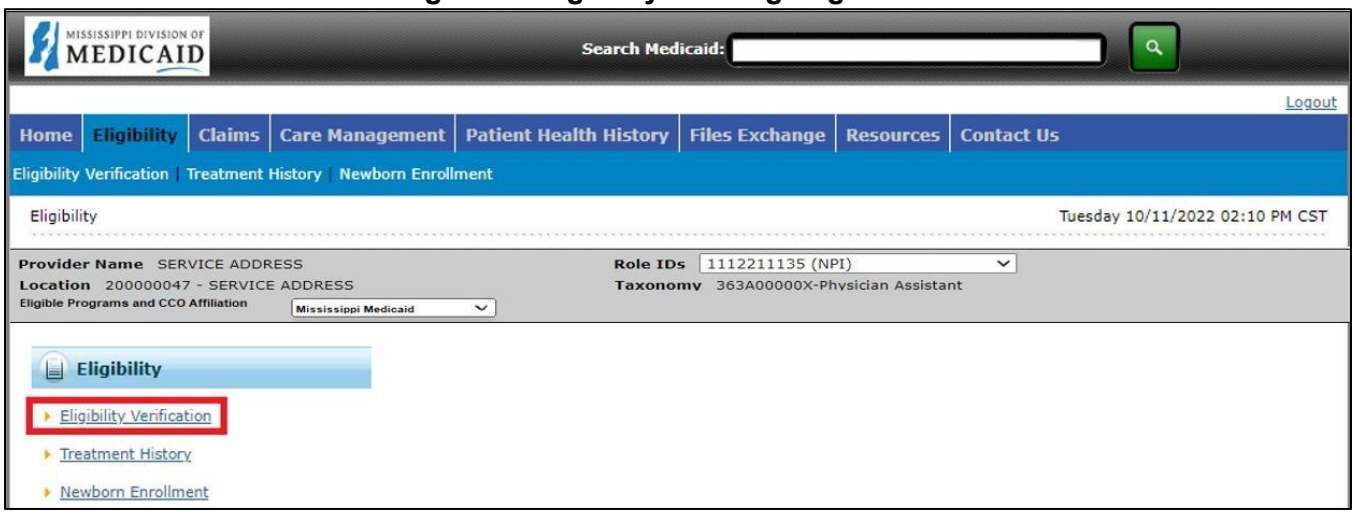
Complete the following steps to verify member eligibility:

1. From the Provider Portal Home page, click the **Eligibility** tab.

Figure 6: Provider Portal Home Page

2. On the **Eligibility** landing page, you can choose Eligibility Verification or Treatment History.
3. Click the **Eligibility Verification** link.

Figure 7: Eligibility Landing Page



4. Enter the Member ID, or if you don't have it, enter two of the following:
   - Social Security Number (SSN)
   - Birth date
   - Member's full name

Note: *If you don't receive the expected results with a Member ID search, try searching with two of the other fields.*

Figure 8: Fill Our Eligibility Verification Request

5. By default, the begin date is populated with the current date, unless you are searching for a specific time-period. The End date defaults to the current date if you leave it blank.

Note: *You can search for eligibility history up to three years in the past and four months into the future.*

Figure 9: Submit Eligibility Verification Request

6. The system returns the eligibility verification for the member, confirming the current assigned coverages. Remember, coverage is not a guarantee since a member can lose eligibility for a variety of reasons. All coverage details are displayed for the member.

Figure 10: Eligibility Verification

Eligibility Verification Information for **for 5/27/2026 to 5/27/2026**

Member ID		**Birth Date**	09/23/2004	**Gender**	Female
Head of Household		**Authorized Rep**	Yes		
Authorized Rep Name				**Authorized Rep Phone #**	N/A
Verification Response ID	2614700001				

Expand All | Collapse All

Demographic Details

Street Address

City **State** Mississippi **Zip Code** -0000

Coverage Details

Coverage	Effective Date	End Date	Add Date	Last Update Date
088 - Pregnant Women **Service Types Covered:** • 1 - Medical Care • 30 - Health Benefit Plan Coverage • 33 - Chiropractic • 35 - Dental Care • 47 - Hospital • 48 - Hospital Inpatient • 50 - Hospital Outpatient • 82 - Family Planning • 86 - Emergency Services • 88 - Pharmacy • 98 - Professional (Physician) Visit - Office • AL - Vision (Optometry) • MH - Mental Health • UC - Urgent Care	09/01/2025	12/31/9999	09/17/2025	09/17/2025

Other Insurance Detail Information

Medicare Coverage Detail

Coverage	Effective Date	End Date	Last Update Date
None			

Managed Care Assignment Details

Managed Care Plan	Managed Care Plan Phone	Primary Care Provider	Provider Phone	Benefit Plan	Effective Date	End Date
MOLINA HEALTHCARE OF MISSISSIPPI IN	1-844-434-1117			MississippiCAN	7/1/2025	12/31/9999

Lock-In Details

Lock-in Provider	Lock-in Provider Phone	Benefit Plan	Effective Date	End Date
None				

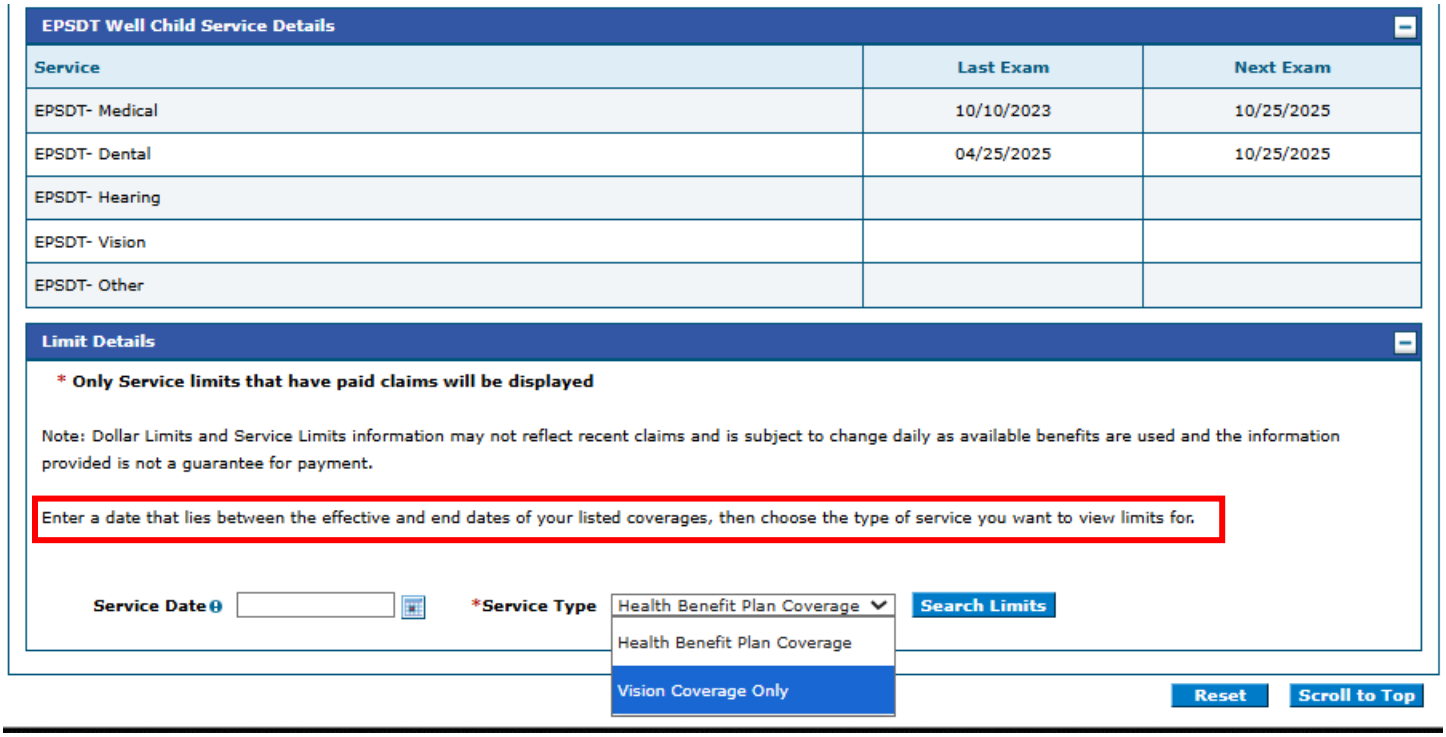
Living Arrangement Details

Level of Care Plan	Provider NPI	Provider Name	Effective Date	End Date
None				

9. Scroll down to view all the coverage limits section.

Note: *Limit Details are only available after supplying a service date between the coverage details dates and choosing a Service Type (as shown below). Additional service details are available on the Treatment History tab.*

Figure 11: Coverage Detail



EPSDT Well Child Service Details

Service	Last Exam	Next Exam
EPSDT- Medical	10/10/2023	10/25/2025
EPSDT- Dental	04/25/2025	10/25/2025
EPSDT- Hearing		
EPSDT- Vision		
EPSDT- Other		

Limit Details

* **Only Service limits that have paid claims will be displayed**

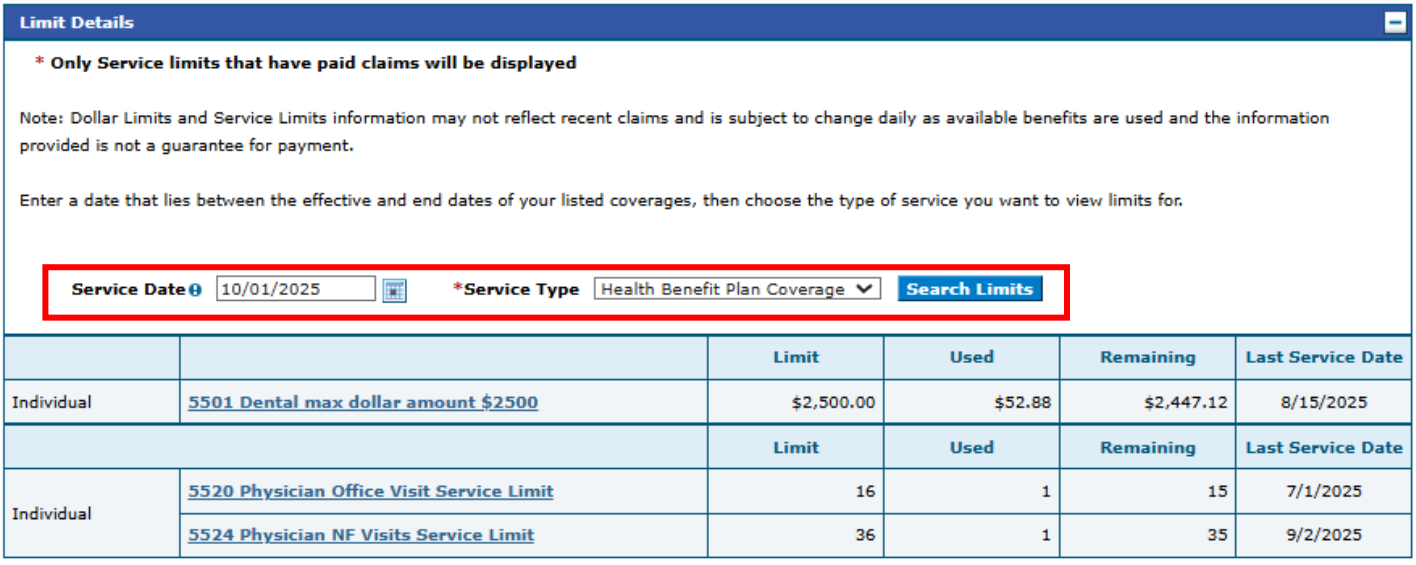
Note: Dollar Limits and Service Limits information may not reflect recent claims and is subject to change daily as available benefits are used and the information provided is not a guarantee for payment.

Enter a date that lies between the effective and end dates of your listed coverages, then choose the type of service you want to view limits for.

Service Date | *Service Type: Health Benefit Plan Coverage | Search Limits

Health Benefit Plan Coverage
Vision Coverage Only

Reset | Scroll to Top



Limit Details

* **Only Service limits that have paid claims will be displayed**

Note: Dollar Limits and Service Limits information may not reflect recent claims and is subject to change daily as available benefits are used and the information provided is not a guarantee for payment.

Enter a date that lies between the effective and end dates of your listed coverages, then choose the type of service you want to view limits for.

Service Date: 10/01/2025 | *Service Type: Health Benefit Plan Coverage | Search Limits

		Limit	Used	Remaining	Last Service Date
Individual	5501 Dental max dollar amount $2500	$2,500.00	$52.88	$2,447.12	8/15/2025
		Limit	Used	Remaining	Last Service Date
Individual	5520 Physician Office Visit Service Limit	16	1	15	7/1/2025
	5524 Physician NF Visits Service Limit	36	1	35	9/2/2025

Limit Details

Note: Dollar Limits and Service Limits information may not reflect recent claims and is subject to change daily as available benefits are used and the information provided is not a guarantee for payment.

Enter a date that lies between the effective and end dates of your listed coverages, then choose the type of service you want to view limits for.

Service Date 10/01/2025 ***Service Type** Vision Coverage Only **Search Limits**

is 25 years of age on the date of service and has vision coverage. Certain service limits are based on the member's age. Those which reference no age apply to all members. See below available limits. Eye Exams are included in office visit limits.

		Limit	Used	Remaining	Last Service Date
Individual	5515 Eye Refraction Limit 2 per SFY - Under 21	2	0	2	
	5516 Eyeglass Lens Limit 4 per SFY - Under 21	4	0	4	
	5517 Eyeglass Frames Limit 2 per SFY - Under 21	2	0	2	
	5519 Eye Refraction Limit 1 per 5 yrs - 21 & older	1	0	1	
	5520 Physician Office Visit Service Limit	16	1	15	7/1/2025
	5523 Glasses fitting 1 Per 5yrs/6 MOS Surgery	1	0	1	
	5526 Eyeglass Lens Limit 2 per 5 yrs - 21 & older	2	0	2	
	5566 Eyeglass Frames Limit 1 per 5 yrs - 21 & older	1	0	1	

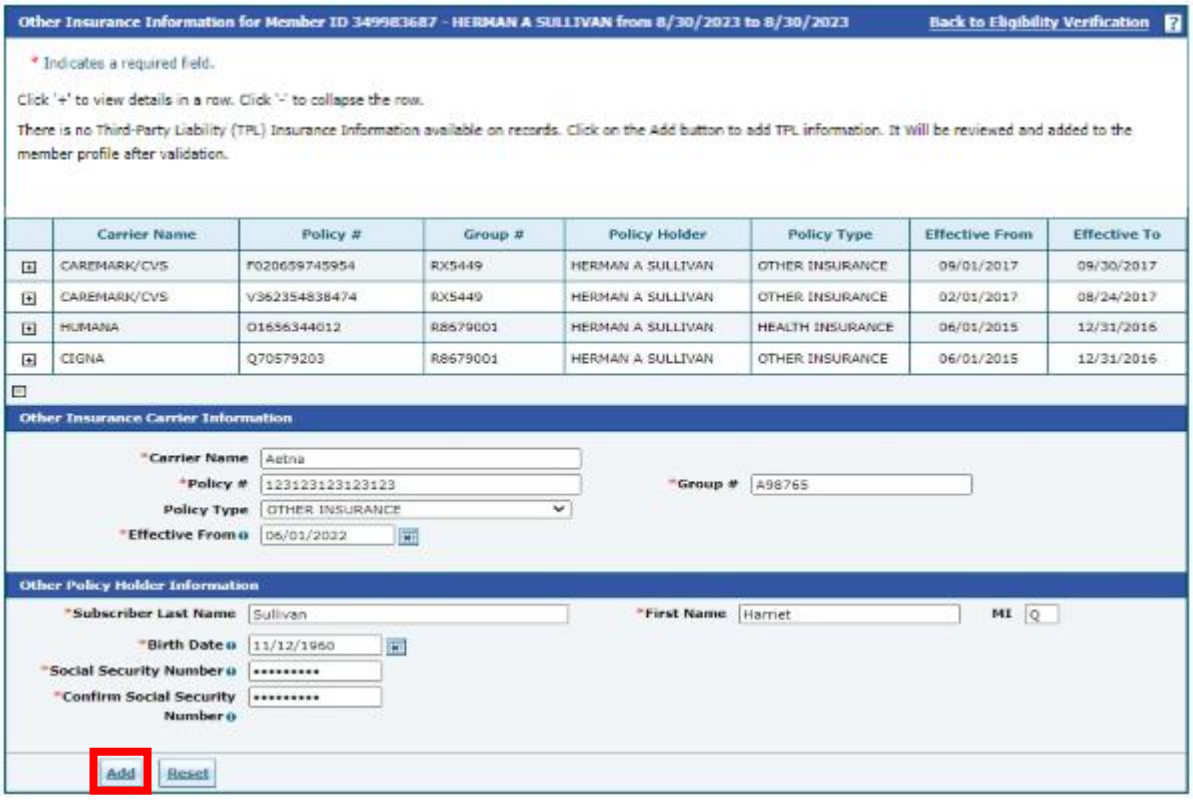
10. To view or add other insurance for a member, click **Other Insurance Detail Information**.

Figure 12: Access Other Insurance

11. The portal displays any other insurance policies for the member. If the member does not have TPL coverage, the Other Insurance Panel will display 'None'. To view details for any record in this list, click the plus sign on the left.

12. To add other insurance, enter the carrier and policy holder information, then click **Add**. The system creates the record and stores it in the Other Insurance list; however, it will not appear when you come back to this list until it is validated.

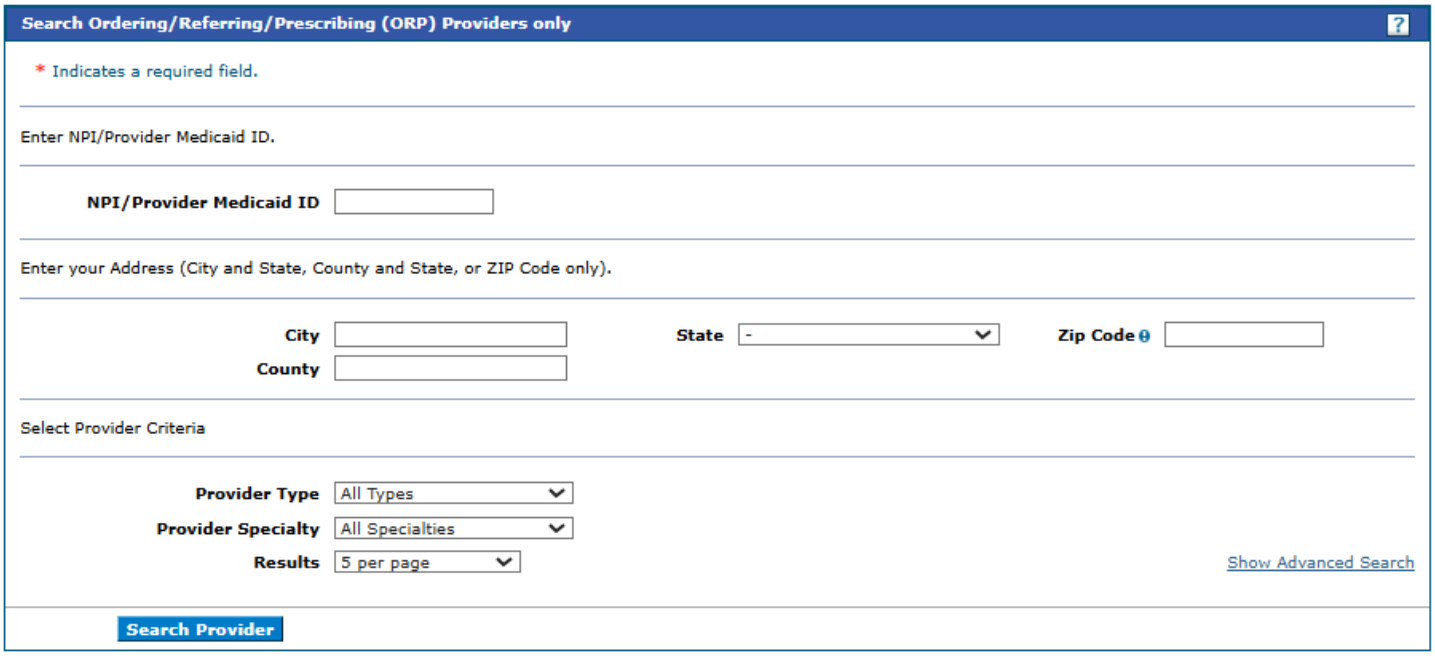
Figure 13: Other Insurance Information



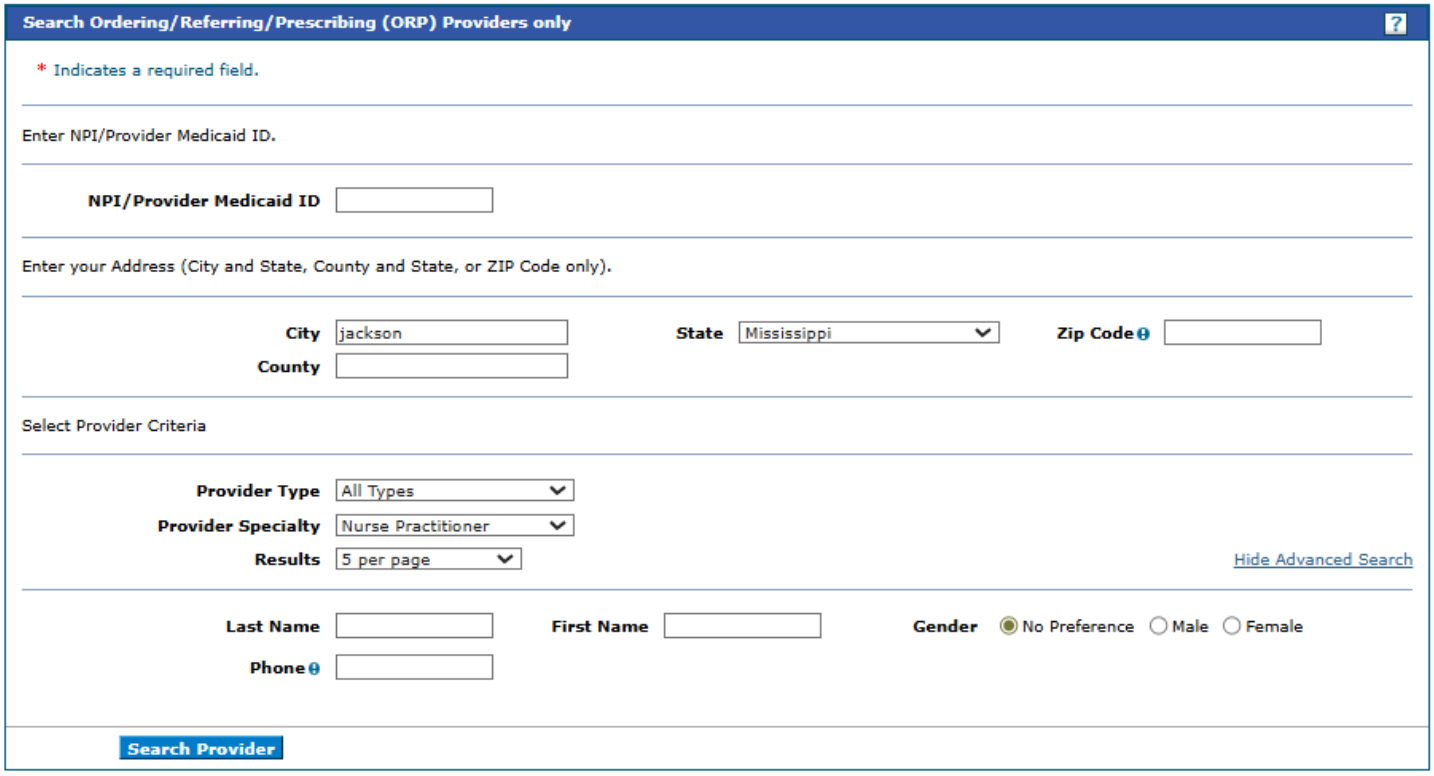
Searching for an ORP Provider

A search function for an Ordering/Referring/Prescribing provider only is available under Provider Services.

The search allows for many ways to search for an **ORP** provider **Only**.



Advanced Search adds name fields, gender, and phone number fields for more search options.



The **Search Results** display based on the search criteria.

Updating Affiliated Providers

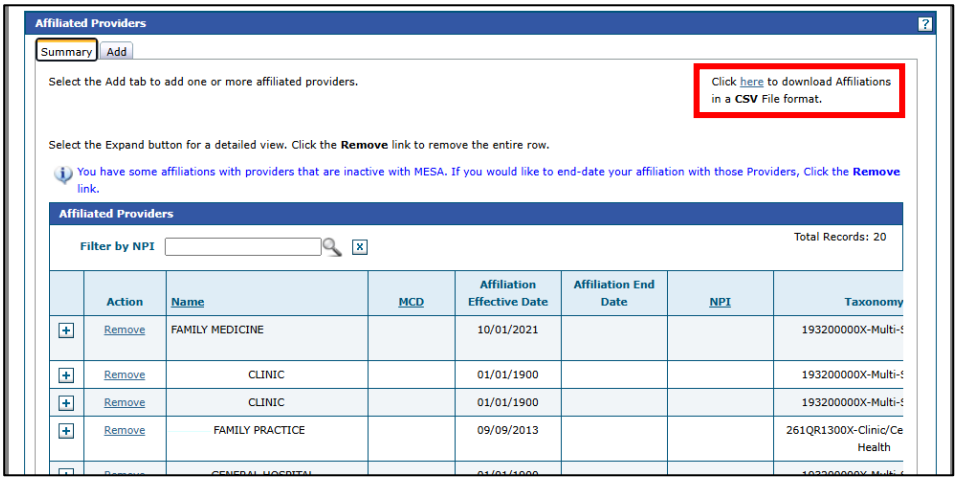
Providers can keep their affiliated providers up to date by using the link under Provider Services on the provider's portal home page.

Figure 14: Affiliated Providers Link

The summary page lists all affiliated providers who are active in MS Medicaid.

- Rows can be expanded to show more information on the affiliated provider.
- The rows can be filtered by entering the NPI or by clicking one of the underlined column names.
- There is also a link to download Affiliations in a CSV file format, located in the top right corner of the panel, as seen below.

Figure 15: Summary of Affiliated Providers

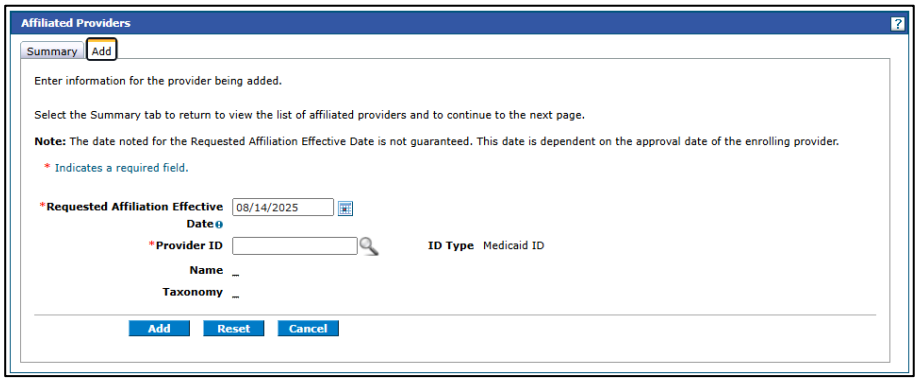


Here is an example of the CSV file that can be downloaded.

Provider Name	MCD ID	Affiliation Effective Date	Affiliation End Date	NPI	PCP	Provider Taxonomy	Provider Taxonomy Description	Active with
[redacted]		10/4/2024	12/31/2299			193200000X	Multi-Specialty	Yes
[redacted]		1/1/1900	12/31/2299			193200000X	Multi-Specialty	No
[redacted]		9/9/2013	12/31/2299			261QR1300X	Clinic/Center - Rural Health	No
[redacted]		1/1/1900	12/31/2299			193200000X	Multi-Specialty	No
[redacted]		1/1/1900	12/31/2299			193200000X	Multi-Specialty	No
[redacted]		1/1/1900	12/31/2299			193200000X	Multi-Specialty	No
[redacted]		1/1/1900	12/31/2299			193200000X	Multi-Specialty	No
[redacted]		9/3/2024	12/31/2299			193200000X	Multi-Specialty	Yes
[redacted]		9/5/2024	12/31/2299			193200000X	Multi-Specialty	Yes
[redacted]		1/1/2025	12/31/2299			193200000X	Multi-Specialty	Yes
[redacted]		1/1/1900	12/31/2299			193200000X	Multi-Specialty	No
[redacted]		9/1/2018	12/31/2299			193200000X	Multi-Specialty	Yes
[redacted]		9/1/2018	12/31/2299			193200000X	Multi-Specialty	No
[redacted]		1/1/1900	12/31/2299			193200000X	Multi-Specialty	No
[redacted]		1/1/2025	12/31/2299			282N00000X	General Acute Care Hospital	Yes
[redacted]		1/1/1900	12/31/2299			193200000X	Multi-Specialty	Yes
[redacted]		1/1/2025	12/31/2299			193200000X	Multi-Specialty	Yes
[redacted]		11/5/2025	12/31/2299			261QF0400X	Clinic/Center - Federally Qualified Health Center (FQHC)	Yes
[redacted]		1/1/1900	12/31/2299			193200000X	Multi-Specialty	Yes
[redacted]		1/1/1900	12/31/2299			193200000X	Multi-Specialty	No
[redacted]		1/1/1900	12/31/2299			282N00000X	General Acute Care Hospital	Yes
[redacted]		10/1/2021	12/31/2299			193200000X	Multi-Specialty	No
[redacted]		1/1/1900	12/31/2299			193200000X	Multi-Specialty	No

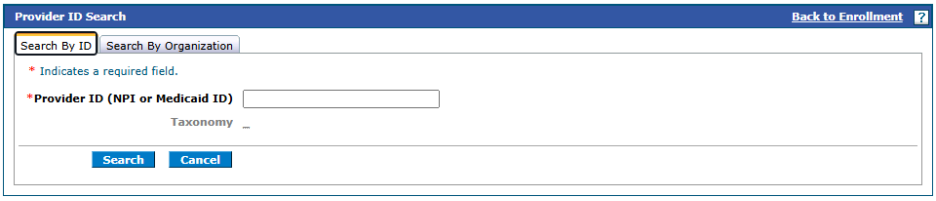
Clicking the Add tab will allow providers to add affiliations by either entering a provider Medicaid ID or by initiating a search by clicking on the magnifying glass next to the Provider ID field.

Figure 16: Add Affiliated Providers



Providers can either search using the NPI, Medicaid ID, or by Organization name.

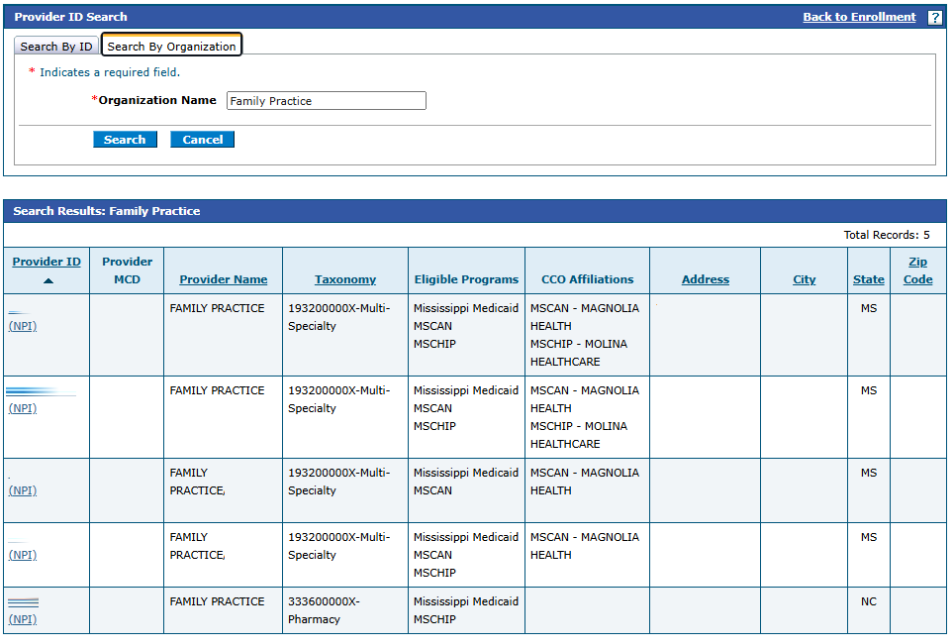
Figure 17: Search by ID



Using Family Practice as a search criterion, the search results display matching records below.

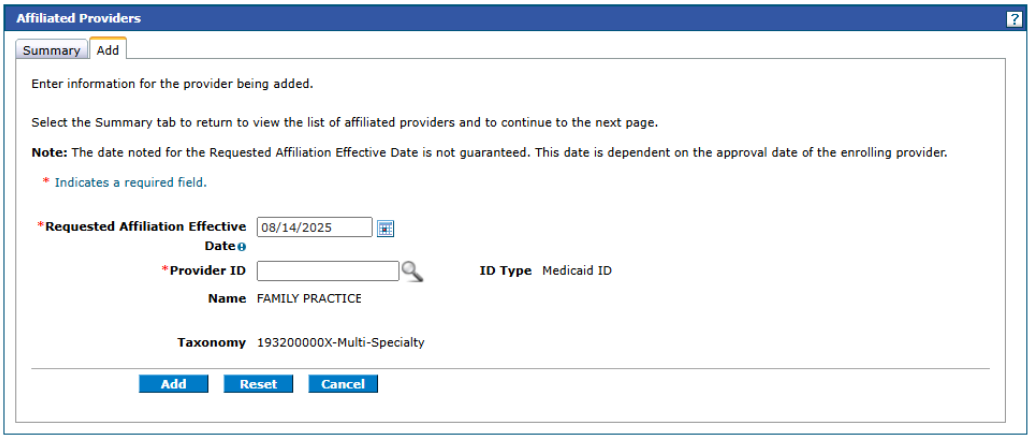
To add one of the following providers, click on the NPI hyperlink of the desired row.

Figure 18: Search by Organization and Search Results



The affiliation's information will be entered into the Add Affiliated Providers panel.

Figure 19: Add Affiliated Provider Panel



The affiliation will show with the Requested Affiliation Effective Date as the current date. Any input effective date is not guaranteed and is dependent on the approval date of the enrolling provider, unless the logged in provider is reaffiliating an inactive provider affiliation.

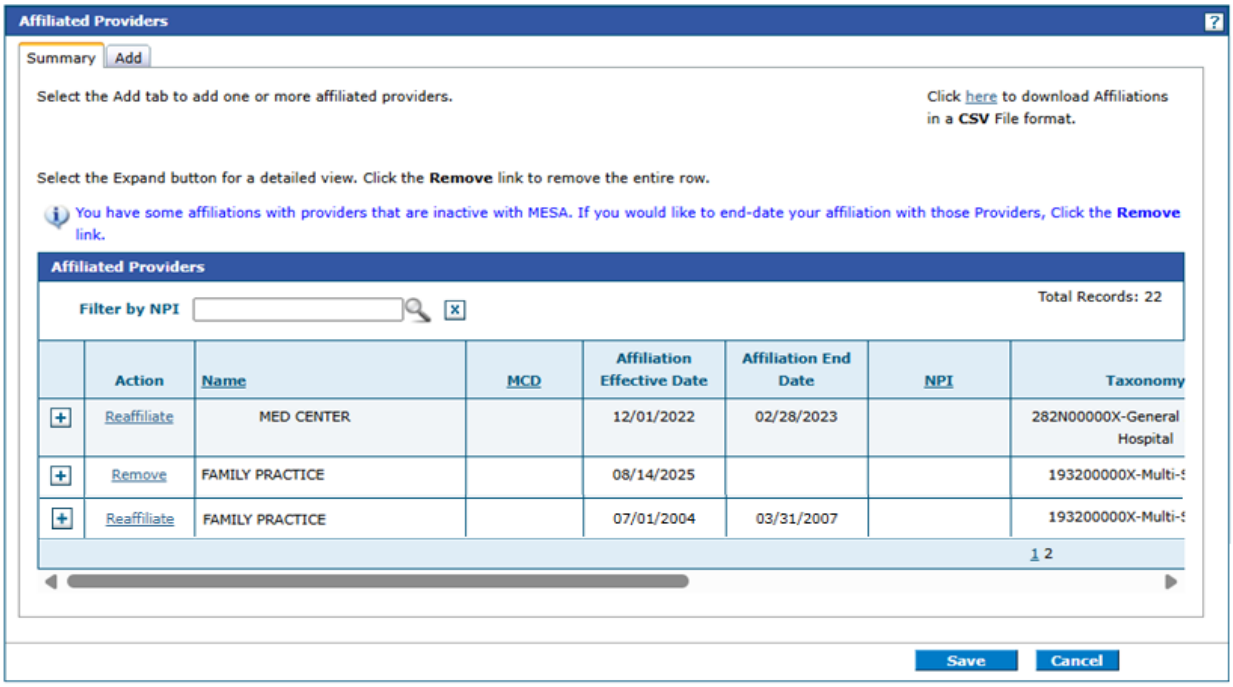
- Continuous reactivation is allowed where the affiliation end date is less than a year from the current date.
- If the end date of the previous affiliation is more than one year from the current date, then a new record for the reaffiliation will be created. The portal will display an error message that the affiliation record cannot be reopened/reaffiliated. A new affiliation record needs to be created,

with an effective date equal to or greater than ########. This lets the user know when the earliest date for affiliation can be used.

Note: *If an affiliation is over a year in the past, submit a request via Secure Correspondence (Page 22).*

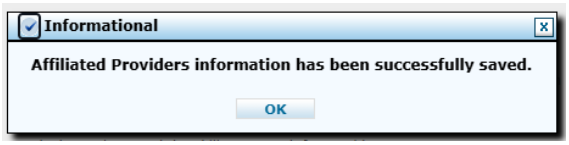
Figure 20: Reaffiliate Provider Panel with Retro Effective Date Error Message

Figure 21: Summary of Added Affiliation



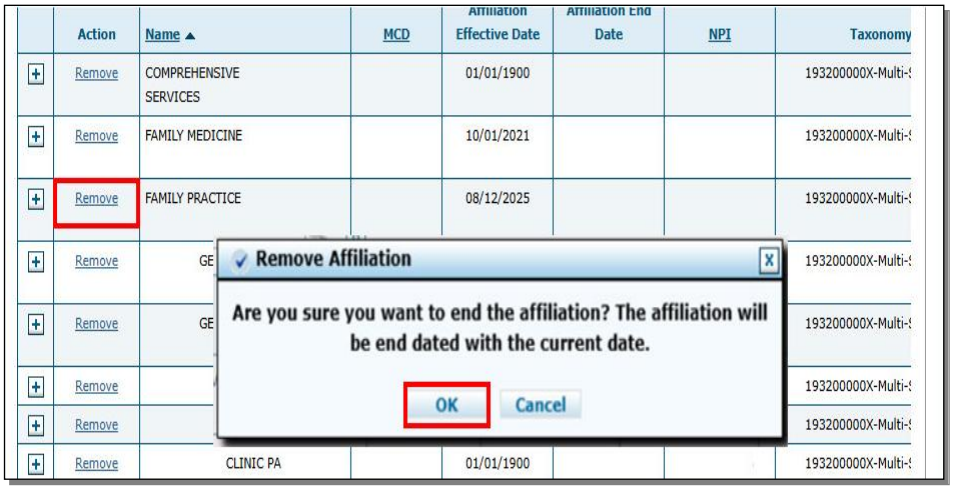
Clicking Save will save the changes. The informational message shown below will display.

Figure 22: Successfully Saved Message



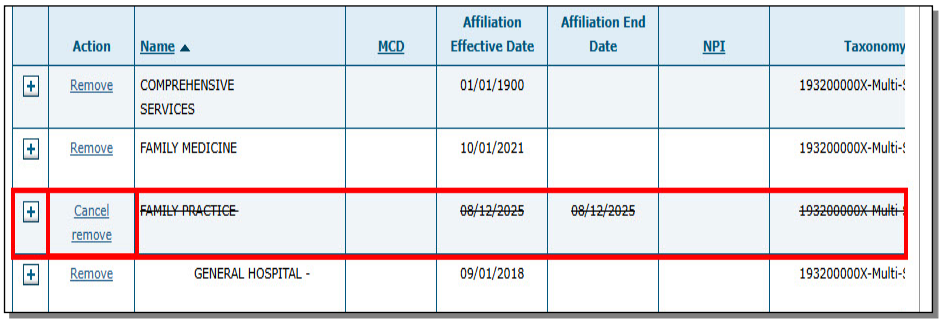
To remove an affiliated provider, click Remove at the beginning of the row. A warning message will appear. If you are sure you want to end the provider affiliation, click OK.

Figure 23: Warning Message



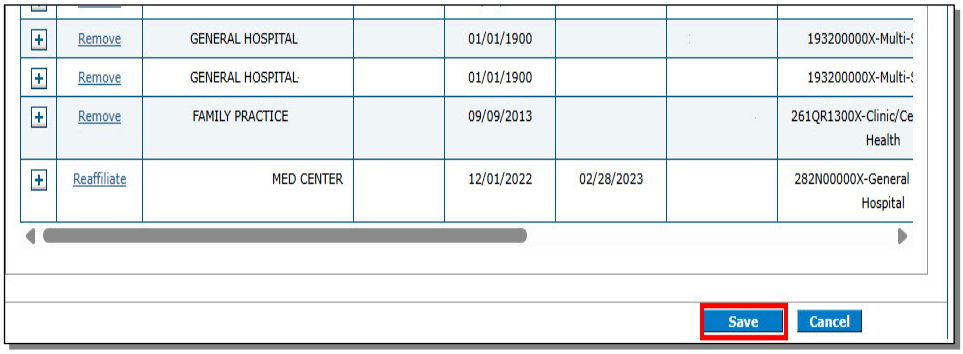
The Removed provider information is displayed as crossed out. To Cancel the removal of the provider, select Cancel removal.

Figure 24: Removed Provider



Once the changes have been made, click Save at the bottom of the list.

Figure 25: Save Changes



A message displays confirming the Affiliated Providers information has been successfully saved.

Figure 26: Successfully Saved Message

Searching Payment History

This section provides the process for researching claim payments on the Provider Portal.

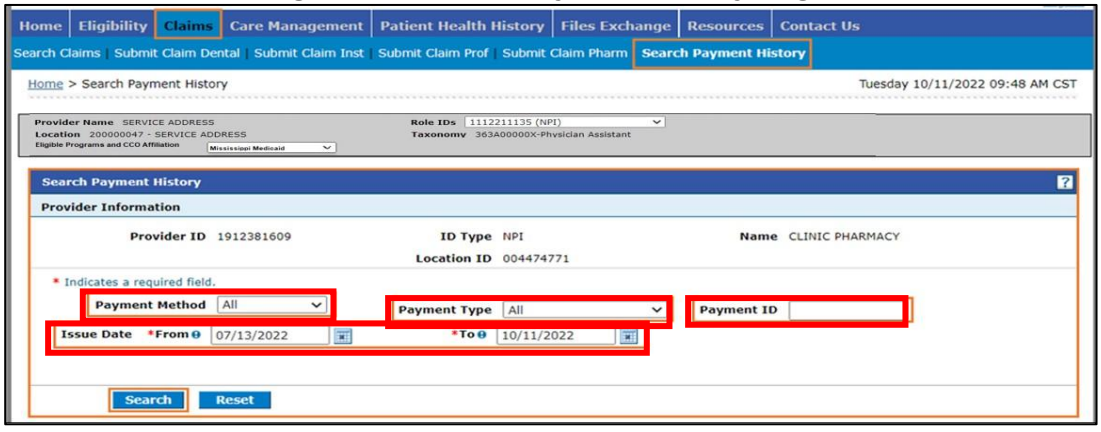
Complete the following steps to research claim payments:

1. Navigate to the Search Payment History page. You can do this by clicking the link at the bottom of the Home page as shown in Figure 16: Navigate to the Search Payment History Page, or you can select the **Claims** tab, then **Search Payment History** as shown in Figure 17: Search Payment History Page.

Figure 27: Navigate to the Search Payment History Page

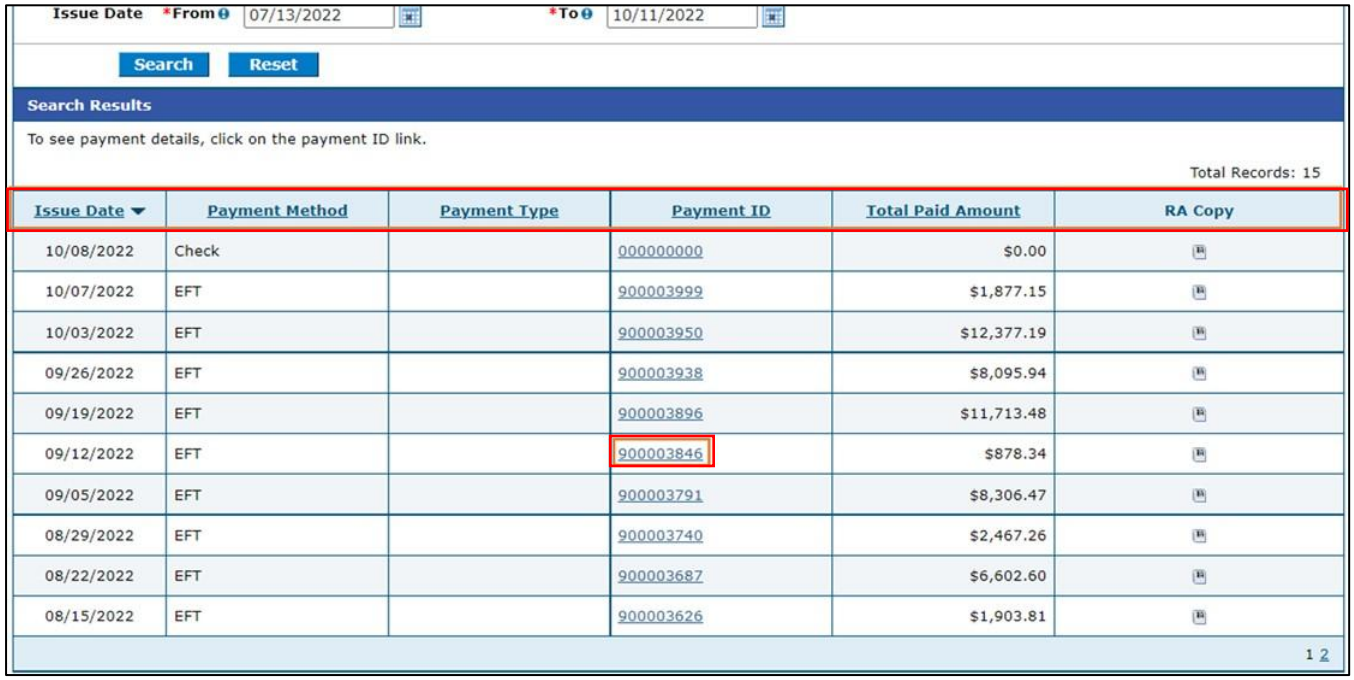
2. The system defaults to searching for all payment methods and types, with a range of issue dates within the last 90 days. If you know the payment number, enter it in the **Payment ID** field.

Figure 28: Search Payment History Page



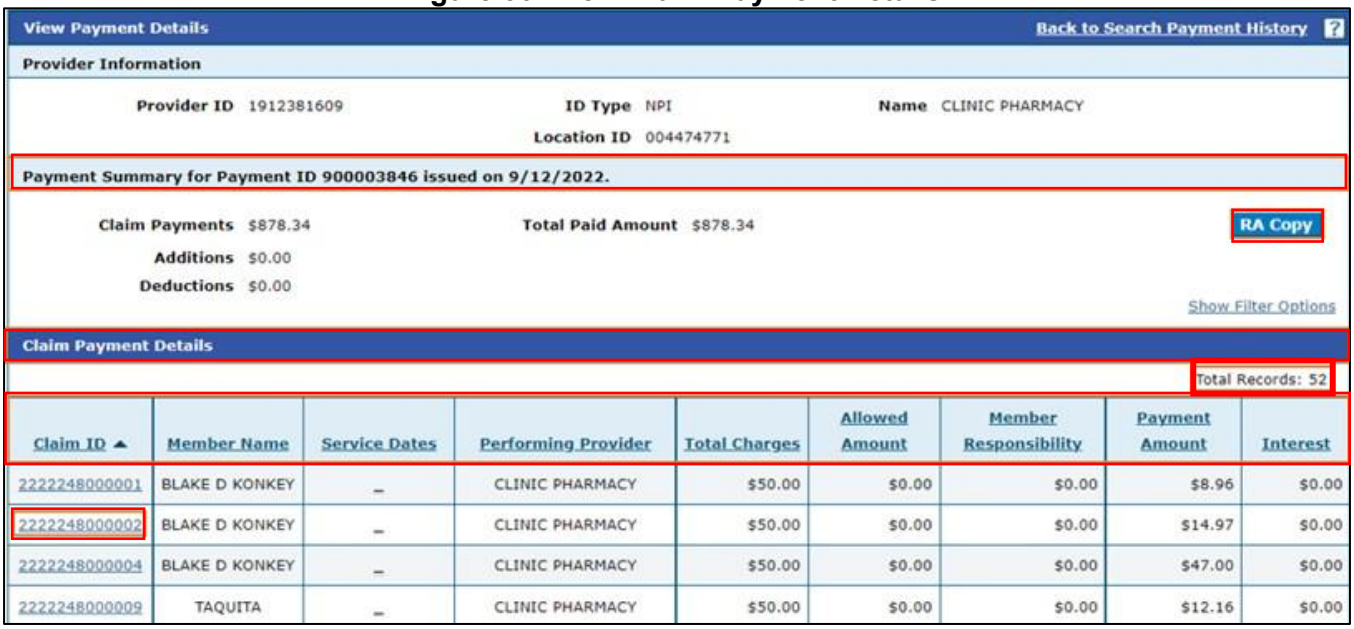
3. The system returns a list of payments matching the search criteria, which for this example is a range of issue dates. For any payment you can click the **RA Copy** link to view the related remittance advice.
4. To view details for a payment, including a list of related claims, click the payment ID.

Figure 29: Payment Search Results



5. From this point, you can click the related claim number for a payment to view claim information. The details page also offers a button to open the RA for the payment.

Figure 30: View Claim Payment Details



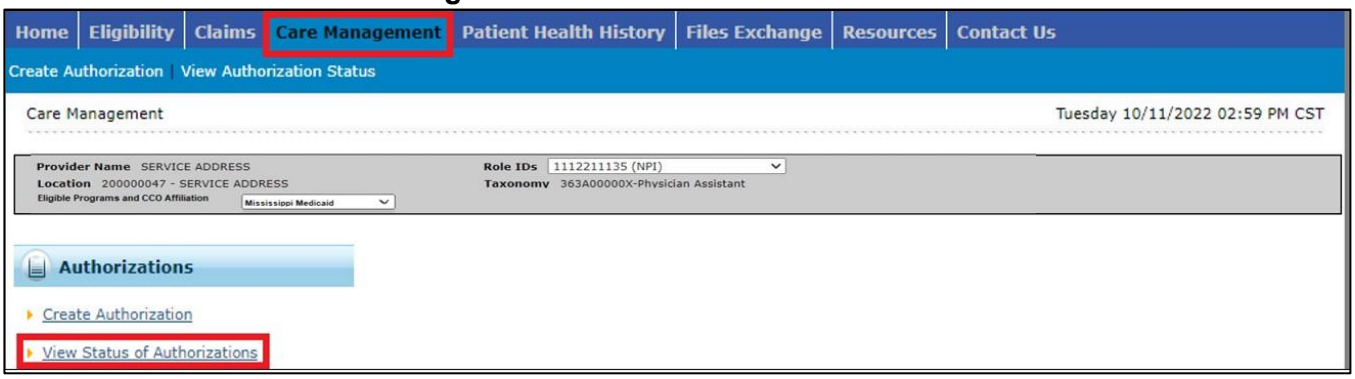
Verifying a Prior Authorization

This section provides steps to locate a previously submitted prior authorization (PA) on the Provider Portal.

Complete the following steps to view an existing PA:

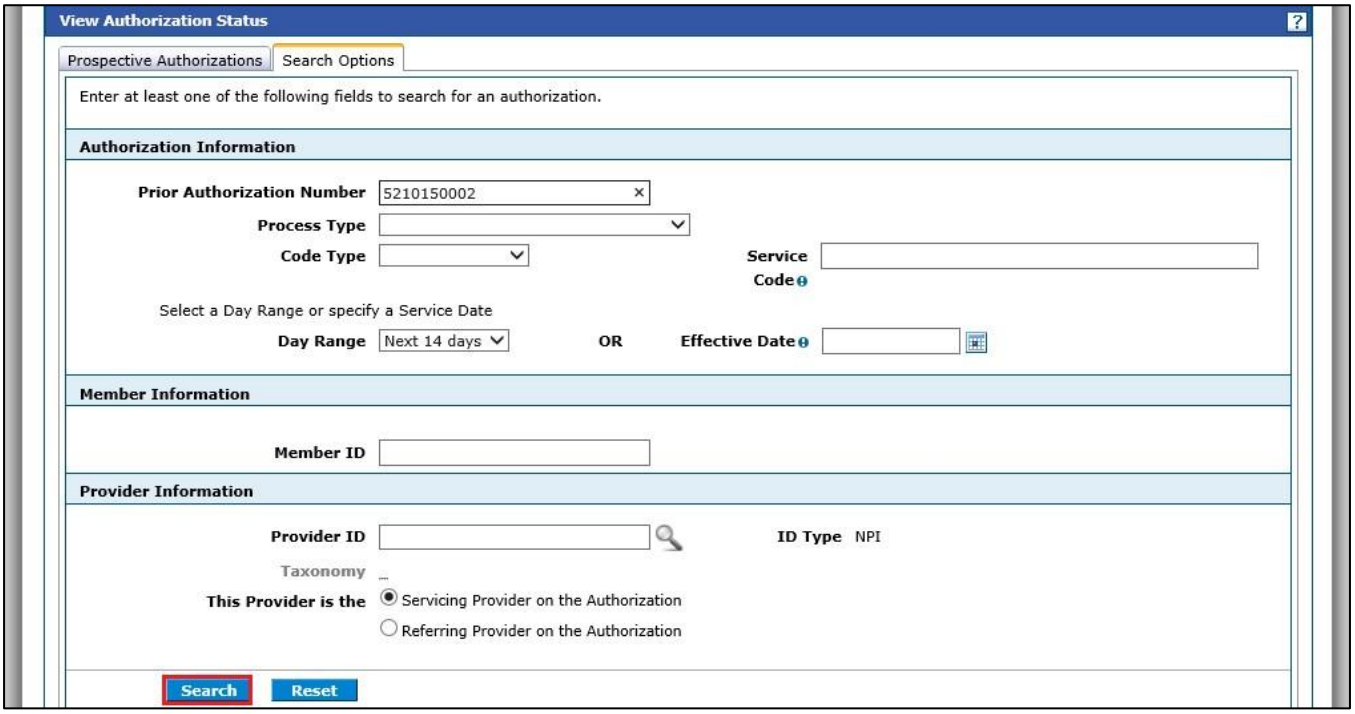
1. In the Provider Portal, click the **Care Management** tab, then **View Authorization Status**.

Figure 31: View Authorization Status



2. Your submitted authorizations are listed on the Prospective Authorizations tab, but you can also search for a specific PA. Click the **Search Options** tab.
3. In the Authorization Information panel, you can search by PA number, process type, or service code from a variety of code sets. You can also limit your search to a specific date or day range. You can also search by a member ID or provider ID and taxonomy.
4. When you're ready, click **Search**.

Figure 32: Search for Authorizations



5. The system returns search results below the search panel. Click the PA number to open the details for the authorization.

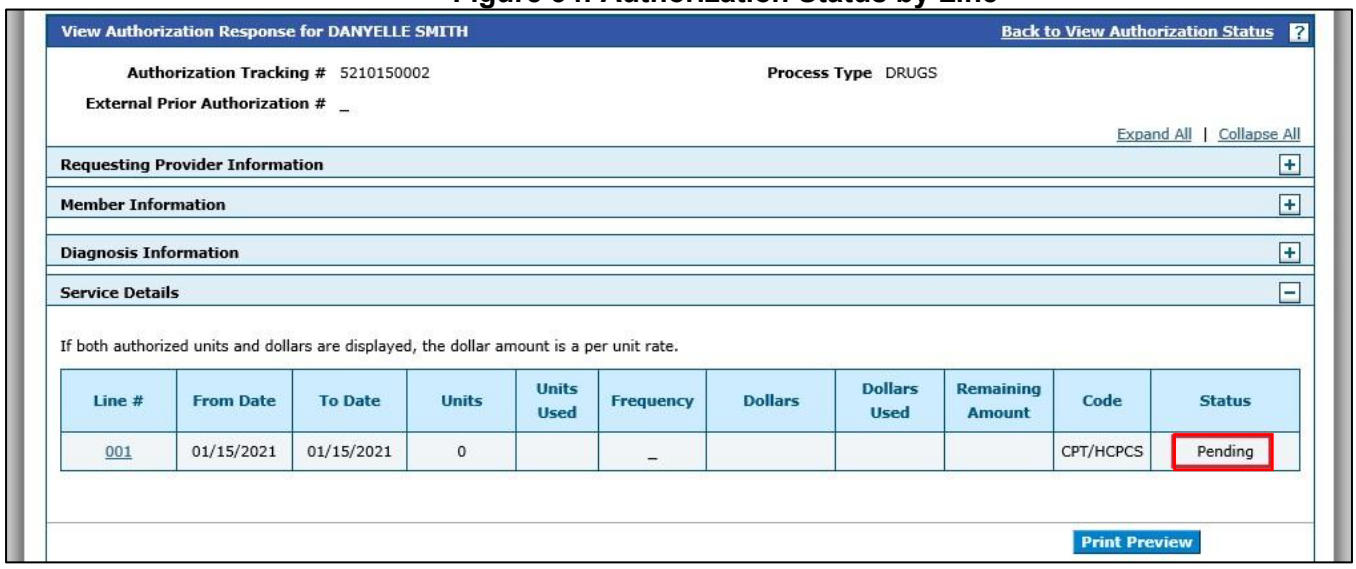
Figure 33: Authorization Search Results

Search Results

Prior Authorization Number	Authorization Service Date	Member Name	Member ID	Process Type	Referring Provider	Referring Taxonomy	Servicing Provider	Servicing Taxonomy
5210150002		A, DANYELLE SMITH	760378034	DRUGS				

6. The system opens the authorization response for the member. To view the status, click the **+** icon on the right of the **Service Details** panel.
7. The system displays a row for each line of the PA. The status of the line appears on the right.

Figure 34: Authorization Status by Line



View Authorization Response for DANYELLE SMITH — Back to View Authorization Status

Authorization Tracking # 5210150002 Process Type DRUGS

External Prior Authorization # _

Expand All | Collapse All

Requesting Provider Information +

Member Information +

Diagnosis Information +

Service Details −

If both authorized units and dollars are displayed, the dollar amount is a per unit rate.

Line #	From Date	To Date	Units	Units Used	Frequency	Dollars	Dollars Used	Remaining Amount	Code	Status
001	01/15/2021	01/15/2021	0		_				CPT/HCPCS	Pending

Print Preview

8. To print a copy of the authorization, click **Print Preview**.

Send a Secure Correspondence

This section provides the steps for sending a secure email from the Provider Portal.

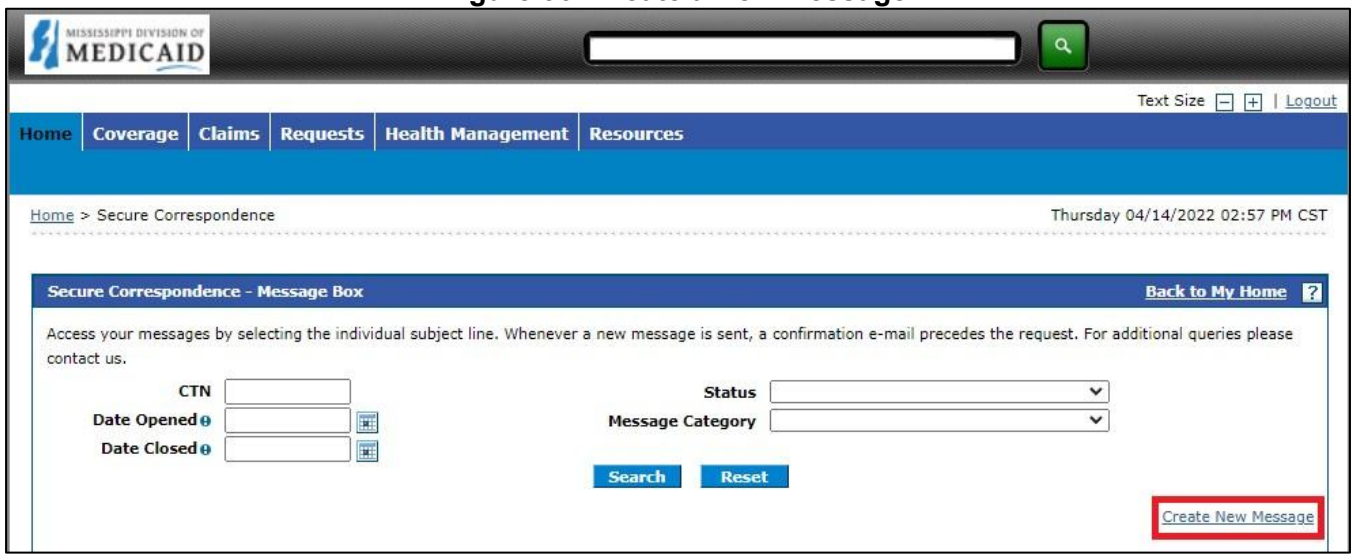
Complete the following steps to send a secure correspondence:

1. At the Provider Portal Home page, select **Secure Correspondence**.

Figure 35: Navigate to Secure Correspondence

2. The Secure Correspondence page displays search fields to search among the member's existing messages. Click the **Create New Message** link.

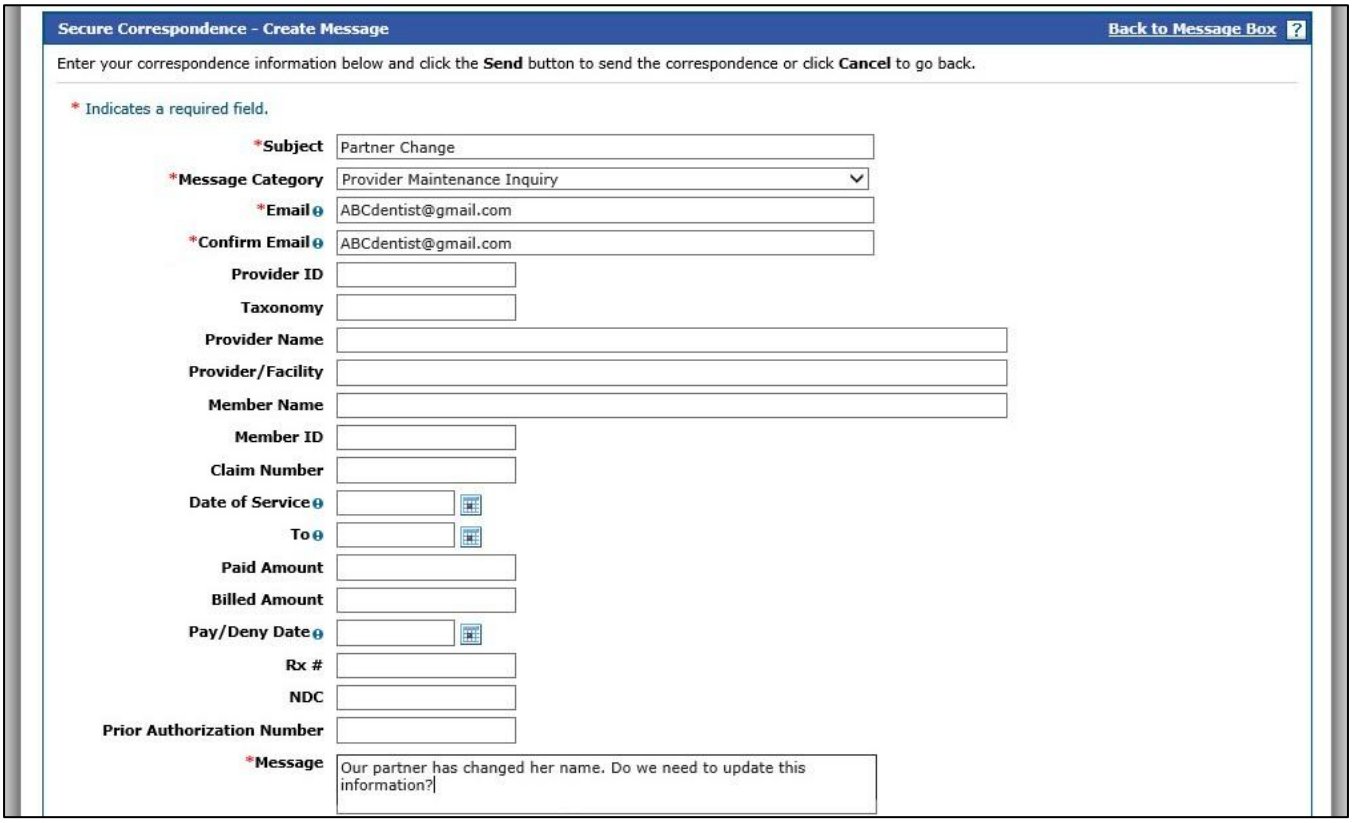
Figure 36: Create a New Message



3. At the Create Message panel, the **Subject** field is required.
4. Click the **Message Category** drop-down list and select the appropriate category for the message. This selection routes the message to the appropriate team.
5. The system populates your email address, but you must manually enter and confirm it in the **Confirm Email** field.

6. Add any other pertinent information in the remaining fields to facilitate your request. For example, if this is a question about a claim be sure to include the date of service and the amount paid and/or billed.
7. You can explain more about your question in the **Message** field. Adding information here will make it easier to answer quickly, rather than having to ask for more details.

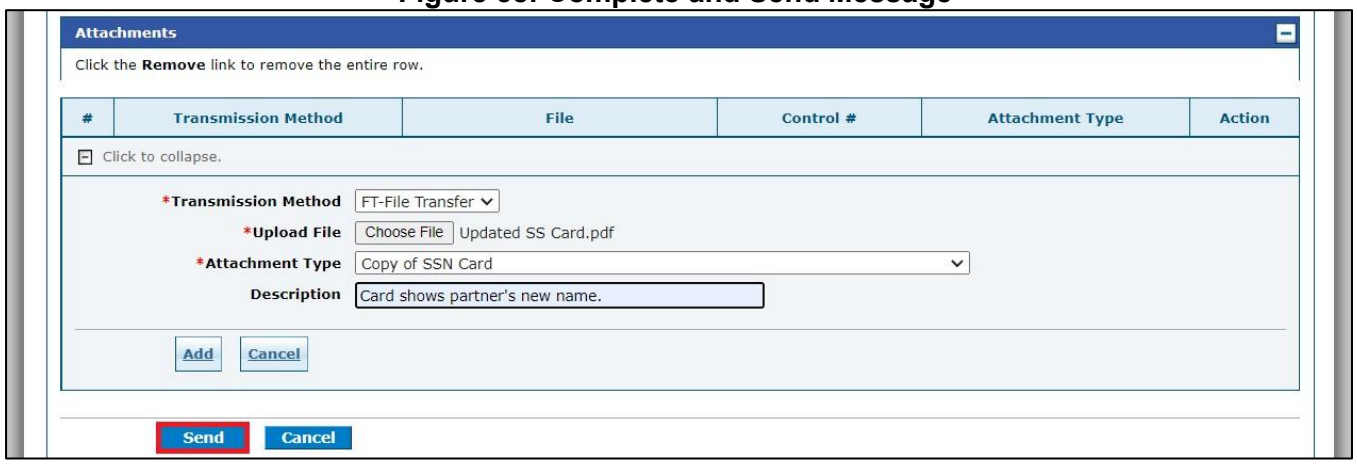
Figure 37: Create a Message



8. To include an attachment, click **Choose File** to select and upload a document. If you attach a file you must indicate its type from the **Attachment Type** drop-down list. For this example, the attachment might be a signed request.

Note: *You can upload up to 20MB of files per message.*

Figure 38: Complete and Send Message



9. Click **Send** to submit your message.

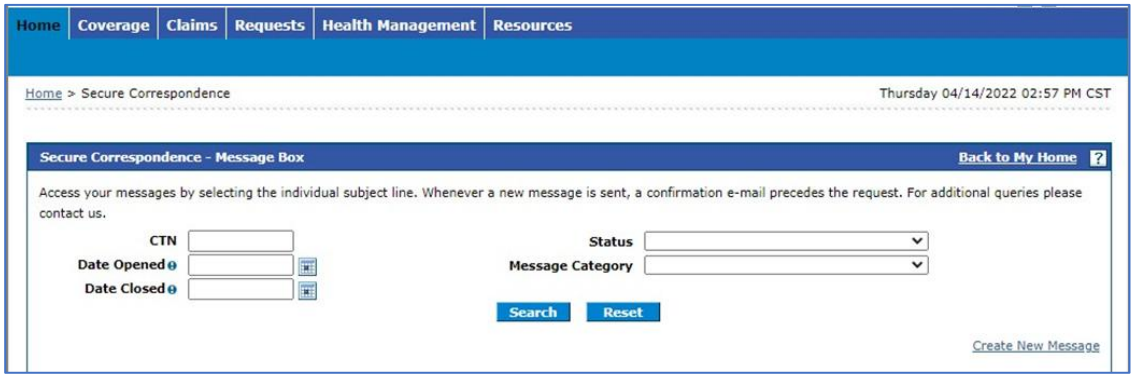
10. The system confirms receipt with a Contact Tracking Number (CTN). Click **OK**.

Figure 39: Message Confirmation

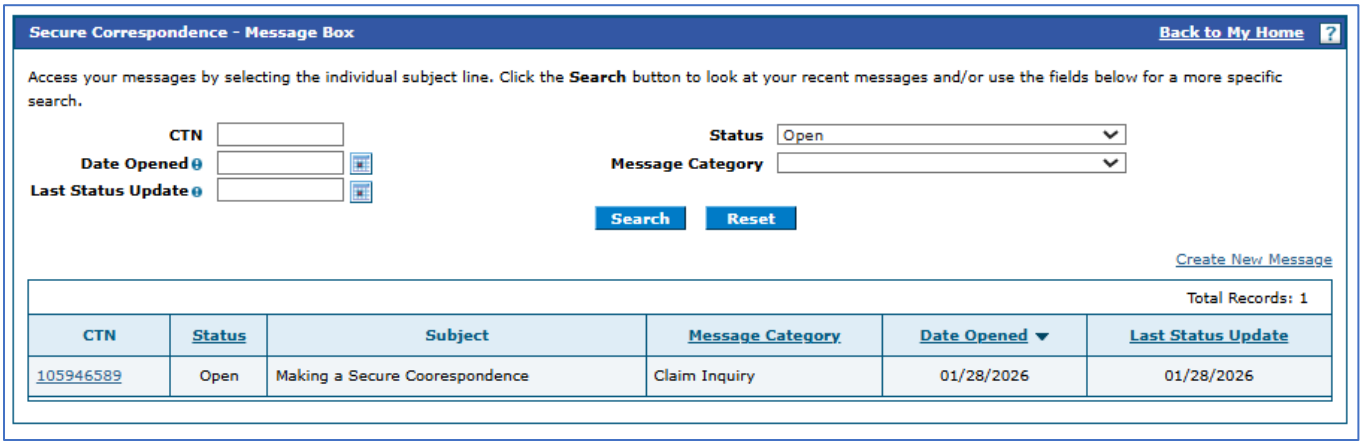
11. At any time, you can search for this message by entering the CTN and clicking **Search** in the Secure Correspondence panel.

12. The quickest way to find a secure correspondence is to enter the CTN. If that is not available, use one of the other fields to help narrow the search.

Note: *If you call in regarding this message, be sure to give the agent the CTN so they can see your message and any attachments or information you have already provided.*



All messages within the search criteria will be displayed.



Submitting a Newborn Enrollment

This section covers the steps required to submit a newborn enrollment. Enrollment forms are converted to PDFs and uploaded via the Secure Correspondence page. To verify when a newborn enrollment was sent, you can locate it using the Secure Correspondence search panel. When the Medicaid ID is assigned, you will receive a fax of the completed and processed form containing the Medicaid ID.

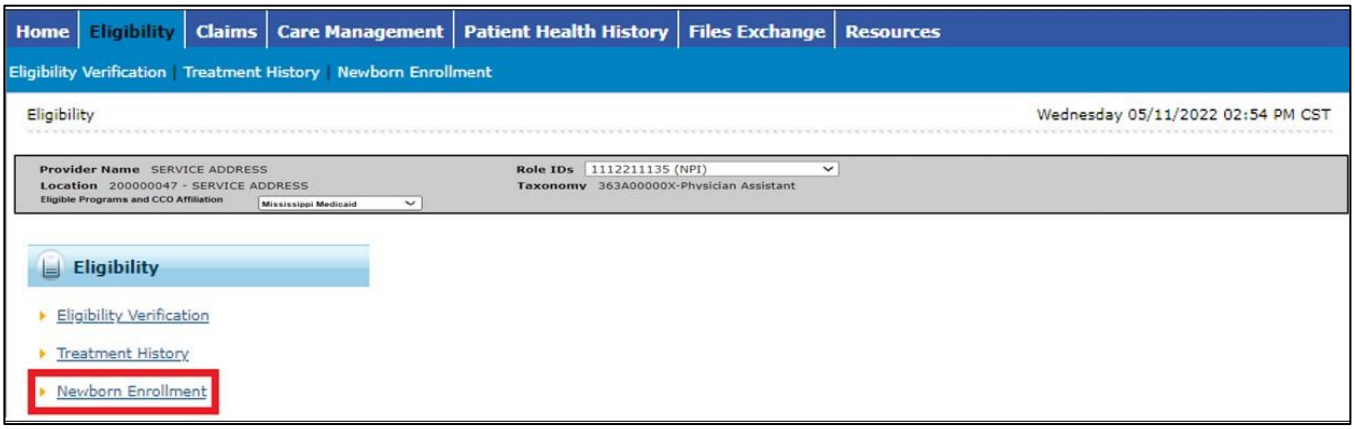
Complete the following steps to create a newborn application:

1. Log into the portal and select the **Eligibility** tab.

Figure40：Select Eligibility Tab

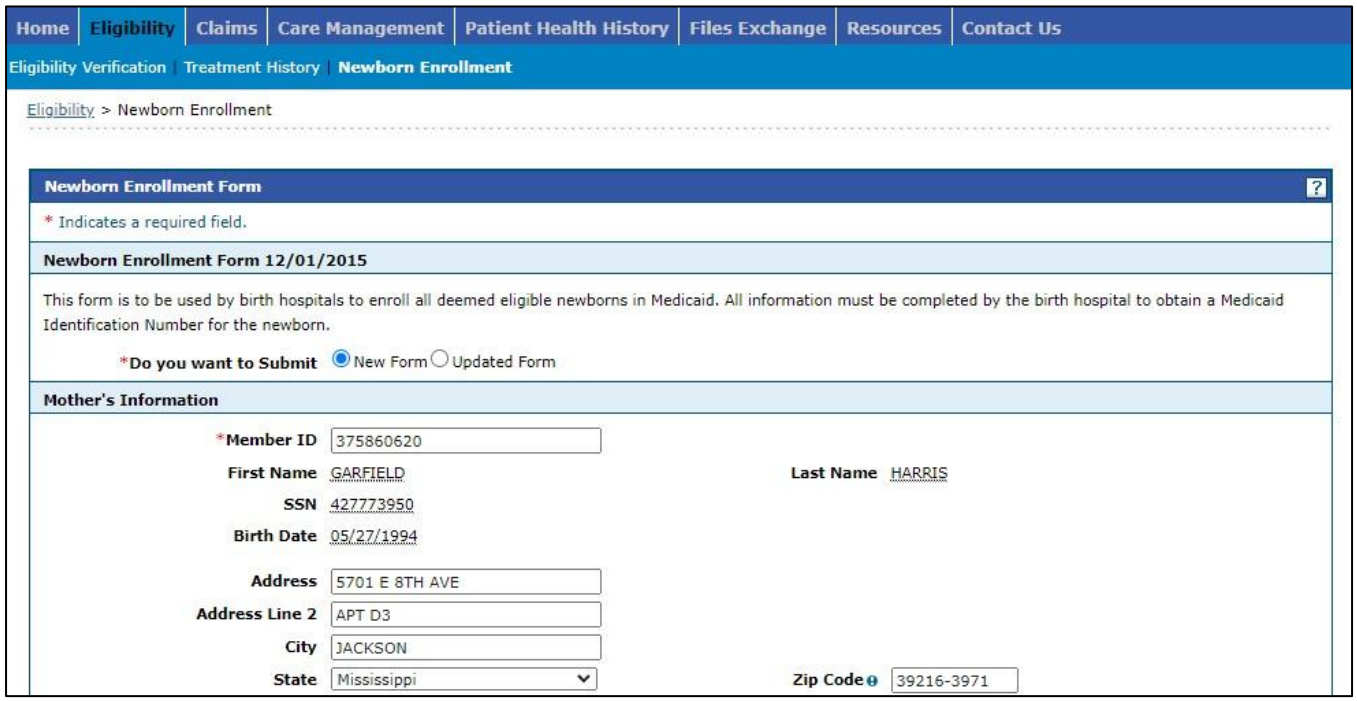
2. At the **Eligibility** page, click the **Newborn Enrollment** link.

Figure 41: Start Newborn Enrollment



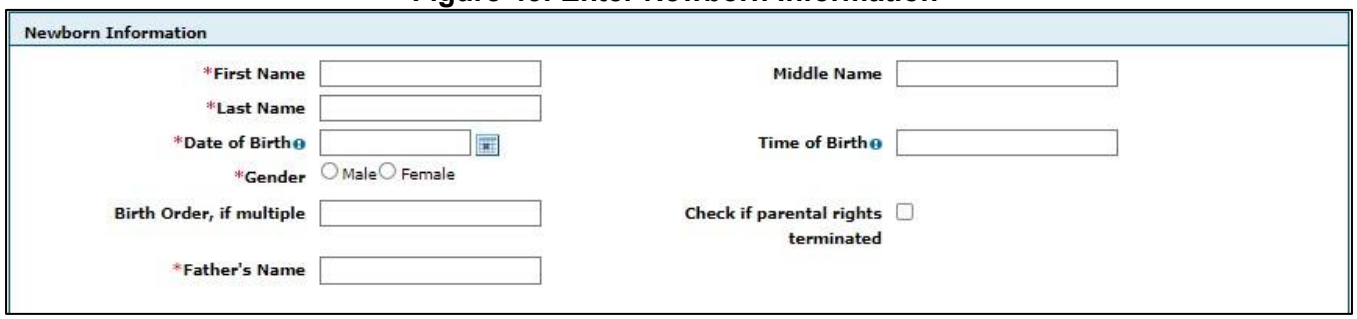
3. Select the **New Form** radio button to indicate this is a new enrollment.
4. Enter the mother's member ID in the **Member ID** field and tab to the next field. The system populates the member's information.

Figure 42: Enter the Mother's Information



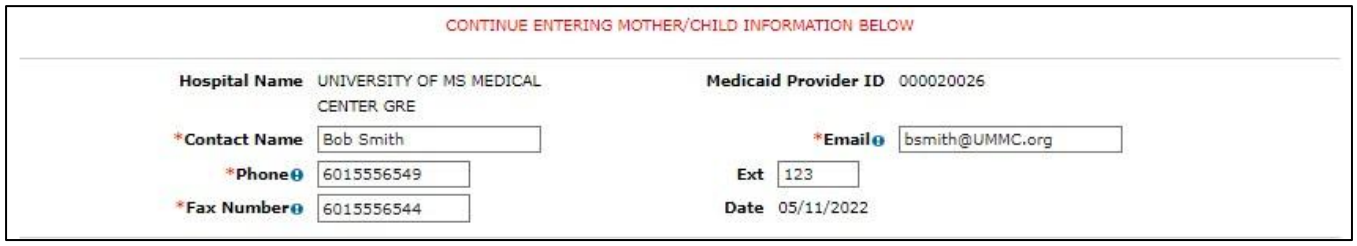
5. Enter the newborn's information along with father's name.

Figure 43: Enter Newborn Information



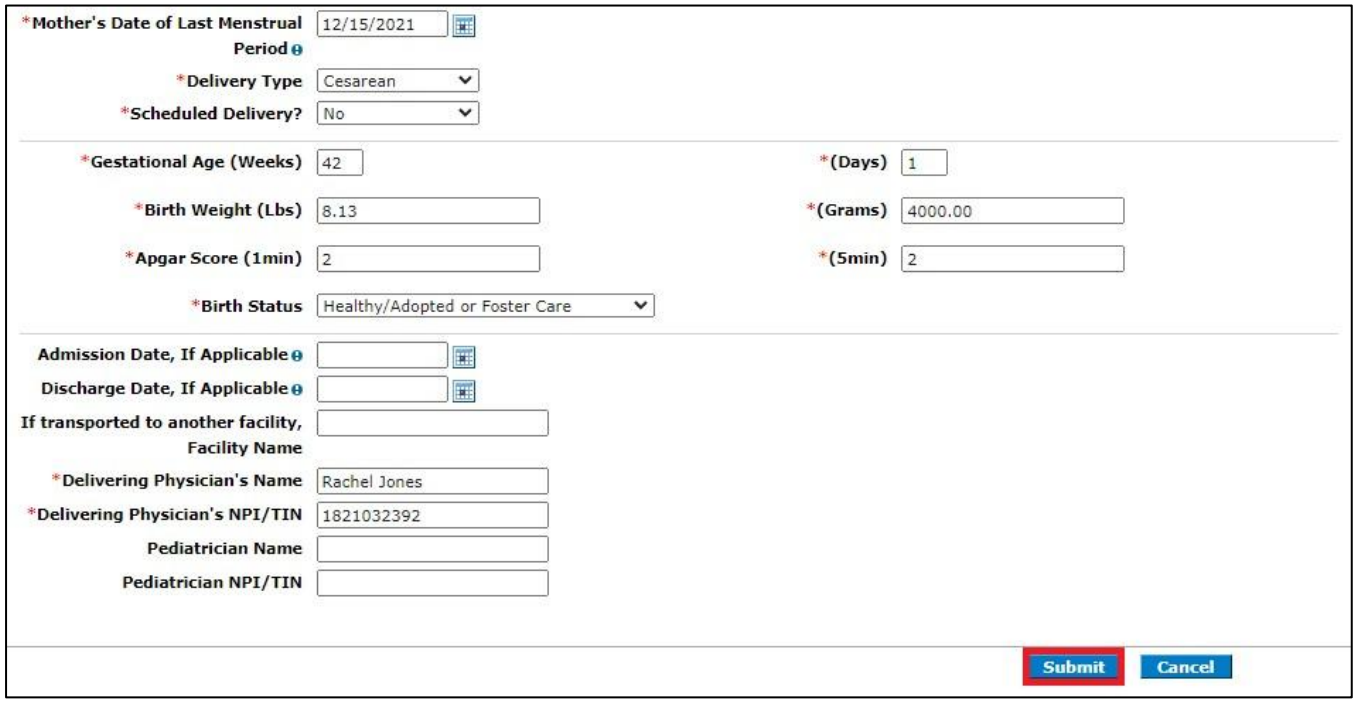
6. Skip to the section below the red text that says, "CONTINUE ENTERING MOTHER/CHILD INFORMATION BELOW." Enter contact information for the hospital representative who can answer questions regarding this application.

Figure 44: Enter Hospital Contact Information



7. Enter all the data related to the infant, including the delivering physician's name and National Provider Identifier (NPI) or Tax Identification Number (TIN).
8. When you're finished, click **Submit**.

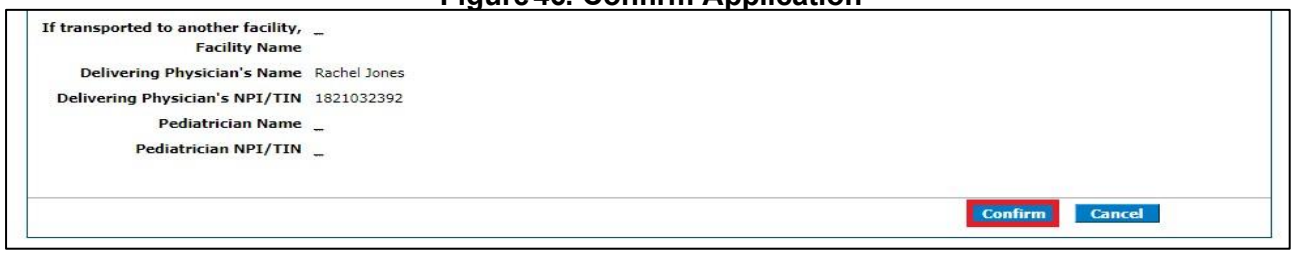
Figure 45: Enter Delivery Data



9. The system closes all fields, and you can review the application before submitting it. If you see an error, click **Cancel** and start again. If everything is correct, click **Confirm**.

Note: *Click once. If you click* ***Confirm*** *multiple times while it's processing, the system will create multiple applications.*

Figure 46: Confirm Application



10. The system responds with a Contact Tracking Number (CTN) for future reference.

Figure 47: CTN Confirmation

Note: *When the enrollment is completed, the Mississippi Division of Medicaid (DOM) will fax a copy of the application with the newly assigned Medicaid ID to the contact's fax number that was listed on the form.*

11. To view details for a submitted application, return to the Home page of the portal and click the **Secure Correspondence** link.

Figure 48: Navigate to Secure Correspondence

12. In the **CTN** field, enter the CTN for the application and click **Search**.
13. The status of the request appears in the search results row. Click the CTN link to open the message contents.

Figure 49: View the CTN

TPID Linking for Outside Service

This process is for providers who use an outside trading partner or clearinghouse to submit their X12 transactions. It describes how the delegated service's Trading Partner ID (TPID) is linked to the provider account within Provider Portal.

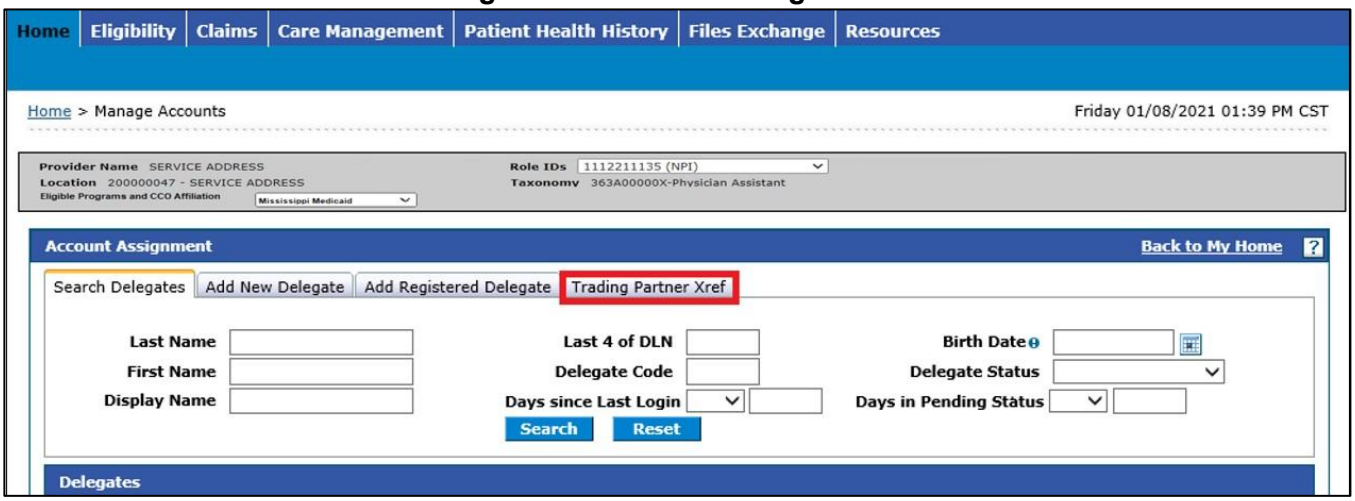
To assign the service as your trading partner delegate, complete the following steps:

1. Log into the **Provider Portal**.
2. At the Home page, click **My Profile** in the User Details section.

Figure 50: Access Manage Accounts

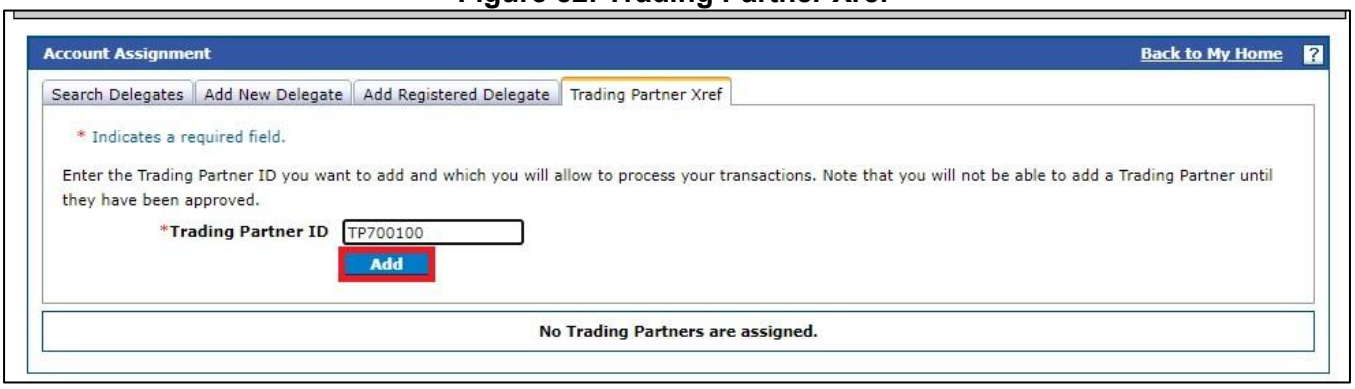
3. In the Account Assignment section, click the **Trading Partner Xref** tab.

Figure 51: Account Assignment



4. Enter the TPID in the **Trading Partner ID** field and click **Add**.

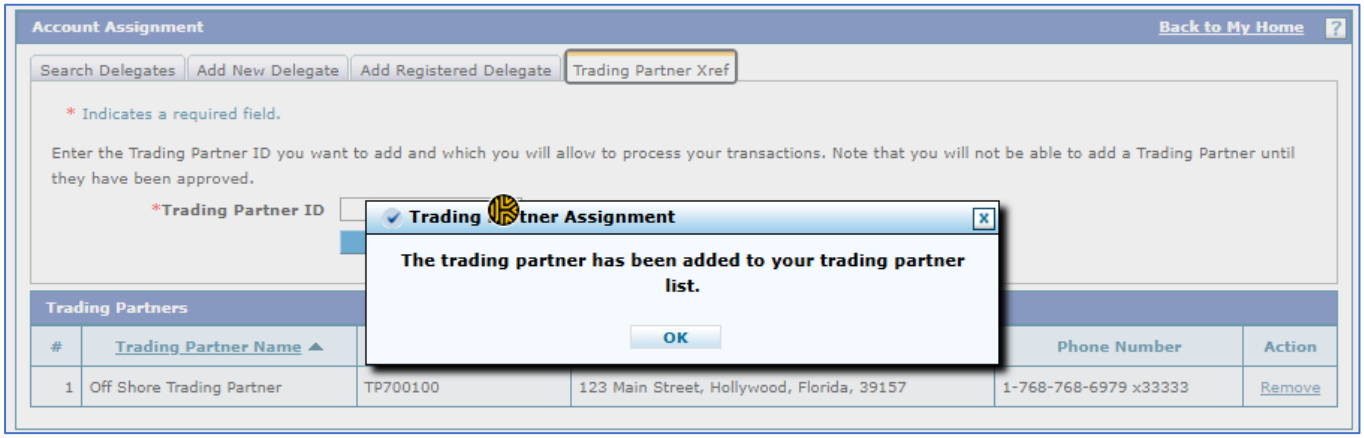
Figure 52: Trading Partner Xref

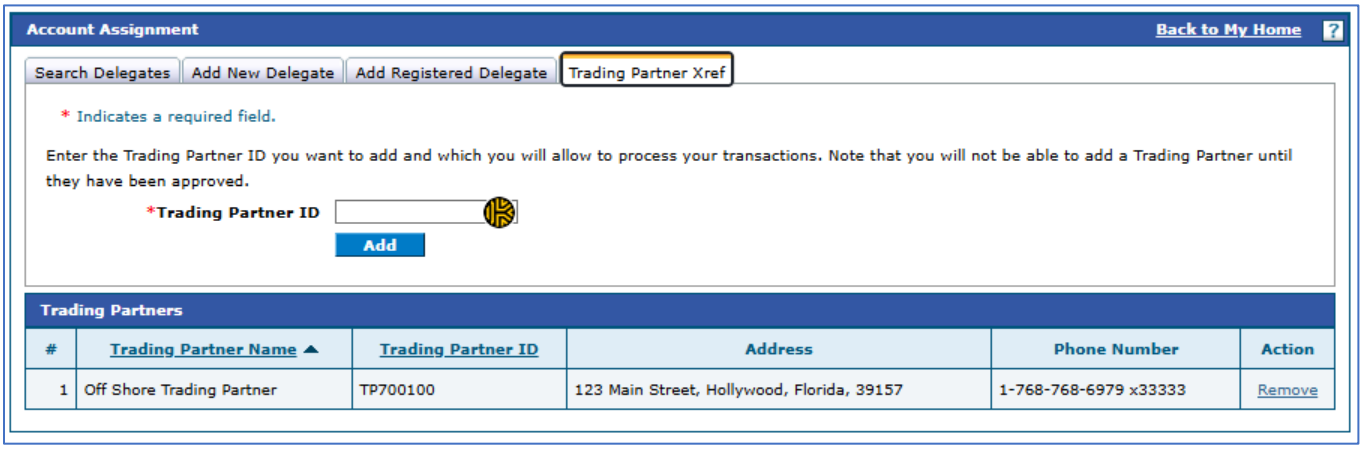


5. The system adds a row to your trading partner list with information that was entered by the trading partner when they enrolled. Click **OK**.

Note : Only **One** Trading Partner may be assigned at a time.

Figure 53: Added Trading Partner





TPID Linking for Self-Service

This process is for providers who submit their own X12 transactions as a trading partner and did not register their Trading Partner ID (TPID) as a Trading Partner on the Registration page of the Provider Portal. Instead, providers can enter their TPID as a role in their Provider Portal – Provider account.

Note: *To learn about obtaining a TPID, see PRP-103 Job Aid Trading Partner Enrollment.*

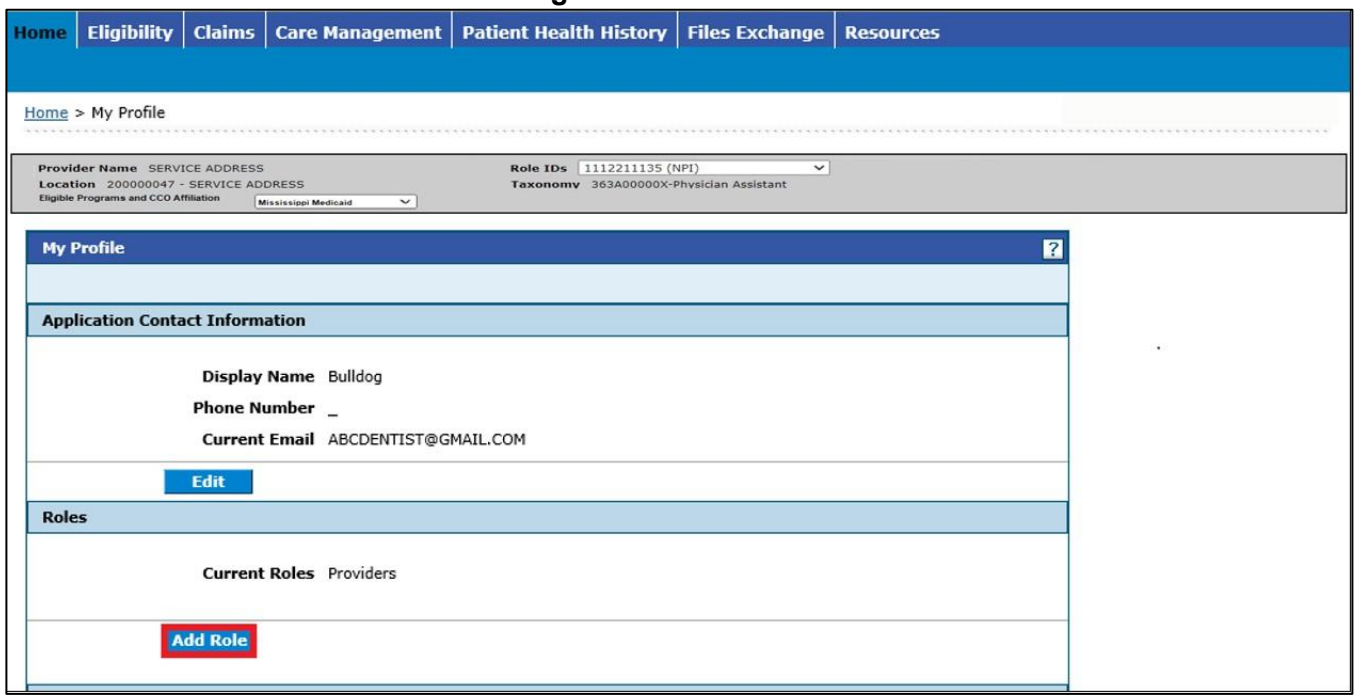
Once you have a TPID, complete the following steps:

1. Log into the **Provider Portal.**
2. At the Home page, click **My Profile** in the User Details section.

Figure 54: Access My Profile

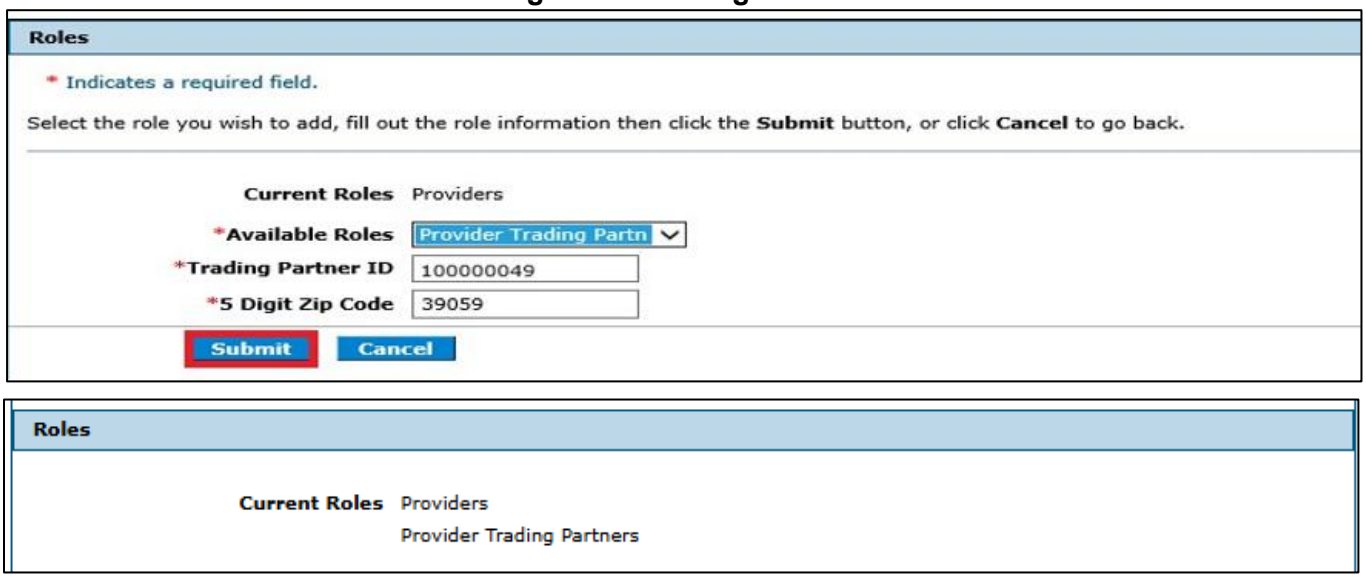
3. In the Roles section, click **Add Role**.

Figure 55: Add a Role



4. Select **Provider Trading Partner** from the Available Roles drop-down list.
5. Add your TPID and ZIP Code.
6. Click **Submit**

Figure 56: Adding a Role



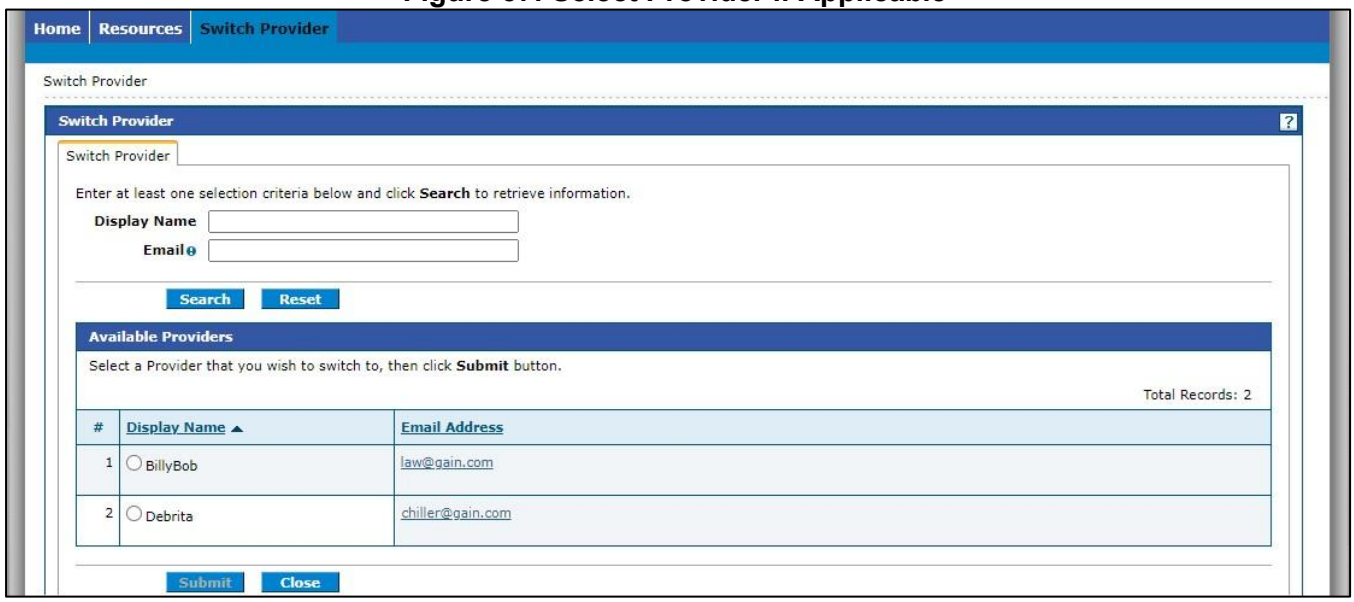
Accessing Legacy RAs

This section provides the steps to access legacy remittance advice (RA) documents that are stored in the Legacy RA folder in the Electronic Document Management System (EDMS).

Complete the following steps to access legacy RAs from the Provider Portal:

1. Log into the Provider Portal. If you are a delegate, navigate to **Switch Provider** if necessary and select the provider for whom you want a legacy RA.

Figure 57: Select Provider if Applicable

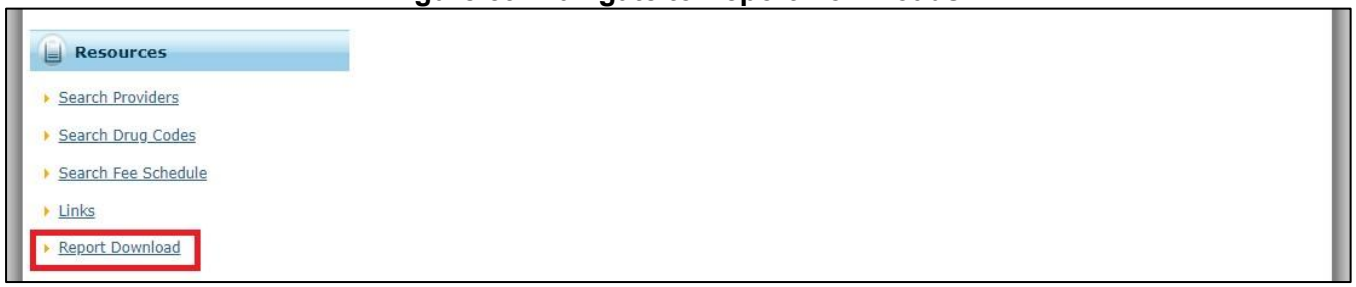


2. Click the **Resources** tab.

Figure 58: Select the Resources Tab

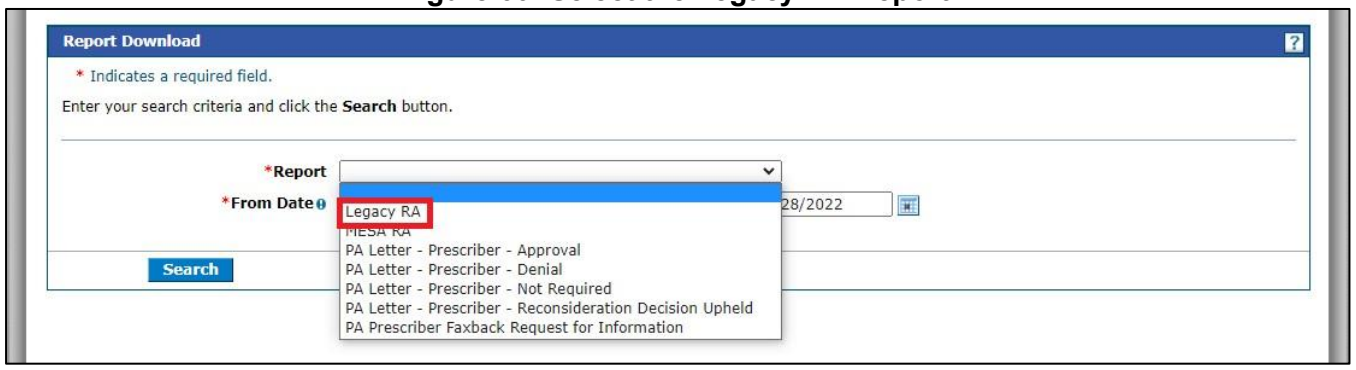
3. At the Resources page, select Report Download link.

Figure 59: Navigate to Report Downloads



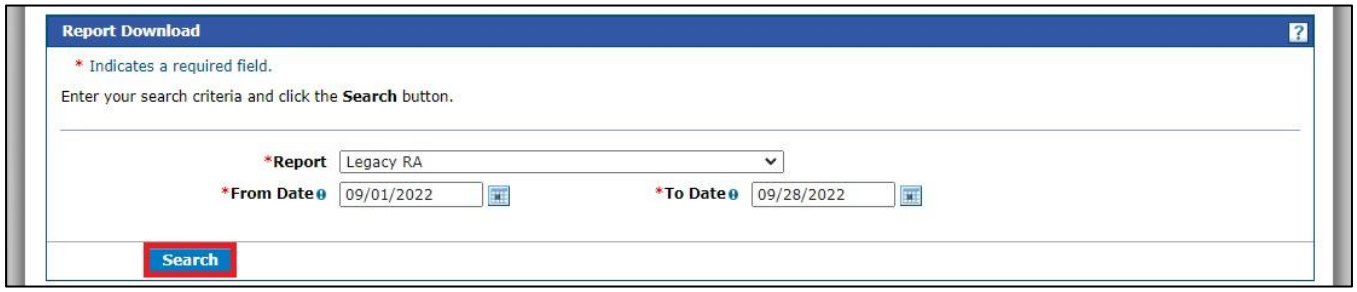
4. At the Report Download page, click the **Report** drop-down list and select **Legacy RA**.

Figure 60: Select the Legacy RA Report



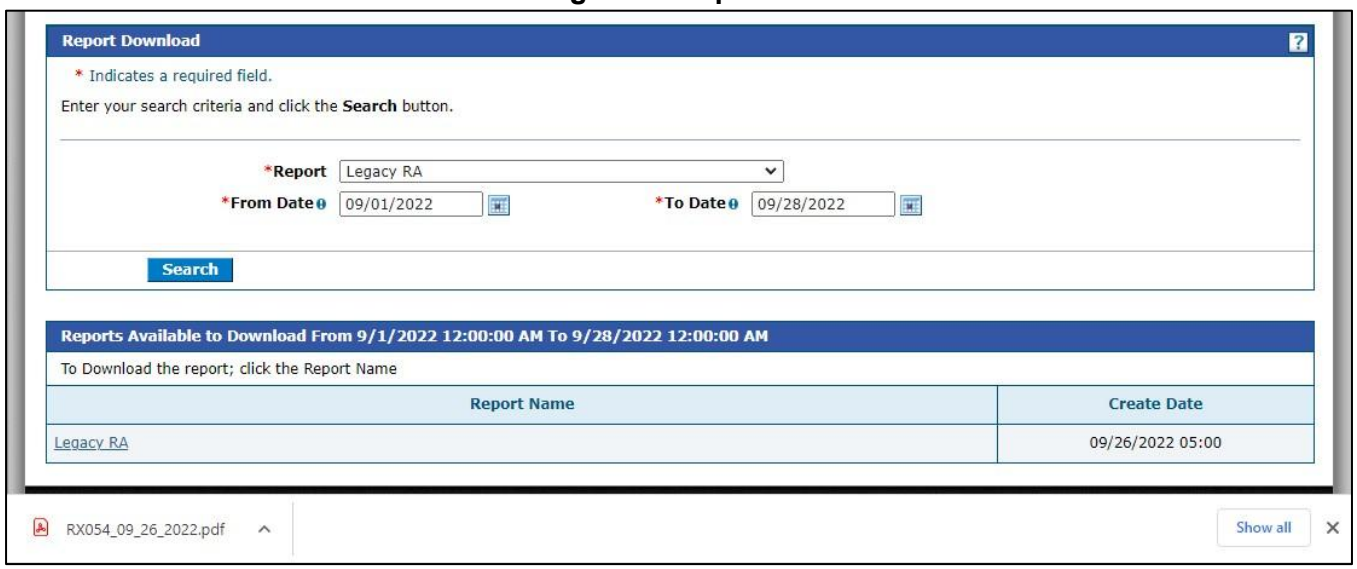
5. Select the dates for the RA search.

Figure 61: Search for Legacy RAs



6. The portal returns the RAs related to the logged-in provider. Click a result to open it. The portal downloads the document. If you do not see a browser notification, check your Downloads folder.

Figure 62: Open an RA



7. Click the RA to view the document. For information about interpreting RA sections, see CLM203 Job Aid Remittance Advice.

Figure 63: Viewing an RA

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	10/17/2022	Gainwell	Initial publication
1.1	05/25/2023	Gainwell	Revised per CR1980 & CR1925
1.2	07/31/2023	Gainwell	Revised per CR1900
1.3	8/16/2023	Gainwell	Revised per CR1982
1.4	8/30/2023	Gainwell	Revised per CR1983
1.5	12/20/2023	Gainwell	Revised per CR2290
1.6	02/13/2024	Gainwell	Revised per CR2004
1.7	04/12/2024	Gainwell	Revised per CR1984
1.8	8/14/2025	Gainwell	Revised per CR2457
1.9	12/19/2025	Gainwell	Revised per DOM SME feedback And CR2999
2.0	05/27/2026	Gainwell	Revised per CR2816
2.1	09/03/2026	Gainwell	Updated per DOM feedback