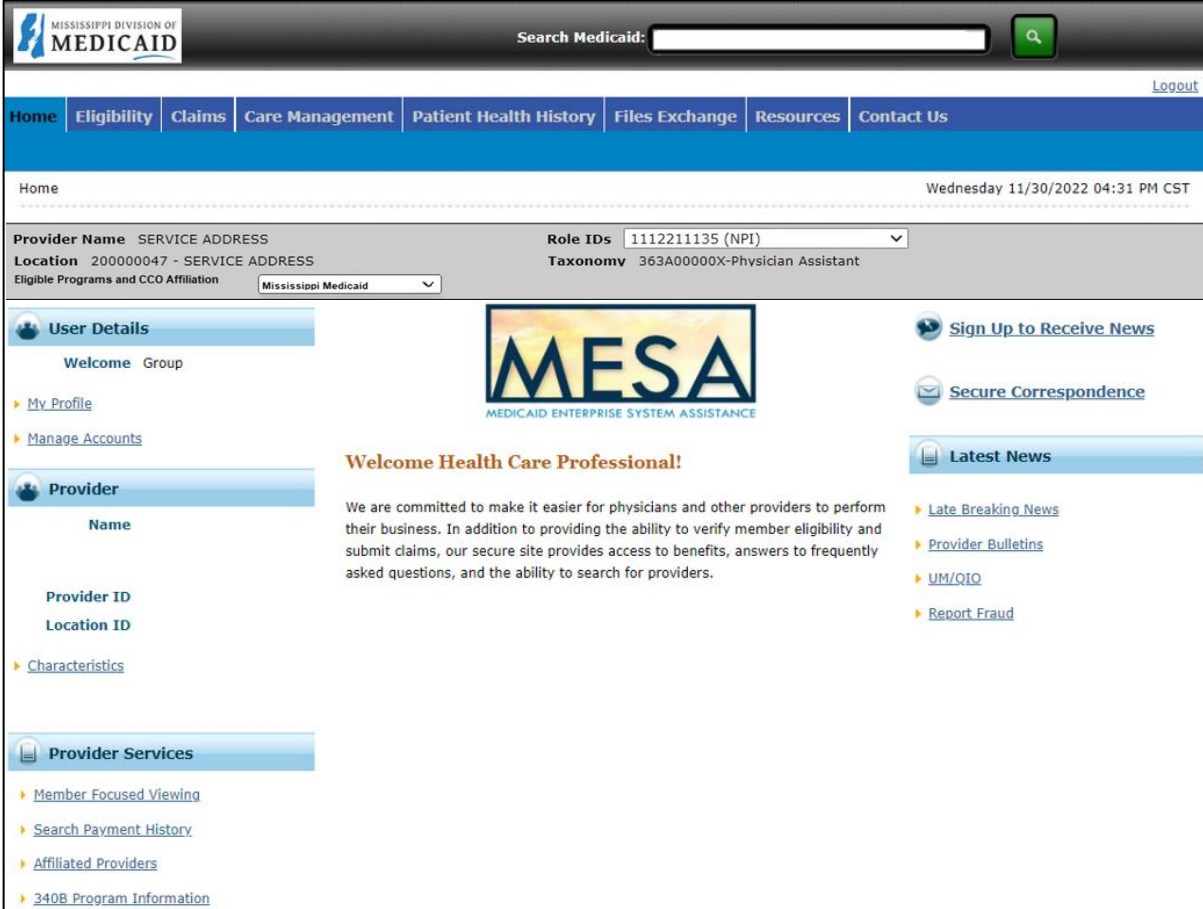
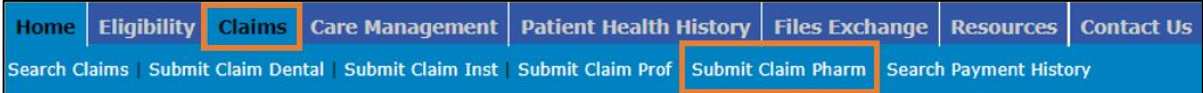


Job Aid

Pharmacy Claim Submission

This job aid provides step-by-step instructions on how to submit a Pharmacy Claim in the MESA portal. Please read the instructions thoroughly.

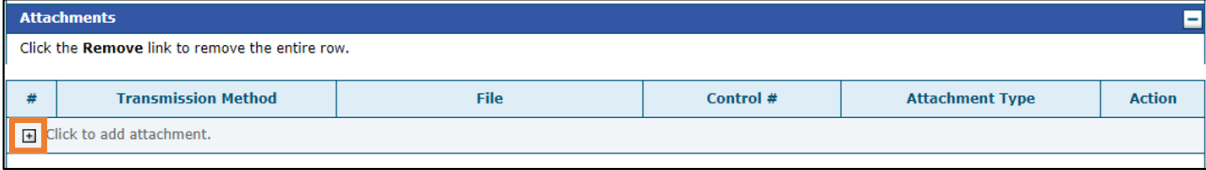
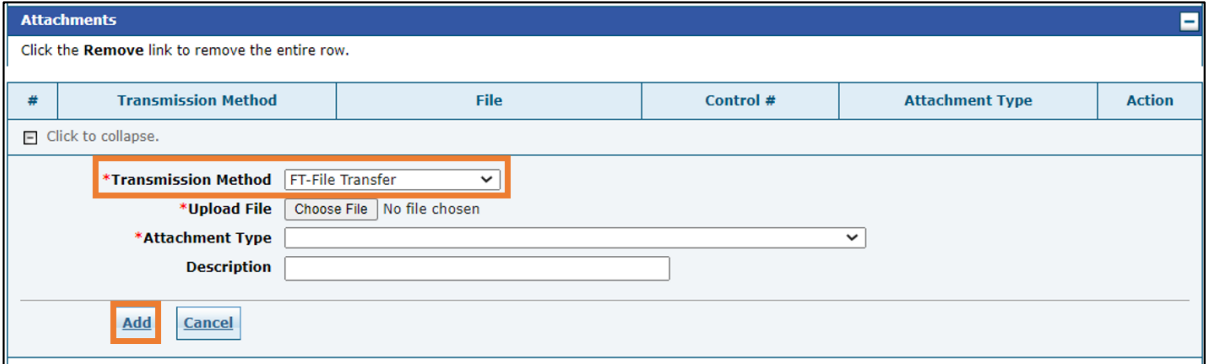
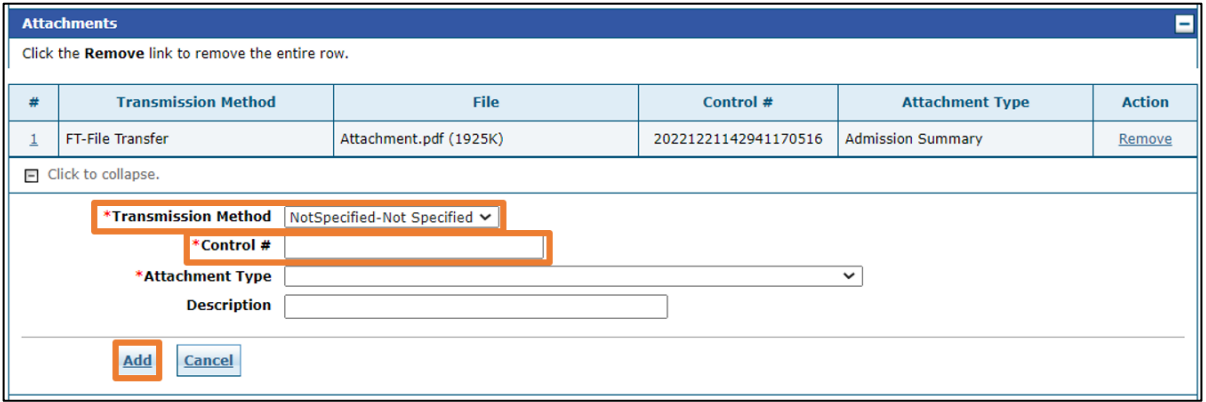
Review the Steps to Submit a Pharmacy Claim

Steps	Description
Step 1	<p>Login to the Portal. The Portal Home screen Displays.</p> 
Step 2	<p>The following steps will review how to submit a Pharmacy Claim in MESA: Hover over the Claims tab on the menu bar. A list of claim types displays below.</p> <ul style="list-style-type: none"> Select Submit Claim Pharm. 
Step 3	<p>The Portal displays the Submit Pharmacy Claim: Step 1 page. The Provider Information section displays the provider information.</p>

Steps	Description								
	<p>NOTE: There will be information already generated in this section.</p> <div data-bbox="272 296 1469 495" style="border: 1px solid black; padding: 5px;"> <p>Submit Pharmacy Claim: Step 1 ?</p> <p>* Indicates a required field.</p> <p>Provider Information</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Service Provider ID</th> <th style="width: 20%;">ID Type</th> <th style="width: 20%;">NPI</th> <th style="width: 20%;">Name</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">Taxonomy</td> </tr> </tbody> </table> </div>	Service Provider ID	ID Type	NPI	Name	Taxonomy			
Service Provider ID	ID Type	NPI	Name						
Taxonomy									
<p>Step 4</p>	<ul style="list-style-type: none"> Complete the Patient and Claim Information section. Select Continue to move on to step 2. <p>NOTE: Once the Member ID is entered the system will automatically fill in the member's name and DOB.</p> <p>NOTE: For a newborn that does not have a Medicaid ID (KBaby), please select patient relationship code, '3-Child', and enter the mother's Medicaid ID along with the baby's First Name, Last Name, and Date of Birth and Gender.</p> <div data-bbox="272 758 1469 1230" style="border: 1px solid black; padding: 5px;"> <p>Patient and Claim Information</p> <p>ATTN: When entering a claim for a newborn that does not have a Medicaid ID (KBaby), please select patient relationship code, '3- Child', and enter the mother's Medicaid ID along with the baby's First Name, Last Name, Date of Birth and Gender.</p> <p>*Patient Relationship Code <input type="text"/></p> <p>*Member ID <input type="text"/></p> <p>Last Name <input type="text"/> First Name <input type="text"/></p> <p>Birth Date <input type="text"/></p> <p>Pregnancy Indicator <input type="checkbox"/></p> <p>*Transaction Code <input type="text" value="B1-Billing"/></p> <p>*Place of Service <input type="text"/></p> <p>*PCN <input type="text" value="Drug"/></p> <p>*Compound Code <input type="text" value="1-Not a Compound"/></p> <p>*Other Coverage Code <input type="text"/></p> <p style="text-align: right;"><input type="button" value="Continue"/> <input type="button" value="Cancel"/></p> </div>								
<p>Step 5</p>	<p>The Portal displays the Submit Pharmacy Claim: Step 2 page. The previous information that was entered in step 1 is displayed at the top of the page in step 2.</p> <ul style="list-style-type: none"> Scroll down to view the additional sections on this page. <p>NOTE: Select the plus and minus for each section to expand and collapse the section.</p>								

Steps	Description																												
	<div data-bbox="277 264 1468 779" style="border: 1px solid black; padding: 5px;"> <p>Submit Pharmacy Claim: Step 2 ?</p> <p>* Indicates a required field.</p> <p>Provider Information</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Service Provider ID</th> <th style="width: 20%;">ID Type</th> <th style="width: 40%;">NPI</th> <th style="width: 20%;">Name</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">Taxonomy</td> </tr> </tbody> </table> <p>Patient and Claim Information</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 60%;">Patient Relationship Code</td> <td style="width: 40%;">Gender</td> </tr> <tr> <td>Member ID</td> <td></td> </tr> <tr> <td>Member</td> <td></td> </tr> <tr> <td>Birth Date</td> <td></td> </tr> <tr> <td>Pregnancy Indicator</td> <td></td> </tr> <tr> <td>Transaction Code</td> <td></td> </tr> <tr> <td>Place of Service</td> <td></td> </tr> <tr> <td>PCN</td> <td></td> </tr> <tr> <td>Compound Code</td> <td></td> </tr> <tr> <td>Other Coverage Code</td> <td></td> </tr> </tbody> </table> </div>	Service Provider ID	ID Type	NPI	Name	Taxonomy				Patient Relationship Code	Gender	Member ID		Member		Birth Date		Pregnancy Indicator		Transaction Code		Place of Service		PCN		Compound Code		Other Coverage Code	
Service Provider ID	ID Type	NPI	Name																										
Taxonomy																													
Patient Relationship Code	Gender																												
Member ID																													
Member																													
Birth Date																													
Pregnancy Indicator																													
Transaction Code																													
Place of Service																													
PCN																													
Compound Code																													
Other Coverage Code																													
<p>Step 6</p>	<ul style="list-style-type: none"> Complete the Claim Information section. <p>NOTE: Everything with a red asterisk * must be completed.</p> <div data-bbox="277 877 1468 1304" style="border: 1px solid black; padding: 5px;"> <p>Claim Information -</p> <p>*Prescriber ID <input type="text"/> <input type="text"/> ID Type NPI Name <input type="text"/></p> <p>Taxonomy Code <input type="text"/></p> <p>*Prescription # <input type="text"/> *Fill # <input type="text"/> Date Written <input type="text"/> *Date of Service <input type="text" value="01/31/2023"/></p> <p>*Service Type <input type="text" value="10-Not used"/> *Prescription Origin Code <input type="text"/></p> <p>*NDC <input type="text"/></p> <p>*Quantity Dispensed <input type="text"/> Quantity Prescribed <input type="text"/> *Days Supply <input type="text"/></p> <p>Route of Administration <input type="text" value="0-Not Specified"/> Special Packaging <input type="text" value="0-Not Specified"/></p> <p>Submission Clarification <input type="text"/> *DAW Code <input type="text"/></p> <p>Prior Auth # Submitted <input type="text"/> PA Type <input type="text" value="0-Not Specified"/> Level of Service <input type="text"/></p> </div>																												
<p>Step 7</p>	<ul style="list-style-type: none"> Complete the Pricing Information Submitted section. Once complete review the information entered on this page and select Continue. <p>NOTE: Everything with a red asterisk * must be completed.</p> <div data-bbox="277 1444 1468 1717" style="border: 1px solid black; padding: 5px;"> <p>Pricing Information Submitted -</p> <p>*Usual & Customary Charge <input type="text" value="0.00"/> *Ingredient Cost <input type="text" value="0.00"/> *Basis of Cost Determination <input type="text"/></p> <p>Dispensing Fee <input type="text" value="0.00"/> Incentive Amount <input type="text" value="0.00"/> Other Amount Submitted <input type="text" value="0.00"/></p> <p>*Gross Amount Due <input type="text" value="0.00"/> *Patient Paid Amount <input type="text" value="0.00"/></p> <p style="text-align: center;"> <input type="button" value="Back to Step 1"/> <input type="button" value="Continue"/> <input type="button" value="Cancel"/> </p> </div>																												
<p>Step 8</p>	<p>The Portal displays the Submit Pharmacy 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.</p> <ul style="list-style-type: none"> Scroll down to view the additional sections on this page. <p>NOTE: Select the plus and minus for each section to expand and collapse.</p>																												

Steps	Description																												
	<div data-bbox="277 262 1469 892"> <p>Submit Pharmacy Claim: Step 3 ?</p> <p>* Indicates a required field.</p> <p>Provider Information</p> <table border="1"> <thead> <tr> <th>Service Provider ID</th> <th>ID Type</th> <th>NPI</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td colspan="4">Taxonomy</td> </tr> </tbody> </table> <p>Patient and Claim Information</p> <table border="1"> <tbody> <tr> <td>Patient Relationship Code</td> <td></td> </tr> <tr> <td>Member ID</td> <td></td> </tr> <tr> <td>Member</td> <td>Gender</td> </tr> <tr> <td>Birth Date</td> <td></td> </tr> <tr> <td>Pregnancy Indicator</td> <td></td> </tr> <tr> <td>Transaction Code</td> <td></td> </tr> <tr> <td>Place of Service</td> <td></td> </tr> <tr> <td>PCN</td> <td></td> </tr> <tr> <td>Compound Code</td> <td></td> </tr> <tr> <td>Other Coverage Code</td> <td></td> </tr> </tbody> </table> <p style="text-align: right;">Expand All Collapse All</p> <p>Claim Information +</p> <p>Pricing Information Submitted +</p> </div>	Service Provider ID	ID Type	NPI	Name	Taxonomy				Patient Relationship Code		Member ID		Member	Gender	Birth Date		Pregnancy Indicator		Transaction Code		Place of Service		PCN		Compound Code		Other Coverage Code	
Service Provider ID	ID Type	NPI	Name																										
Taxonomy																													
Patient Relationship Code																													
Member ID																													
Member	Gender																												
Birth Date																													
Pregnancy Indicator																													
Transaction Code																													
Place of Service																													
PCN																													
Compound Code																													
Other Coverage Code																													
<p>Step 9</p>	<ul style="list-style-type: none"> Enter the Diagnosis Code then select Add. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p> <div data-bbox="277 997 1469 1291"> <p>Diagnosis Codes -</p> <p>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.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Diagnosis Code 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> <p>1 *Diagnosis Code Type <input type="text" value="ICD-10-CM"/> *Diagnosis Code <input type="text"/></p> <p><input type="button" value="Add"/> <input type="button" value="Reset"/></p> </div>	#	Diagnosis Code Type	Diagnosis Code	Action	1																							
#	Diagnosis Code Type	Diagnosis Code	Action																										
1																													
<p>Step 10</p>	<p>This Other Insurance Details section displays the value 2-Other coverage exists-payment indicated is selected for Other Coverage Code.</p> <p>NOTE: This panel displays if Other Coverage Code value of 2-Other coverage exists-payment is indicated.</p> <div data-bbox="277 1459 1469 1879"> <p>Other Insurance Details -</p> <p>Select the row number to edit the row. Click the Remove link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Coverage Type</th> <th>Other Payer ID</th> <th>ID Qualifier</th> <th>Other Payer Date</th> <th>Reject Codes</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td> </tr> </tbody> </table> <p>1 *Other Payer <input type="text"/> Coverage Type <input type="text"/> Other Payer ID <input type="text"/> Reject Codes <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Other Payer Date <input type="text"/> Other Payer ID Qualifier <input type="text"/></p> <p>Benefit Stage Information -</p> <p>Paid Amount Information -</p> <p>Patient Paid Amount Information -</p> <p><input type="button" value="Add"/> <input type="button" value="Reset"/></p> </div>	#	Coverage Type	Other Payer ID	ID Qualifier	Other Payer Date	Reject Codes	Action	1				-																
#	Coverage Type	Other Payer ID	ID Qualifier	Other Payer Date	Reject Codes	Action																							
1				-																									

Steps	Description
Step 11	<ul style="list-style-type: none"> Select the plus sign in the Attachments section to submit an attachment with the claim. 
Step 12	<ul style="list-style-type: none"> 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. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim.</p>  <p>If NotSpecified-Not Specified was selected for the Transmission Method, an Attachment Control Number (ACN) must be added in the Control # field.</p> <p>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.</p> 
Step 13	The two added attachments display in the Attachments section.

Steps	Description																		
	<div style="border: 1px solid black; padding: 5px;"> <p>Attachments</p> <p>Click the Remove link to remove the entire row.</p> <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>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> <p>Click to add attachment.</p> </div>	#	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
#	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														
Step 14	<ul style="list-style-type: none"> Complete the DUR Override Codes section. Once complete review the information entered on this page and select Submit. <p>NOTE: Everything with a red asterisk * must be completed if the section is applicable to the claim. NOTE: This section is only required if the claim submitted previously set a ProDUR alert.</p> <div style="border: 1px solid black; padding: 5px;"> <p>DUR Override Codes</p> <p>Note: This section is only required if the claim submitted previously set a ProDUR alert.</p> <p>Select the row number to edit the row. Click the Remove link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Reason for Service</th> <th>Professional Service</th> <th>Result of Service</th> <th>Level of Effort</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>1 *Reason for Service <input type="text"/> *Professional Service <input type="text"/> *Result of Service <input type="text"/> Level of Effort 0-Not Specified <input type="text"/></p> <p><input type="button" value="Add"/> <input type="button" value="Reset"/></p> <p><input type="button" value="Back to Step 1"/> <input type="button" value="Back to Step 2"/> <input type="button" value="Submit"/> <input type="button" value="Cancel"/></p> </div>	#	Reason for Service	Professional Service	Result of Service	Level of Effort	Action	1											
#	Reason for Service	Professional Service	Result of Service	Level of Effort	Action														
1																			
Step 15	<p>The Portal displays the Confirm Pharmacy Claim page.</p> <p>Review all the information entered for this claim. Select the plus and minus to expand and collapse each section. Use Expand All and Collapse All to expand and collapse all the sections at once.</p> <p>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.</p> <ul style="list-style-type: none"> After reviewing all entered claims data, select Confirm to confirm the claim submission. 																		

Steps	Description																																																																																																		
	<div style="border: 1px solid black; padding: 5px;"> <div style="background-color: #0056b3; color: white; padding: 2px;">Confirm Pharmacy Claim ?</div> <div style="background-color: #e6f2ff; padding: 2px;">Provider Information</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Service Provider ID</td> <td style="width: 20%;">ID Type</td> <td style="width: 10%;">NPI</td> <td style="width: 30%;">Name</td> </tr> <tr> <td colspan="4" style="text-align: center;">Taxonomy</td> </tr> </table> <div style="background-color: #e6f2ff; padding: 2px;">Patient and Claim Information</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Patient Relationship Code</td> <td style="width: 40%;">Gender</td> </tr> <tr> <td>Member ID</td> <td></td> </tr> <tr> <td>Member</td> <td></td> </tr> <tr> <td>Birth Date</td> <td></td> </tr> <tr> <td>Pregnancy Indicator</td> <td></td> </tr> <tr> <td>Transaction Code</td> <td></td> </tr> <tr> <td>Place of Service</td> <td></td> </tr> <tr> <td>PCN</td> <td></td> </tr> <tr> <td>Compound Code</td> <td></td> </tr> <tr> <td>Other Coverage Code</td> <td></td> </tr> </table> <p style="text-align: right; font-size: small;">Expand All Collapse All</p> <div style="background-color: #0056b3; color: white; padding: 2px;">Claim Information -</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Prescriber ID</td> <td style="width: 20%;">ID Type</td> <td style="width: 10%;">NPI</td> <td style="width: 40%;">Name</td> </tr> <tr> <td>Taxonomy Code</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Prescription #</td> <td>Fill #</td> <td>Date Written</td> <td>Date of Service</td> </tr> <tr> <td>Service Type</td> <td></td> <td></td> <td>Prescription Origin Code</td> </tr> <tr> <td>NDC</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Quantity Dispensed</td> <td></td> <td>Quantity Prescribed</td> <td>Days Supply</td> </tr> <tr> <td>Route of Administration</td> <td></td> <td>Special Packaging</td> <td></td> </tr> <tr> <td>Submission Clarification</td> <td></td> <td>DAW Code</td> <td></td> </tr> <tr> <td>Prior Auth # Submitted</td> <td></td> <td>PA Type</td> <td>Level of Service</td> </tr> </table> <div style="background-color: #0056b3; color: white; padding: 2px;">Pricing Information Submitted -</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Usual & Customary Charge</td> <td style="width: 10%;">\$1.00</td> <td style="width: 20%;">Ingredient Cost</td> <td style="width: 10%;">\$1.00</td> <td style="width: 30%;">Basis of Cost Determination</td> <td style="width: 10%;">00-Not Specified</td> </tr> <tr> <td>Dispensing Fee</td> <td>_</td> <td>Incentive Amount</td> <td>_</td> <td>Other Amount Submitted</td> <td>_</td> </tr> <tr> <td>Gross Amount Due</td> <td>\$1.00</td> <td>Patient Paid Amount</td> <td>\$1.00</td> <td></td> <td></td> </tr> </table> <div style="background-color: #0056b3; color: white; padding: 2px;">Diagnosis Codes -</div> <p style="font-size: small;">Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>#</th> <th>Diagnosis Code Type</th> <th>Diagnosis Code</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>02-ICD-10-CM</td> <td>D010-CARCINOMA IN SITU OF COLON</td> </tr> </tbody> </table> <p style="text-align: center; font-weight: bold; font-size: small;">No Other Insurance Details exist for this claim</p> <div style="background-color: #0056b3; color: white; padding: 2px;">Attachments +</div> <div style="background-color: #0056b3; color: white; padding: 2px;">DUR Override Codes -</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>#</th> <th>Reason for Service</th> <th>Professional Service</th> <th>Result of Service</th> <th>Level of Effort</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>PC-Patient Question/Concern</td> <td>R0-Pharmacist consulted other source</td> <td>1B-Filled prescription as is</td> <td>0-Not Specified</td> </tr> </tbody> </table> <div style="text-align: center; margin-top: 10px;"> Back to Step 1 Back to Step 2 Back to Step 3 Print Preview Confirm Cancel </div> </div>	Service Provider ID	ID Type	NPI	Name	Taxonomy				Patient Relationship Code	Gender	Member ID		Member		Birth Date		Pregnancy Indicator		Transaction Code		Place of Service		PCN		Compound Code		Other Coverage Code		Prescriber ID	ID Type	NPI	Name	Taxonomy Code				Prescription #	Fill #	Date Written	Date of Service	Service Type			Prescription Origin Code	NDC				Quantity Dispensed		Quantity Prescribed	Days Supply	Route of Administration		Special Packaging		Submission Clarification		DAW Code		Prior Auth # Submitted		PA Type	Level of Service	Usual & Customary Charge	\$1.00	Ingredient Cost	\$1.00	Basis of Cost Determination	00-Not Specified	Dispensing Fee	_	Incentive Amount	_	Other Amount Submitted	_	Gross Amount Due	\$1.00	Patient Paid Amount	\$1.00			#	Diagnosis Code Type	Diagnosis Code	1	02-ICD-10-CM	D010-CARCINOMA IN SITU OF COLON	#	Reason for Service	Professional Service	Result of Service	Level of Effort	1	PC-Patient Question/Concern	R0-Pharmacist consulted other source	1B-Filled prescription as is	0-Not Specified
Service Provider ID	ID Type	NPI	Name																																																																																																
Taxonomy																																																																																																			
Patient Relationship Code	Gender																																																																																																		
Member ID																																																																																																			
Member																																																																																																			
Birth Date																																																																																																			
Pregnancy Indicator																																																																																																			
Transaction Code																																																																																																			
Place of Service																																																																																																			
PCN																																																																																																			
Compound Code																																																																																																			
Other Coverage Code																																																																																																			
Prescriber ID	ID Type	NPI	Name																																																																																																
Taxonomy Code																																																																																																			
Prescription #	Fill #	Date Written	Date of Service																																																																																																
Service Type			Prescription Origin Code																																																																																																
NDC																																																																																																			
Quantity Dispensed		Quantity Prescribed	Days Supply																																																																																																
Route of Administration		Special Packaging																																																																																																	
Submission Clarification		DAW Code																																																																																																	
Prior Auth # Submitted		PA Type	Level of Service																																																																																																
Usual & Customary Charge	\$1.00	Ingredient Cost	\$1.00	Basis of Cost Determination	00-Not Specified																																																																																														
Dispensing Fee	_	Incentive Amount	_	Other Amount Submitted	_																																																																																														
Gross Amount Due	\$1.00	Patient Paid Amount	\$1.00																																																																																																
#	Diagnosis Code Type	Diagnosis Code																																																																																																	
1	02-ICD-10-CM	D010-CARCINOMA IN SITU OF COLON																																																																																																	
#	Reason for Service	Professional Service	Result of Service	Level of Effort																																																																																															
1	PC-Patient Question/Concern	R0-Pharmacist consulted other source	1B-Filled prescription as is	0-Not Specified																																																																																															
Step 16	The Portal returns to the Submit Pharmacy Claim: Confirmation page.																																																																																																		

Steps	Description
	<p>NOTE: The confirmation page displays. ALL Crossover claims go to a PENDING status to verify the EOMB.</p> <p>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.</p> <p>NOTE: It is required to mail the attachment after submitting the claim when a not-specified value is selected for the transmission method.</p> <div data-bbox="272 457 1474 846" style="border: 1px solid black; padding: 5px;"> <p>Submit Pharmacy Claim: Confirmation ?</p> <p>Pharmacy Claim Receipt</p> <p>Your Pharmacy Claim was successfully submitted. The claim status is Finalized Payment.</p> <p>The Claim ID is 2323031000001.</p> <p>Click Attachment Coversheet(s) to view the claim attachments coversheet(s).</p> <p>Click Print Preview to view the claim details as they have been saved on the payer's system.</p> <p>Click Copy to copy member or claim data.</p> <p>Click New to submit a new claim.</p> <p>Click View to view the details of the submitted claim.</p> <p style="text-align: center;"> Attachment Coversheet(s) Print Preview Copy New View </p> </div>

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	03/16/2023	Gainwell	Initial publication
1.1	6/2/2023	Gainwell	Update providers display to show CCO information CR1925.