




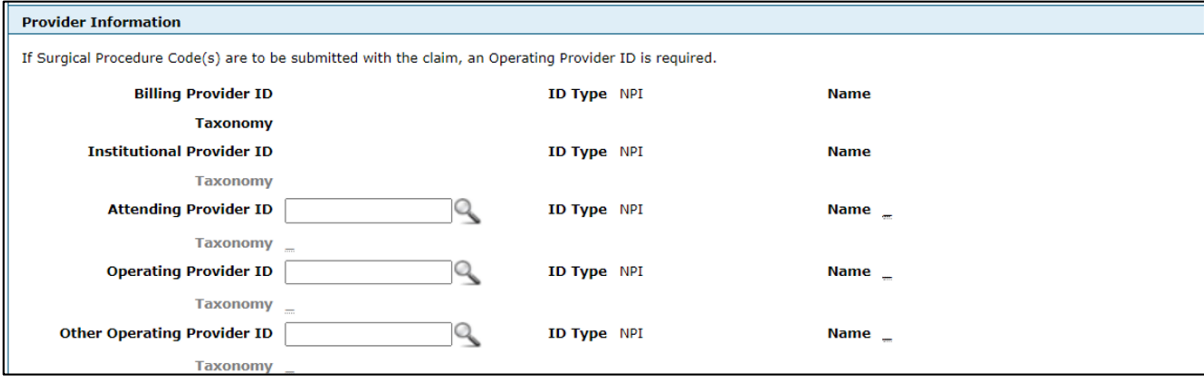
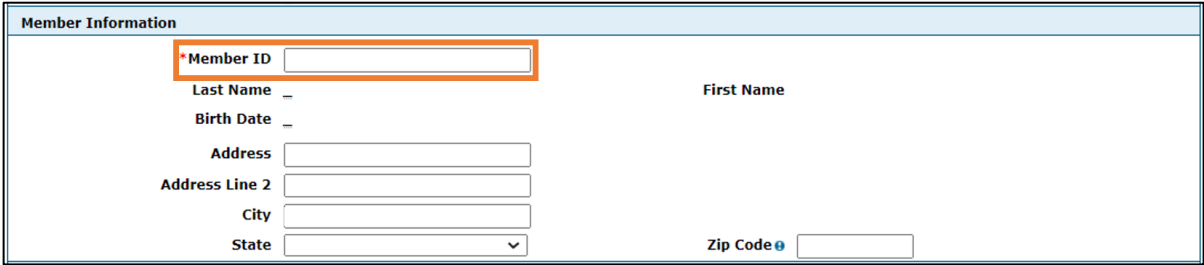
# Job Aid

## Home Health Claim Submission

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

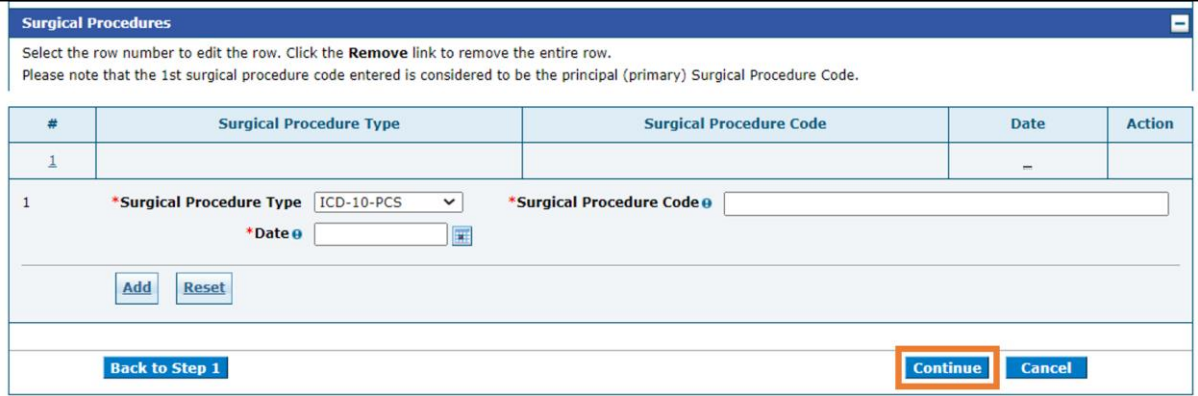
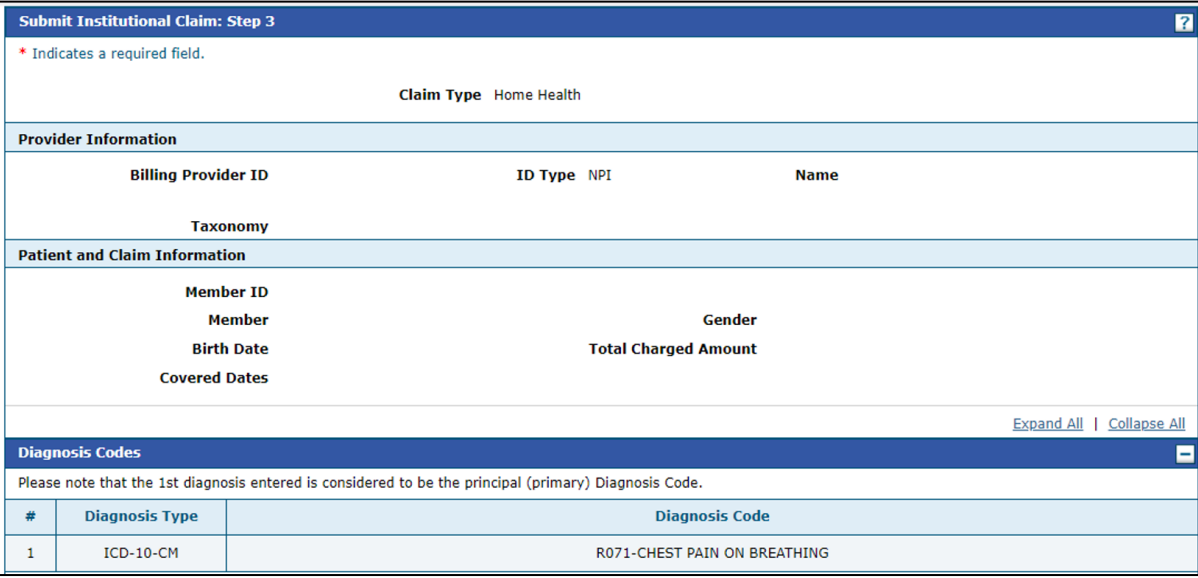
### Review the steps to submit a Home Health Claim

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

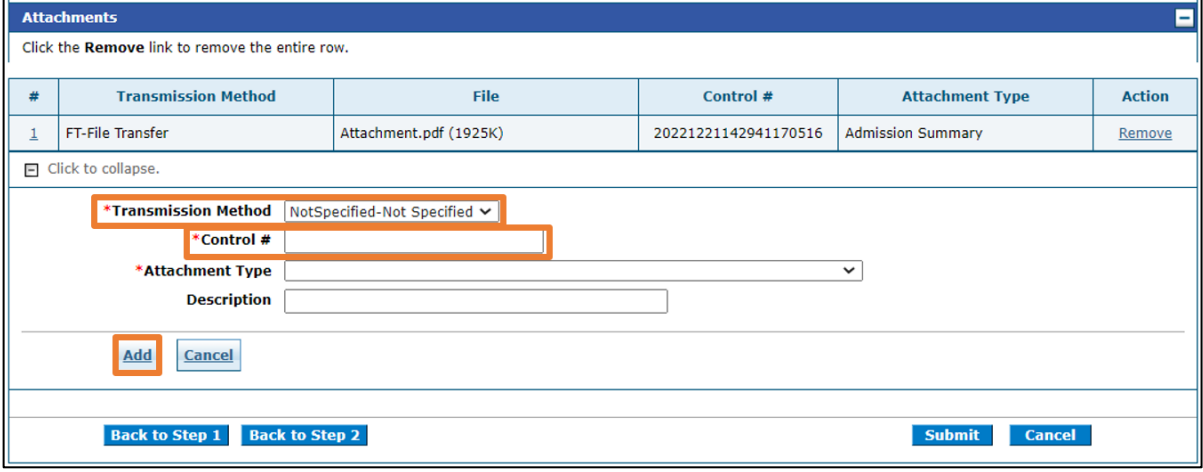
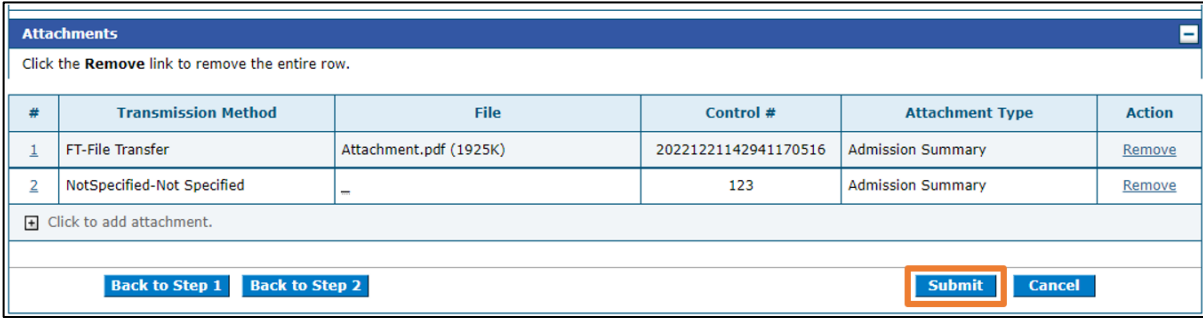
Steps	Description
Step 3	<p>The Portal displays the “Submit Institutional Claim: Step 1” page.</p> <ul style="list-style-type: none"> <li>Select <b>Claim Type</b> Home Health.</li> </ul> 
Step 4	<ul style="list-style-type: none"> <li>Complete the <b>Provider Information</b> section.</li> </ul> <p>NOTE: There will be information already generated in this section. Complete additional fields if applicable to the claim being submitted.</p> 
Step 5	<ul style="list-style-type: none"> <li>Complete the <b>Member Information</b> section.</li> </ul> <p>NOTE: Once the Member ID is entered, the system will generate the remaining fields in this section. Verify the fields populate correctly.</p> 
Step 6	<ul style="list-style-type: none"> <li>Complete the <b>Claim Information</b> section.</li> <li>Once all information is entered for this section review the information and select <b>Continue</b> (see image below).</li> </ul> <p>NOTE: Everything with a red asterisk (*) must be completed.</p> <p>NOTE: If the member has TPL, check the <i>Other Insurance</i> checkbox and provide the details. Details can be added on Step 2.</p>

Steps	Description
	<div data-bbox="272 260 1464 751"> <p><b>Claim Information</b></p> <p>* Covered Dates <input type="text"/> - <input type="text"/></p> <p>Admission Date/Hour <input type="text"/> (hh:mm) - <input type="text"/> (hh:mm)      Discharge Hour <input type="text"/> (hh:mm)</p> <p>Admission Type <input type="text"/>      Admission Source <input type="text"/></p> <p>Admitting Diagnosis Type: ICD-10-CM <input type="text"/>      Admitting Diagnosis <input type="text"/></p> <p>Patient Status <input type="text"/>      * Type of Bill <input type="text"/></p> <p>Patient Number <input type="text"/>      Authorization Number <input type="text"/></p> <p>* Does the provider accept assignment for claim processing? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Clinical Lab Services Only</p> <p>* Are benefits assigned to the provider by the patient or their authorized representative? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p> <p>* Does the provider have a signed statement from the patient releasing their medical information? <input type="radio"/> Yes <input type="radio"/> No</p> <p>Include Other Insurance <input type="checkbox"/>      Total Charged Amount \$0.00</p> <p style="text-align: right;"><a href="#">Continue</a> <a href="#">Cancel</a></p> </div>

Steps	Description										
	<div data-bbox="277 264 1468 548"> <p><b>External Cause of Injury Diagnosis Codes</b></p> <p>Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Diagnosis Type</th> <th>External Cause of Injury 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 Type <input type="text" value="ICD-10-CM"/> *External Cause of Injury Diagnosis Code <input type="text"/></p> <p><input type="button" value="Add"/> <input type="button" value="Reset"/></p> </div>	#	Diagnosis Type	External Cause of Injury Diagnosis Code	Action	1					
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1											
Step 10	<ul style="list-style-type: none"> <li>Enter the <b>Condition Codes</b> information if applicable. Then select <b>Add</b>.</li> </ul> <p>NOTE: Everything with a red asterisk (*) must be filled out if the section is applicable to the claim.</p> <div data-bbox="277 663 1468 936"> <p><b>Condition Codes</b></p> <p>Click the <b>Remove</b> link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Condition Code</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> </tbody> </table> <p>1 *Condition Code <input type="text"/></p> <p><input type="button" value="Add"/> <input type="button" value="Reset"/></p> </div>	#	Condition Code	Action	1						
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1											
Step 11	<ul style="list-style-type: none"> <li>Enter the <b>Occurrence Codes</b> information if applicable. Then select <b>Add</b>.</li> </ul> <p>NOTE: Everything with a red asterisk (*) must be filled out if the section is applicable to the claim.</p> <div data-bbox="277 1052 1468 1325"> <p><b>Occurrence Codes</b></p> <p>Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Occurrence Code</th> <th>From Date</th> <th>To Date</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td>-</td> <td>-</td> <td></td> </tr> </tbody> </table> <p>1 *Occurrence Code <input type="text"/> *From Date <input type="text"/> *To Date <input type="text"/></p> <p><input type="button" value="Add"/> <input type="button" value="Reset"/></p> </div>	#	Occurrence Code	From Date	To Date	Action	1		-	-	
#	Occurrence Code	From Date	To Date	Action							
1		-	-								
Step 12	<ul style="list-style-type: none"> <li>Enter the <b>Value Codes</b> information if applicable. Then select <b>Add</b>.</li> </ul> <p>NOTE: Everything with a red asterisk (*) must be filled out if the section is applicable to the claim.</p> <div data-bbox="277 1440 1468 1713"> <p><b>Value Codes</b></p> <p>Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>#</th> <th>Value Code</th> <th>Amount</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>1 *Value Code <input type="text"/> *Amount <input type="text"/></p> <p><input type="button" value="Add"/> <input type="button" value="Reset"/></p> </div>	#	Value Code	Amount	Action	1					
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1											
Step 13	<ul style="list-style-type: none"> <li>Enter the <b>Surgical Procedures</b> information if applicable. Then select <b>Add</b>.</li> </ul> <p>NOTE: Everything with a red asterisk (*) must be filled out if the section is applicable to the claim.</p>										

Steps	Description
	<ul style="list-style-type: none"> <li>Review all sections under “Submit Institutional Claim: Step 2” page. If all the information is correct select <b>Continue</b> to move to Step 3.</li> </ul> 
Step 14	<p>The Portal displays the “Submit Institutional 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"> <li>Scroll down to view the additional sections on this page.</li> </ul> <p>NOTE: Select the <i>plus</i> (+) and <i>minus</i> (-) for each section to expand and collapse.</p> 
Step 15	<ul style="list-style-type: none"> <li>Fill out the required information for the <b>Service Details</b> section. <ul style="list-style-type: none"> <li>Complete the <b>NDCs for Svc. #1</b> panel, if applicable.</li> </ul> </li> <li>Once all information has been completed, select <b>Add</b> (see image below).</li> </ul>

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	<div data-bbox="277 264 1468 894"> <p><b>Service Details</b></p> <p>Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.</p> <table border="1"> <thead> <tr> <th>Svc #</th> <th>Revenue Code</th> <th>HCPCS/Proc Code</th> <th>From Date</th> <th>To Date</th> <th>Units</th> <th>Charge Amount</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>1 *Revenue Code <input type="text"/> HCPCS/Proc Code <input type="text"/></p> <p>Modifiers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>*From Date <input type="text"/> To Date <input type="text"/> *Units <input type="text"/> *Unit Type <input type="text"/></p> <p>Charge Amount <input type="text"/></p> <p><b>NDCs for Svc. # 1</b></p> <p>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).</p> <p>Code Type <input type="text"/></p> <p>NDC/UPN <input type="text"/></p> <p>Quantity <input type="text"/> Unit of Measure <input type="text"/></p> <p>Prescription Number <input type="text"/> Prescription Type <input type="text"/></p> <p><input type="button" value="Add"/> <input type="button" value="Reset"/></p> </div>	Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action	1							
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<p>Step 16</p>	<ul style="list-style-type: none"> <li>Select the <b>plus sign (+)</b> in the Attachments section to submit an attachment with the claim.</li> </ul> <p>NOTE: If an attachment is not needed for this claim, select <b>Submit</b> to submit the claim.</p> <div data-bbox="277 1010 1468 1236"> <p><b>Attachments</b></p> <p>Click the <b>Remove</b> 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><input type="button" value="+"/></td> <td colspan="5">Click to add attachment.</td> </tr> </tbody> </table> <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>	#	Transmission Method	File	Control #	Attachment Type	Action	<input type="button" value="+"/>	Click to add attachment.								
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<p>Step 17</p>	<ul style="list-style-type: none"> <li>Select <i>FT-File Transfer</i> or <i>NotSpecified-Not Specified</i> from the <b>Transmission Method</b> dropdown. This selection affects the fields that display.</li> <li>Complete the additional required fields for this section and select <b>Add</b>.</li> </ul> <p>NOTE: Everything with a red asterisk (*) must be completed if the section is applicable to the claim.</p> <div data-bbox="277 1451 1468 1887"> <p><b>Attachments</b></p> <p>Click the <b>Remove</b> 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><input type="button" value="-"/></td> <td colspan="5">Click to collapse.</td> </tr> </tbody> </table> <p>*Transmission Method <input type="text" value="FT-File Transfer"/></p> <p>*Upload File <input type="text" value="Choose File"/> No file chosen</p> <p>*Attachment Type <input type="text"/></p> <p>Description <input type="text"/></p> <p><input type="button" value="Add"/> <input type="button" value="Cancel"/></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>	#	Transmission Method	File	Control #	Attachment Type	Action	<input type="button" value="-"/>	Click to collapse.								
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	<p>If <i>NotSpecified-Not Specified</i> was selected for the Transmission Method, an Attachment Control Number (ACN) must be added in the <b>Control #</b> field.</p> <p>NOTE: If <i>NotSpecified-Not Specified</i> is selected as the Transmission Method, a unique Attachment Control Number (ACN) must be created for each claim. 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. <b>The <a href="#">Claim Attachment Form</a> is located at: <a href="#">Forms - Mississippi Division of Medicaid</a>.</b></p> 
Step 18	<p>Any added attachments display in the Attachments section.</p> <ul style="list-style-type: none"> <li>Review the information entered for “Submit Institutional Claim: Step 3” and select <b>Submit</b>.</li> </ul> 
Step 19	<p>The Portal displays the <b>Confirm Institutional Claim</b> page.</p> <p>Review all the information entered for this claim. Select the <i>plus (+)</i> and <i>minus (-)</i> to expand and collapse each section. 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"> <li>After reviewing all entered claims data, select <b>Confirm</b> to confirm the claim submission (see images below).</li> </ul>

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	<div data-bbox="277 264 1458 296" style="background-color: #4a86e8; color: white; padding: 2px;"><b>Confirm Institutional Claim</b> <span style="float: right; font-size: 0.8em;">?</span></div> <p data-bbox="293 302 1442 344">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.</p> <p data-bbox="667 363 824 384" style="text-align: center;"><b>Claim Type</b> Inpatient</p> <hr/> <div data-bbox="277 405 1458 426" style="background-color: #e1eef6; padding: 2px;"><b>Provider Information</b></div> <table border="0" data-bbox="277 436 1458 741" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"><b>Billing Provider ID</b></td> <td style="width: 20%;"><b>ID Type</b> NPI</td> <td style="width: 40%;"><b>Name</b></td> </tr> <tr> <td><b>Taxonomy</b></td> <td></td> <td></td> </tr> <tr> <td><b>Institutional Provider ID</b></td> <td><b>ID Type</b> _</td> <td><b>Name</b> _</td> </tr> <tr> <td><b>Taxonomy</b></td> <td></td> <td></td> </tr> <tr> <td><b>Attending Provider ID</b></td> <td><b>ID Type</b> _</td> <td><b>Name</b> _</td> </tr> <tr> <td><b>Taxonomy</b></td> <td></td> <td></td> </tr> <tr> <td><b>Operating Provider ID</b></td> <td><b>ID Type</b> _</td> <td><b>Name</b> _</td> </tr> <tr> <td><b>Taxonomy</b></td> <td></td> <td></td> </tr> <tr> <td><b>Other Operating Provider ID</b></td> <td><b>ID Type</b> _</td> <td><b>Name</b> _</td> </tr> <tr> <td><b>Taxonomy</b></td> <td></td> <td></td> </tr> </table> <hr/> <div data-bbox="277 762 1458 783" style="background-color: #e1eef6; padding: 2px;"><b>Member Information</b></div> <table border="0" data-bbox="277 793 1458 1003" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"><b>Member ID</b></td> <td style="width: 20%;"></td> <td style="width: 40%;"></td> </tr> <tr> <td><b>Member</b></td> <td></td> <td><b>Gender</b></td> </tr> <tr> <td><b>Birth Date</b></td> <td></td> <td></td> </tr> <tr> <td><b>Address</b></td> <td></td> <td></td> </tr> <tr> <td><b>Address Line 2</b></td> <td></td> <td></td> </tr> <tr> <td><b>City</b></td> <td></td> <td></td> </tr> <tr> <td><b>State</b></td> <td></td> <td><b>Zip Code</b></td> </tr> </table>	<b>Billing Provider ID</b>	<b>ID Type</b> NPI	<b>Name</b>	<b>Taxonomy</b>			<b>Institutional Provider ID</b>	<b>ID Type</b> _	<b>Name</b> _	<b>Taxonomy</b>			<b>Attending Provider ID</b>	<b>ID Type</b> _	<b>Name</b> _	<b>Taxonomy</b>			<b>Operating Provider ID</b>	<b>ID Type</b> _	<b>Name</b> _	<b>Taxonomy</b>			<b>Other Operating Provider ID</b>	<b>ID Type</b> _	<b>Name</b> _	<b>Taxonomy</b>			<b>Member ID</b>			<b>Member</b>		<b>Gender</b>	<b>Birth Date</b>			<b>Address</b>			<b>Address Line 2</b>			<b>City</b>			<b>State</b>		<b>Zip Code</b>
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Does the provider have a signed statement from the patient releasing their medical information? No																																					
Total Charged Amount \$0.00																																					
Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount																														
1	123-ROOM AND BOARD - SEMI-PRIVATE TWO BED - PEDIATRIC			01/17/2023	01/20/2023	1.000 Unit	\$0.00																														
Step 20	<p>The Portal returns the <b>Submit Home Health Claim: Confirmation</b> page (see image below).</p> <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>																																				

Steps	Description
	<div style="border: 1px solid black; padding: 5px;"> <p><b>Submit Home Health Claim: Confirmation</b> <span style="float: right;">?</span></p> <p><b>Home Health Claim Receipt</b></p> <p>Your Home Health Claim was successfully submitted. <span style="border: 1px solid orange; padding: 2px;">The claim status is Finalized Payment.</span></p> <p>The Claim ID is <b>2323025000001</b>.</p> <hr/> <p>Click <b>Attachment Coversheet(s)</b> to view the claim attachments coversheet(s).</p> <p>Click <b>Print Preview</b> to view the claim details as they have been saved on the payer's system.</p> <p>Click <b>Copy</b> to copy member or claim data.</p> <p>Click <b>New</b> to submit a new claim.</p> <p>Click <b>View</b> to view the details of the submitted claim.</p> <hr/> <p style="text-align: center;"> <span style="border: 1px solid black; padding: 2px 5px;">Attachment Coversheet(s)</span> <span style="border: 1px solid black; padding: 2px 5px;">Print Preview</span> <span style="border: 1px solid black; padding: 2px 5px;">Copy</span> <span style="border: 1px solid black; padding: 2px 5px;">New</span> <span style="border: 1px solid black; padding: 2px 5px;">View</span> </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	02/15/2023	Gainwell	Initial publication
.2	3/01/2023	Gainwell	Updates based on SME review
.3	03/02/2023	Gainwell	Updates based on technical writer review
1	06/02/2023	Gainwell	Updated providers display to show CCO information based on CR1925.