




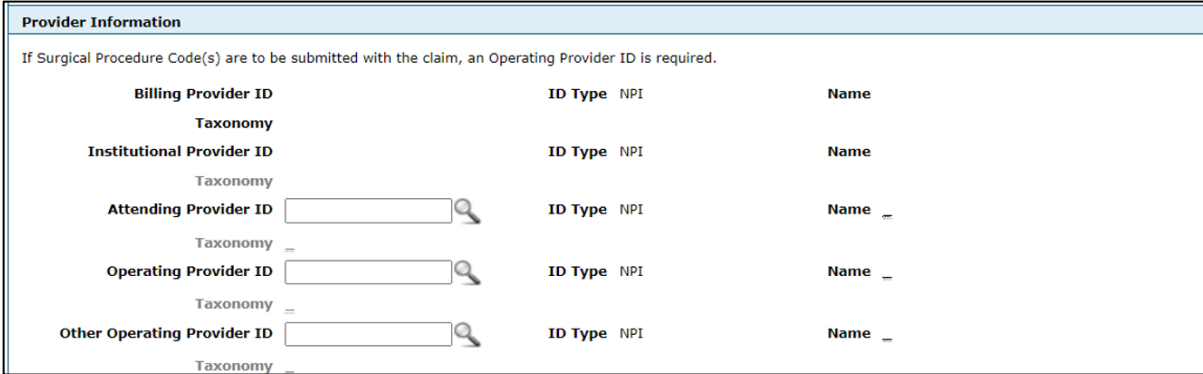
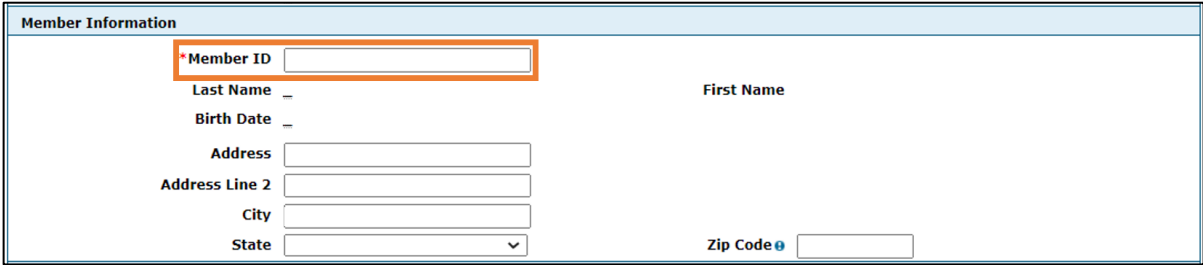
Job Aid

Long Term Care Claim Submission

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

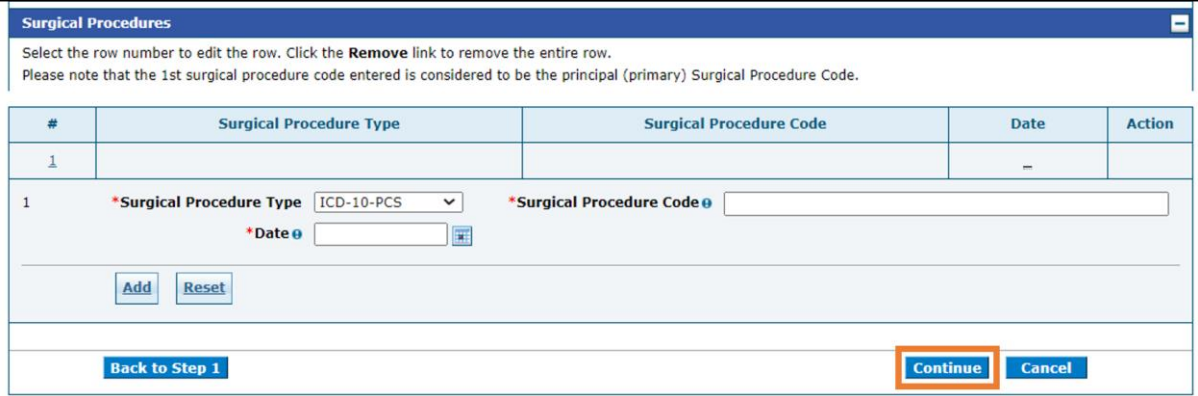
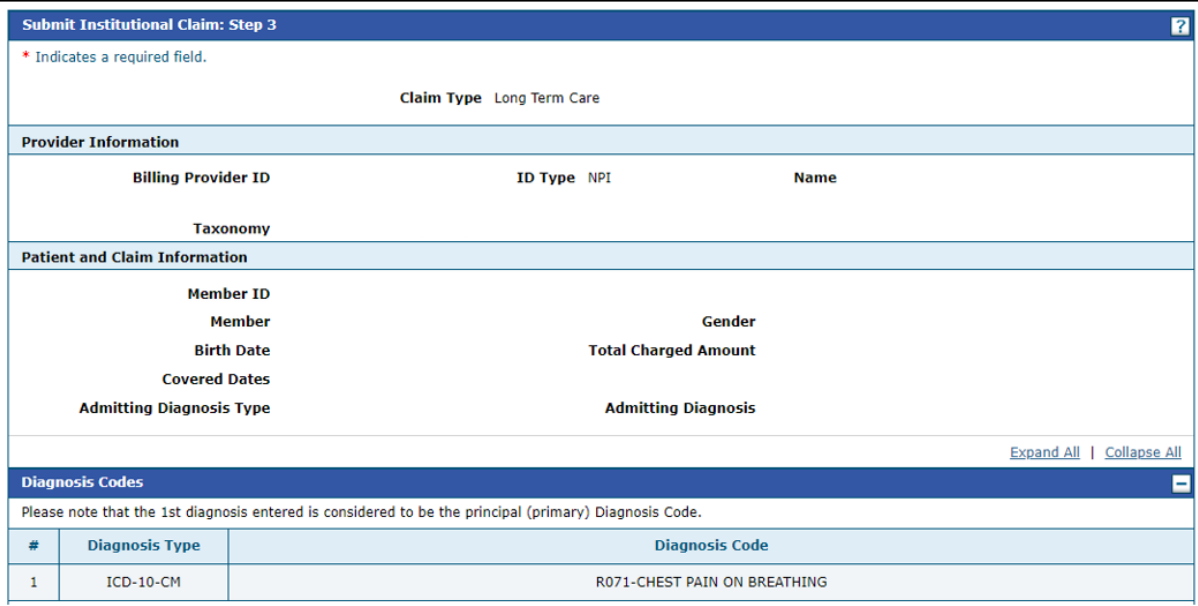
Review the steps to submit a Long Term Care Claim

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 Long Term Care 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 Inst. 

Steps	Description
Step 3	<p>The Portal displays the “Submit Institutional Claim: Step 1” page.</p> <ul style="list-style-type: none"> Select Claim Type Long Term Care. 
Step 4	<ul style="list-style-type: none"> Complete the Provider Information section. <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"> Complete the Member Information section. <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"> Complete the Claim Information section. Once all information is entered for this section review the information and select Continue see image below. <p>NOTE: Everything with a red asterisk * must be completed.</p> <p>NOTE: If the member has TPL check the Other Insurance checkbox and provide the details. Details can be added on step 2.</p>

Steps	Description																		
	<div data-bbox="277 260 1469 751"> <p>Claim Information</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 <input type="text"/> ICD-10-CM *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;">Continue Cancel</p> </div>																		
<p>Step 7</p>	<p>The Portal displays the “Submit Institutional Claim: Step 2” page. The previous information that was entered in step 1 will display at the top of the page in step 2.</p> <ul style="list-style-type: none"> Review the previously submitted information and scroll down. <div data-bbox="277 884 1469 1310"> <p>Submit Institutional Claim: Step 2 ?</p> <p>* Indicates a required field.</p> <p style="text-align: center;">Claim Type Long Term Care</p> <hr/> <p>Provider Information</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>Billing Provider ID</th> <th>ID Type</th> <th>NPI</th> <th>Name</th> </tr> </thead> <tbody> <tr> <td colspan="4" style="text-align: center;">Taxonomy</td> </tr> </tbody> </table> <hr/> <p>Patient and Claim Information</p> <table border="1" style="width: 100%;"> <tbody> <tr> <td>Member ID</td> <td>Gender</td> </tr> <tr> <td>Member</td> <td>Total Charged Amount</td> </tr> <tr> <td>Birth Date</td> <td></td> </tr> <tr> <td>Covered Dates</td> <td></td> </tr> <tr> <td>Admitting Diagnosis Type</td> <td>Admitting Diagnosis</td> </tr> </tbody> </table> </div>	Billing Provider ID	ID Type	NPI	Name	Taxonomy				Member ID	Gender	Member	Total Charged Amount	Birth Date		Covered Dates		Admitting Diagnosis Type	Admitting Diagnosis
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<p>Step 8</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 1423 1469 1730"> <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" style="width: 100%;"> <thead> <tr> <th>#</th> <th>Diagnosis Type</th> <th>Diagnosis Code</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">1</td> <td>*Diagnosis Type <input type="text"/> ICD-10-CM</td> <td>*Diagnosis Code <input type="text"/></td> <td></td> </tr> </tbody> </table> <p style="text-align: center;">Add Reset</p> </div>	#	Diagnosis Type	Diagnosis Code	Action	1				1	*Diagnosis Type <input type="text"/> ICD-10-CM	*Diagnosis Code <input type="text"/>							
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<p>Step 9</p>	<ul style="list-style-type: none"> Enter the External Cause of Injury Diagnosis Code if applicable then select Add see image below. <p>NOTE: Everything with a red asterisk * must be filled out if the section is applicable to the claim.</p>																		

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	<div data-bbox="277 264 1468 548"> <p>External Cause of Injury Diagnosis Codes</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>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"> Enter the Condition Codes information if applicable then select Add. <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>Condition Codes</p> <p>Click the Remove 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"> Enter the Occurrence Codes information if applicable then select Add. <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>Occurrence Codes</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>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"> Enter the Value Codes information if applicable then select Add. <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>Value Codes</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>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"> Enter the Surgical Procedures information if applicable then select Add. <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"> Review all sections under Submit Institutional Claim: Step 2 page. If all the information is correct select Continue to move on to Step 3. 
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"> 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> 
Step 15	<ul style="list-style-type: none"> Fill out the required information for the Service Details section. Once all information has been completed, select Add see image below.

Steps	Description																		
	<div data-bbox="277 264 1468 642"> <p>Service 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>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><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"> Select the plus sign in the Attachments section to submit an attachment with the claim. <p>NOTE: If an attachment is not needed for this claim select Submit to submit the claim.</p> <div data-bbox="277 758 1468 989"> <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><input type="checkbox"/></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="checkbox"/>	Click to add attachment.										
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<p>Step 17</p>	<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> <div data-bbox="277 1199 1468 1629"> <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><input type="checkbox"/></td> <td colspan="5">Click to collapse.</td> </tr> <tr> <td></td> <td>*Transmission Method <input type="text" value="FT-File Transfer"/></td> <td>*Upload File <input type="text" value="Choose File"/> <input type="text" value="No file chosen"/></td> <td></td> <td>*Attachment Type <input type="text"/></td> <td>Description <input type="text"/></td> </tr> </tbody> </table> <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> <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>	#	Transmission Method	File	Control #	Attachment Type	Action	<input type="checkbox"/>	Click to collapse.						*Transmission Method <input type="text" value="FT-File Transfer"/>	*Upload File <input type="text" value="Choose File"/> <input type="text" value="No file chosen"/>		*Attachment Type <input type="text"/>	Description <input type="text"/>
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	<div data-bbox="272 260 1464 726"> <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> </tbody> </table> <p>Click to collapse.</p> <p>*Transmission Method <input type="text" value="NotSpecified-Not Specified"/></p> <p>*Control # <input type="text"/></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	1	FT-File Transfer	Attachment.pdf (1925K)	20221221142941170516	Admission Summary	Remove						
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Step 18	<p>Any added attachments display in the Attachments section.</p> <ul style="list-style-type: none"> Review the information entered for Step 3 and select Submit. <div data-bbox="272 842 1464 1157"> <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> <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	1	FT-File Transfer	Attachment.pdf (1925K)	20221221142941170516	Admission Summary	Remove	2	NotSpecified-Not Specified	-	123	Admission Summary	Remove
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Step 19	<p>The Portal displays the Confirm Institutional Claim page.</p> <p>Review all the information entered for this claim. Select the plus and minus 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"> After reviewing all entered claims data, select Confirm to confirm the claim submission. (See images below of page.) 																		

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	<div style="border: 1px solid black; padding: 5px;"> <div style="background-color: #4a86e8; color: white; padding: 2px;">Confirm Institutional Claim ?</div> <p>Select Print Preview before 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 style="text-align: center;">Claim Type Long Term Care</p> <hr/> <div style="background-color: #e1eef6; padding: 2px;">Provider Information</div> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Billing Provider ID</td> <td style="width: 20%;">ID Type NPI</td> <td style="width: 40%;">Name</td> </tr> <tr> <td>Taxonomy</td> <td></td> <td></td> </tr> <tr> <td>Institutional Provider ID _</td> <td>ID Type _</td> <td>Name _</td> </tr> <tr> <td>Taxonomy _</td> <td></td> <td></td> </tr> <tr> <td>Attending Provider ID _</td> <td>ID Type _</td> <td>Name _</td> </tr> <tr> <td>Taxonomy _</td> <td></td> <td></td> </tr> <tr> <td>Operating Provider ID _</td> <td>ID Type _</td> <td>Name _</td> </tr> <tr> <td>Taxonomy _</td> <td></td> <td></td> </tr> <tr> <td>Other Operating Provider ID _</td> <td>ID Type _</td> <td>Name _</td> </tr> <tr> <td>Taxonomy _</td> <td></td> <td></td> </tr> </table> <hr/> <div style="background-color: #e1eef6; padding: 2px;">Member Information</div> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Member ID</td> <td style="width: 40%;">Gender</td> </tr> <tr> <td>Member</td> <td></td> </tr> <tr> <td>Birth Date</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> <tr> <td>Address Line 2</td> <td></td> </tr> <tr> <td>City</td> <td></td> </tr> <tr> <td>State</td> <td>Zip Code</td> </tr> </table> </div>	Billing Provider ID	ID Type NPI	Name	Taxonomy			Institutional Provider ID _	ID Type _	Name _	Taxonomy _			Attending Provider ID _	ID Type _	Name _	Taxonomy _			Operating Provider ID _	ID Type _	Name _	Taxonomy _			Other Operating Provider ID _	ID Type _	Name _	Taxonomy _			Member ID	Gender	Member		Birth Date		Address		Address Line 2		City		State	Zip Code
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	<div style="border: 1px solid black; padding: 5px;"> <div style="background-color: #e6f2ff; padding: 2px;">Claim Information</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Covered Dates</td> <td style="width: 50%;">Admission Date/Hour</td> </tr> <tr> <td>Admission Type</td> <td>Admission Source</td> </tr> <tr> <td>Admitting Diagnosis Type</td> <td>Discharge Hour</td> </tr> <tr> <td>Admitting Diagnosis</td> <td>Type of Bill</td> </tr> <tr> <td>Patient Status</td> <td>Authorization Number</td> </tr> <tr> <td colspan="2">Patient Number</td> </tr> <tr> <td colspan="2">Does the provider accept assignment for claim processing? No</td> </tr> <tr> <td colspan="2">Are benefits assigned to the provider by the patient or their authorized representative? No</td> </tr> <tr> <td colspan="2">Does the provider have a signed statement from the patient releasing their medical information? No</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total Charged Amount \$0.00</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; display: flex; justify-content: space-between;">Diagnosis Codes +</div> <div style="background-color: #0056b3; color: white; padding: 2px; display: flex; justify-content: space-between;">Service Details -</div> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr style="background-color: #e6f2ff;"> <th style="width: 5%;">Svc #</th> <th style="width: 25%;">Revenue Code</th> <th style="width: 25%;">HCPCS/Proc Code</th> <th style="width: 5%;">Mod</th> <th style="width: 10%;">From Date</th> <th style="width: 10%;">To Date</th> <th style="width: 10%;">Units/Type</th> <th style="width: 10%;">Charge Amount</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>123-ROOM AND BOARD - SEMI-PRIVATE TWO BED - PEDIATRIC</td> <td></td> <td></td> <td>01/17/2023</td> <td>01/20/2023</td> <td>1.000 Unit</td> <td>\$0.00</td> </tr> </tbody> </table> <div style="background-color: #0056b3; color: white; padding: 2px; display: flex; justify-content: space-between;">Attachments +</div> <div style="background-color: #0056b3; color: white; padding: 2px;">No External Cause of Injury Diagnosis Codes exist for this claim</div> <div style="background-color: #0056b3; color: white; padding: 2px;">No Patient Reason for Visit Diagnosis Codes exist for this claim</div> <div style="background-color: #0056b3; color: white; padding: 2px;">No Other Insurance Details exist for this claim</div> <div style="background-color: #0056b3; color: white; padding: 2px;">No Condition Codes exist for this claim</div> <div style="background-color: #0056b3; color: white; padding: 2px;">No Occurrence Codes exist for this claim</div> <div style="background-color: #0056b3; color: white; padding: 2px;">No Value Codes exist for this claim</div> <div style="background-color: #0056b3; color: white; padding: 2px;">No Surgical Procedures exist for this claim</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="display: flex; gap: 5px;"> Back to Step 1 Back to Step 2 Back to Step 3 Print Preview </div> <div style="display: flex; gap: 10px;"> Confirm Cancel </div> </div> </div>	Covered Dates	Admission Date/Hour	Admission Type	Admission Source	Admitting Diagnosis Type	Discharge Hour	Admitting Diagnosis	Type of Bill	Patient Status	Authorization Number	Patient Number		Does the provider accept assignment for claim processing? No		Are benefits assigned to the provider by the patient or their authorized representative? No		Does the provider have a signed statement from the patient releasing their medical information? 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
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Step 20	<p>The Portal returns the Submit Long Term Care Claim: Confirmation 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 style="background-color: #4a86e8; color: white; padding: 2px;">Submit Long Term Care Claim: Confirmation ?</p> <p style="background-color: #d9e1f2; padding: 2px;">Long Term Care Claim Receipt</p> <p>Your Long Term Care Claim was successfully submitted. The claim status is Finalized Payment.</p> <p>The Claim ID is 2323031000001.</p> <hr/> <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> <hr/> <div style="display: flex; justify-content: space-around; gap: 10px;"> Attachment Coversheet(s) Print Preview Copy New View </div> </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	2/28/2023	Gainwell	Updates made based on SME review
.3	6/2/2023	Gainwell	Updated providers display to show CCO information based on CR1925.