Document Number FOD - 4013

ePACES Application
Claim Status Inquiry and Response

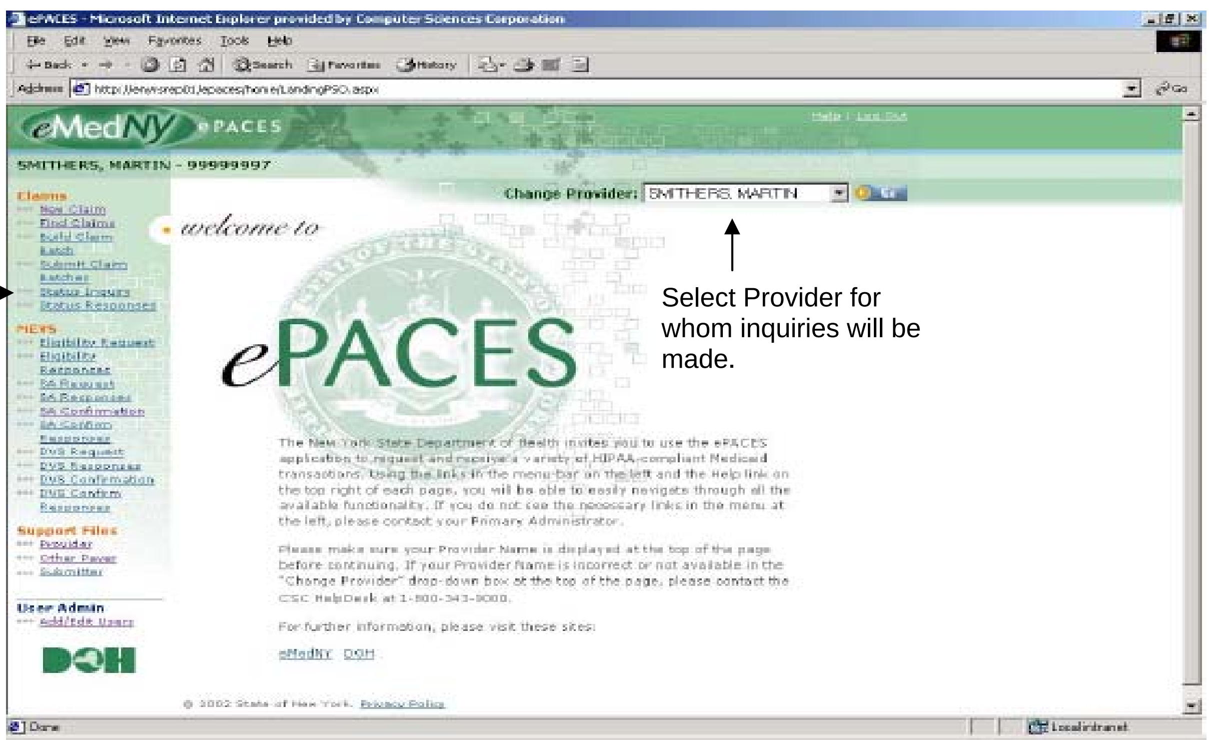
Overview

- The Claim Status Inquiry function allows the User to inquire about the status of claims currently in the NYS Medicaid's adjudication process. The Claim Status Inquiry requests process in real-time, providing a response within a few moments that may be viewed in the Status Response worklist. It is important to refine your inquiry as much as possible because the inquiry will return claims that match the search criteria. ePACES will return the last 10 adjudicated claims in response to an inquiry. **Note:** Status Inquiry will check the status of claims sent in electronically or on paper. For more detailed information, please see the Help Documentation available on the eMEDNY website: http://www.emedny.org/HIPAA/SupportDocs/ePACES/ePACES_Help.pdf.

Included in this document:

A. Creating a Status Inquiry

Click on the Status Inquiries hyperlink.



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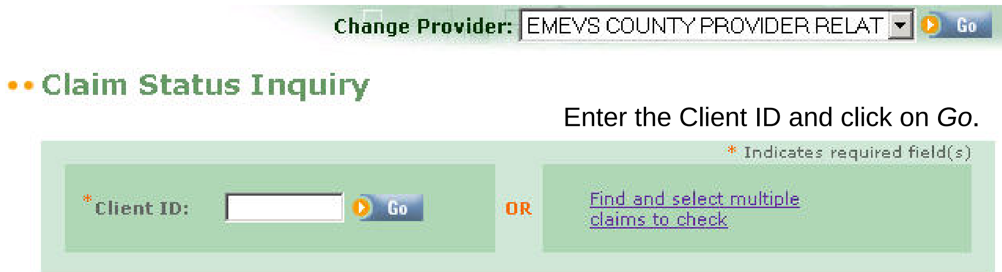
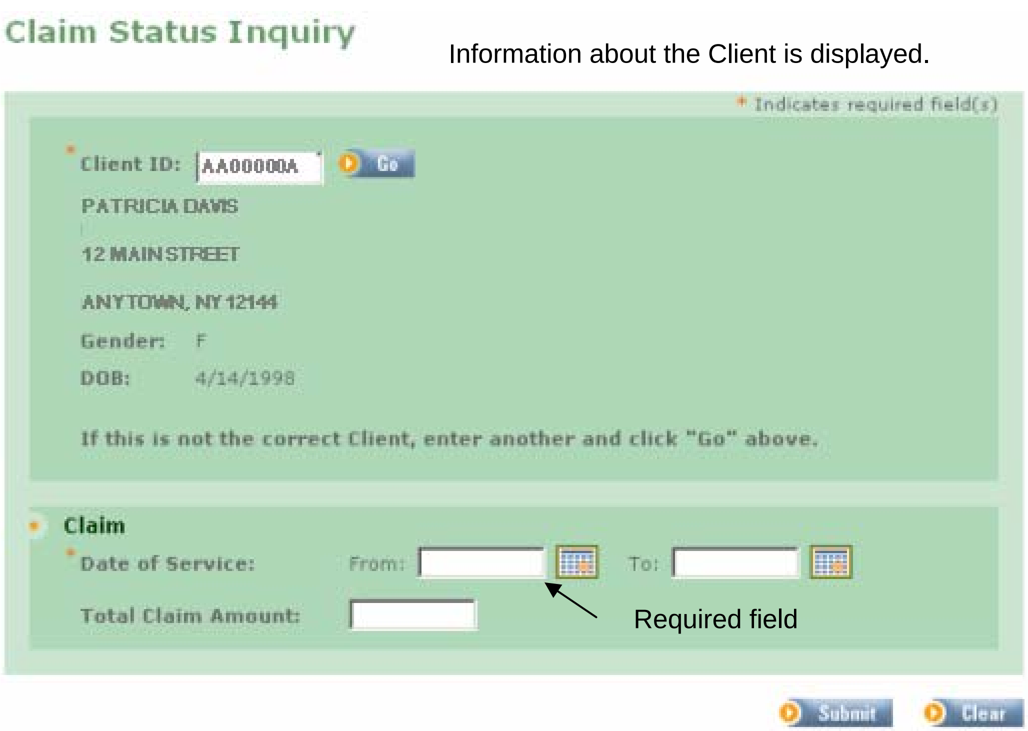
Claim Status Inquiry Initial Selection Screen

Claim Status Inquiries may be made by searching on *Client ID* or clicking on the link to go to the *Claim Status Inquiry work list.*



Claim Status Inquiry by Client ID



A From *Date of Service* is required. If the claim was submitted with a date span (i.e. 1/1/08 – 1/5/08) then you must also enter the *To Date of Service*. The *Claim Amount* is optional. If you are unsure of the Date of Service, enter a probable range and if you are unsure of the claim amount, you may leave this field blank or enter 0.00. Click on Submit to send the inquiry to eMedNY.

Note: The Status Inquiry returns the last 10 adjudicated claims that match the criteria.

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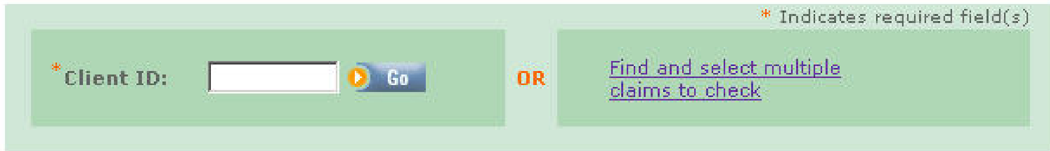
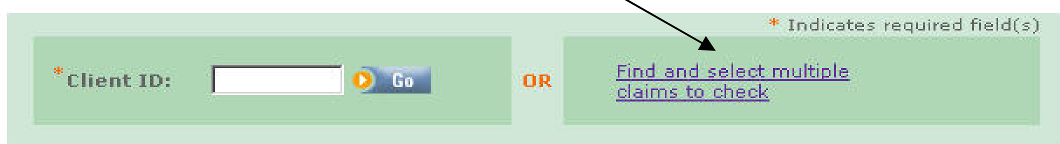
The initial Claim Status Inquiry screen displays again with the additional message that the inquiries have been submitted. You may begin another inquiry for another *Client ID*. To view the response, go to the *Status Response* link on the Main page.



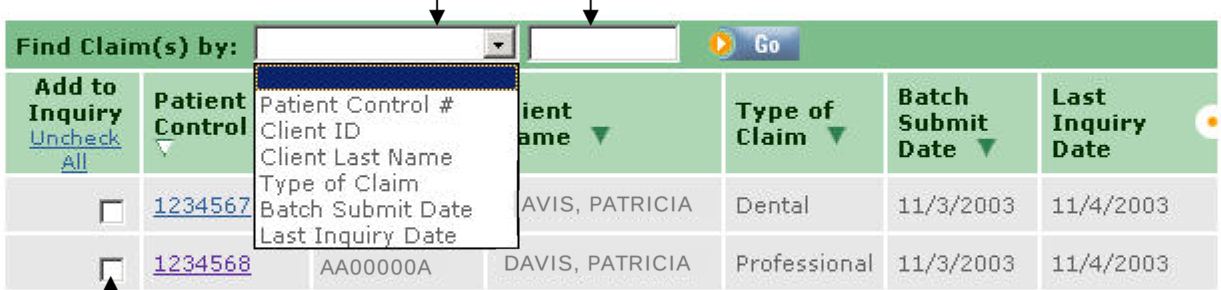
Claim Status Inquiry by Selecting from Claim List

Click on this link to go to the list of submitted claims for this Provider.



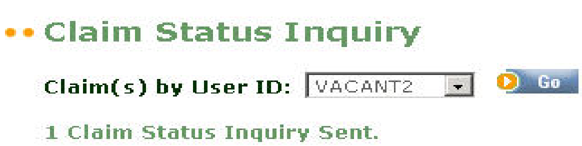
The Claim Status Activity work list, a list of claims submitted within the last 24 hours, is displayed. The screen shot below shows a partial list of claims associated with this Provider. You may sort the claims by clicking on the green arrows in the column headers or by selecting a category from the drop down list and entering the specific text to search for in the blank field to obtain a subset of claims. Click on *Go* to execute the search. You may use this method to obtain the status of claims submitted more than 24 hours previously.

Select value from drop down list. Enter text here.



You may also click in the boxes under the *Add to Inquiry* column to select specific claims from the list presented.

ePACES will display the following screen indicating that the number of inquiries sent.

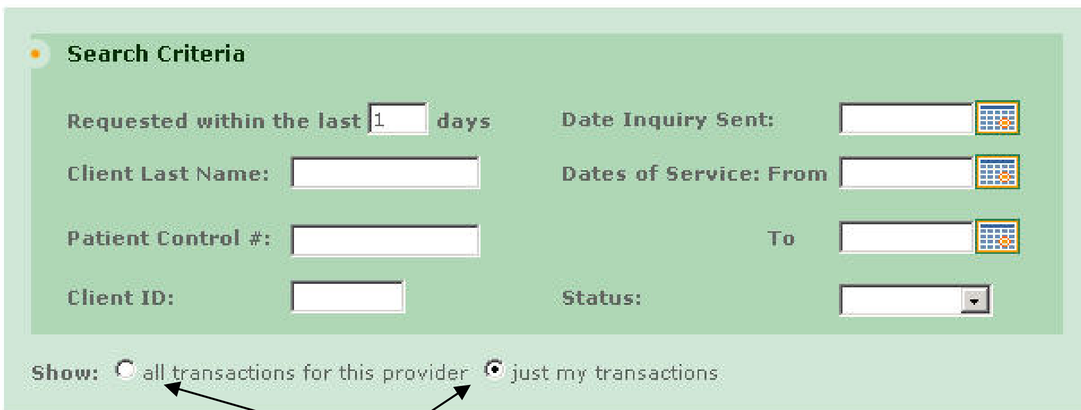


To view the results of your inquiry, return to the Main Page and click on the *Status Response* Hyperlink.

B. Claim Status Response

Clicking on the *Status Response* link on the Main page will display the Search Criteria screen. You may narrow your search parameters by using the fields below, then clicking on Search. Remember, ePACES will return the last 10 adjudicated claims that match the search criteria. You may also click on a radio button to request just the transactions inquired about by your User ID or request all the transactions that meet the other criteria for the Provider currently selected at the top of the screen.

Claim Status Activity Worklist



Click on one of these radio buttons to help refine your search.

Search Clear

Records 1 - 8 of 8

Name	Patient Control #	Client ID	Date Sent	Dates of Service	Status
DAVIS, PATRICIA		AA00000A	6/7/2008 4:20:53 PM	6/3/2008	Sent
DAVIS, PATRICIA		AA00000A	6/7/2008 4:10:02 PM	6/3/2008	Sent
DAVIS, PATRICIA	1234568	AA00000A	6/7/2008 9:15:29 AM	6/3/2008	Sent
DAVIS, PATRICIA	1234569	AA00000A	6/7/2008 9:15:28 AM	6/3/2008	Sent
DAVIS, PATRICIA	1234568	AA00000A	6/1/2008 9:15:28 AM	5/24/2008	Sent
DAVIS, PATRICIA	1234567	AA00000A	6/1/2008 9:15:23 AM	5/24/2008	Sent
DAVIS, PATRICIA	1234568	AA00000A	6/1/2008 2:44:13 PM	5/24/2008	Sent
DAVIS, PATRICIA		AA00000A	6/1/2008 2:22:18 PM	5/24/2008	Sent
Name	Patient Control #	Client ID	Date Sent	Dates of Service	Status

Records 1 - 8 of 8

Your search will yield a subset of the full claim list. As before, you may sort by any column with a green arrow.

Status

Claims may have one of four possible statuses:

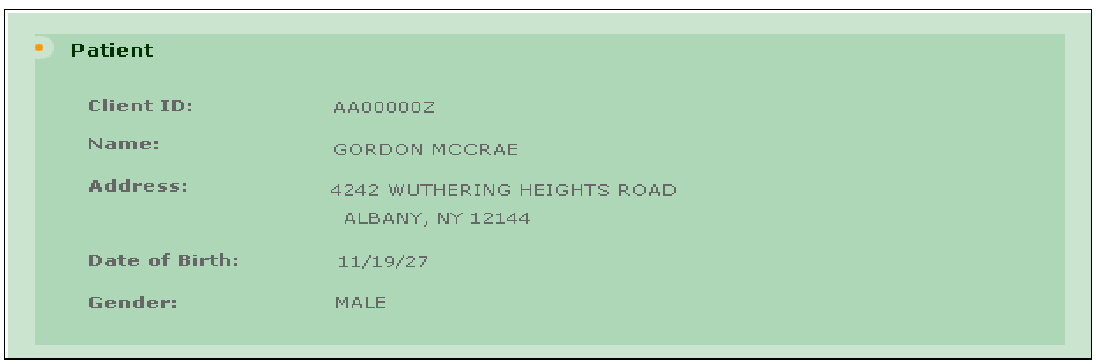
Sent – The Request was sent but no response was received from the payer.
Received – Response received from payer but not yet viewed by the User.
Viewed – Response was viewed by the User.
Worked – The Response from the payer was reviewed and the necessary follow-up, if any, completed.

Viewing a Claim Status Response

After the Claim Status Inquiry is received, you may view the returned claim information by clicking on the hyperlinked Client Name in the Claim Status Activity work list. If you do, and multiple responses have been received, a page will be displayed containing the Client details along with a list of claims that matched the submitted Search criteria.

Patient

The top portion of the page will contain the Client ID, Name, complete Address, Birth Date, and Gender of the Client to allow you to validate the correct Client ID was used for the Claim Status Inquiry.



Claim Level Information

Payer Claim ID: This is the TCN number assigned to the claim which appears on your remittance statement. If multiple claims matched your search criteria, there will be clickable links to obtain the status of that claim. The status inquiry returns the last 10 adjudicated claims.

Charge Amount: This value represents the total claim charge amount.

Paid Amount: This value represents the total claim payment amount. If the claim has not been finalized for payment or payment has not been authorized, this field will remain blank.

Dates of Service: This date range represents different data elements for different claim types. For Institutional claims, the date range represents the statement period. Similarly, for Professional claims, the range is the Claim From and Through Dates. However, Dental claims have a single Service Date and not a date range.

Status Date: This date represents the effective date for the associated claim status.

Check #: If the claim has been paid, the check number or EFT Trace Number will be listed here.

Check Date: If the claim has been paid, the date on which the check was cut or the EFT funds were released will be listed here.

Claims

Payer Claim ID	Charge Amount	Paid Amount	Dates of Service	Status Date	Check #	Check Date
0827400000006022	$7,169.00	$0.00	9/1/2008 - 9/1/2008	10/20/2008		
0827400000005920	$7,169.00	$0.00	9/1/2008 - 9/1/2008	10/20/2008		

Claim Level Status

(F2) - Finalized/Denial-The claim/line has been denied. (35) - Claim/encounter not found.

Service Line Information

Primary Status: *Primary Status* - The codes and descriptions for the Primary Claim Status and Claim Status Category codes. *Other Status 1/Other Status 2* - The Secondary and Tertiary code values, if available. To view the description of a particular code value, simply click on that value and a window will pop-up containing the full description of the code.

Line ID: The number uniquely identifying a line on a claim.

Procedure Code: The Product or Service ID qualifier and Service identification code. Also, if any modifiers were entered on the original claim, they would be displayed here.

Line Charge Amount: The original dollar value submitted by the Provider for this line of the claim.

Paid Amount: If claim/line has been authorized for payment, the dollar value, which has been paid by the payer.

Quantity (Qty.): The original submitted units of service.

Status Date: This is date that you submitted this claim status inquiry.

Line Level Status

Primary Status	Line ID	Procedure Code	Line Charge Amount	Paid Amount	Qty.	Status Date
(F1) - Finalized/Payment-The claim/line has been paid. (3) - Claim has been adjudicated and is awaiting payment cycle.	1	99213	$62.35	$0.00	1.00	8/8/2008
(F1) - Finalized/Payment-The claim/line has been paid. (3) - Claim has been adjudicated and is awaiting payment cycle.	2	85025	$10.86	$0.00	1.00	8/8/2008
(F1) - Finalized/Payment-The claim/line has been paid. (3) - Claim has been adjudicated and is awaiting payment cycle.	3	G0001	$3.00	$0.00	1.00	8/8/2008

Close Worked

Once you have reviewed the information displayed on the page, you have two options. You may click the *Close* button which will set the status of the response to *Viewed* or you may click *Worked* to mark the response as such, indicating that follow-up has been completed. Both buttons will close the details page and return you to the Claim Status Activity work list.

Phone Contact

- CSC Call Center: (800) 343-9000
  Hours of Operation:
  - **For provider inquiries pertaining to non-pharmacy billing or claims, or provider enrollment:** Monday through Friday: 7:30 a.m. - 6:00 p.m., Eastern Time (excluding holidays)
  - **For provider inquiries pertaining to eligibility, service authorizations, DVS, and pharmacy claims:** Monday through Friday: 7:00 a.m. - 10:00 p.m., Eastern Time (excluding holidays) Weekends and Holidays: 8:30 a.m. - 5:30 p.m., Eastern Time