



ePACES - Claim Status Inquiry and Response

Overview

The Claim Status Inquiry function allows an ePACES 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. ePACES Claim Status Inquiry can only return responses for claims adjudicated in the past 2 years. **Note:** Status Inquiry will check the status of claims sent in electronically or on paper.

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A. Creating a Status Inquiry

A Status Inquiry transaction searches for claims of the provider displayed on the top left-hand of the ePACES main page. If more than one provider is associated with the ePACES account, make sure to select the provider from the Change Provider drop down located in the top right-hand corner. To change providers, select Go after selecting a provider from the drop down. Please Note: Claim Status inquiries should be submitted using the individual provider ID, not the group ID.

Click on the Status Inquiry hyperlink on the left-hand side to begin a Status inquiry.



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*.

Change Provider: EMEVS COUNTY PROVIDER RELAT

•• Claim Status Inquiry

* Indicates required field(s)

* Client ID: OR [Find and select multiple claims to check](#)



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CLAIM STATUS INQUIRY BY CLIENT ID

To do a claim status inquiry by Client ID, enter the Client Identification Number (CIN) and click Go.

Change Provider: EMEVS COUNTY PROVIDER RELAT

•• Claim Status Inquiry

* Indicates required field(s)

* Client ID: OR [Find and select multiple claims to check](#)

Information about the Client will be displayed and additional fields to fill out will show. These fields will help narrow down the search.

Claim Status Inquiry

* Indicates required field(s)

* Client ID:

Patient Control #:

Jane Doe
Address Line 1
Address Line 2
City, State Zip

DOB: 01/01/0001
Gender: F

If this is not the correct Client, enter another and click "Go" above.

• Claim

* Date of Service: From: To:

Total Claim Amount:

Payer Claim Control Number:

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. If you are unsure of the Date of Service, enter a probable range. The Claim Amount is optional. If you are unsure of the claim amount, you may leave this field blank or enter 0.00. The Payer Claim Control Number (also known as Transaction Control Number) is optional; if it is entered the status response will be for that specific claim. 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 inquiry has 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

Claim Status Inquiry Submitted.

* Indicates required field(s)

* Client ID: OR [Find and select multiple claims to check](#)

CLAIM STATUS INQUIRY BY SELECTING FROM CLAIM LIST

Click on the hyperlink 'Find and Select multiple claims to check' to go to the list of submitted claims for this Provider. This search option will not work for claims submitted electronically through a software vendor or claims submitted on paper. It will only search for claims submitted on ePACES.

Change Provider: EMEVS COUNTY PROVIDER RELAT

•• Claim Status Inquiry

* Indicates required field(s)

* Client ID: OR [Find and select multiple claims to check](#)

When using the Claim Status Activity work list, you will see a list of claims submitted on ePACES within the last 24 hours 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.

Select value from drop down list. Enter text here.

Find Claim(s) by:		<input type="text"/>	<input type="button" value="Go"/>				
Add to Inquiry Uncheck All	Patie Contr	Patient Control # Client ID Client Last Name Type of Claim Batch Submit Date Last Inquiry Date	Client Name ▼	Type of Claim ▼	Total Claim Amount	Batch Submit Date ▼	Last Inquiry Date
<input type="checkbox"/>	TEST		DOE, JANE	Institutional	\$ 100.00	5/17/2011	
<input type="checkbox"/>	TEST	LL12345X	DOE, JANE	Institutional	\$ 150.00	5/16/2011	5/16/2011

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 the number of inquiries sent.



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•• Claim Status Inquiry

Claim(s) by User ID:

1 Claim Status Inquiry 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 Responses 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

• Search Criteria

Requested within the last <input type="text" value="1"/> days	Date Inquiry Sent: <input type="text"/> <input type="button" value="Calendar"/>
Client Last Name: <input type="text"/>	Dates of Service: From <input type="text"/> <input type="button" value="Calendar"/>
Patient Control #: <input type="text"/>	To <input type="text"/> <input type="button" value="Calendar"/>
Client ID: <input type="text"/>	Status: <input type="text"/>

Show: all transactions for this provider just my transactions

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



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

Records 1 - 8 of 8

Name ▼	Patient Control # ▼	Client ID ▼	Date Sent ▼	Dates of Service ▼	Status ▼
DOE, JANE		LL12345X	6/7/2008 4:20:53 PM	6/3/2008	Sent
DOE, JANE		LL12345X	6/7/2008 4:10:02 PM	6/3/2008	Sent
DOE, JANE	1234568	LL12345X	6/7/2008 9:15:29 AM	6/3/2008	Sent
DOE, JANE	1234569	LL12345X	6/7/2008 9:15:28 AM	6/3/2008	Sent
DOE, JANE	1234568	LL12345X	6/1/2008 9:15:28 AM	5/24/2008	Sent
DOE, JANE	1234567	LL12345X	6/1/2008 9:15:23 AM	5/24/2008	Sent
DOE, JANE	1234568	LL12345X	6/1/2008 2:44:13 PM	5/24/2008	Sent
DOE, JANE		LL12345X	6/1/2008 2:22:18 PM	5/24/2008	Sent

Records 1 - 8 of 8

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 Response 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 and Name to allow you to validate the correct Client ID was used for the Claim Status Inquiry.

Patient

Client ID: LL12345X Name: DOE, JANE



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CLAIM LEVEL INFORMATION

Claims						
Payer Claim Control#	Total Claim Charge Amount	Paid Amount	Dates of Service	Status Effective Date	Remittance Trace#	Remittance Date
▶ 1113600000120931	\$150.00	\$0.00	5/2/2011 -	5/17/2011		
1113300000111130	\$100.00	\$0.00	5/2/2011 -	5/17/2011		

Claim Level Status	
(F2) - Finalized/Denial-The claim/line has been denied. (145) - Entity's specialty code. (1P) - Provider	Bill Type: Patient Control #: TEST Pharmacy Control #:

Payer Claim Control #: This is the Transaction Control Number (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.

Total Claim 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 is the service date range as entered on the original claim.

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

Remittance Trace #: The remittance number or Electronic Funds Transfer (EFT) Trace Number (if the claim has been paid) will be listed here.

Remittance Date: The release date for the remittance or the EFT funds (if the claim has been paid) will be listed here.

Claim Level Status: The codes and descriptions for Claim Status and Claim Status Category codes.

Bill Type: This value identifies the type of facility where the services were performed.

Patient Control #: The Patient Control Number submitted on the claim. This may be referred to as the Patient Account Number in the provider's billing system.

Pharmacy Control #: If a pharmacy control number was entered on the claim, it will display here.



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SERVICE LINE INFORMATION

Line Level Status							
Line	Status	Service Line Dates	Proc/NDC Code & Mod	Line Charge Amount	Paid Amount	Units	Status Date
1	(F2) - Finalized/Denial-The claim/line has been denied. (454) - Procedure code for services rendered.(Note: New as of 2/97)	5/2/2011 - 5/2/2011		\$150.00	\$0.00	1.00	5/17/2011

[Close](#)
[Worked](#)

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

Status: The codes and descriptions for the Claim Status and Claim Status Category codes.

Service Line Dates: The date(s) of service for that particular line.

Proc/NDC Code & Mod: The value(s) shown reflect the Procedure Code, National Drug Code and/or Modifiers for that specific line.

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

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

Units: The original submitted units of service.

Status Date: This is date the claim status inquiry was submitted.

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

eMedNY 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, 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