ePACES - 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:
https://www.emedny.org/selfhelp/ePACES/ePACES_Help.pdf

Included in this document:

Creating a Status Inquiry
Claim Status Inquiry Initial Selection Screen *Claim Status Inquiry by Client ID*
Claim Status Inquiry by Selecting from Claim List
Claim Status Response
Status *Viewing a Claim Status Response*
Phone Contact

A. Creating a Status Inquiry

Click on the Status Inquiries hyperlink.

eMedNY ePACES Help | Log Out
welcome to Change Provider: Go

Select Provider for whom inquiries will be made

Claims
New Claim
Find Claims
Real Time Responses
Build Claim Batch
Submit Claim Batches
Status Inquiry
Status Responses

Eligibility
Request
Responses

PA/DVS
Initial Request
Responses
Image Upload
PA Roster
PA Roster Downloads

Support Files
Provider
Other Payer
Submitter

User Admin
Add/Edit Users

Certificate Admin
Certificate Request

ePACES

The New York State Department of Health invites you to use the ePACES application to request and receive a variety of HIPAA-compliant Medicaid transactions. Using the links in the menu-bar on the left and the Help link on the top right of each page, you will be able to easily navigate through all the available functionality. If you do not see the necessary links in the menu at the left, please contact your Primary Administrator.

Please make sure your Provider Name is displayed at the top of the page before continuing. If your Provider Name is incorrect or not available in the "Change Provider" drop-down box at the top of the page, please contact the CSC HelpDesk at 800-343-9000.

For further information, please visit these sites:
eMedNY DOH

DOH

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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*.

Change Provider: EMEVS COUNTY PROVIDER RELAT Go

Claim Status Inquiry

Enter the Client ID and click on Go

* Indicates required field(s)

*Client ID: Go OR Find and select multiple claims to check

CLAIM STATUS INQUIRY BY CLIENT ID

Claim Status Inquiry

Information about the Client is displayed

* Indicates required field(s)

*Client ID: LL12345X Go

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: **Required field**

Total Claim Amount:

Payer Claim Control Number:

Submit Clear

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. The Payer Claim 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.

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

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

Claim Status Inquiry Submitted.

* Indicates required field(s)

*Client ID: [ ] Go OR Find and select multiple claims to check

CLAIM STATUS INQUIRY BY SELECTING FROM CLAIM LIST

Change Provider: EMEVS COUNTY PROVIDER RELAT Go

•• Claim Status Inquiry

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

* Indicates required field(s)

*Client ID: [ ] Go 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. You may **NOT** use this method to obtain the status of claims submitted more than 24 hours previously.

Select value from drop down list. Enter text here.

Find Claim(s) by: [ ] [ ] Go

Patient Control #
Client ID
Client Last Name
Type of Claim
Batch Submit Date
Last Inquiry Date

Add to Inquiry Uncheck All	Patie… Contr…		Client Name	Type of Claim	Total Claim Amount	Batch Submit Date	Last Inquiry Date
☐	TEST2		DOE, JANE	Institutional	$ 100.00	5/17/2011	
☐	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 that the number of inquiries sent.

•• Claim Status Inquiry

Claim(s) by User ID: VACANT2 Go

1 Claim Status Inquiry Sent.

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

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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

Search Criteria

Requested within the last 1 days

Date Inquiry Sent:

Client Last Name:

Dates of Service: From

Patient Control #:

To

Client ID:

Status:

Show: ( ) all transactions for this provider (•) just my transactions

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
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
Name	Patient Control #	Client ID	Date Sent	Dates of Service	Status

Records 1 - 8 of 8

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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.

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 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

CLAIM LEVEL INFORMATION

Payer Claim Control #: 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.

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 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 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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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 - 5/2/2011	5/17/2011		
1113300000111130	$100.00	$0.00	5/7/2011 - 5/7/2011	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 #:

SERVICE LINE INFORMATION

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.

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

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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, 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