

Turquoise Claims System

Professional Claims

Participant User Guide

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1 Introduction

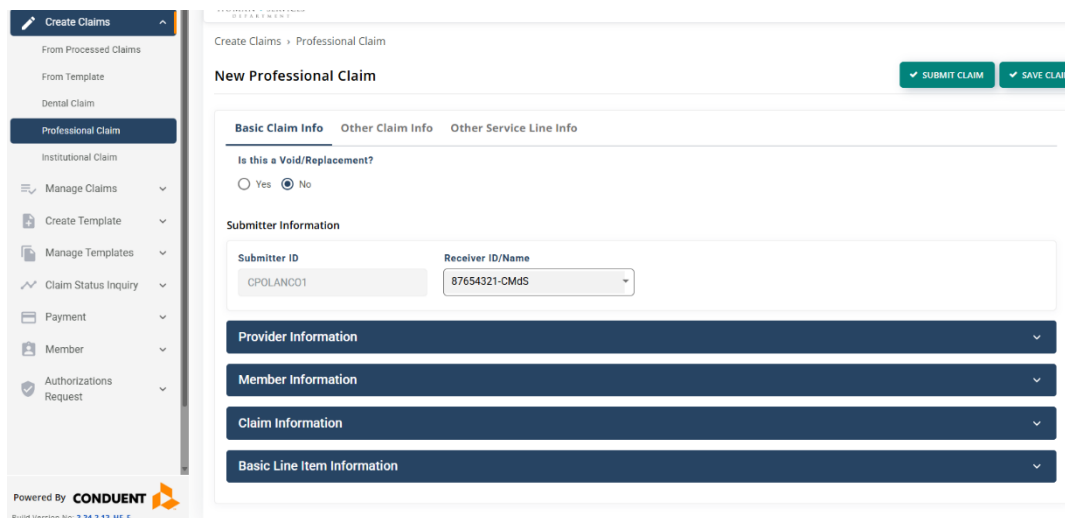
Users have the option to complete and submit professional claim forms securely through the Turquoise Claims system. A professional claim, in the context of Medicaid Provider Services, is the specific HIPAA-compliant 837P form that contains:

- The day, month, and year the service was provided.
- The name, identification number, and location of the provider rendering the service.
- The description of the service rendered using the universal identifying procedure code, as designated by the CMS Commissioner; includes substantiation of medical necessity, appropriateness of service and an applicable authorization number, if required.
- Member’s identification number, name, address, and date of birth.

Once a claim is submitted, it is routed through a HIPAA-compliant transaction process and is processed and adjudicated. The system displays a confirmation screen. This screen shows claim information and adjudication results, as well as any explanation of benefits (EOB) codes that may have been posted to the claim. If the claim was denied, you can quickly and easily correct and resubmit a new claim. Once a claim has been created, make sure to save your progress if the claim is not ready to submit or you may lose your data.

2 Claim Entry Page

The Claim Entry page will display all the fields required as per HIPAA. Field names marked with a red asterisk (*) on the Claim Entry page are required fields.



The screenshot shows the 'New Professional Claim' form. On the left is a navigation menu with options like 'Create Claims', 'From Processed Claims', 'From Template', 'Dental Claim', 'Professional Claim', 'Institutional Claim', 'Manage Claims', 'Create Template', 'Manage Templates', 'Claim Status Inquiry', 'Payment', 'Member', and 'Authorizations Request'. The main form area has a breadcrumb 'Create Claims > Professional Claim' and buttons for 'SUBMIT CLAIM' and 'SAVE CLAIM'. The form is divided into sections: 'Basic Claim Info' (with a question 'Is this a Void/Replacement?' and radio buttons for 'Yes' and 'No'), 'Submitter Information' (with input fields for 'Submitter ID' containing 'CPOLAND01' and 'Receiver ID/Name' containing '87654321-CMds'), and four expandable sections: 'Provider Information', 'Member Information', 'Claim Information', and 'Basic Line Item Information'. At the bottom left, it says 'Powered By CONDUENT' and 'Build Version No: 2.34.2.13_HF_E'.

The Claim Entry page has three tabs:

The **Basic Claim Info** tab provides a comprehensive overview of essential claim details, including information about the healthcare provider, the member (patient), the claim itself, and related clinical and billing data. This includes diagnosis codes, procedure codes, and basic line item information that outlines the specific services rendered and charges associated with each.

The **Other Claim Info** tab contains additional claim details that go beyond the basics, including specialized services, pricing and repricing information, contract details, and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) referrals. It also captures data about various providers involved in the patient's care, such as the service facility, primary care provider, and supervising provider, as well as coordination of benefits with other insurers.

The **Other Service Line Info** tab provides detailed information for each individual service line item on the claim, going beyond the basics captured elsewhere. It includes specific provider details as well as service line-level data from other payers, offering a more granular view of how each service was processed and reimbursed.

2.1 Guidelines for Completing the Information on the Tabs

Remember the following when completing information on the tabs:

- Enter dates in the format, MM/DD/YYYY.
- If an amount includes cents, you must enter the decimal point.
- Some panels or sections on a tab are closed by default. Fields in these panels are optional. To open the panel, select it by clicking on the closed panel. It will open subpanels and fields. If those fields have a red asterisk (*), they are required for that optional panel.
- In some panels, existing information is displayed in a table. To update existing information, click the appropriate table row.
- To add information to a table, click the appropriate blue add button which will open up the table fields for the data.
- Answer questions 'Yes' or 'No' where indicated to display or hide additional fields, as needed by selecting the yes or no buttons.
- Use the **Reset** button instead of the **ESC** button or **Backspace** button when clearing data.

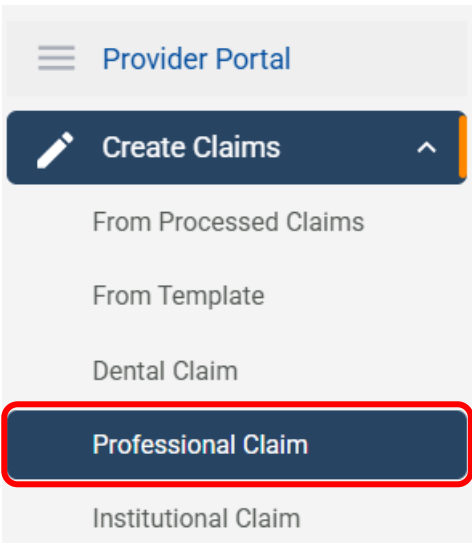
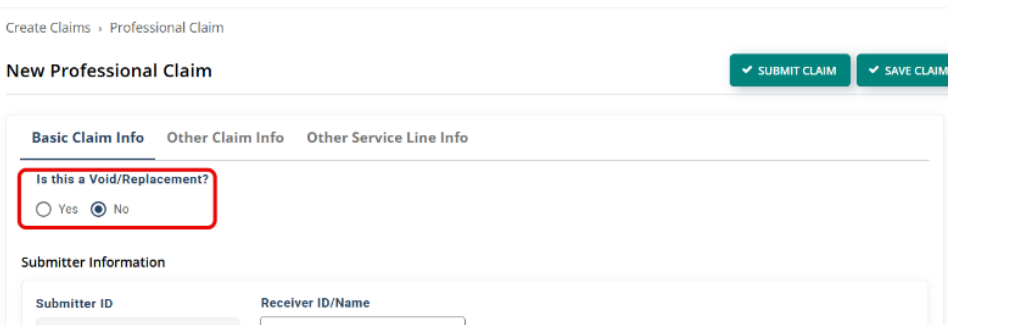
3 Creating a Professional Claim

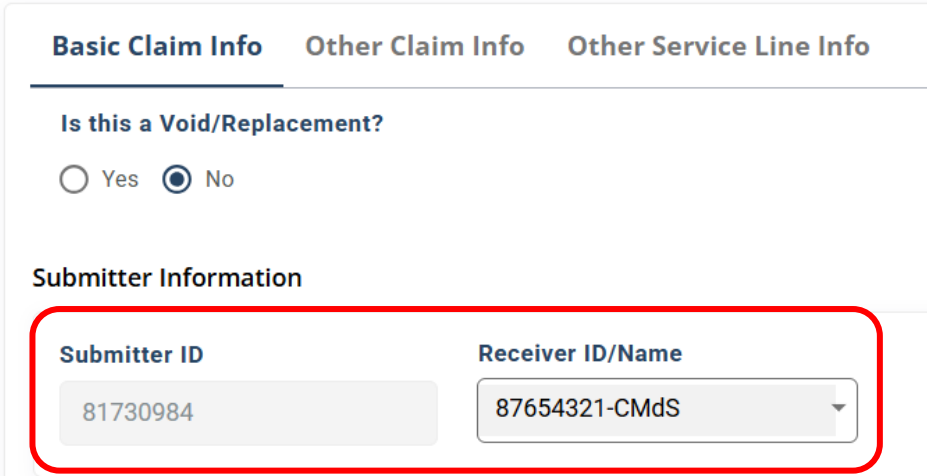
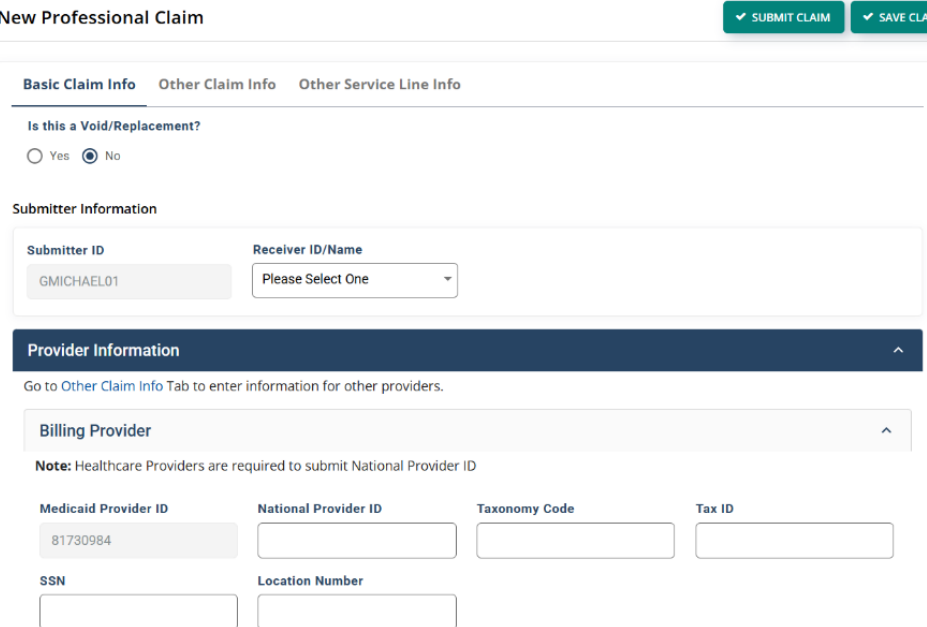
You can submit professional claims in the following ways:

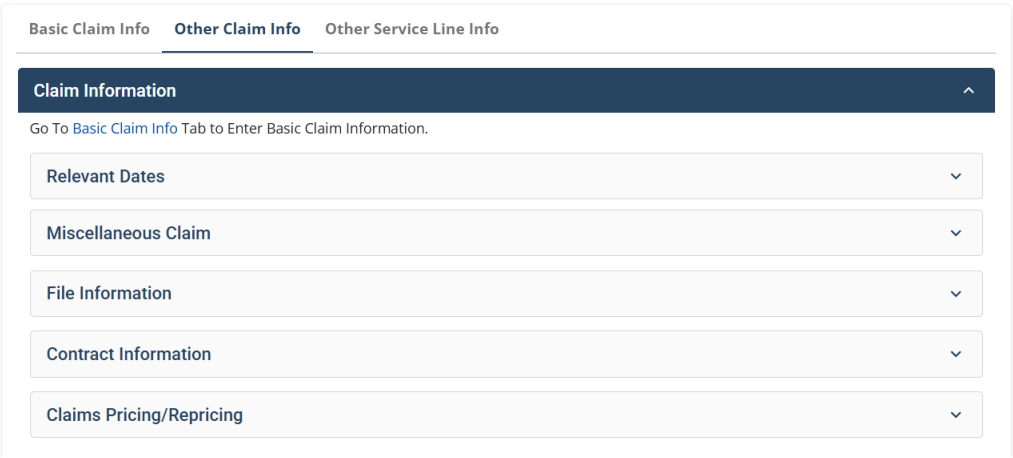
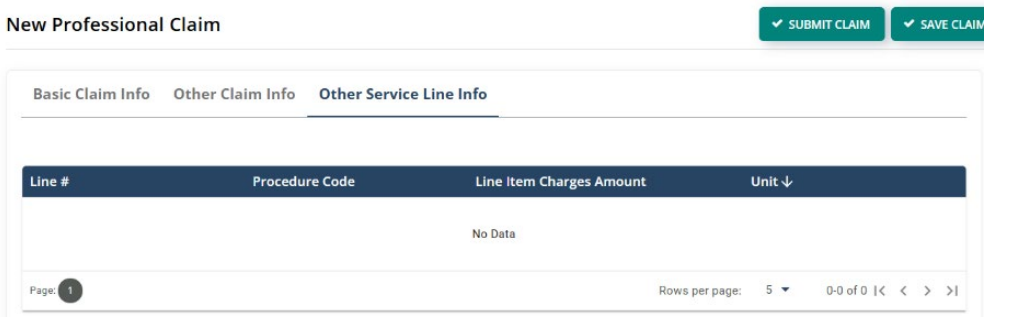
- Creating a New Claim
- Creating a New Claim from a Processed Claim
- Creating a New Claim from an Existing Template

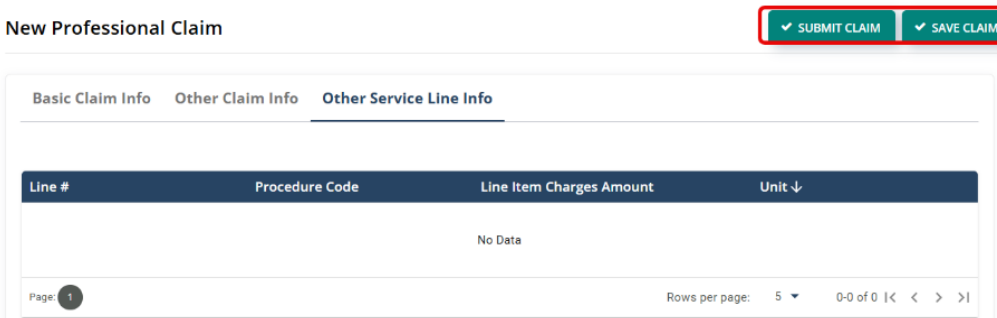
3.1 Creating a New Professional Claim

To create a new Professional Claim, complete the following steps:

Step	Screenshot
<p>1. From the Create Claims menu, select the Professional Claim type.</p>	
<p>2. On the New Professional Claim page, under the Basic Claim Info tab, system defaults to 'No' for <i>Is this a Void/Replacement?</i></p>	

Step	Screenshot
<p>3. The Submitter ID and the Receiver ID/Name fields are automatically populated by the system.</p> <p>The Submitter ID is the Medicaid ID of the entity submitting the claim.</p> <p>The Receiver ID/Name field identifies the entity receiving the submitted claim.</p>	 <p>The screenshot shows the 'Basic Claim Info' tab selected. Under the heading 'Is this a Void/Replacement?', the 'No' radio button is selected. Below this is the 'Submitter Information' section, which contains two fields: 'Submitter ID' with the value '81730984' and 'Receiver ID/Name' with a dropdown menu showing '87654321-CMdS'. A red rectangular box highlights these two fields.</p>
<p>4. Complete the required fields on the Basic Claim Info tab. These fields would be tagged with a red asterisk (*). Certain services require additional information to be entered on the Other Claim Info tab.</p>	 <p>The screenshot shows the 'New Professional Claim' form. At the top right are 'SUBMIT CLAIM' and 'SAVE CLAIM' buttons. The 'Basic Claim Info' tab is selected. Under 'Is this a Void/Replacement?', the 'No' radio button is selected. The 'Submitter Information' section shows 'Submitter ID' as 'GMICHAEL01' and 'Receiver ID/Name' as 'Please Select One'. Below this is the 'Provider Information' section, which includes a 'Billing Provider' dropdown and a note: 'Note: Healthcare Providers are required to submit National Provider ID'. There are input fields for 'Medicaid Provider ID' (81730984), 'National Provider ID', 'Taxonomy Code', 'Tax ID', 'SSN', and 'Location Number'.</p>

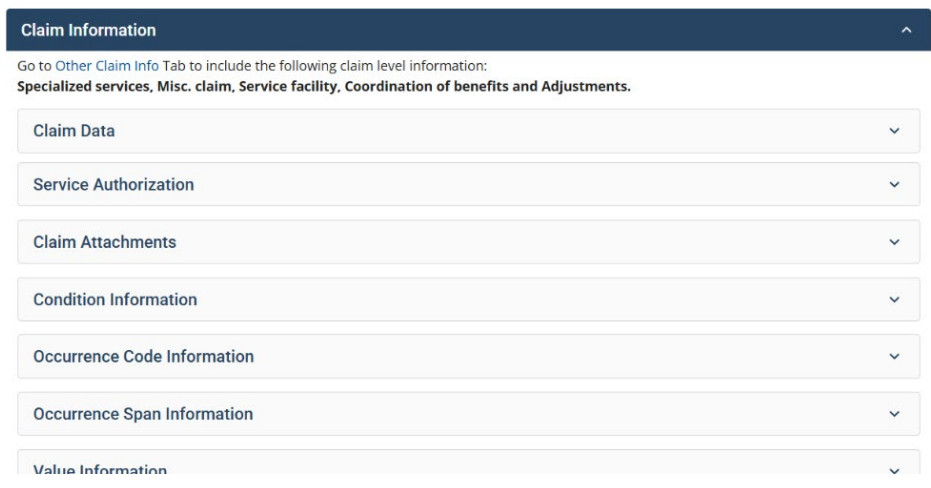
Step	Screenshot
<p>5. Complete the required fields on the Other Claim Info tab, as applicable.</p> <p>Notes: <i>Contract Information and File Information are not currently being utilized.</i></p> <p><i>Claims Pricing and Repricing will be filled out only when pricing/repricing information needs to be reported on the claim that a third-party insurance company has provided. This is only used for reporting on a third-party adjudicated claim if needed.</i></p>	
<p>6. The Other Services Line Info tab returns the line information entered and is for viewing only. Any edits need to be made on the Basic Claim Info page.</p>	

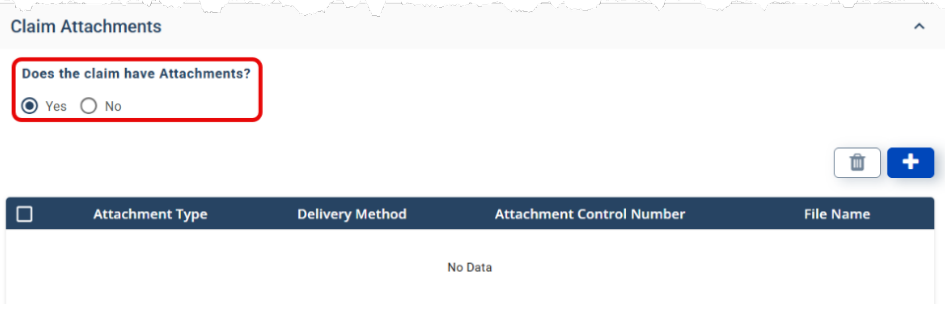


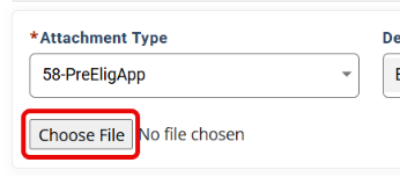
Step	Screenshot
<p>7. Select the Save Claim or Submit Claim button, depending on if you want to save an incomplete claim for 30 days from date of save or submit a completed claim. Claims can be reviewed on the claim's confirmation page.</p>	 <p>The screenshot shows the 'New Professional Claim' interface. At the top right, there are two buttons: 'SUBMIT CLAIM' and 'SAVE CLAIM'. Below these are three tabs: 'Basic Claim Info', 'Other Claim Info', and 'Other Service Line Info'. The 'Other Service Line Info' tab is active, displaying a table with columns: 'Line #', 'Procedure Code', 'Line Item Charges Amount', and 'Unit'. The table content is 'No Data'. At the bottom of the table, it shows 'Page: 1' and 'Rows per page: 5'.</p>

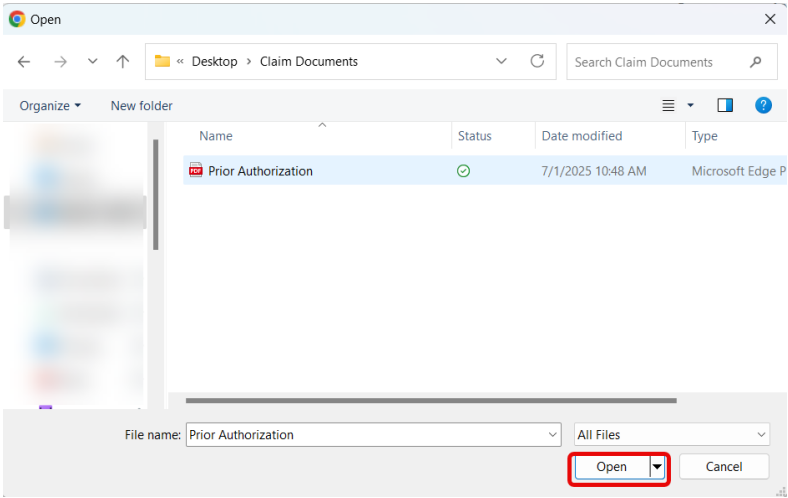
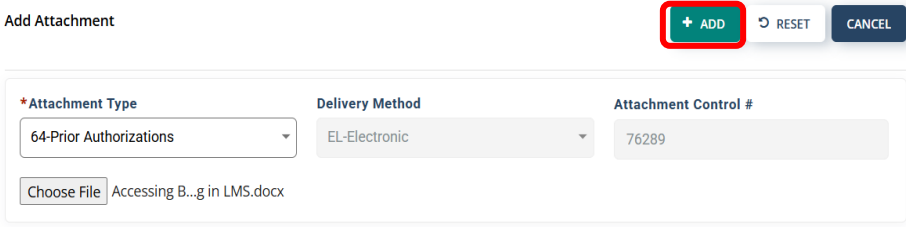
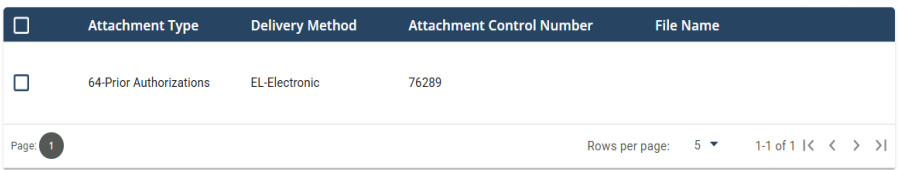
3.1.1.1 Attaching a Document During Claim Entry

You can attach documents stored on your local computer to a claim form. While entering claim information on the Basic Claim Info tab, you will have the option to add attachments. There is a 10MB attachment size limit and a maximum of 10 attachments can be added at a time. If more attachments are needed, save and exit the claim, then reopen it to add additional files.

To attach a document during claim entry, complete the following steps:

Step	Screenshot
<p>1. On the Basic Claim Info tab, expand the Claim Information panel.</p>	 <p>The screenshot shows the 'Claim Information' panel expanded in the 'Basic Claim Info' tab. Below the panel title, there is a note: 'Go to Other Claim Info Tab to include the following claim level information: Specialized services, Misc. claim, Service facility, Coordination of benefits and Adjustments.' Below this note are several dropdown menus: 'Claim Data', 'Service Authorization', 'Claim Attachments', 'Condition Information', 'Occurrence Code Information', 'Occurrence Span Information', and 'Value Information'.</p>

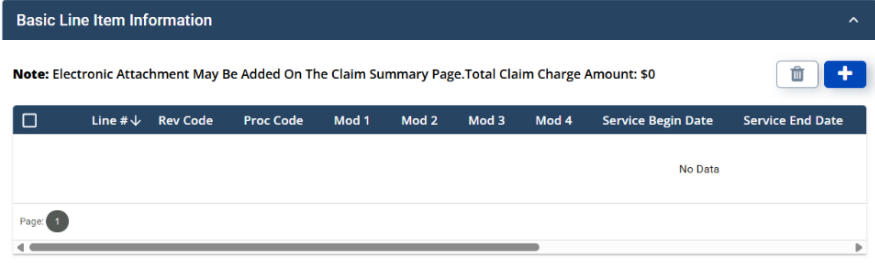
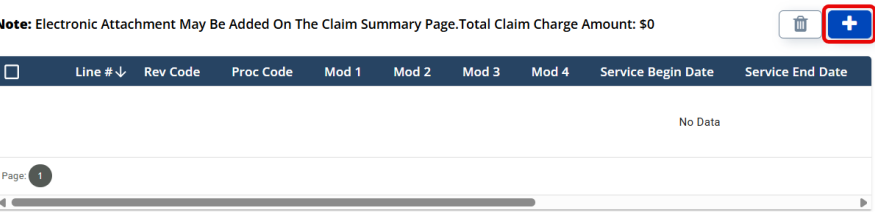
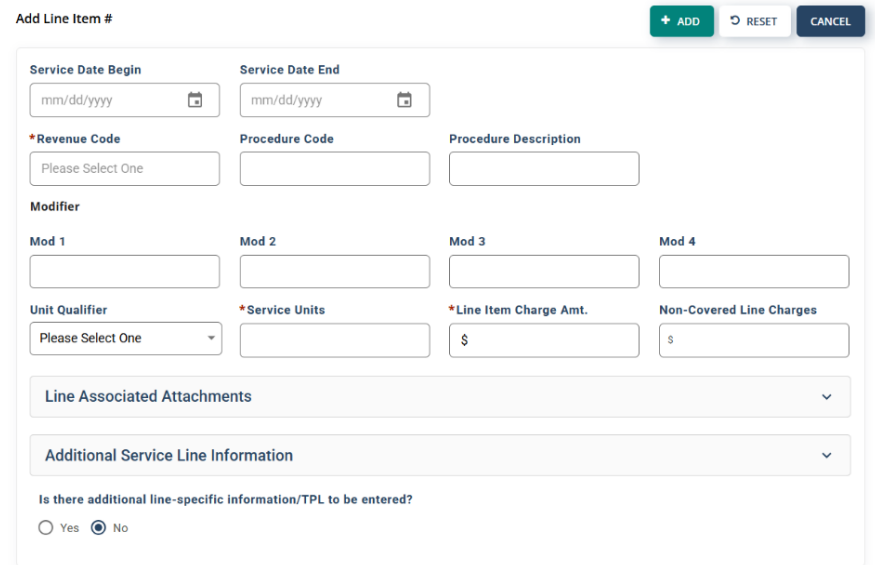
Step	Screenshot
<p>2. In the Claims Attachments panel, select 'Yes' in response to the "Does the claim have attachments?" question.</p>	
<p>3. Select the Add icon to add an attachment.</p>	
<p>4. Select the appropriate Attachment Type from the dropdown menu.</p> <p>Note: <i>Delivery Method defaults to EL-Electronic and cannot be changed.</i></p>	
<p>5. Select Choose File button, then select the desired file from your local computer. The selected file name will be displayed.</p>	

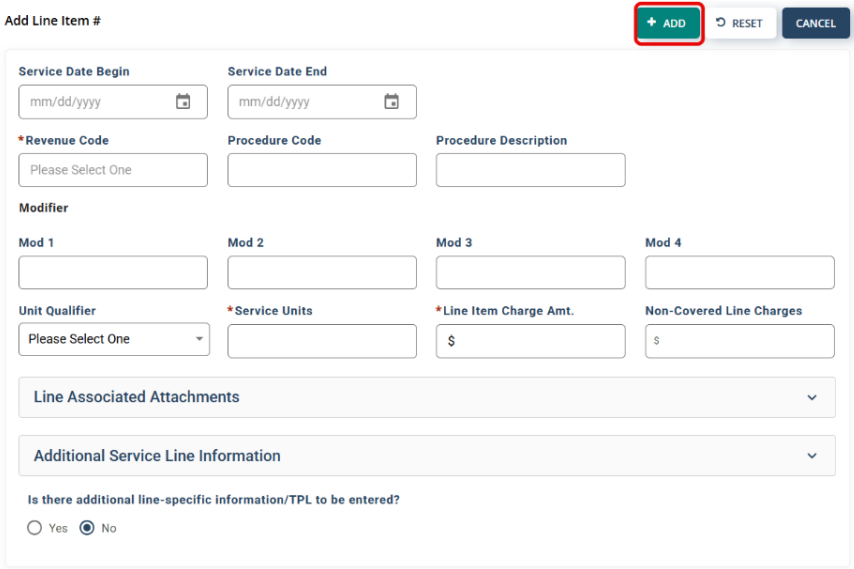
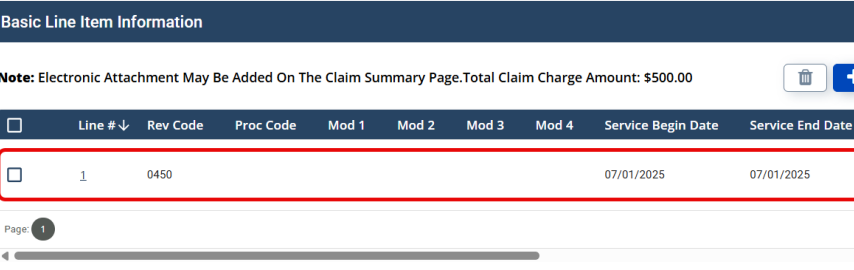
Step	Screenshot
<p>6. Select the desired file from your local computer and then select the Open button.</p>	
<p>7. Click the +ADD button to attach the file to the claim.</p>	
<p>8. The file attachment information displays below.</p>	

3.1.2 Adding and Removing Basic Line Item Information During Claim Entry

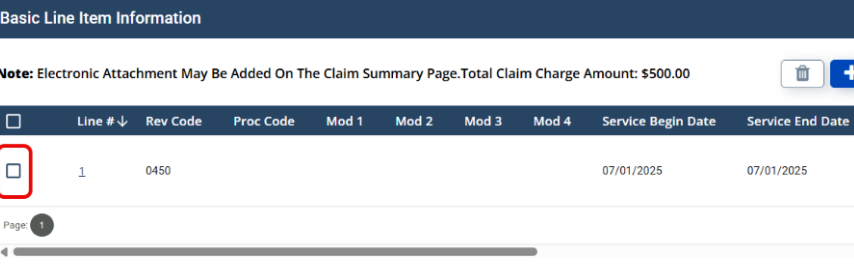
The **Basic Line Item Info** tab provides specific details about the services or items being billed for each individual visit, each associated with a particular procedure or service provided.

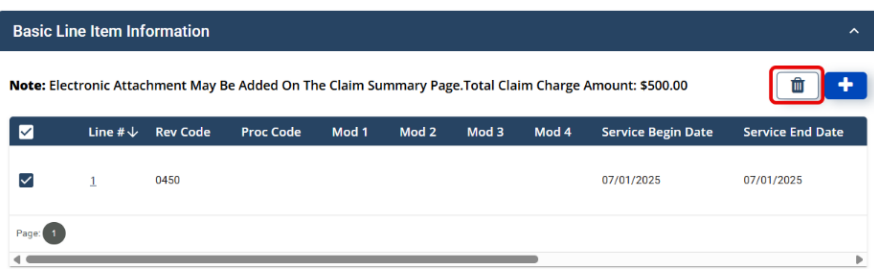
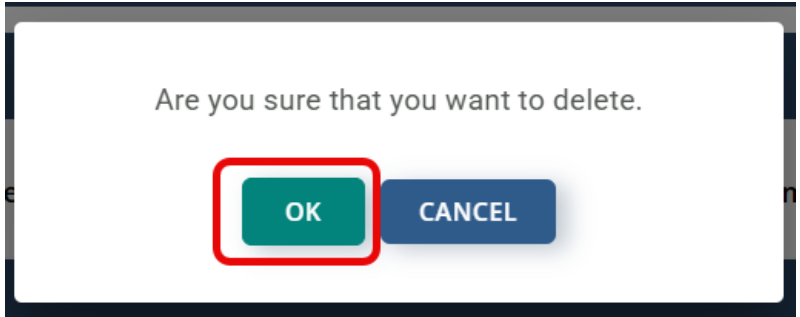
To add basic line information, complete the following steps:

Step	Screenshot
<p>1. On the Basic Claim Info tab, open the Basic Line Item Information panel.</p>	
<p>2. Select the Add icon to add a line item.</p>	
<p>3. Complete the required fields with a red asterisk (*) and other appropriate information.</p>	

Step	Screenshot
<p>4. Select the +ADD button.</p>	 <p>The screenshot shows the 'Add Line Item' form. At the top right, there are three buttons: '+ ADD' (highlighted with a red box), 'RESET', and 'CANCEL'. Below these are input fields for 'Service Date Begin' and 'Service Date End', both with 'mm/dd/yyyy' placeholders and calendar icons. There are also dropdown menus for '* Revenue Code' (with 'Please Select One' text) and 'Procedure Code'. A 'Procedure Description' field is also present. Below these are four 'Modifier' fields labeled 'Mod 1' through 'Mod 4'. Further down are 'Unit Qualifier' (dropdown), '* Service Units', '* Line Item Charge Amt.' (with a '\$' symbol), and 'Non-Covered Line Charges' (with a '\$' symbol). At the bottom, there are two expandable sections: 'Line Associated Attachments' and 'Additional Service Line Information'. A question 'Is there additional line-specific information/TPL to be entered?' is followed by radio buttons for 'Yes' and 'No' (selected).</p>
<p>5. The line item is displayed in the table.</p>	 <p>The screenshot shows the 'Basic Line Item Information' section. At the top, there is a note: 'Note: Electronic Attachment May Be Added On The Claim Summary Page.Total Claim Charge Amount: \$500.00'. Below the note is a table with the following columns: Line #, Rev Code, Proc Code, Mod 1, Mod 2, Mod 3, Mod 4, Service Begin Date, and Service End Date. The first row of the table is highlighted with a red box and contains the following data: Line # 1, Rev Code 0450, Service Begin Date 07/01/2025, and Service End Date 07/01/2025. Below the table, there is a 'Page: 1' indicator and a horizontal scrollbar.</p>

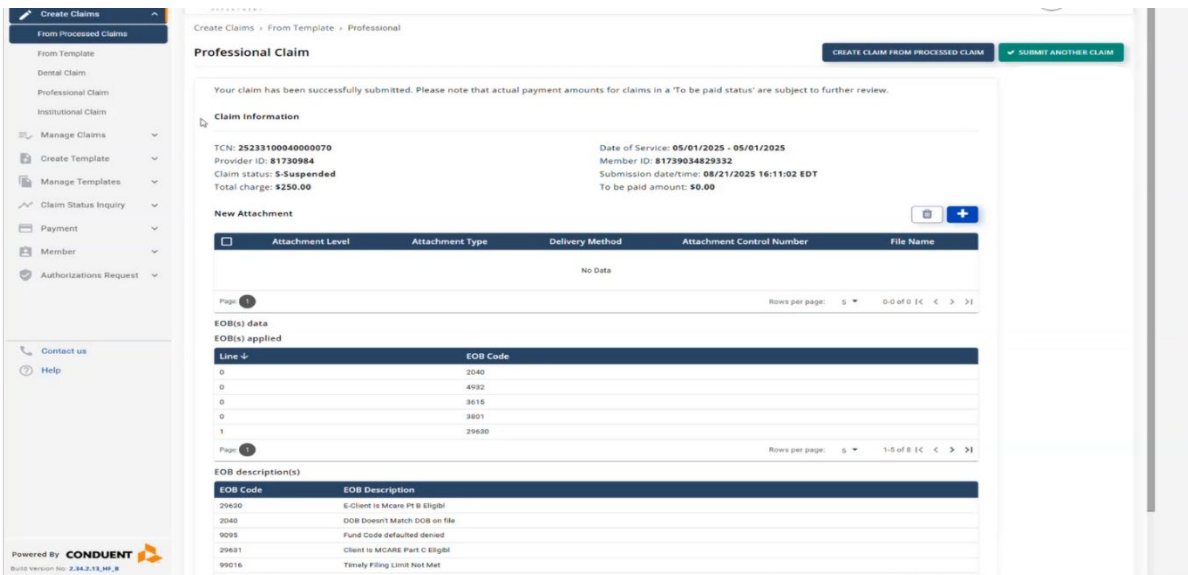
To remove basic line information, complete the following steps:

Step	Screenshot
<p>1. On the Basic Claim Info tab, select the line item you want to remove by checking the box next to its line number.</p>	 <p>The screenshot shows the 'Basic Line Item Information' section, identical to the previous screenshot. In this screenshot, the checkbox next to the first row (Line # 1) is highlighted with a red box, indicating it has been selected for removal.</p>

Step	Screenshot																		
<p>2. Select the Trash Can icon.</p>	 <p>Basic Line Item Information</p> <p>Note: Electronic Attachment May Be Added On The Claim Summary Page.Total Claim Charge Amount: \$500.00</p> <table border="1"> <thead> <tr> <th>Line #</th> <th>Rev Code</th> <th>Proc Code</th> <th>Mod 1</th> <th>Mod 2</th> <th>Mod 3</th> <th>Mod 4</th> <th>Service Begin Date</th> <th>Service End Date</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>0450</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>07/01/2025</td> <td>07/01/2025</td> </tr> </tbody> </table>	Line #	Rev Code	Proc Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Begin Date	Service End Date	1	0450						07/01/2025	07/01/2025
Line #	Rev Code	Proc Code	Mod 1	Mod 2	Mod 3	Mod 4	Service Begin Date	Service End Date											
1	0450						07/01/2025	07/01/2025											
<p>3. When prompted with “Are you sure you want to delete?” click the OK button.</p>	 <p>Are you sure that you want to delete.</p> <p>OK CANCEL</p>																		

3.1.3 Claim Submission Confirmation Page

The Claim Submission Confirmation page is displayed with information that is unique to the claim. The confirmation page is automatically generated once the claim is submitted.



Professional Claim

Your claim has been successfully submitted. Please note that actual payment amounts for claims in a "To be paid status" are subject to further review.

Claim Information

TCN: 25233100040000070 Date of Service: 05/01/2025 - 05/01/2025
 Provider ID: 81730984 Member ID: 81739034829332
 Claim status: S-Suspended Submission date/time: 08/21/2025 16:11:02 EDT
 Total charge: \$250.00 To be paid amount: \$0.00

New Attachment

Attachment Level	Attachment Type	Delivery Method	Attachment Control Number	File Name
No Data				

EOB(s) data

Line #	EOB Code
0	2040
0	4922
0	3615
0	3801
1	29630

EOB description(s)

EOB Code	EOB Description
29630	E-Client is Mcare Pt B Eligibl
2040	DOB Doesn't Match DOB on file
9909	Pupil Code defaulted denied
29631	Client is MCARE Part C Eligibl
99010	Timely Filing Limit Not Met

The Claim Submission page contains the following information:

Claim Information – Provides information on the claim, including the TCN, Date of Service, Provider Number, Member ID, Claim Status, Total Charge, amount to be paid, and the date and time the claim was submitted.

New Attachment – Provides the ability to add a missing attachment, identified by an error code, and can be added to the submitted claim. To view the steps to add an attachment, see 3.1.1.

EOB(s) Data – Provides the Explanation of Benefit (EOB) code, the line number to which the EOB code applies, and the EOB code description.

3.1.4 Claim Status Result

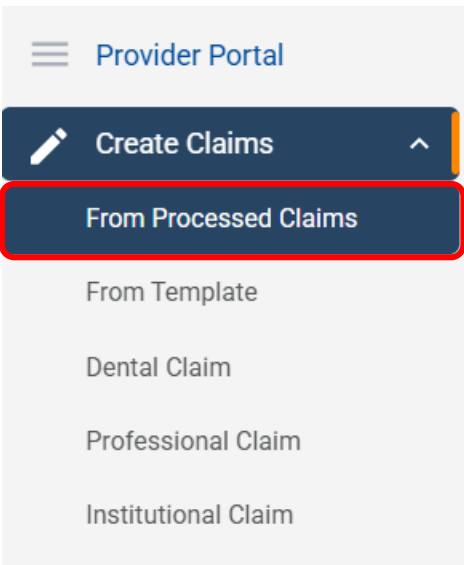
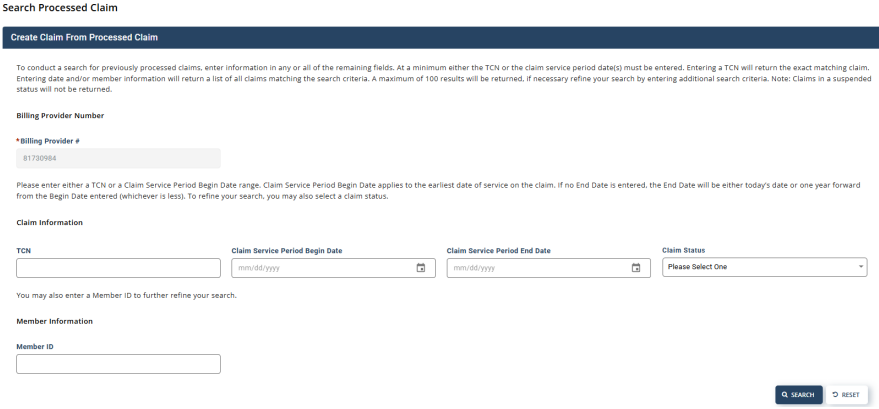
The claim status directly determines the next steps a provider or billing professional should take to ensure the successful processing and payment of a Medicaid claim.

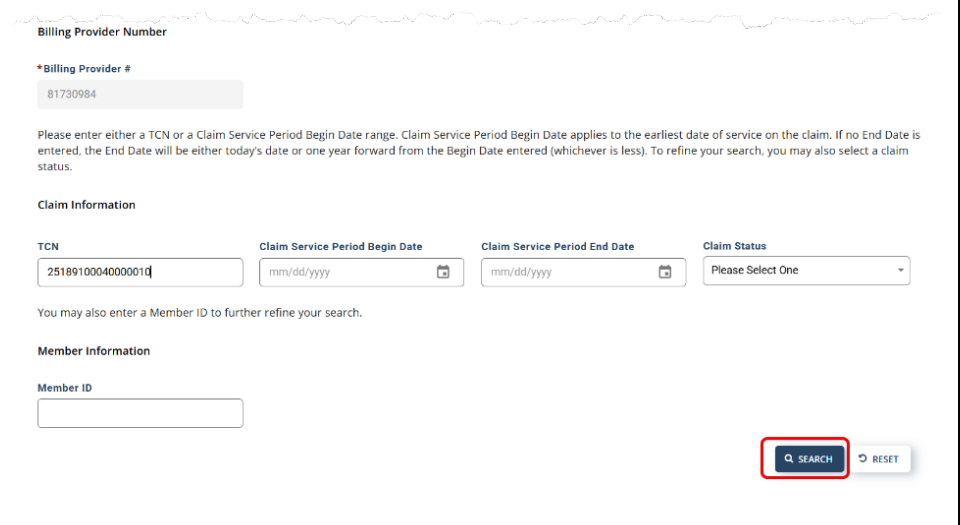
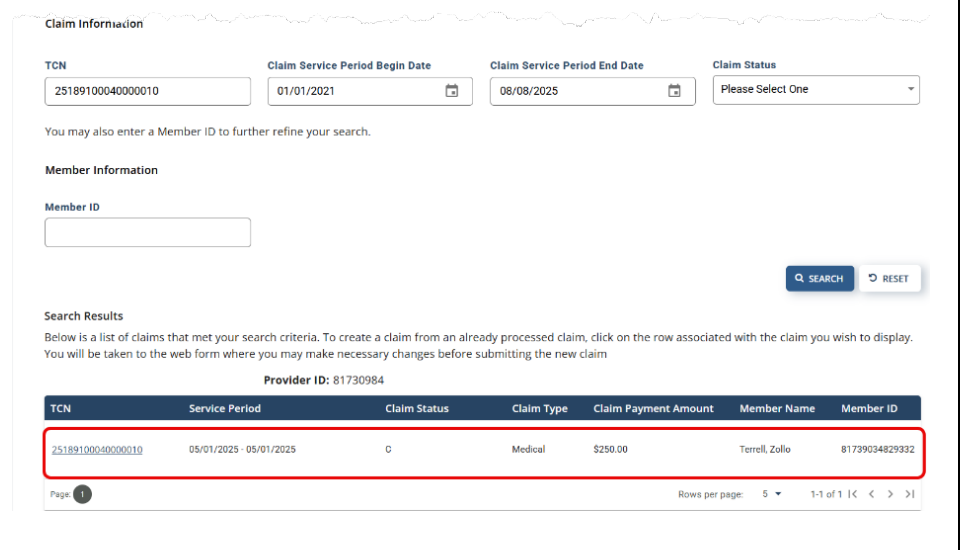
Claim Status Result	Next Steps
To Be Paid	The claim was submitted successfully. No further action is needed. The actual payment amount for a claim in a 'To Be Paid' status is subject to further review. Further review during the payment cycle determines whether any amounts owed must be recouped from the claim.
To be Denied	To re-submit the corrected claim, complete the following steps: <ol style="list-style-type: none"> 1. Review the errors. 2. Copy the TCN from the denied claim. 3. Select Create Claim From Processed Claim on the Claim Submission Confirmation page. 4. On the Search Processed Claim page, enter the TCN and click Search. 5. Select the claim from the search results. 6. On the New Professional Claim page, correct the errors on the new claim. 7. Submit the new claim. 8. A new TCN is assigned to the new claim.
Suspended	Suspended claims cannot be corrected via the portal. The suspended claim will be processed by the Conduent Operations team.

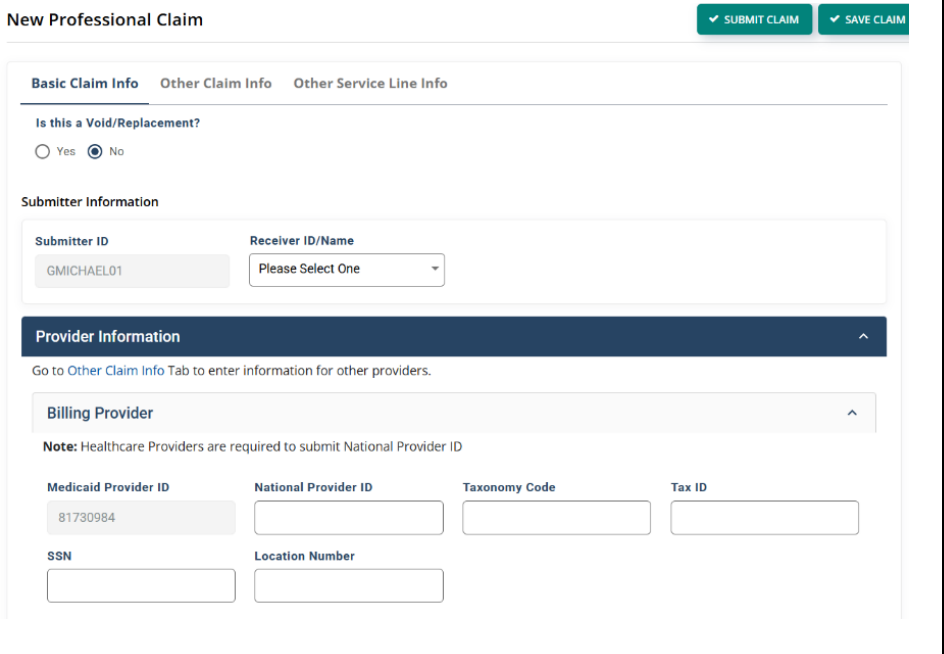
3.2 Creating a New Professional Claim from a Processed Claim

You can create a new claim by copying the data from a previously processed claim to a new claim. Retrieve the processed claim by entering the original transaction control number (TCN) or other search criteria. The original claim is displayed, and you can correct and update any field, and then submit the new claim. This claim is considered a new claim and given a new TCN.

To create a claim from a previously processed claim, complete the following steps:

Step	Screenshot
<p>1. From the Create Claims menu, select From Processed Claims.</p>	
<p>2. On the Search Processed Claim page, enter the search criteria for the processed claim.</p> <p>Note: <i>Entering a TCN will return the exact matching claim. Entering the claim service period dates or member information will return a list of all claims matching the search criteria. Claims in a suspended status will not be returned.</i></p>	

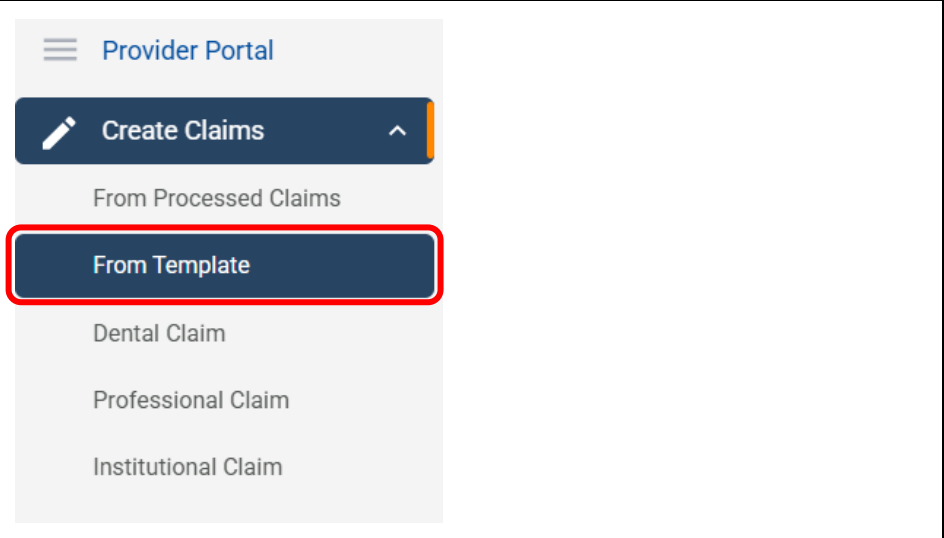
Step	Screenshot														
<p>3. Select the Search button.</p>	 <p>The screenshot shows the search interface. At the top, there is a 'Billing Provider Number' field with the value '81730984'. Below this is a section for 'Claim Information' with four input fields: 'TCN' (containing '25189100040000010'), 'Claim Service Period Begin Date' (with a calendar icon), 'Claim Service Period End Date' (with a calendar icon), and 'Claim Status' (a dropdown menu). A 'Member ID' field is also present. At the bottom right, a blue 'SEARCH' button is highlighted with a red rectangular box, next to a 'RESET' button.</p>														
<p>4. A list of results that meet the search criteria will display. Select the row for the desired processed claim you wish to open.</p>	 <p>The screenshot shows the search results page. It includes the same search form as the previous screenshot, but now a 'Search Results' section is visible. Below the search form, there is a table with the following data:</p> <table border="1"> <thead> <tr> <th>TCN</th> <th>Service Period</th> <th>Claim Status</th> <th>Claim Type</th> <th>Claim Payment Amount</th> <th>Member Name</th> <th>Member ID</th> </tr> </thead> <tbody> <tr> <td>25189100040000010</td> <td>05/01/2025 - 05/01/2025</td> <td>C</td> <td>Medical</td> <td>\$250.00</td> <td>Terrell, Zollo</td> <td>8173903482932</td> </tr> </tbody> </table> <p>The first row of the table is highlighted with a red border. Below the table, there is a pagination control showing 'Page: 1' and 'Rows per page: 5'.</p>	TCN	Service Period	Claim Status	Claim Type	Claim Payment Amount	Member Name	Member ID	25189100040000010	05/01/2025 - 05/01/2025	C	Medical	\$250.00	Terrell, Zollo	8173903482932
TCN	Service Period	Claim Status	Claim Type	Claim Payment Amount	Member Name	Member ID									
25189100040000010	05/01/2025 - 05/01/2025	C	Medical	\$250.00	Terrell, Zollo	8173903482932									

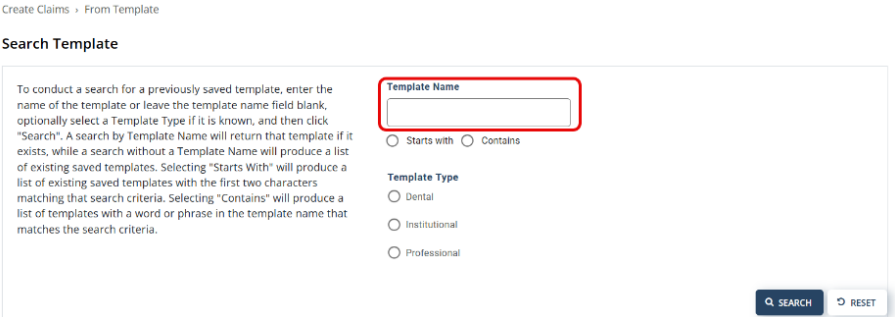
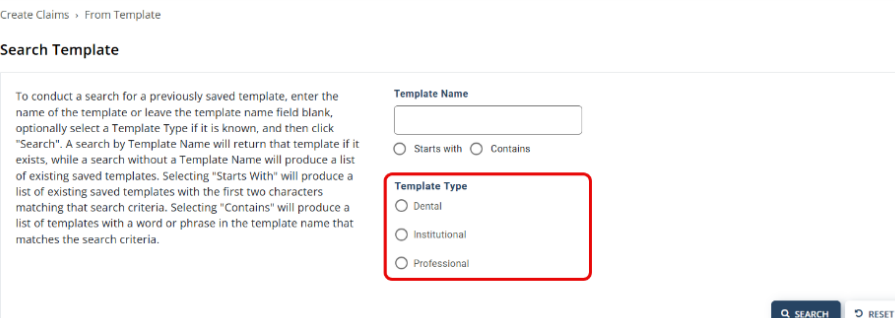
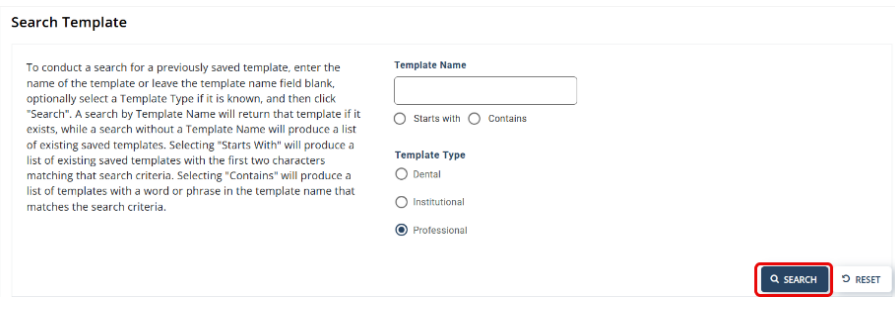
Step	Screenshot
<p>5. The New Professional Claim page will display.</p> <p>Note: <i>This would be the procedure to edit denied processed claims. Keep in mind that timely filing limits apply. If you submit a claim after the 90-day time frame, a delay reason will be required on the re-submission.</i></p>	

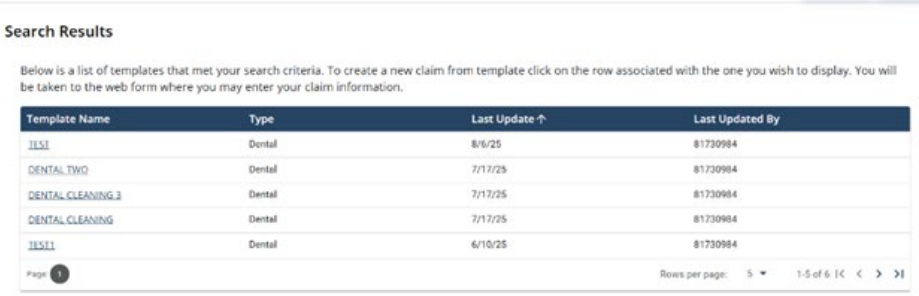
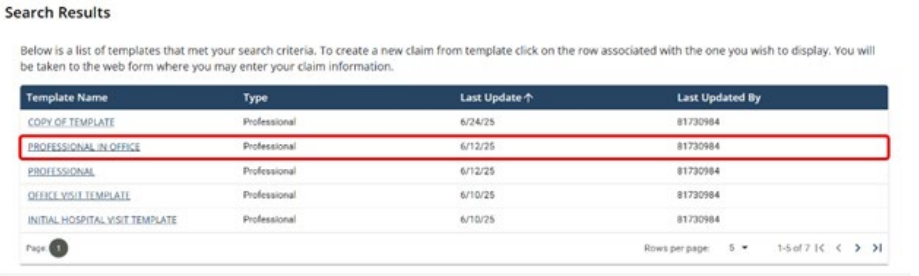
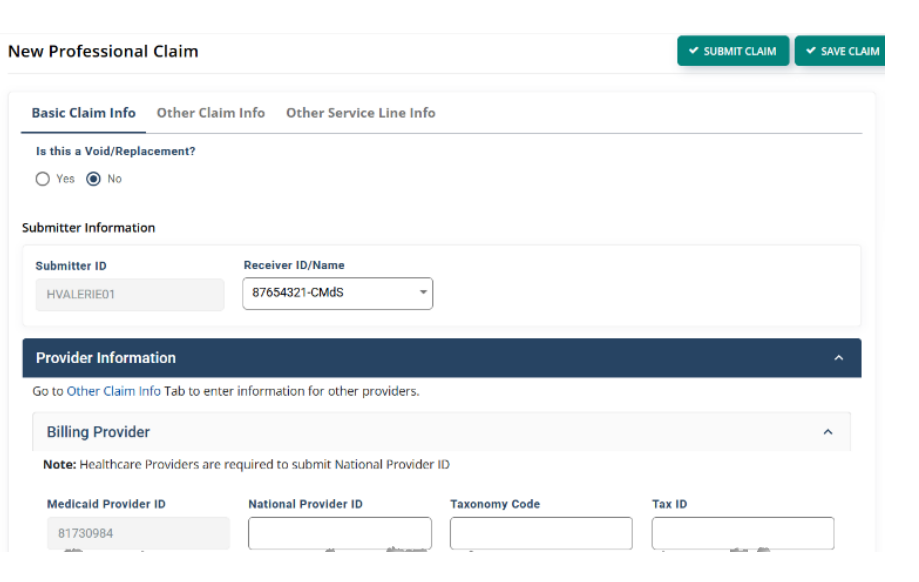
3.3 Creating a New Professional Claim from an Existing Template

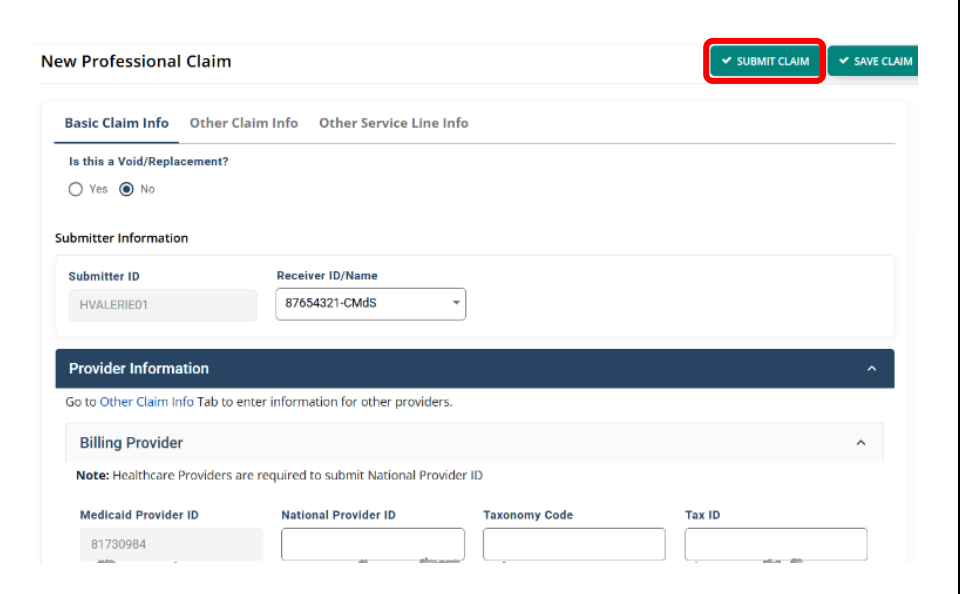
You can create a new claim from an existing template. Users can begin with a current template, customize it as needed, and save it as a new claim.

To create a claim from an existing claim template, complete the following steps:

Step	Screenshot
<p>1. From the Create Claims menu, select From Template.</p>	

Step	Screenshot
<p>2. On the Search Template page, enter the Template Name of the saved template.</p> <p>Notes: <i>Selecting "Starts With" will produce a list of existing saved templates with the first two characters matching that search criteria.</i></p> <p><i>Selecting "Contains" will produce a list of templates with a word or phrase in the template name that matches the search criteria.</i></p>	 <p>The screenshot shows the 'Search Template' interface. A red box highlights the 'Template Name' input field. Below it are radio buttons for 'Starts with' and 'Contains'. Further down, there are radio buttons for 'Template Type' with options: Dental, Institutional, and Professional. At the bottom right are 'SEARCH' and 'RESET' buttons.</p>
<p>3. Select the Template Type if the name is not known or the user is looking to see what templates exist. Selecting a template type is not a mandatory step in the process. The system allows users to proceed with or without selecting, and the functionality remains unaffected.</p>	 <p>The screenshot shows the 'Search Template' interface. A red box highlights the 'Template Type' section, which includes radio buttons for 'Dental', 'Institutional', and 'Professional'. The rest of the interface is identical to the previous screenshot.</p>
<p>4. Select the Search button.</p>	 <p>The screenshot shows the 'Search Template' interface. A red box highlights the 'SEARCH' button at the bottom right. The rest of the interface is identical to the previous screenshots.</p>

Step	Screenshot																								
<p>5. A list of results matching your search criteria will be displayed. When only one template is created, the system automatically navigates to the claims page. However, if multiple templates exist, the user is prompted to select from the available options before proceeding.</p>	 <p>Search Results</p> <p>Below is a list of templates that met your search criteria. To create a new claim from template click on the row associated with the one you wish to display. You will be taken to the web form where you may enter your claim information.</p> <table border="1"> <thead> <tr> <th>Template Name</th> <th>Type</th> <th>Last Update ↑</th> <th>Last Updated By</th> </tr> </thead> <tbody> <tr> <td>TESE1</td> <td>Dental</td> <td>8/6/25</td> <td>81730984</td> </tr> <tr> <td>DENTAL TWO</td> <td>Dental</td> <td>7/17/25</td> <td>81730984</td> </tr> <tr> <td>DENTAL CLEANING 3</td> <td>Dental</td> <td>7/17/25</td> <td>81730984</td> </tr> <tr> <td>DENTAL CLEANING</td> <td>Dental</td> <td>7/17/25</td> <td>81730984</td> </tr> <tr> <td>TESE11</td> <td>Dental</td> <td>6/10/25</td> <td>81730984</td> </tr> </tbody> </table> <p>Page 1 Rows per page: 5 1-5 of 6 1-5 of 6 < > >></p>	Template Name	Type	Last Update ↑	Last Updated By	TESE1	Dental	8/6/25	81730984	DENTAL TWO	Dental	7/17/25	81730984	DENTAL CLEANING 3	Dental	7/17/25	81730984	DENTAL CLEANING	Dental	7/17/25	81730984	TESE11	Dental	6/10/25	81730984
Template Name	Type	Last Update ↑	Last Updated By																						
TESE1	Dental	8/6/25	81730984																						
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DENTAL CLEANING	Dental	7/17/25	81730984																						
TESE11	Dental	6/10/25	81730984																						
<p>6. Click on the row associated with the template you wish to display.</p>	 <p>Search Results</p> <p>Below is a list of templates that met your search criteria. To create a new claim from template click on the row associated with the one you wish to display. You will be taken to the web form where you may enter your claim information.</p> <table border="1"> <thead> <tr> <th>Template Name</th> <th>Type</th> <th>Last Update ↑</th> <th>Last Updated By</th> </tr> </thead> <tbody> <tr> <td>COPY OF TEMPLATE</td> <td>Professional</td> <td>6/24/25</td> <td>81730984</td> </tr> <tr style="border: 2px solid red;"> <td>PROFESSIONAL IN OFFICE</td> <td>Professional</td> <td>6/12/25</td> <td>81730984</td> </tr> <tr> <td>PROFESSIONAL</td> <td>Professional</td> <td>6/12/25</td> <td>81730984</td> </tr> <tr> <td>OFFICE VISIT TEMPLATE</td> <td>Professional</td> <td>6/10/25</td> <td>81730984</td> </tr> <tr> <td>INITIAL HOSPITAL VISIT TEMPLATE</td> <td>Professional</td> <td>6/10/25</td> <td>81730984</td> </tr> </tbody> </table> <p>Page 1 Rows per page: 5 1-5 of 7 1-5 of 7 < > >></p>	Template Name	Type	Last Update ↑	Last Updated By	COPY OF TEMPLATE	Professional	6/24/25	81730984	PROFESSIONAL IN OFFICE	Professional	6/12/25	81730984	PROFESSIONAL	Professional	6/12/25	81730984	OFFICE VISIT TEMPLATE	Professional	6/10/25	81730984	INITIAL HOSPITAL VISIT TEMPLATE	Professional	6/10/25	81730984
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OFFICE VISIT TEMPLATE	Professional	6/10/25	81730984																						
INITIAL HOSPITAL VISIT TEMPLATE	Professional	6/10/25	81730984																						
<p>7. The New Professional Claim page is displayed.</p>	 <p>New Professional Claim SUBMIT CLAIM SAVE CLAIM</p> <p>Basic Claim Info Other Claim Info Other Service Line Info</p> <p>Is this a Void/Replacement? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Submitter Information</p> <p>Submitter ID: HVALERIE01 Receiver ID/Name: 87654321-CMds</p> <p>Provider Information</p> <p>Go to Other Claim Info Tab to enter information for other providers.</p> <p>Billing Provider</p> <p>Note: Healthcare Providers are required to submit National Provider ID</p> <p>Medicaid Provider ID: 81730984 National Provider ID: Taxonomy Code: Tax ID:</p>																								

Step	Screenshot
<p>8. Fill in the applicable claim information and select the Submit Claim button.</p>	 <p>The screenshot shows the 'New Professional Claim' interface. At the top right, there are two buttons: 'SUBMIT CLAIM' (highlighted with a red box) and 'SAVE CLAIM'. Below the title bar, there are three tabs: 'Basic Claim Info', 'Other Claim Info', and 'Other Service Line Info'. The 'Basic Claim Info' tab is active. It contains a question 'Is this a Void/Replacement?' with radio buttons for 'Yes' and 'No' (selected). Below this is the 'Submitter Information' section with fields for 'Submitter ID' (HVALERIE01) and 'Receiver ID/Name' (87654321-CMds). The 'Provider Information' section is expanded, showing a 'Billing Provider' section with a note: 'Note: Healthcare Providers are required to submit National Provider ID'. Below this are four input fields: 'Medicaid Provider ID' (81730984), 'National Provider ID', 'Taxonomy Code', and 'Tax ID'.</p>

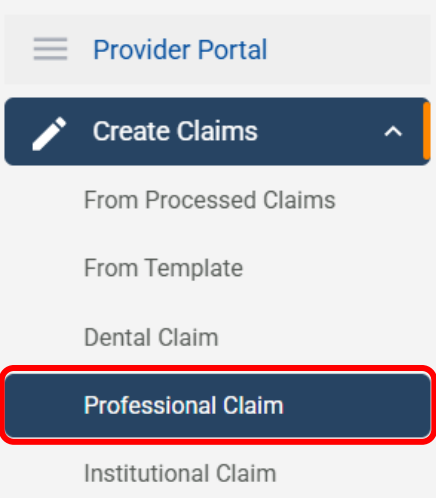
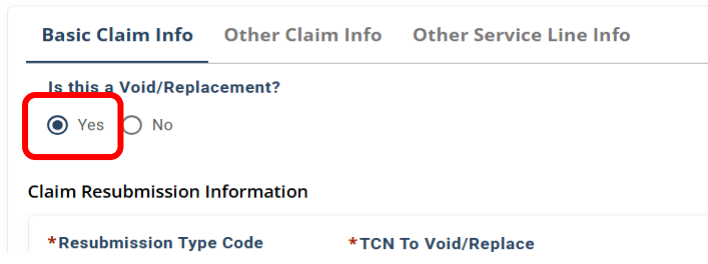
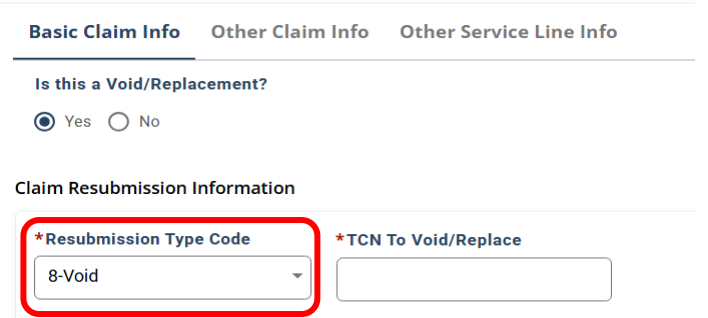
4 Creating a Void or Replacement Claim

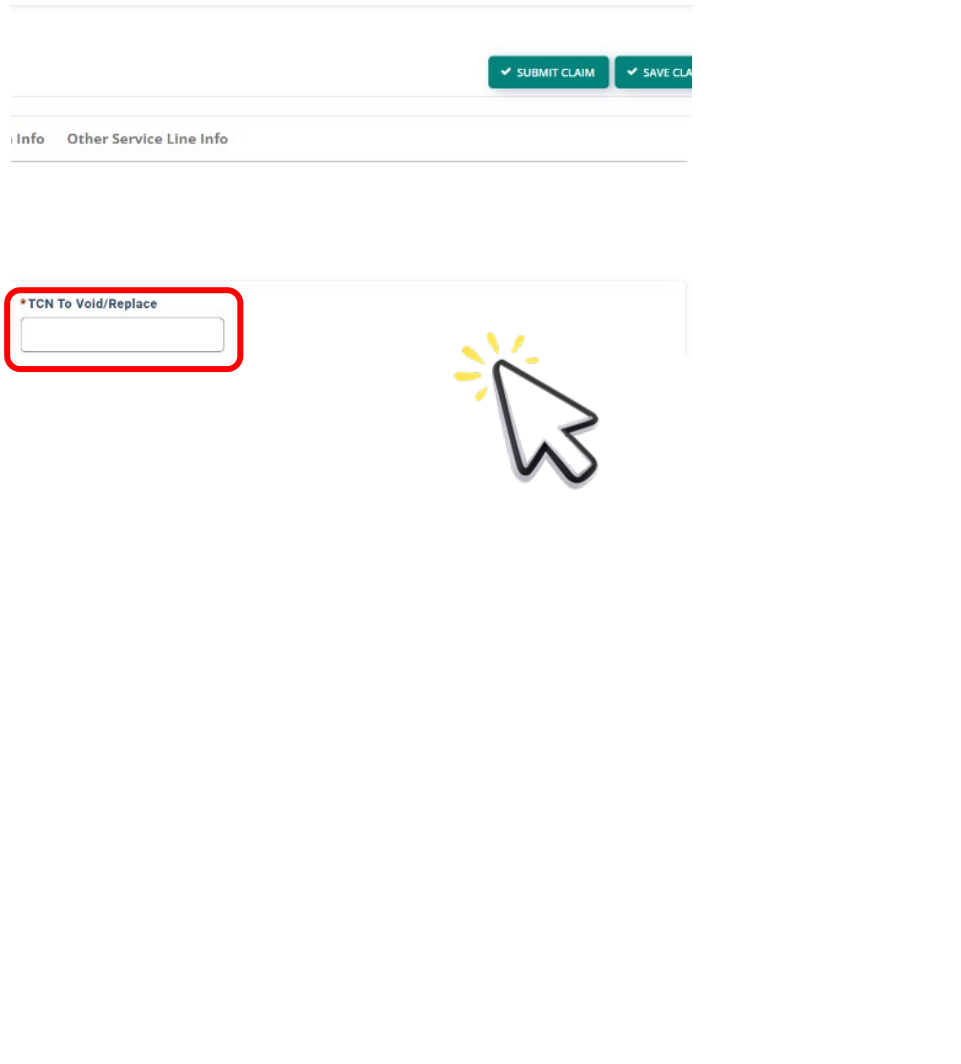
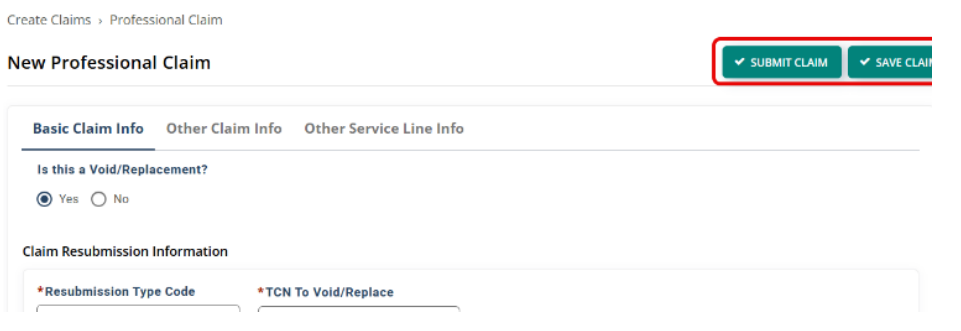
A previously processed paid claim can be replaced or voided due to reasons such as duplicates, new information, or other exceptions. The last digit of the TCN is the transaction type number which indicates whether it's an original claim (0), void (1), credit adjustment (2), debit adjustment (3) and denied provider submitted replacement (4).

4.1 Void a Paid Claim

A void is a complete reversal or offsetting of a previously paid claim. A voided claim is not considered for future adjudication and cannot be altered or replaced.

To void a paid claim, complete the following steps:

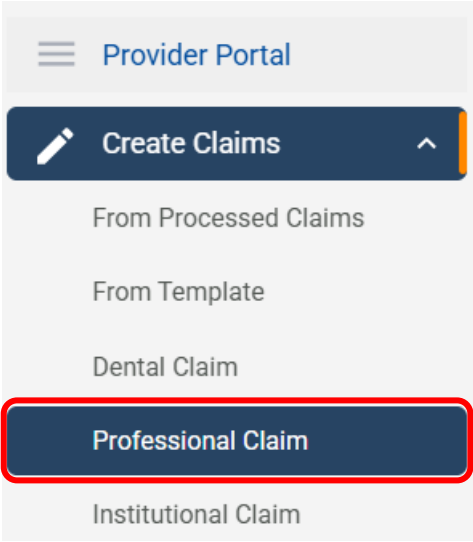
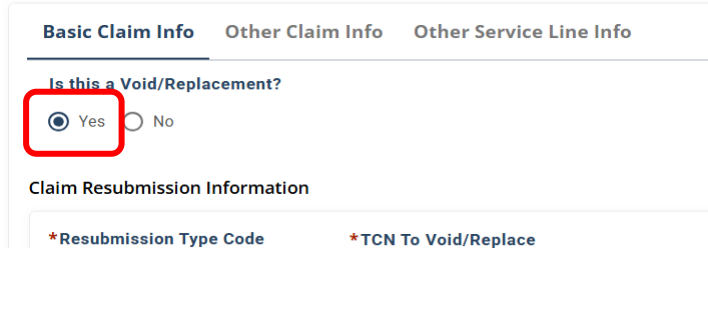
Step	Screenshot
<p>1. From the Create Claims menu, select Professional Claim.</p>	
<p>2. On the New Professional Claim page, under the Basic Claim Info tab, select 'Yes' for the "Is this a Void/Replacement?" question.</p>	
<p>3. Select Void for the Resubmission Type Code.</p>	

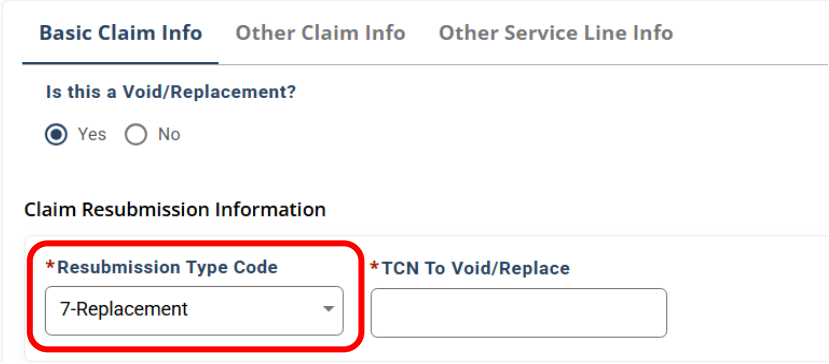
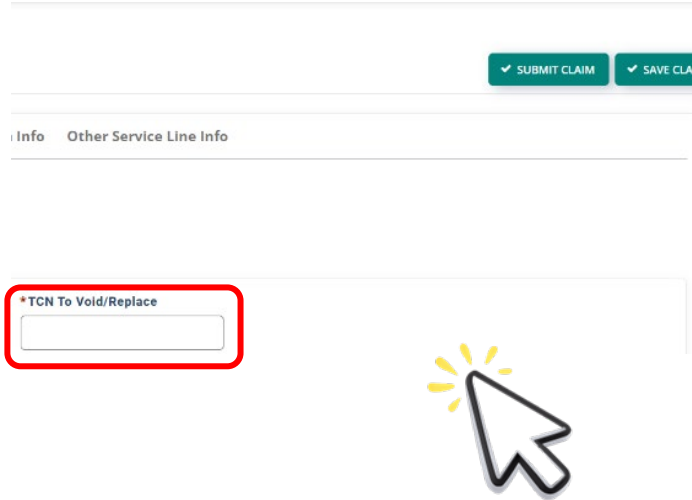
Step	Screenshot
<p>4. Enter the TCN of the paid claim to be voided, then select anywhere to the right of the TCN field on the page. This copies the data from the paid claim to the new claim.</p> <p>Notes: A void is a complete reversal or offsetting of a previously paid claim. A voided claim is not considered for future adjudication and cannot be altered or replaced.</p> <p>When a claim is voided, the system generates a new voided TCN with Transaction Type 1 – Void. All amounts on the voided TCN appear as negative values, effectively reversing the original claim.</p>	 <p>The screenshot shows a web interface with a form. At the top right, there are two green buttons: 'SUBMIT CLAIM' and 'SAVE CLAIM'. Below them, there are tabs for 'Info' and 'Other Service Line Info'. The main form area has a field labeled '*TCN To Void/Replace' which is highlighted with a red rectangular box. A mouse cursor is pointing at the right side of this field.</p>
<p>5. Select either the Submit Claim or the Save Claim button, depending on whether you want to submit a completed claim or save an in-progress claim.</p>	 <p>The screenshot shows a 'New Professional Claim' form. At the top right, there are two green buttons: 'SUBMIT CLAIM' and 'SAVE CLAIM', both of which are highlighted with a red rectangular box. The form has tabs for 'Basic Claim Info', 'Other Claim Info', and 'Other Service Line Info'. Under 'Basic Claim Info', there is a question 'Is this a Void/Replacement?' with radio buttons for 'Yes' (selected) and 'No'. Below that is a section for 'Claim Resubmission Information' with fields for '*Resubmission Type Code' and '*TCN To Void/Replace'.</p>

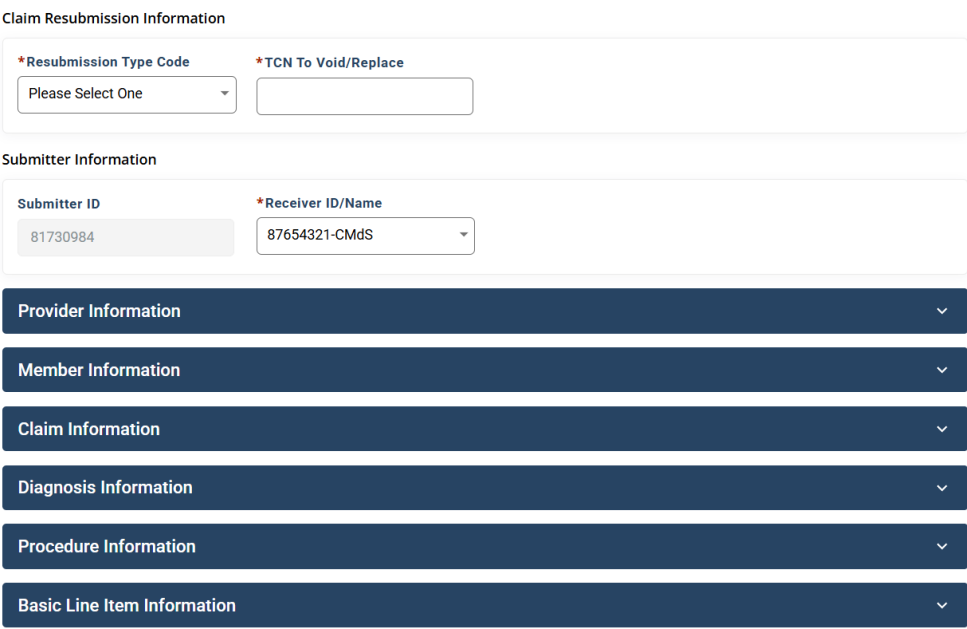
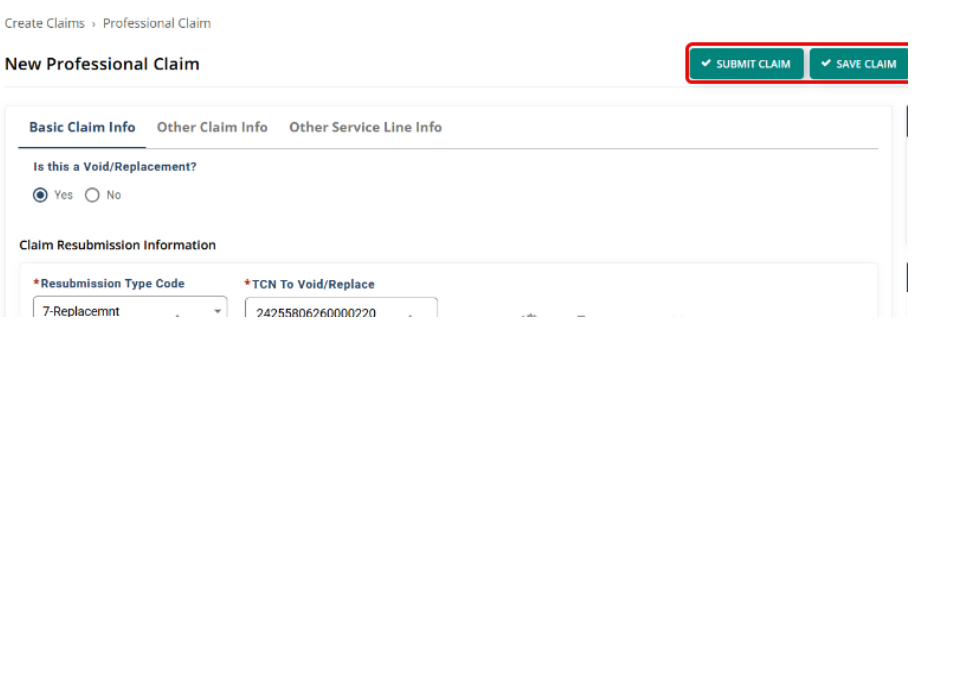
4.2 Replace a Paid Claim

A replacement claim changes the original claim’s payment amount or corrects information on the original claim. A replacement request creates a copy of the claim and assigns a unique TCN. The replaced claim is then considered for future adjudication, and the original claim cannot be altered, replaced, or voided in the future. The new replacement claim could, however, be altered, replaced, or voided in the future.

To replace a paid claim, complete the following steps:

Step	Screenshot
<p>1. From the Create Claims menu, select Professional Claim.</p>	
<p>2. On the New Professional Claim page, under the Basic Claim Info tab, select ‘Yes’ for the “<i>Is this a Void/Replacement?</i>” question.</p>	

Step	Screenshot
<p>3. Select Replacement for the Resubmission Type Code.</p>	
<p>4. Enter the TCN of the paid claim to be replaced, then select anywhere to the right of the TCN field on the page. This copies the data from the paid claim to the new claim.</p> <p>Note: When a paid claim is replaced, adjustments to the original claim create two additional TCNs for the replacement transaction: a credit adjustment TCN with Transaction Type 2, and a debit adjustment TCN with Transaction Type 3.</p>	

Step	Screenshot
<p>5. Apply the necessary corrections or updates to the claim.</p>	
<p>6. Select either the Submit Claim or the Save Claim button, depending on whether you want to submit a completed claim or save an in-progress claim for 30 days from save date. If it is saved, then the original claim is used and has the void/replacement option completed. It does not generate a new TCN until submitted.</p>	

5 Managing Claims

The claims management feature allows users to efficiently correct, update, and resubmit claims. Users can work with claims that were previously submitted or saved. Claims are available for up to 30 days from the date of the last save or from the date of submission.

From the **Manage Claims** screen, users can access two key functions:

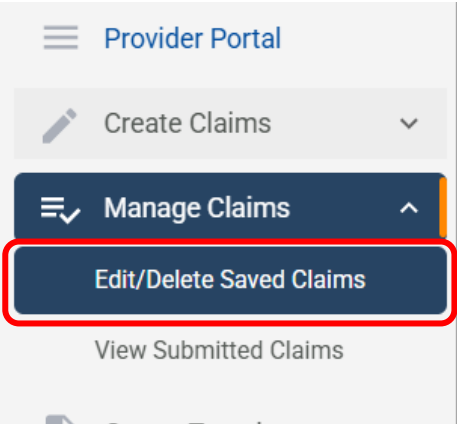
Edit/Delete Saved Claims – Allows users to view claims that were saved but not yet submitted. A saved claim can be edited, deleted, or submitted for up to 30 days after its most recent save.

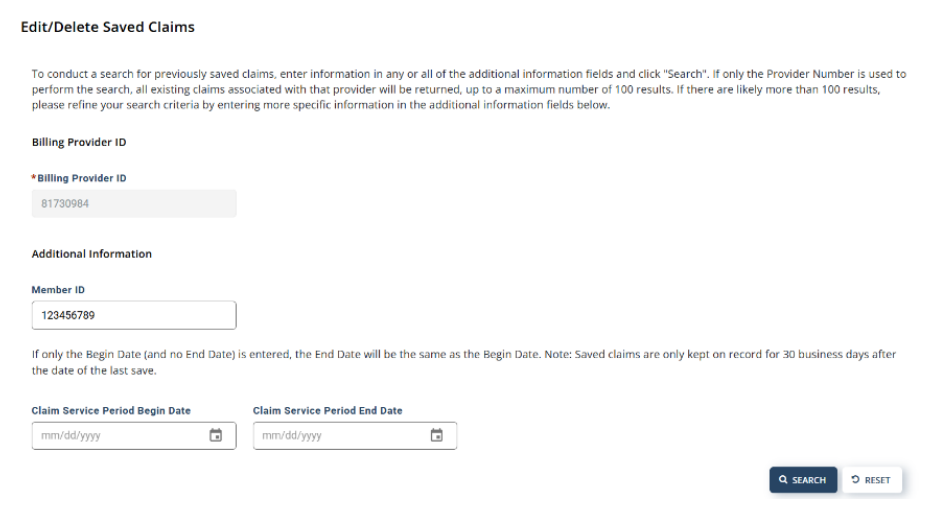
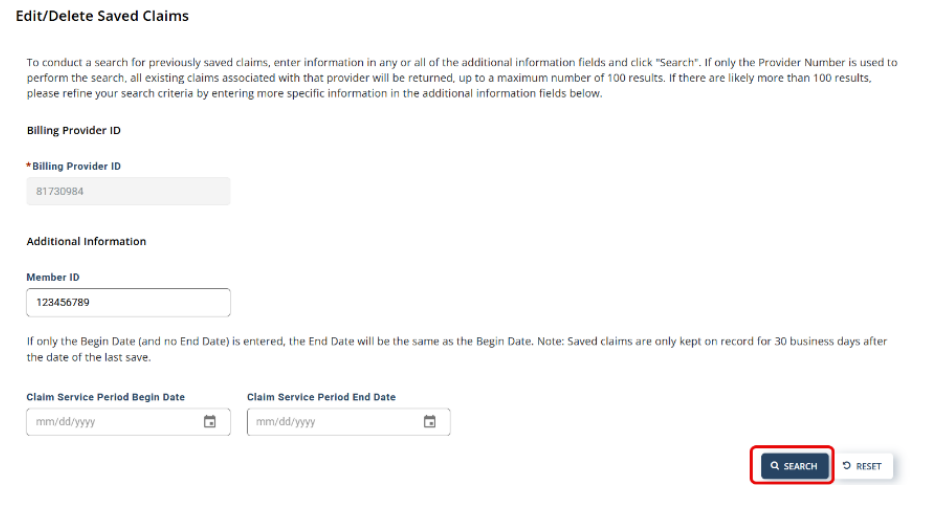
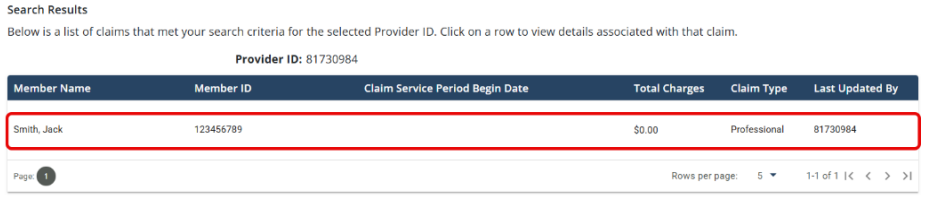
View Submitted Claim – Allows users to review claim data for 30 days from the date of submission, including those that are paid, denied, or suspended. The View Submitted Claim screen will not provide any status. After the 30-day window, the detailed keyed claim data is no longer available for viewing. However, users can still check the claim’s status through the Claim Status Inquiry screen.

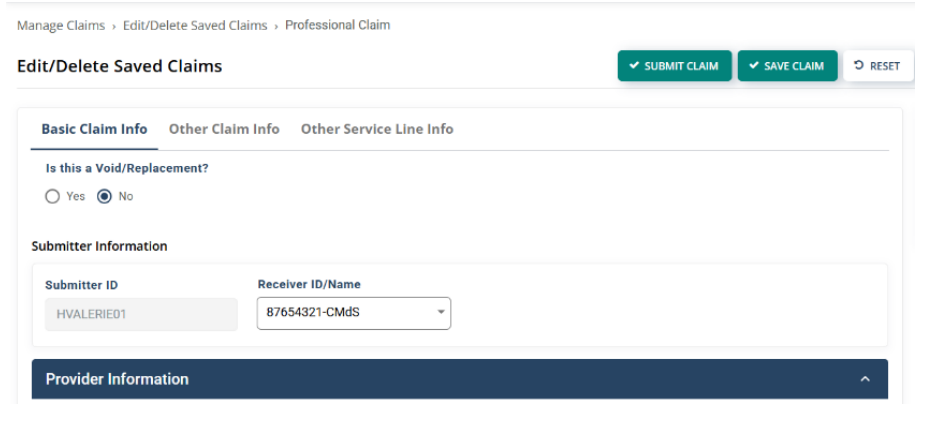
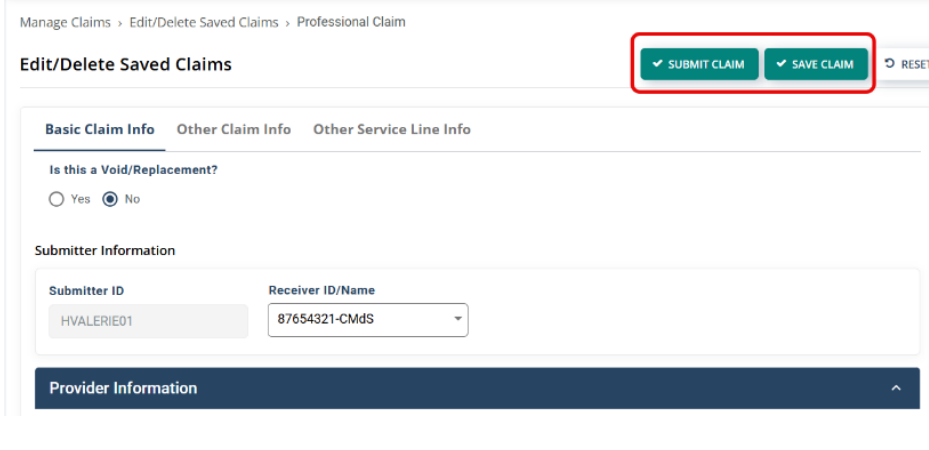
5.1 Edit a Saved Claim

You can edit a saved claim online for up to 30 days after it was last saved.

To edit a saved claim, complete the following steps:

Step	Screenshot
<p>1. On the Manage Claims menu, select Edit/Delete Saved Claims.</p>	

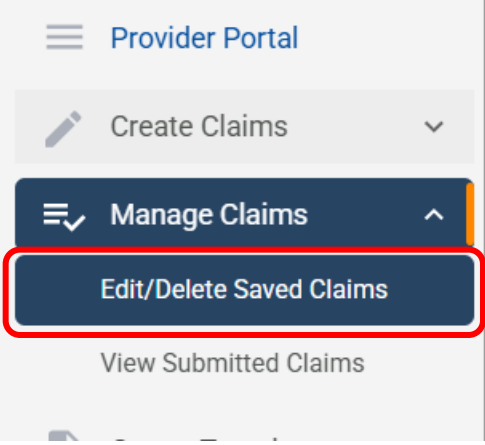
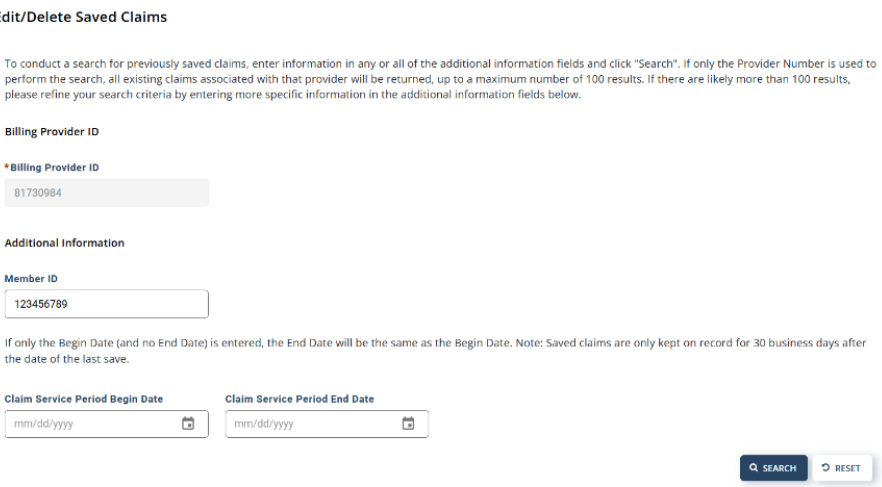
Step	Screenshot												
<p>2. On the Edit/Delete Saved Claims page, enter your search criteria.</p> <p>Note: <i>If only the Provider Number is used to perform the search, all existing claims associated with that provider will be returned, up to a maximum number of 100 results.</i></p>													
<p>3. Select the Search button.</p>													
<p>4. A list of claims that meet the search criteria will display. Select the row for the saved claim you wish to edit.</p>	 <p>Search Results</p> <p>Below is a list of claims that met your search criteria for the selected Provider ID. Click on a row to view details associated with that claim.</p> <p style="text-align: center;">Provider ID: 81730984</p> <table border="1"> <thead> <tr> <th>Member Name</th> <th>Member ID</th> <th>Claim Service Period Begin Date</th> <th>Total Charges</th> <th>Claim Type</th> <th>Last Updated By</th> </tr> </thead> <tbody> <tr> <td>Smith, Jack</td> <td>123456789</td> <td></td> <td>\$0.00</td> <td>Professional</td> <td>81730984</td> </tr> </tbody> </table> <p>Page: 1 Rows per page: 5 1-1 of 1 < < > > </p>	Member Name	Member ID	Claim Service Period Begin Date	Total Charges	Claim Type	Last Updated By	Smith, Jack	123456789		\$0.00	Professional	81730984
Member Name	Member ID	Claim Service Period Begin Date	Total Charges	Claim Type	Last Updated By								
Smith, Jack	123456789		\$0.00	Professional	81730984								

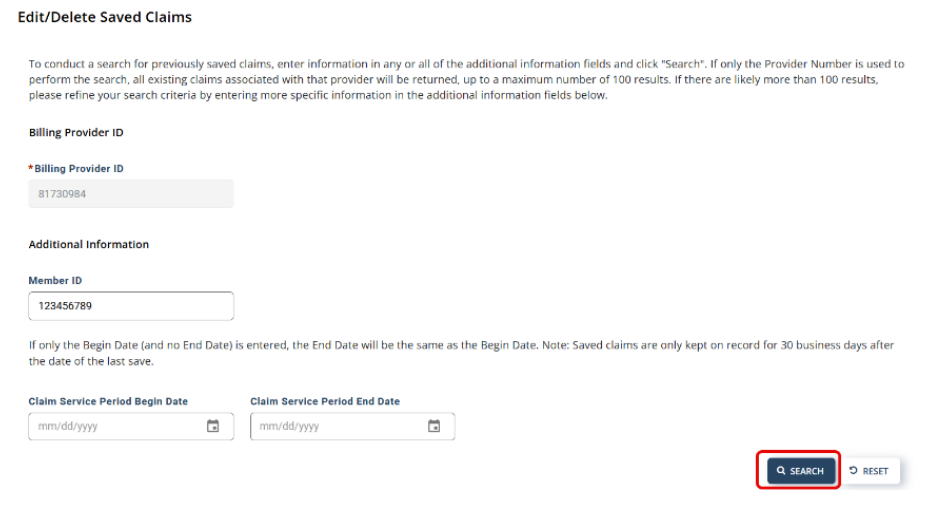
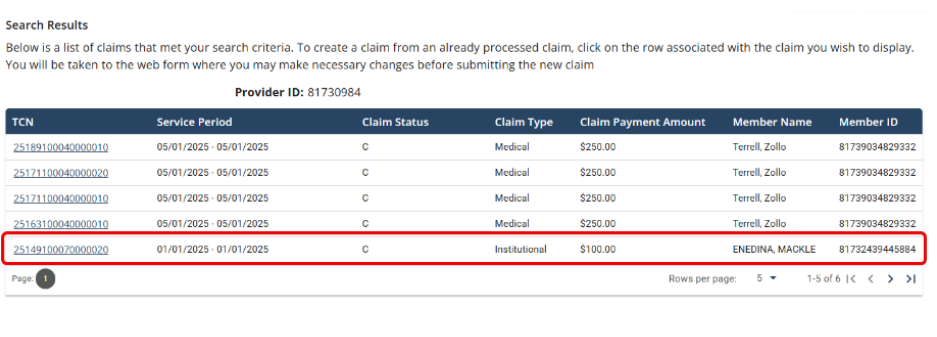
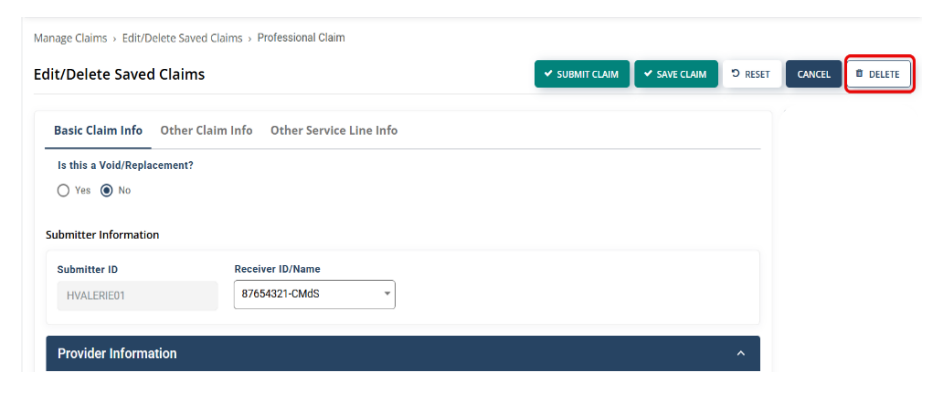
Step	Screenshot
<p>5. On the Edit/Delete Saved Claims page, edit the claim information as needed.</p>	 <p>The screenshot shows the 'Edit/Delete Saved Claims' page for a 'Professional Claim'. At the top right, there are three buttons: 'SUBMIT CLAIM', 'SAVE CLAIM', and 'RESET'. Below these are tabs for 'Basic Claim Info', 'Other Claim Info', and 'Other Service Line Info'. The 'Basic Claim Info' tab is active. It contains a section 'Is this a Void/Replacement?' with radio buttons for 'Yes' and 'No', where 'No' is selected. Below that is a 'Submitter Information' section with a 'Submitter ID' field containing 'HVALERIE01' and a 'Receiver ID/Name' dropdown menu showing '87654321-CMdS'. At the bottom, there is a dark blue bar labeled 'Provider Information'.</p>
<p>6. Select either the Submit Claim or the Save Claim button, depending on whether you want to submit a completed claim or save an in-progress claim.</p>	 <p>This screenshot is identical to the one above, but the 'SUBMIT CLAIM' and 'SAVE CLAIM' buttons at the top right are highlighted with a red rectangular box.</p>

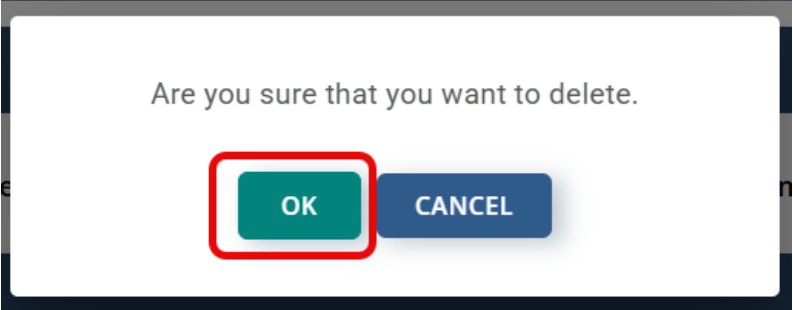
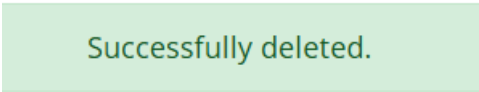
5.2 Delete a Saved Claim

You can delete a saved claim online for up to 30 days after it was last saved.

To delete a saved claim, complete the following steps:

Step	Screenshot
<p>1. On the Manage Claims menu, select Edit/Delete Saved Claims.</p>	
<p>2. On the Edit/Delete Saved Claims page, enter your search criteria.</p> <p>Note: <i>If only the Provider Number is used to perform the search, all existing claims associated with that provider will be returned, up to a maximum number of 100 results.</i></p>	

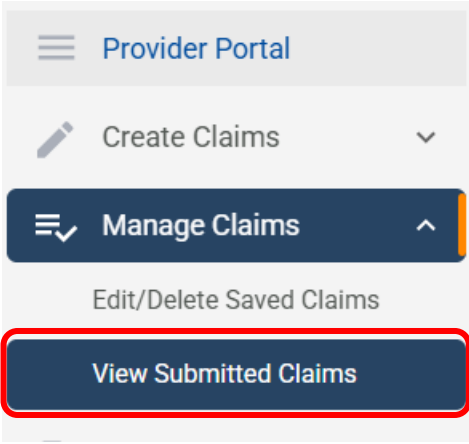
Step	Screenshot																																										
<p>3. Select the Search button.</p>	 <p>Edit/Delete Saved Claims</p> <p>To conduct a search for previously saved claims, enter information in any or all of the additional information fields and click "Search". If only the Provider Number is used to perform the search, all existing claims associated with that provider will be returned, up to a maximum number of 100 results. If there are likely more than 100 results, please refine your search criteria by entering more specific information in the additional information fields below.</p> <p>Billing Provider ID</p> <p>*Billing Provider ID 81730984</p> <p>Additional Information</p> <p>Member ID 123456789</p> <p>If only the Begin Date (and no End Date) is entered, the End Date will be the same as the Begin Date. Note: Saved claims are only kept on record for 30 business days after the date of the last save.</p> <p>Claim Service Period Begin Date: mm/dd/yyyy Claim Service Period End Date: mm/dd/yyyy</p> <p>SEARCH RESET</p>																																										
<p>4. A list of results that meet the search criteria will display. Select the row for the processed claim you wish to delete.</p>	 <p>Search Results</p> <p>Below is a list of claims that met your search criteria. To create a claim from an already processed claim, click on the row associated with the claim you wish to display. You will be taken to the web form where you may make necessary changes before submitting the new claim</p> <p>Provider ID: 81730984</p> <table border="1"> <thead> <tr> <th>TCN</th> <th>Service Period</th> <th>Claim Status</th> <th>Claim Type</th> <th>Claim Payment Amount</th> <th>Member Name</th> <th>Member ID</th> </tr> </thead> <tbody> <tr> <td>25189100040000010</td> <td>05/01/2025 - 05/01/2025</td> <td>C</td> <td>Medical</td> <td>\$250.00</td> <td>Terrell, Zollo</td> <td>81739034829332</td> </tr> <tr> <td>25171100040000020</td> <td>05/01/2025 - 05/01/2025</td> <td>C</td> <td>Medical</td> <td>\$250.00</td> <td>Terrell, Zollo</td> <td>81739034829332</td> </tr> <tr> <td>25171100040000010</td> <td>05/01/2025 - 05/01/2025</td> <td>C</td> <td>Medical</td> <td>\$250.00</td> <td>Terrell, Zollo</td> <td>81739034829332</td> </tr> <tr> <td>25163100040000010</td> <td>05/01/2025 - 05/01/2025</td> <td>C</td> <td>Medical</td> <td>\$250.00</td> <td>Terrell, Zollo</td> <td>81739034829332</td> </tr> <tr style="border: 2px solid red;"> <td>25149100070000020</td> <td>01/01/2025 - 01/01/2025</td> <td>C</td> <td>Institutional</td> <td>\$100.00</td> <td>ENEDINA, MACKLE</td> <td>81732439445884</td> </tr> </tbody> </table> <p>Page: 1 Rows per page: 5 1-5 of 6 < > >></p>	TCN	Service Period	Claim Status	Claim Type	Claim Payment Amount	Member Name	Member ID	25189100040000010	05/01/2025 - 05/01/2025	C	Medical	\$250.00	Terrell, Zollo	81739034829332	25171100040000020	05/01/2025 - 05/01/2025	C	Medical	\$250.00	Terrell, Zollo	81739034829332	25171100040000010	05/01/2025 - 05/01/2025	C	Medical	\$250.00	Terrell, Zollo	81739034829332	25163100040000010	05/01/2025 - 05/01/2025	C	Medical	\$250.00	Terrell, Zollo	81739034829332	25149100070000020	01/01/2025 - 01/01/2025	C	Institutional	\$100.00	ENEDINA, MACKLE	81732439445884
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<p>5. On the Edit/Delete Saved Claims page, select the Delete button.</p>	 <p>Manage Claims > Edit/Delete Saved Claims > Professional Claim</p> <p>Edit/Delete Saved Claims</p> <p>SUBMIT CLAIM SAVE CLAIM RESET CANCEL DELETE</p> <p>Basic Claim Info Other Claim Info Other Service Line Info</p> <p>Is this a Void/Replacement? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Submitter Information</p> <p>Submitter ID: HVALERIE01 Receiver ID/Name: 87654321-CMds</p> <p>Provider Information</p>																																										

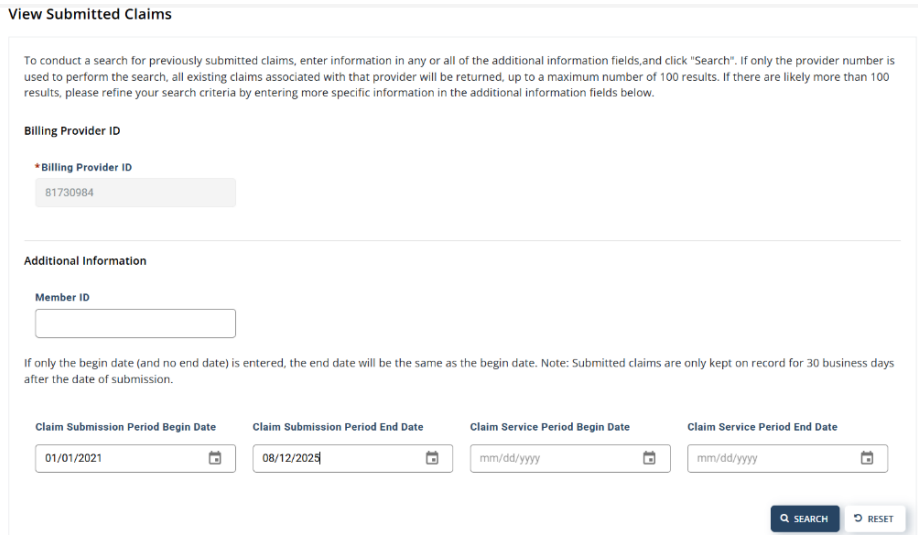
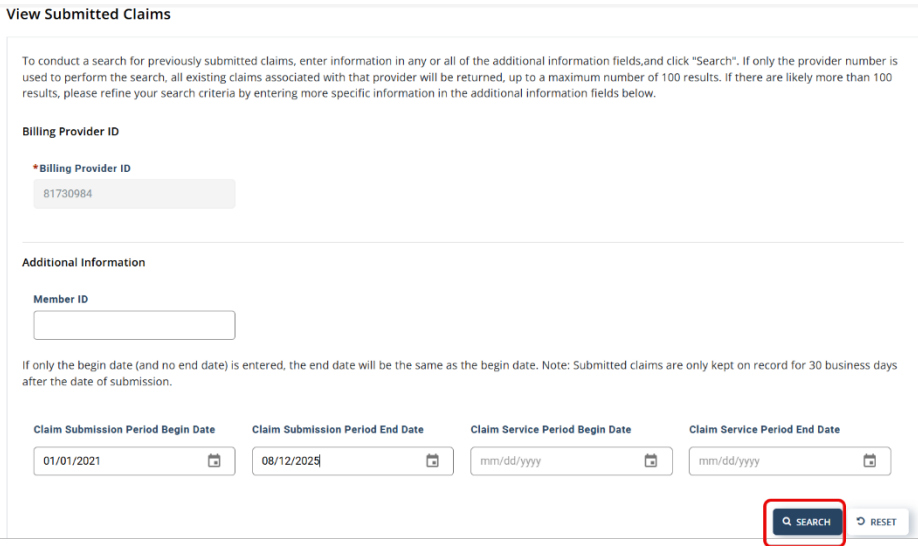
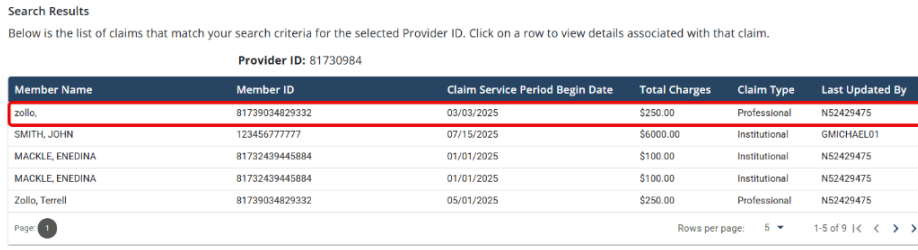
Step	Screenshot
<p>6. When prompted with “Are you sure you want to delete?”, select the OK button.</p>	
<p>7. The system displays a “Successfully deleted” message.</p>	

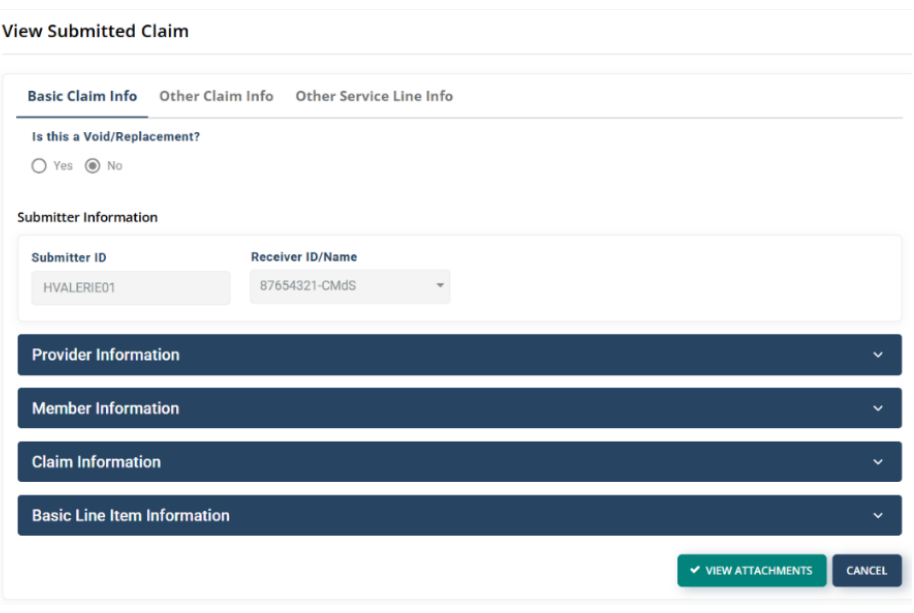
5.3 View a Submitted Claim

You can view submitted claims and their attachments online in read-only mode for up to 30 days from the date the claim was submitted.

To view a submitted claim, complete the following steps:

Step	Screenshot
<p>1. On the Manage Claims menu, select View Submitted Claims.</p>	

Step	Screenshot																																				
<p>2. On the View Submitted Claims page, enter your search criteria.</p> <p>Note: <i>If only the Provider Number is used to perform the search, all existing claims associated with that provider will be returned, up to a maximum number of 100 results.</i></p>																																					
<p>3. Select the Search button.</p>																																					
<p>4. A list of claims that meet the search criteria will display. To display the claim details, click the desired row.</p>	 <p>Search Results Below is the list of claims that match your search criteria for the selected Provider ID. Click on a row to view details associated with that claim.</p> <p>Provider ID: 81730984</p> <table border="1"> <thead> <tr> <th>Member Name</th> <th>Member ID</th> <th>Claim Service Period Begin Date</th> <th>Total Charges</th> <th>Claim Type</th> <th>Last Updated By</th> </tr> </thead> <tbody> <tr> <td>zollo,</td> <td>81739034829332</td> <td>03/03/2025</td> <td>\$250.00</td> <td>Professional</td> <td>N52429475</td> </tr> <tr> <td>SMITH, JOHN</td> <td>123456777777</td> <td>07/15/2025</td> <td>\$6000.00</td> <td>Institutional</td> <td>GMICHAEL01</td> </tr> <tr> <td>MACKLE, ENEDINA</td> <td>81732439445884</td> <td>01/01/2025</td> <td>\$100.00</td> <td>Institutional</td> <td>N52429475</td> </tr> <tr> <td>MACKLE, ENEDINA</td> <td>81732439445884</td> <td>01/01/2025</td> <td>\$100.00</td> <td>Institutional</td> <td>N52429475</td> </tr> <tr> <td>Zollo, Terrell</td> <td>81739034829332</td> <td>05/01/2025</td> <td>\$250.00</td> <td>Professional</td> <td>N52429475</td> </tr> </tbody> </table> <p>Page: 1 Rows per page: 5 1-5 of 9</p>	Member Name	Member ID	Claim Service Period Begin Date	Total Charges	Claim Type	Last Updated By	zollo,	81739034829332	03/03/2025	\$250.00	Professional	N52429475	SMITH, JOHN	123456777777	07/15/2025	\$6000.00	Institutional	GMICHAEL01	MACKLE, ENEDINA	81732439445884	01/01/2025	\$100.00	Institutional	N52429475	MACKLE, ENEDINA	81732439445884	01/01/2025	\$100.00	Institutional	N52429475	Zollo, Terrell	81739034829332	05/01/2025	\$250.00	Professional	N52429475
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Step	Screenshot
<p>5. The View Submitted Claim page displays. All fields appear in read-only mode.</p>	

6 Claim Status Inquiry

A Claim Status Inquiry can be performed as long as the TCN remains valid in Turquoise Claims, even if the claim was originally submitted up to two years ago. The Inquiry screen retrieves the current claim status along with limited claim data, which remains accessible after the 30-day period has passed.

To review the claim status, enter the search criteria and the portal displays the matching claims list, excluding Encounter claims.

At a minimum, either the TCN or the claim service period date(s) must be entered. Entering a TCN will return the exact matching claim. Entering the date and/or member information will return a list of all the claims matching the search criteria. If no End Date is entered, the End Date will either be today's date or one year forward from the Begin Date entered (whichever is less). A maximum of 100 results will be returned; if necessary, refine your search by entering additional search criteria.

The Claims Status Inquiry page has three main panels:

The **Billing Provider ID** section contains information about the billing provider responsible for submitting the claim. The provider ID is a primary field for identification purposes throughout the portal.

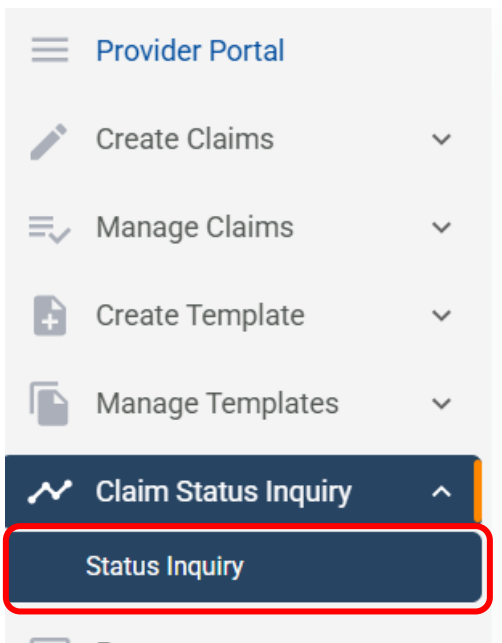
The **Claim Information** section contains details about the specific claim, including service dates, patient account number, prescription number, type of bill, total claim charge amount, and claim status. Additionally, the Service Line Information section provides details about the services rendered. Four fields are required in this section: Procedure Qualifier Code, Line Item Charge Amount, Service Units, and Service Line From Date.

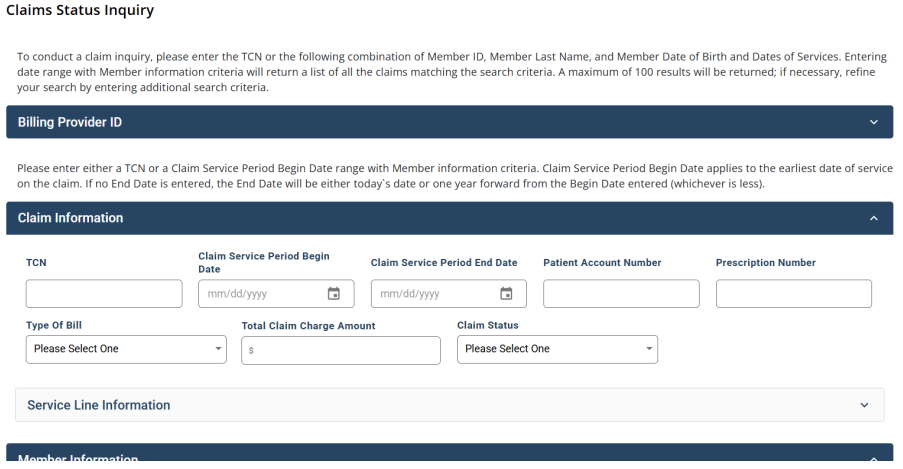
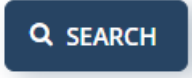
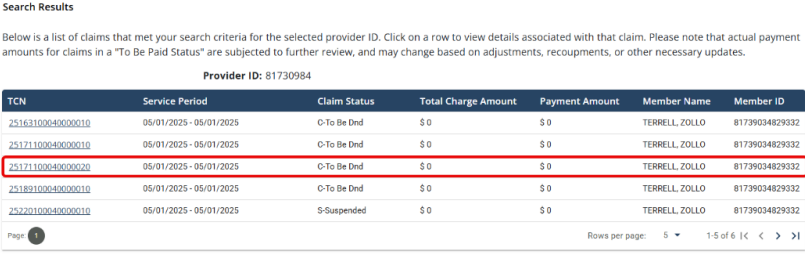
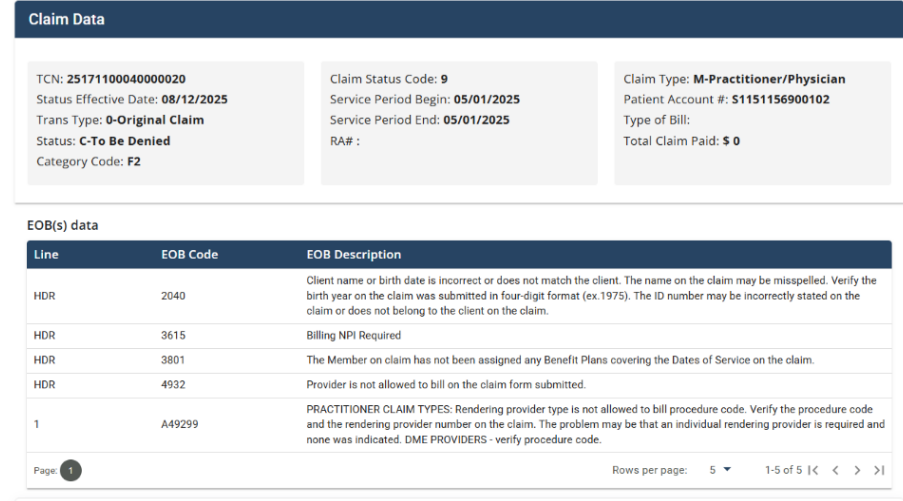
The **Member Information** section provides demographic data for the member.

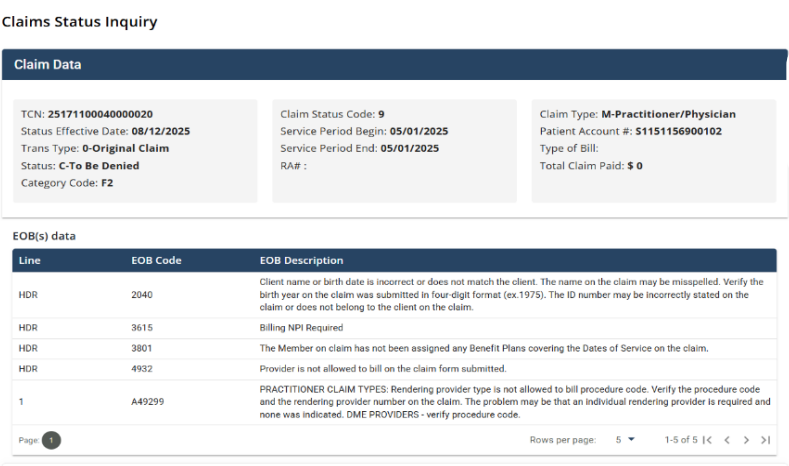
6.1 View the Status of a Claim

You can check the status of a previously processed claim online.

To view the status of a claim, complete the following steps:

Step	Screenshot
<p>1. On the Claim Status Inquiry menu, select Status Inquiry.</p>	 <p>The screenshot shows a vertical menu titled 'Provider Portal'. The menu items are: 'Create Claims', 'Manage Claims', 'Create Template', 'Manage Templates', 'Claim Status Inquiry', and 'Status Inquiry'. The 'Status Inquiry' item is highlighted with a red rectangular box.</p>

Step	Screenshot																																										
<p>2. On the Claim Status Inquiry page, enter your search criteria.</p>																																											
<p>3. Select the Search button.</p>																																											
<p>4. A list of claims that meet the search criteria will display. Select the row for the claim you wish to view.</p>	 <p>Search Results</p> <p>Below is a list of claims that met your search criteria for the selected provider ID. Click on a row to view details associated with that claim. Please note that actual payment amounts for claims in a "To Be Paid Status" are subjected to further review, and may change based on adjustments, recoupments, or other necessary updates.</p> <p>Provider ID: 81730984</p> <table border="1"> <thead> <tr> <th>TCN</th> <th>Service Period</th> <th>Claim Status</th> <th>Total Charge Amount</th> <th>Payment Amount</th> <th>Member Name</th> <th>Member ID</th> </tr> </thead> <tbody> <tr> <td>2516310004000010</td> <td>05/01/2025 - 05/01/2025</td> <td>O-To Be Dnd</td> <td>\$ 0</td> <td>\$ 0</td> <td>TERRELL, ZOLLO</td> <td>81739034829332</td> </tr> <tr> <td>2517110004000010</td> <td>05/01/2025 - 05/01/2025</td> <td>O-To Be Dnd</td> <td>\$ 0</td> <td>\$ 0</td> <td>TERRELL, ZOLLO</td> <td>81739034829332</td> </tr> <tr style="border: 2px solid red;"> <td>2517110004000020</td> <td>05/01/2025 - 05/01/2025</td> <td>O-To Be Dnd</td> <td>\$ 0</td> <td>\$ 0</td> <td>TERRELL, ZOLLO</td> <td>81739034829332</td> </tr> <tr> <td>2518910004000010</td> <td>05/01/2025 - 05/01/2025</td> <td>O-To Be Dnd</td> <td>\$ 0</td> <td>\$ 0</td> <td>TERRELL, ZOLLO</td> <td>81739034829332</td> </tr> <tr> <td>2522010004000010</td> <td>05/01/2025 - 05/01/2025</td> <td>S-Suspended</td> <td>\$ 0</td> <td>\$ 0</td> <td>TERRELL, ZOLLO</td> <td>81739034829332</td> </tr> </tbody> </table> <p>Page: 1 Rows per page: 5 1-5 of 6 < > > </p>	TCN	Service Period	Claim Status	Total Charge Amount	Payment Amount	Member Name	Member ID	2516310004000010	05/01/2025 - 05/01/2025	O-To Be Dnd	\$ 0	\$ 0	TERRELL, ZOLLO	81739034829332	2517110004000010	05/01/2025 - 05/01/2025	O-To Be Dnd	\$ 0	\$ 0	TERRELL, ZOLLO	81739034829332	2517110004000020	05/01/2025 - 05/01/2025	O-To Be Dnd	\$ 0	\$ 0	TERRELL, ZOLLO	81739034829332	2518910004000010	05/01/2025 - 05/01/2025	O-To Be Dnd	\$ 0	\$ 0	TERRELL, ZOLLO	81739034829332	2522010004000010	05/01/2025 - 05/01/2025	S-Suspended	\$ 0	\$ 0	TERRELL, ZOLLO	81739034829332
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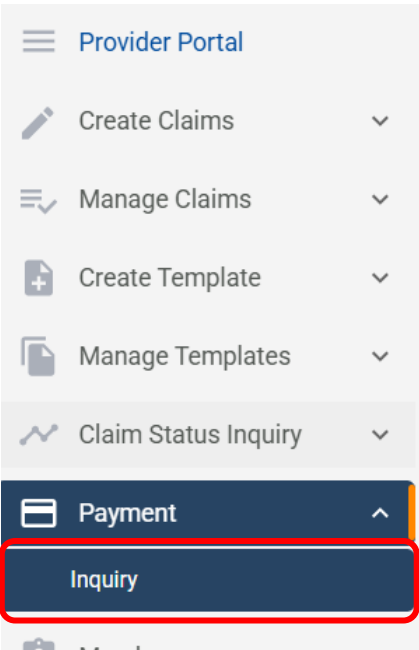
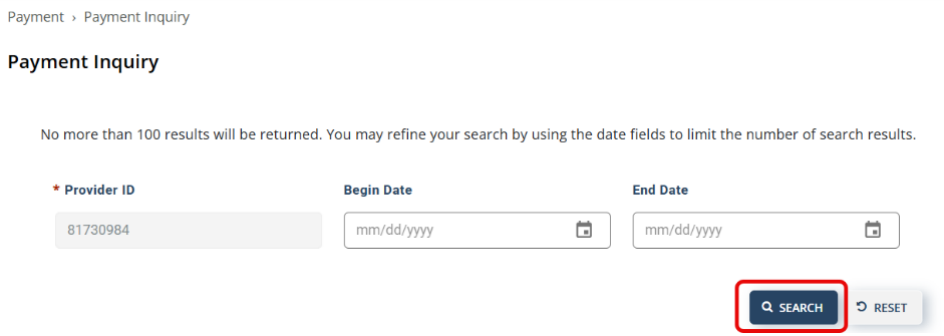
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<p>6. Select the Cancel button to return to the Claim Status Inquiry page.</p> <p>Note: <i>If a list of search results is displayed, selecting Cancel returns to the inquiry page with that list.</i></p>	 <p>Claims Status Inquiry</p> <p>Claim Data</p> <table border="1"> <tr> <td>TCN: 25171100040000020</td> <td>Claim Status Code: 9</td> <td>Claim Type: M-Practitioner/Physician</td> </tr> <tr> <td>Status Effective Date: 08/12/2025</td> <td>Service Period Begin: 05/01/2025</td> <td>Patient Account #: S1151156900102</td> </tr> <tr> <td>Trans Type: 0-Original Claim</td> <td>Service Period End: 05/01/2025</td> <td>Type of Bill:</td> </tr> <tr> <td>Status: C-To Be Denied</td> <td>RA# :</td> <td>Total Claim Paid: \$ 0</td> </tr> <tr> <td>Category Code: F2</td> <td></td> <td></td> </tr> </table> <p>EOB(s) data</p> <table border="1"> <thead> <tr> <th>Line</th> <th>EOB Code</th> <th>EOB Description</th> </tr> </thead> <tbody> <tr> <td>HDR</td> <td>2040</td> <td>Client name or birth date is incorrect or does not match the client. The name on the claim may be misspelled. Verify the birth year on the claim was submitted in four-digit format (ex.1975). The ID number may be incorrectly stated on the claim or does not belong to the client on the claim.</td> </tr> <tr> <td>HDR</td> <td>3615</td> <td>Billing NPI Required</td> </tr> <tr> <td>HDR</td> <td>3801</td> <td>The Member on claim has not been assigned any Benefit Plans covering the Dates of Service on the claim.</td> </tr> <tr> <td>HDR</td> <td>4932</td> <td>Provider is not allowed to bill on the claim form submitted.</td> </tr> <tr> <td>1</td> <td>A49299</td> <td>PRACTITIONER CLAIM TYPES: Rendering provider type is not allowed to bill procedure code. Verify the procedure code and the rendering provider number on the claim. The problem may be that an individual rendering provider is required and none was indicated. DME PROVIDERS - verify procedure code.</td> </tr> </tbody> </table> <p>Page: 1 Rows per page: 5 1-5 of 5 < > > </p>	TCN: 25171100040000020	Claim Status Code: 9	Claim Type: M-Practitioner/Physician	Status Effective Date: 08/12/2025	Service Period Begin: 05/01/2025	Patient Account #: S1151156900102	Trans Type: 0-Original Claim	Service Period End: 05/01/2025	Type of Bill:	Status: C-To Be Denied	RA# :	Total Claim Paid: \$ 0	Category Code: F2			Line	EOB Code	EOB Description	HDR	2040	Client name or birth date is incorrect or does not match the client. The name on the claim may be misspelled. Verify the birth year on the claim was submitted in four-digit format (ex.1975). The ID number may be incorrectly stated on the claim or does not belong to the client on the claim.	HDR	3615	Billing NPI Required	HDR	3801	The Member on claim has not been assigned any Benefit Plans covering the Dates of Service on the claim.	HDR	4932	Provider is not allowed to bill on the claim form submitted.	1	A49299	PRACTITIONER CLAIM TYPES: Rendering provider type is not allowed to bill procedure code. Verify the procedure code and the rendering provider number on the claim. The problem may be that an individual rendering provider is required and none was indicated. DME PROVIDERS - verify procedure code.
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7 Payment Information

Users may view information on payments that have been received. The payment cycle is weekly. To review payment information, enter the search criteria and the portal displays the matching payment list. You can also view the **Print Image Remittance Advice (RA)** which is available in a PDF format. The remittance advice will provide detailed information on each claim.

7.1 Viewing Payment Information

To view payment Information, complete the following steps:

Step	Screenshot
<p>1. On the Payment menu, select Inquiry.</p>	 <p>The screenshot shows a vertical menu titled 'Provider Portal'. The menu items are: 'Create Claims', 'Manage Claims', 'Create Template', 'Manage Templates', 'Claim Status Inquiry', 'Payment', and 'Master'. The 'Payment' item is highlighted in dark blue, and its sub-item 'Inquiry' is also highlighted in dark blue and enclosed in a red rectangular box.</p>
<p>2. On the Payment Inquiry page, enter the search criteria and select the Search button.</p>	 <p>The screenshot shows the 'Payment Inquiry' page. It includes a breadcrumb 'Payment > Payment Inquiry' and the title 'Payment Inquiry'. Below the title is a note: 'No more than 100 results will be returned. You may refine your search by using the date fields to limit the number of search results.' There are three input fields: '* Provider ID' (containing '81730984'), 'Begin Date' (with a placeholder 'mm/dd/yyyy' and a calendar icon), and 'End Date' (with a placeholder 'mm/dd/yyyy' and a calendar icon). At the bottom right, there is a 'SEARCH' button with a magnifying glass icon and a 'RESET' button with a circular arrow icon. The 'SEARCH' button is highlighted with a red rectangular box.</p>

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<p>3. A list of payments that meet the search criteria for the selected Provider ID are displayed in the Search Results section.</p> <p>Note: <i>No more than 100 results will be displayed. You can refine your search by using the date fields to limit the number of search results.</i></p>	<p>Search Results</p> <p>Below is a list of payments that met your search criteria for the selected provider ID. Print image RAS are available in PDF format. PDF format files can be read using the free Adobe Acrobat Reader from Adobe.</p> <p style="text-align: center;">Provider ID: 81730984</p> <table border="1"> <thead> <tr> <th>Paid Date</th> <th>Check / EFT Number</th> <th>Reimbursement Amount</th> <th>Print Image RA</th> </tr> </thead> <tbody> <tr> <td>12/16/2024</td> <td></td> <td>\$29,255.52</td> <td>4672841</td> </tr> <tr> <td>12/09/2024</td> <td></td> <td>\$166,772.48</td> <td>4670427</td> </tr> <tr> <td>11/29/2024</td> <td></td> <td>\$14,922.44</td> <td>4668070</td> </tr> <tr> <td>11/25/2024</td> <td></td> <td>\$16,552.81</td> <td>4665686</td> </tr> <tr> <td>11/18/2024</td> <td></td> <td>\$17,743.51</td> <td>4663298</td> </tr> </tbody> </table> <p>Page: 1 Rows per page: 5 1-5 of 59 < > >></p>	Paid Date	Check / EFT Number	Reimbursement Amount	Print Image RA	12/16/2024		\$29,255.52	4672841	12/09/2024		\$166,772.48	4670427	11/29/2024		\$14,922.44	4668070	11/25/2024		\$16,552.81	4665686	11/18/2024		\$17,743.51	4663298
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<p>4. To view the Remittance Advice, select the Print Image RA link. The Remittance Advice is displayed as a PDF in Adobe Reader.</p>	<p>Search Results</p> <p>Below is a list of payments that met your search criteria for the selected provider ID. Print image RAS are available in PDF format. PDF format files can be read using the free Adobe Acrobat Reader from Adobe.</p> <p style="text-align: center;">Provider ID: 81730984</p> <table border="1"> <thead> <tr> <th>Paid Date</th> <th>Check / EFT Number</th> <th>Reimbursement Amount</th> <th>Print Image RA</th> </tr> </thead> <tbody> <tr> <td>12/16/2024</td> <td></td> <td>\$29,255.52</td> <td>4672841</td> </tr> <tr> <td>12/09/2024</td> <td></td> <td>\$166,772.48</td> <td>4670427</td> </tr> <tr> <td>11/29/2024</td> <td></td> <td>\$14,922.44</td> <td>4668070</td> </tr> <tr> <td>11/25/2024</td> <td></td> <td>\$16,552.81</td> <td>4665686</td> </tr> <tr> <td>11/18/2024</td> <td></td> <td>\$17,743.51</td> <td>4663298</td> </tr> </tbody> </table> <p>Page: 1 Rows per page: 5 1-5 of 59 < > >></p>	Paid Date	Check / EFT Number	Reimbursement Amount	Print Image RA	12/16/2024		\$29,255.52	4672841	12/09/2024		\$166,772.48	4670427	11/29/2024		\$14,922.44	4668070	11/25/2024		\$16,552.81	4665686	11/18/2024		\$17,743.51	4663298
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