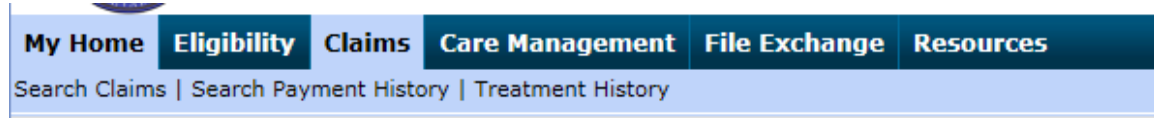


Chapter 3. Claim status verification

The **Search Claims** tab provides the ability to search and view a list of claims for members which the provider billed. The list can be filtered to search by various methods such as by claim or by member.



3.1 Verifying claim status

By clicking on the **Claims** tab, you will see two links that allow you to either search claims or to search your payment history.



3.1.1 Availability

The status of an electronically-submitted claim is usually available on the Electronic Verification System (EVS) the business day following submission. If the claim was previously submitted (a duplicate claim) or if there was an error in transmission, the claim status will not be available until the issue is resolved. The status of a paper claim is available on EVS after Nevada Medicaid enters the claim data into the Nevada Medicaid Management Information System (MMIS). This takes from 3-7 days in addition to initial mailing time.

3.1.2 Accessing the claim status request

1. Click **Claims** tab from the **My Home** page.

The screenshot shows the top navigation bar of the Nevada Department of Health and Human Services Provider Portal. The 'Claims' tab is highlighted and circled with a '1'. Below the navigation bar, the 'My Home' section is visible, containing a 'Provider' profile, 'Provider Services' list, and a 'Welcome Health Care Professional!' message with a photo of healthcare workers. The 'Claims' tab is the focus of the first step.

The **Claims** submenu will be in view.

2. Click **Search Claims**.

The screenshot shows the 'Claims' submenu. The 'Search Claims' link is circled with a '2'. The submenu also includes 'Search Payment History' and 'Treatment History' links.

3.1.3 Verifying claim status

To verify claim status, the user has the option to request by the following:

1. **Claim Information**
2. **Member Information**
3. **Service Information**

Medical/Dental

A minimum one field is required.
 Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.
 Claim searches are limited to a maximum range of 45 days.


1 Claim Information

Claim ID

2 Member Information

Recipient ID

3 Service Information

Rendering Provider ID  ID Type Claim Type


Service From To Claim Status

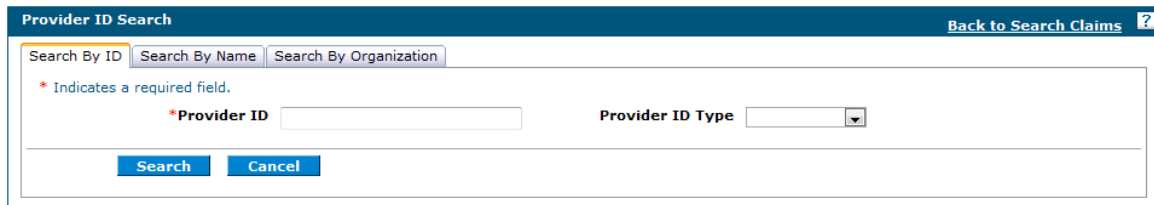
Claim Status field requirements

Field	Format
Claim Information	
Claim ID	Optional field. Must enter in 16-digit Internal Claim Number (ICN). If ICN is not used, must enter member ID and service dates. If incorrect ICN is entered, will receive message: "There are no claims to show based on the search criteria selected."
Member Information	
Recipient ID/Member ID	Optional field. Required field if no ICN is entered. Must enter 11-digit member ID. If the incorrect ID is entered or no claims found, will receive message: "There are no claims to show based on the search criteria selected."
Service Information	
Rendering Provider ID	Optional field. Must enter provider 10-digit National Provider Identifier (NPI) or Atypical Provider Identifier (API). Claims are only shown when paid to the logged in provider, but the rendering provider on the claim can be different and used as search criteria. Provider ID Type is required if Rendering Provider ID is entered. You have the ability to search for providers by clicking on the magnifying glass icon. If the incorrect ID is entered or no claims found, will receive message: "There are no claims to show based on the search criteria selected."

Field	Format
ID Type	Must select the Provider ID Type in this field if searching by rendering provider.
Claim Type	Optional field. Drop-down menu defaults to "ALL." If no claims found, will receive message: "There are no claims to show based on the search criteria selected."
Service From	Optional field. Required field if no Claim ID entered. Service date searches cannot span more than 45 days or include future dates. If claim status is for one date of service, the From date must be the same as the To date. Must be entered in MMDDCCYY format. If no claims are found, will receive message: "There are no claims to show based on the search criteria selected."
Service To	Optional field. Required field if no Claim ID entered. Service date searches cannot span more than 45 days or include future dates. If claim status is for one date of service, the From date must be the same as the To date. Must be entered in MMDDCCYY format. If no claims are found, will receive message: "There are no claims to show based on the search criteria selected."
Claim Status	Optional field. Drop-down menu defaults to "ALL." If no claims found, will receive message: "There are no claims to show based on the search criteria selected."

A minimum of one field (claim ID or ICN) is required for searches. If the ICN is unknown, you can request a claim search by member ID and service date range. If the servicing/rendering provider is different than the billing provider, you should include the rendering Provider ID and Provider ID Type.

You can also search for rendering provider by clicking on the magnifying glass icon "  ".



Clicking on the magnifying glass icon will take you to the **Provider ID Search** screen where you can search for rendering provider by ID, by name or by organization. Entering as much known information will limit your amount of searches.

To search claims:

1. Enter information in the appropriate fields.
2. Click **Search**.

Medical/Dental

A minimum one field is required.
 Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.
 Claim searches are limited to a maximum range of 45 days.

Claim Information

1 Claim ID

Member Information

Recipient ID

Service Information

Rendering Provider ID ID Type Claim Type

2 Service From 10/17/2011 To 11/17/2011 Claim Status

3. A successful response to the claim status inquiry when searching by ICN will result below.

Search Results

To see service line information, or to view a remittance advice or request an appeal, click on the '+' next to the claims ID.

Total Records: 1

	Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
3	+ 20090525PR001			Finalized Payment	05/15/2009			\$40.00	06/01/2009	

- Claim ID – ICN is listed
- TCN – Transaction Control Number. Currently not used - field is blank
- Claim Type – Currently not use - field is blank
- Claim Status – Status of claim (paid, denied, or pending)
- Service Date – Date of service
- Recipient ID – Member identification
- Rendering Provider ID – The NPI or other identifier of the provider who rendered the service
- Medicaid Paid Amount – The payment received
- Paid Date – The date of the payment
- Recipient Responsibility – Currently not used - field is blank

4. To view more information about the claim, click on the expand all “+” symbol located to the left of the **Claim ID** column to view the claim information screen.

Search Results										
To see service line information, or to view the remittance advice, click on the '+' next to the claims ID.										Total Records: 1
	Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
[-]	20090525PR001			Finalized Payment	08/01/2012 - 08/31/2012			\$323.84	04/26/2013	
Claim Information										
Recipient					Total Charge Amount \$323.84					
Birth Date					Total Paid Amount \$323.84					
Rendering Provider					Paid Date 04/26/2013					
Claim Status Finalized Payment					Reason Code _					
Service Information										
Service	Service Date	Line Status	Reason Code	Units	Procedure/Modifiers	Charge	Paid			
1	08/01/2012 - 08/31/2012	Finalized Payment		1	99396	\$323.84	\$323.84			

4
[RA Copy \(PDF\)](#)

The claim information displays the services billed in more detail.

Service – Service line

Service Date – Date of service

Line Status – Claim line status

Reason Code – Codes for claim status

Units – Units billed

Procedure/Modifiers – Services billed with modifiers if applicable

Charge – Charges billed

Paid – Payment received

For claims that are finalized, the user will have the ability to click **RA Copy (PDF)** where a new window will open to gain access to a copy of the RA. The user can then print or save the RA to his/her computer.

5. To clear the screen to access claim status on another claim, click the **Reset** button found on the search claims section of the screen.

Medical/Dental

A minimum one field is required.
Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.
Claim searches are limited to a maximum range of 45 days.


Claim Information

Claim ID

Member Information

Recipient ID

Service Information

Rendering Provider ID  ID Type Claim Type

Service From 11/17/2011 To 11/17/2011 Claim Status

3.2 Verifying claim status through member focused viewing

The **Member Focused Viewing** link allows you to view a summary of all members' information on one page, based on the last 10 members previously viewed in EVS. When you search for other members in EVS, the **Member Focused Viewing** page remains available, so you do not have to repeat searches.

1. To check on claim status in Member Focus Viewing, click **Member Focused Viewing** from the **My Home** page.



My Home

Provider

Name County Hospital Outpatient
Provider ID
Location ID 003

- My Profile
Manage Accounts

Provider Services

- Member Focused Viewing
Search Payment History
Revalidate-Update Provider
Pharmacy PA
PASRR
EHR Incentive Program
EPSDT
Presumptive Eligibility

Welcome Health Care Professional!



We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

- Prior Authorization Quick Reference Guide [Review]
Provider Web Portal Quick Reference Guide [Review]

Contact Us

Secure Correspondence

All Claim Inquiries should be submitted to the following Address:

Nevada Medicaid Administration
P.O.Box 30042
Reno, NV 89520-3042

- 2. The Member Focus Search screen appears. This screen displays two tabs. If the user has previously viewed members, the Last Member Viewed tab displays up to the last 10 searches. If no members have been previously viewed, then only the Search tab displays. Selection of an individual member from either tab displays the Member In Focus bar at the top of the page and summary information below, including their recent activity.

Member Focus Search screen showing Last Members Viewed tab with a table of recipient information.


- 3. Click the name that is listed on the Member Focus Search screen. The Member Details screen appears.

The member details displays showing:

- 4. Member's demographics
5. Benefit plans (if applicable)
6. Pending claims
7. Authorizations

A no results statement will display if the member is not identified.

Member in Focus: JOHN SMITH [Change](#) ID: [Close Member Focus](#) X

3 

4 **Member Details**

Recipient ID
Name
Birth Date
City
State
Gender
Primary Language

5 **Coverage Details**

There are no coverages for this member.
[View eligibility verification information](#)

6 **Your Member Claims**

Medical/Dental

There are no claims for this member.

7 **Your Member Authorizations**

[Submit an Authorization](#)

There are no authorizations for this member.

Other Details

[Secure Correspondence](#)
Review previously sent messages or send new secure messages.

8. At the top of the screen, the member will remain in focus even if the user checks claim details on another member. Any recent claims billed for the Member in Focus will display under the heading **Your Member Claims**.
9. To display the claim details, click on the **View More Claims for This Member** link.

Member in Focus: [Change](#) ID: [Close Member Focus](#) X

8 **Member Details**

Recipient ID
Name
Birth Date
City
State
Gender
Primary Language

Coverage Details

There are no coverages for this member.
[View eligibility verification information](#)

Your Member Claims


Medical/Dental

Claim ID	Service Date	Claim Type	Claim Status
	08/21/2011 - 08/21/2011	NotSpecified	Finalized Denied
	08/22/2011 - 08/22/2011	NotSpecified	Finalized Denied
	08/22/2011 - 08/22/2011	NotSpecified	Finalized Denied
	08/23/2011 - 08/23/2011	NotSpecified	Finalized Denied
	08/24/2011 - 08/24/2011	NotSpecified	Finalized Denied
	08/25/2011 - 08/25/2011	NotSpecified	Finalized Denied

9 [View more claims for this member](#)



Other Details

[Secure Correspondence](#)
Review previously sent messages or send new secure messages.

10. You will be directed to the **Search Claims** page. Claims that are available to view will be listed under the **Search Results** heading. To view more information about the claim, click on the expand all “” symbol located to the left of the **Claim ID** column to view the claim information screen.

Search Results										
To see service line information, or to view the remittance advice, click on the '+' next to the claims ID.										
										Total Records: 1
Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility	
 20090525PR001			Finalized Payment	08/01/2012 - 08/31/2012			\$323.84	04/26/2013		

The claim information displays the services billed in more detail. For finalized claims, the user will have the ability to click **RA Copy (PDF)** where a new window will open to gain access to a copy of the RA. You can then print or save the RA to your computer.

Search Results										
To see service line information, or to view the remittance advice, click on the '+' next to the claims ID.										
										Total Records: 1
Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility	
 20090525PR001			Finalized Payment	08/01/2012 - 08/31/2012			\$323.84	04/26/2013		
Claim Information										
Recipient					Total Charge Amount \$323.84					
Birth Date					Total Paid Amount \$323.84					
Rendering Provider					Paid Date 04/26/2013					
Claim Status Finalized Payment					Reason Code -					
Service Information										
Service	Service Date	Line Status	Reason Code			Units	Procedure/Modifiers	Charge	Paid	
1	08/01/2012 - 08/31/2012	Finalized Payment				1	99396	\$323.84	\$323.84	
										

1. To check claim status on another claim for the same member, fill in the **From** and **To** dates and click **Search**.
2. To check claim status for another member, click **Reset** and fill in the member's information, then click **Search**. Even if another member's information is displayed, the previous member will still remain in focus.
3. To go back to the previous members detail screen, click **Return to Member Focus**.
4. To change the member in focus, click **Change** next to the name in the Member in Focus. This will take you back to the **Member in Focus** screen. You can then select from the other members on the list.
5. To remove the member in focus while checking claim status on another member, click **Close Member Focus** or click on the "X" icon. The **Claim Status** screen will now be in view and the user will no longer be in Member Focus Viewing.

The screenshot shows the 'Search Claims' interface. At the top, there is a 'Member in Focus:' header with a 'Change' button and an 'ID:' field. To the right of this header are two buttons: 'Return to Member Focus' and 'Close Member Focus' with an 'X' icon. The main search area is titled 'Search Claims' and contains a search bar with 'Medical/Dental' entered. Below the search bar are three sections: 'Claim Information' with a 'Claim ID' field, 'Member Information' with a 'Recipient ID' field, and 'Service Information' with fields for 'Rendering Provider ID', 'ID Type', 'Claim Type', 'Service From' (09/05/2011), 'To' (10/05/2011), and 'Claim Status'. At the bottom of the 'Service Information' section are 'Search' and 'Reset' buttons. Numbered callouts are placed as follows: 1 on the 'Service From' field, 2 on the 'Reset' button, 3 on the 'Return to Member Focus' button, 4 on the 'Change' button, and 5 on the 'Close Member Focus' button.

3.3 Logging out of check status verification

After verifying check status, it is strongly recommended that you log off after each session. This will ensure protected health information is secure and makes the login readily available for the next user.

1. To log out, click **Logout** located at the top right-hand corner of the page.

✍ This hyperlink is located in the same area on all screens within EVS.



Search Payment History

Provider Information

Provider ID 11	ID Type NPI	Name
	Location ID 003	

* Indicates a required field.
Placeholder for configurable text.

Payment Method All

Payment Type All **Check # / RA #**

Issue Date *From 01/24/2017 *To 04/24/2017

- After clicking **Logout**, user will see a **Logout Confirmation** screen. Click **OK** or click **Cancel** to go back to previous screen.

Logout Confirmation

Are you sure you want to logout?

2