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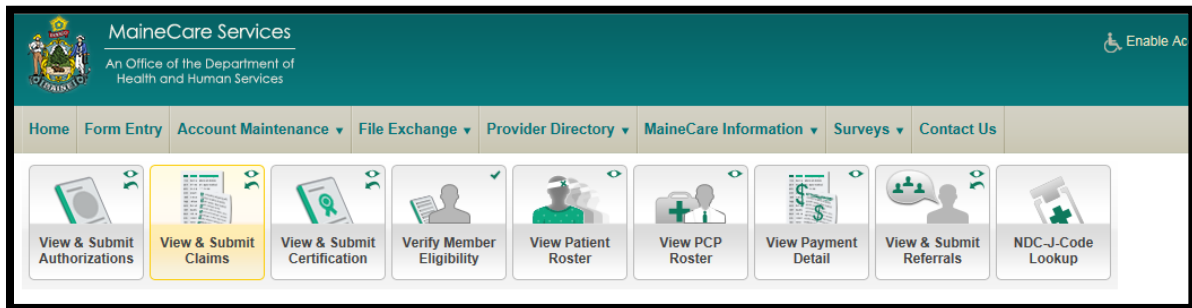
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## MaineCare in Education: Claim Status Review Quick Reference

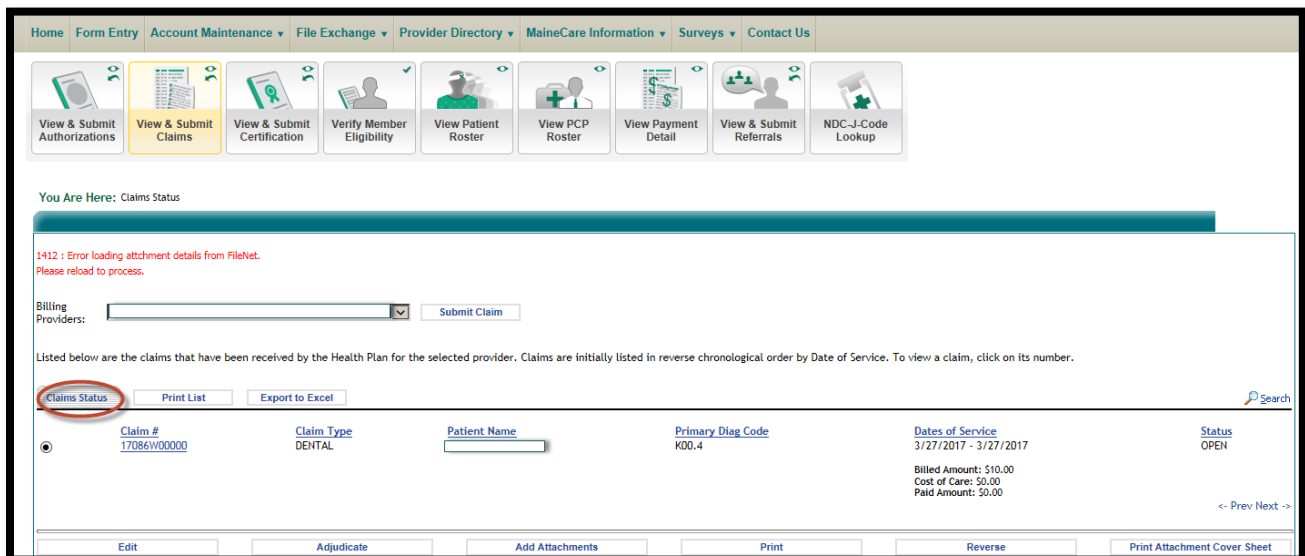
### Claim Status

To check the status of a claim, follow the steps below:

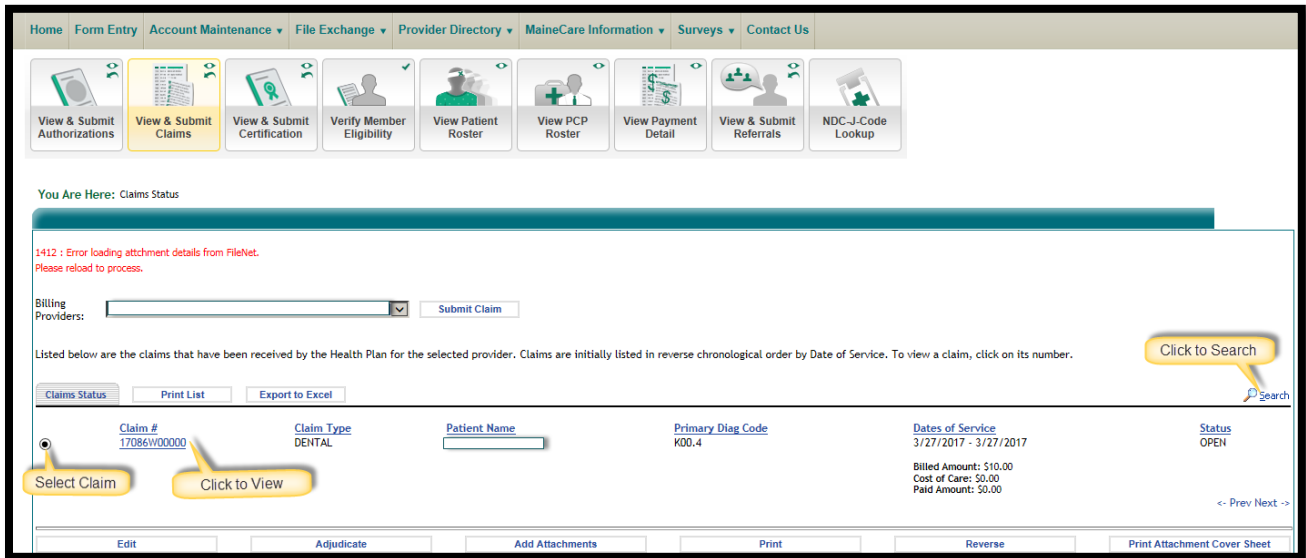
1. Sign in to Trading Partner Account
2. Click on view & submit claims. See figure below.



3. Once you have clicked on the icon you will have the option to view claim status. See figure below.



4. All claims that have been submitted by the provider are listed in reverse chronological order by date of service. Clicking on any underlined column heading will sort the lines according to the values in that column. To view claims in greater detail, click the **Claim #** link as shown below.



- To select a claim, click the radio button as shown above. The user can perform the following actions on selected claims: Edit, Adjudicate, Add Attachments, Reverse, Print Attachment Coversheet, or Print (see figure below).



Claim status identifies the processing stage of the claim. **Error! Reference source not found.** The table below, groups the statuses into three categories: **Initial**, **Awaiting Payment**, and **Finalized**. Claims with an initial status of “Rev” or “Rev Synch” may not be edited. Claims with any other initial status may be edited by the provider. Claims in Finalized status of Paid may be Reversed or Replaced.

**NOTE:** If an attempt is made to Reverse or Replace a claim that is not Finalized, a standard error message will appear: “Cannot Reverse/Replace a Claim that is not Paid or Denied.” See below for more detailed explanation of the claim statuses.

### Claim Statuses Table

Claim Statuses	
<b>Initial Claim Statuses</b>	
Open	The claim has been entered with the required fields for submission.
Adjudicated	The claim has been processed against the business rules of the system.
Deny	The claim has failed the adjudication process.
Pay	The claim has passed the adjudication process and is ready to be submitted for payment.
Pend	The claim has been set aside for review to determine if it should be paid or denied.

<b>Claim Statuses</b>	
<b>Initial Claim Statuses</b>	
Rev	The claim is an inverse of a previously paid claim that is created to take away any payment error.
Rev synch	The REV claim is held in this status until the companion replacement claim moves to Pay or Deny.
<b>Awaiting Payment Claim Statuses</b>	
Wait deny	Awaiting the finalization of the claim denial for inclusion on the remittance advice.
Wait pay	Awaiting the finalization of the claim payment submitted to AdvantageME for inclusion on the check and Remittance Advice.
Wait rev	Awaiting the finalization of the claim reversal for inclusion on the check and Remittance Advice.
<b>Finalized Claim Statuses</b>	
Paid	The payment process is complete and is included in a Remittance Advice.
Denied	The claim has failed the adjudication process, has been denied, and is included in a Remittance Advice.
Reversed	The negative claim has been finalized and is included in a Remittance Advice.
Void	May be created as part of a mass adjustment (reversal and replacement) to void the replacement (adjustment) claim when only a reversal should have occurred. These transactions do not appear on a Remittance Advice or in an 835. They are administrative transactions only.

## Edit Claim

Claims with an initial status of “Rev” or “Rev Synch” **may not be edited**. Claims with any other initial status may be edited. Refer to table above for the list of initial statuses. Claims with a finalized status of “Reversed” or “Void” cannot be reversed or replaced. “Denied” claims cannot be reversed and should be rebilled.

- Claims listed as "Open," "Adjudicated," "Pay," "Pend," “Rev,” or "Deny" have not been finalized.
- Claims listed as "Paid," “Reversed,” or "Denied" have been finalized (processed through the payment cycle).

Click the option button in front of the claim to select it for editing. Click **Edit** to edit the claim, as shown below.

You Are Here: Claims Status

1412 : Error loading attachment details from FileNet.  
Please reload to process.

Billing Providers:  Submit Claim

Listed below are the claims that have been received by the Health Plan for the selected provider. Claims are initially listed in reverse chronological order by Date of Service. To view a claim, click on its number.

Claims Status Print List Export to Excel Search

Claim #	Claim Type	Patient Name	Primary Diag Code	Dates of Service	Status
17086W00000	DENTAL		K00.4	3/27/2017 - 3/27/2017	OPEN

Billed Amount: \$10.00  
Cost of Care: \$0.00  
Paid Amount: \$0.00

Prev Next

Edit Adjudicate Add Attachments Print Reverse Print Attachment Cover Sheet

**NOTE:** If an attempt is made to Reverse or Replace a claim that is not finalized, a standard error message will appear “Cannot Reverse/Replace a Claim that is not Paid or Denied.”

Upon completion, three buttons offer further options:

- Click **Back** to return to the screen before.
- Click **Save** to save any changes.
- Click **Adjudicate** to adjudicate the edited claim.

## Adjudicate Claim

The **Adjudicate Claim** button on the confirmation page initiates the claim adjudication process and sends the claim through predefined edits for real-time claims processing.

By viewing the status of the adjudication, the user can see if a claim has been successfully processed. If the claim fails to adjudicate, an error message will appear that reads, “Warning: There are Outstanding Edits” as shown in the figure below.

Warning: There are Outstanding Edits  
Number of online adjudication attempts: 2

**Claim Information**

Claim Type: UB04  
Claim #: 17097W00000  
Log Date: 4/7/2017  
Member ID:  
Member Name:  
Address:  
Dates of Service:

Billing Provider:  
Patient Account #:  
Medical Record #:  
Prior Auth:  
Date of Birth:  
Rendering Provider:  
Referring Provider:

**Outstanding Edits**

Line #	Edit #	Description	Status	Category
0	101	No active provider contract	PEND	PROVIDER
		Provider not active for Plan on DOS	DENY	PROVIDER
		Invalid patient status for bill type	WARN	CLAIM
		Invalid accommodation days	DENY	CLAIM

Edit Claim Add Attachment Print Attachment Cover New Claim

The edits that caused the claim to fail adjudication will display under the Outstanding Edits header.

A claim on the portal can be adjudicated up to 10 times. The message at the top of the screen that says "Number of online adjudication attempts: x" keeps a running count.

Claims may have edits posted that indicate if the edit is a warning, denial, or pend. **A warn edit does not prevent a claim from paying.**

### Reversing a Paid Claim

The user may reverse and replace any finalized **Paid** claim. Users may also simply reverse the claim.

- A **Reverse** transaction reverses everything on the claim; the charged amount, payment and the units/visits, etc. are negated.
- During the **Replace**, the claim data will be pre-populated. Users will have the option of changing the data prior to resubmission.

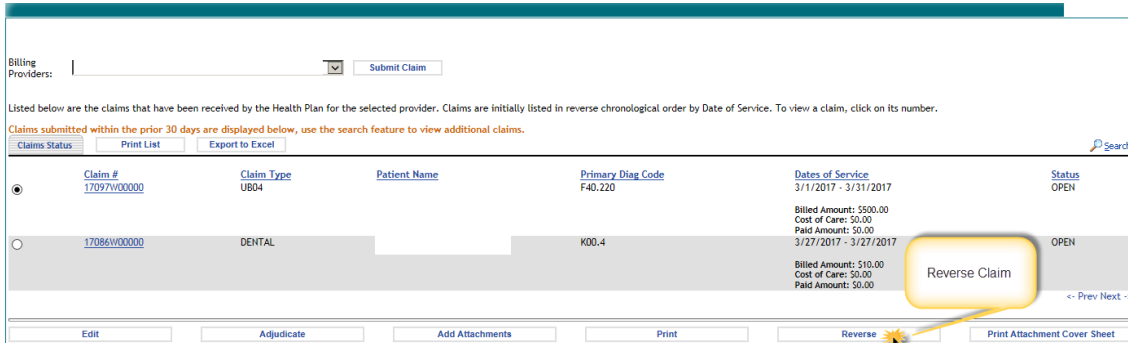
**NOTE:** When reopening the COB information, clicking **Cancel** from the COB Information window will delete all primary payment information previously entered. Clicking **Submit** will not delete this information.

**NOTE:** When a reversal claim is submitted and is in a status of "Rev" or "Rev Synch," the **Edit** and **Adjudicate** buttons at the bottom of the Claim Status screen will be grayed out.

- The Original Claim, the Reversal Claim and/or the Replacement Claim will be visible in the system. This is for accounting purposes and will show on the next Remittance Advice.

To reverse or reverse and replace a claim, follow these steps:

1. Search for a claim by clicking the  icon
2. Select a claim and click Reverse on the claim status page.



The screenshot shows a web interface for managing claims. At the top, there is a 'Billing Providers' field with a dropdown arrow and a 'Submit Claim' button. Below this, a message states: 'Listed below are the claims that have been received by the Health Plan for the selected provider. Claims are initially listed in reverse chronological order by Date of Service. To view a claim, click on its number.' A note in orange text says: 'Claims submitted within the prior 30 days are displayed below, use the search feature to view additional claims.' There are three buttons: 'Claims Status', 'Print List', and 'Export to Excel'. A search icon is on the right. The main area is a table with columns: Claim #, Claim Type, Patient Name, Primary Diag Code, Dates of Service, and Status. Two claims are listed. The first claim (17097V00000) is selected with a radio button. The second claim (17086W00000) is unselected. A yellow callout box with a star icon points to the 'Reverse Claim' button in the table's footer row. Below the table are buttons for 'Edit', 'Adjudicate', 'Add Attachments', 'Print', 'Reverse', and 'Print Attachment Cover Sheet'.

Claim #	Claim Type	Patient Name	Primary Diag Code	Dates of Service	Status
<input checked="" type="radio"/> 17097V00000	UB04		F40.220	3/11/2017 - 3/31/2017	OPEN
<input type="radio"/> 17086W00000	DENTAL		K00.4	3/27/2017 - 3/27/2017	OPEN

3. On the next screen, select the option to **Reverse this claim and create a new claim.**

**NOTE:** To reverse a claim without creating a replacement claim, select the option to **Reverse this claim only.**

4. Preserve the existing data by checking the box next to **Use the data from this claim as basis for the new claim.** The new claim will have all applicable data copied over.

**For Additional Detail and User guides, please see:**

<https://mainecare.maine.gov/MyHealth%20PAS%20User%20Guides/Forms/Publication%20View.aspx>