

Verifying the Claim Status

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Verifying the Claims Status From Office Management

1. Select Claims from Office Management.

OFFICE MANAGEMENT	ADMINIS
Eligibility	
Authorizations & Notific	ations
Referrals	
Claims	

Claim Status Search Screen

Claim Status	Remittance Advice Add Claim
Claim Stat	us Search
Claim Number	0
Date of Service	1/20/2020 III To 4/20/2020 IIII
Patient	 Last Name Member ID Patient Account Number (Patient List)
Provider	(ID Example - HP5555555,HP4444444) Last Name Provider NPI
	0

2. Search for the claim by the Claim Number, Patient or the Provider and the Date of Service. Enter the search criteria and click "Search."

Note: Claims submitted in HPHConnect via Add Claim will be available in Office Management only after processed by Harvard Pilgrim. These claims will appear under Patient Management in submitted status.

For more information, visit https://hphcproviders.healthtrioconnect.com/



ages: (1) Results:	1							
laim Stat	us Search	Results						
Claim Number	Status	Patient	Patient Account No.	DOS	Provider	Billed	Paid/Cap. Value.	Payment Date
UA549612345	Finalized/Denial	GILL.	BP14574	20 Mar 2020	<u>Hood</u>	\$305.00	\$0.00	

boos: (1) 2 Result	. 26							
Claim State	us Search	Results						
Claim Number	Status	Patient	Patient Account No.	DOS	Provider	Billed	Paid/Cap. Value.	Payment Date
200611M12345	Pending/In Process	HAM JANE	39158	10 Jun 2020	Physical Therapy Assoc	\$150.00	\$22.54	
				3 lun	Physical			

Search results will show claims that have been accepted for processing as well as those that have been adjudicated.

3. Click on the Claim number to view line item details for the submitted claim. This will then bring you to the Claims Status Detail Screen. The claim and claim line status will be updated as the claim is processed.

<u>Claim Nu</u>	<u>imber</u> <u>Stat</u>	<u>15</u>	Patient	Patient Acco	ount No.	DOS	<u>Provider</u>	Billed	Paid/Cap.	Value.
<u>191014M2</u>	345 <u>Finaliz</u>	ed/Payment Display P	HILL , ADDIL C Healthcare Claim Sta	5263495 stus		10 Oct 2019	<u>Jack ,</u> David	\$272.00	\$183.16	
im Stat	tus Detail	Screen								
Claim Sta	tus Remitta	nce Advice	Add Claim						Print Q	/iew Audit
Claim Sta	tus Detail for	191014M0	1230							
Claim L	evel Inform	ation								
Ρ	rovider: David	Jack 463021 NPI)				Practice:	HopedaleMed	ical Group		
	Patient: <u>APRII</u>	HILL			Patient Ac	count No.:	526349			
В										
	ill lype: NOT	APPLIC								
° R	Ref/Auth None Number:	APPLIC			Claim Rec	eipt Date:	14 Oct 201	9		
• R N • Dia	Ref/Auth Number: J06.9	APPLIC : ACUTE UPPER	RESPIRATORY	NFECTION UN	Claim Red	eipt Date:	14 Oct 201	9		
° R N O Dia	Ref/Auth Number: agnosis: R05 :	APPLIC : ACUTE UPPER COUGH	RESPIRATORY	NFECTION UN	Claim Rec	eipt Date:	14 Oct 201	9		
• R • Dia Service	Aef/Auth Number: None agnosis: JO6.9 R05 : Line Inform	APPLIC : ACUTE UPPER COUGH ation	RESPIRATORY I	NFECTION UN	Claim Rec	eipt Date:	14 Oct 201	9		
© R N Dia Service	Arriver Nore Ref/Auth Number: None agnosis: J06.9 R05 : Line Inform Status	APPLIC : ACUTE UPPER COUGH ation Check/E Number	RESPIRATORY I	NFECTION UN:	Claim Rec ISPECIFIED	eipt Date: Modifi	14 Oct 201 er Units	9 Billed Amount	0 Allowed Amount	O Patie Respor
© Fi N Service Line	Ref/Auth Number: None agnosis: J06.9 R05 : Line Inform Status	APPLIC : ACUTE UPPER cough ation Check/E Number nt 50102	FT Paymer Date 22 Oct 2019	nFECTION UN: t DOS 10 Oct 2019	Claim Rec SPECIFIED Procedure 99213	eipt Date: Modifi	14 Oct 201 er Units 1	9 Billed Amount \$170.00	O Allowed Amount \$165.76	• Patie Respor \$20.00
• R • Dia Service Line 00100000	An and a second	APPLIC : ACUTE UPPER COUGH ation (Check/E Number nt 50102	FT Payment 22 Oct 2019 22 Oct 2019	nFECTION UNI DOS 10 Oct 2019 10 Oct 2019	Claim Rec SPECIFIED Procedure 99213 87804	eipt Date: Modifi	14 Oct 201 er Units 1 2.	Billed Amount \$170.00 \$102.00	Allowed Amount \$165.76 \$37.40	• Patie Respor \$20.00 \$0.00
• R • Di Service Line 00100000 00200000	Arriver in the second s	APPLIC : ACUTE UPPER course atton Number nt 50102	Payment FT Payment Date Date 22 Oct 2019 22 Oct 2019	nFECTION UN: DOS 10 Oct 2019 10 Oct 2019	Claim Rec SPECIFIED Procedure 99213 87804	eipt Date: Modifi	I4 Oct 201 er Units 1 2 Totals	Billed Amount \$170.00 \$102.00 \$272.00	• Allowed Amount \$165.76 \$37.40 \$203.16	 Patie Resport \$20.00 \$0.00 \$20.00
• R • Di Service Line 00100000 00200000	Ref/Auth Number: None agnosis: J06.9 R05 : Line Inform Status Finalized/Payme	APPLIC : ACUTE UPPER COUGH ation Solution Number nt 50102	FT Paymen 22 Oct 2019 22 Oct 2019	nt DOS 10 Oct 2019 10 Oct 2019	Claim Rec SPECIFIED Procedure 99213 87804	eipt Date: Modifi	14 Oct 201 er Units 1 2 Totals	Billed Amount \$170.00 \$102.00 \$272.00	• Allowed Assourt \$165.76 \$37.40 \$203.16	 Patie Resport \$20.00 \$0.00 \$20.00
• F N • Dia Service Line 00100000 00200000	emarks	APPLIC : ACUTE UPPER cough ation Number nt 50102 	FT Paymen Date 22 Oct 2019 22 Oct 2019 22 Oct 2019	nFECTION UN: DOS 10 Oct 2019 10 Oct 2019	Claim Rec SPECIFIED Procedure 87804	eipt Date: Modifi	14 Oct 201 er Units 1 2 Totals	Billed Amount \$170.00 \$102.00 \$272.00	O Allowed Amount \$165.76 \$37.40 \$203.16	 Patie Resport \$20.00 \$0.00 \$20.00
 Remark Pick Pick Payor R Remark 	emarks output	APPLIC : ACUTE UPPER coUGH : Check/E Number nt 50102	RRESPIRATORY I FT Paymen Date Date 22 Oct 2019 22 Oct 2019 m 55	nt DOS 10 Oct 2019 10 Oct 2019 Claim/line has	Claim Rec SPECIFIED 99213 87804 been paid.	eipt Date: Modifi	14 Oct 201 er Units 1 2 Totals	Billed Amount \$170.00 \$102.00 \$272.00	• Allowed Amount \$165.76 \$37.40 \$203.16	• Patie Respor \$20.00 \$0.00 \$20.00

Key Information

The claim status detail screen will provide you with the following details:

- Claim Status Finalized/Payment, Finalized/Denial, or Pending/In Process
- Claims are processed in stages and may not be reflected accurately when viewed in the provider portal prior to final adjudication. Please rest assured that this is normal and that we are committed to processing your claims with utmost care and accuracy.
 - A finalized claim without a payment number or payment date might still have their status changed before the next payment run occurs
 - Until there is a payment date and payment amount, the status of the claim could change to any other status if the claim has a finalized status the claim is "set to pay" or "set to deny"
- Check/EFT Number clicking on the Check/EFT Number will bring you to the Remittance Advice detail for the check number. The claim at the top is the claim that you are reviewing. The other claim numbers under the check will appear below the original claim.

Verifying the Claims Status From Patient Management

1. Select the Member from your Current Patient List



2. Click "Claims"

P	ATIENT MANAGEMENT OFFICE M
	Current Patient
	HILL, APRIL 🔫
i	Search Patients
2	Patient Information
el	Referrals
ıċ	Authorizations & Notifications
, i	Claims
M	Eligibility
98	Change Member PCP
: he	ere to view detailed information about

Claim Status Search Results for HP123456789

Claim Number	<u>Status</u>	Patient	Patient Account No.	DOS	Provider	Billed	Paid/Cap. Value.	Payment D
<u>200219012345</u>	Finalized/Payment	<u>HILL ,</u> April	76346	7 Feb 2020	<u>West</u> <u>Diagnostics</u>	\$89.99	\$16.16	3 Mar 2020
200212001234	<u>Finalized/Payment</u>	<u>HILL .</u> <u>APRIL</u>	53785	7 Feb 2020	<u>Jack, David</u>	\$180.00	\$145.76	25 Feb 2020

Claim Status Search Results Screen

Note: Claims for the Member that are associated with your provider(s) will appear on the Claim Status Search Results screen. Claims submitted by HPHConnect "Add Claim" will appear with an acknowledgment message in the status field.

1. Click on the Claim number to view line item details for the submitted claim. The claim and claim line status will be updated as the Claim is processed. This will then bring you to the Claims Status Detail Screen.

Claim Number	Status	Patient	Patient Account No.	DOS	Provider	Billed	Paid/Cap. Value.	Payment D
0021902345	Finalized/Payment	SMITH APRIL	76346	7 Feb 2020	West_ Diagnostics	\$89.99	\$16.16	3 Mar 2020

Cianni Le	evel Information	on								
P	rovider: West Dia (1194011	gnostics 22 NPI)				Practice:	West Diagr	nostics		
	Patient: APRIL HIL	L			Patient Acco	ount No.:	763462			
В	ill Type: NOT APP	LIC								
o R	ef/Auth None				Claim Rece	ipt Date:	9 Feb 2020	i î		
O Dia	agnosis: M79.10 :	Myalgia, unspeci	fied site							
Service	Line Informati	ion								
									-	
Line	Status	Check/EFT Number	Payment Date	DOS	Procedure	Modifier	Units	Billed Amount	O Allowed Amount	 Patient Responsi
Line	Status Finalized/Payment	Check/EFT Number	Payment Date 3 Mar 2020	DOS 7 Feb 2020	Procedure 87088	Modifier	Units 1	Billed Amount \$29.24	Allowed Amount	• Patient Responsi \$0.00
Line 00100000 00200000	Status Finalized/Payment Finalized/Payment	Check/EFT Number	Payment Date 3 Mar 2020 3 Mar 2020	DOS 7 Feb 2020 7 Feb 2020	Procedure 87088 87086	Modifier	Units 1 1	Billed Amount \$29.24 \$60.75	Allowed Amount \$8.09 \$8.07	• Patient Responsi \$0.00 \$0.00
Line 00100000 00200000	Status Finalized/Payment Finalized/Payment	Check/EFT Number 501112 501112	Payment Date 3 Mar 2020 3 Mar 2020	DOS 7 Feb 2020 7 Feb 2020	Procedure 87088 87086	Modifier	Units 1 1 Totals	Billed Amount \$29.24 \$60.75 \$89.99	Allowed Amount \$8.09 \$8.07 \$16.16	• Patient Responsi \$0.00 \$0.00
Line 00100000 00200000	Status Finalized/Payment Finalized/Payment	Check/EFT Number 501112 501112	Payment Date 3 Mar 2020 3 Mar 2020	DOS 7 Feb 2020 7 Feb 2020	Procedure 87088 87086	Modifier	Units 1 1 Totals	Billed Amount \$29,24 \$60.75 \$89,99	Allowed Amount \$8.09 \$8.07 \$16.16	• Patient Responsi \$0.00 \$0.00 \$0.00
Line 00100000 00200000	Status Finalized/Payment Finalized/Payment	Check/EFT Number	Payment Date 3 Mar 2020 3 Mar 2020	DOS 7 Feb 2020 7 Feb 2020	Procedure 87088 87086	Modifier	Units 1 1 Totals	Billed Amount \$29,24 \$60.75 \$89,99	Allowed Amount \$8.09 \$8.07 \$16.16	 Patient Responsi \$0.00 \$0.00 \$0.00 \$0.00
Line 00100000 00200000	Status Finalized/Payment Finalized/Payment	Check/EFT Number 501112 501112	Payment Date 3 Mar 2020 3 Mar 2020	DOS 7 Feb 2020 7 Feb 2020	Procedure 87088 87086	Modifier	Units 1 1 Totals	Billed \$29,24 \$60.75 \$89,99	Allowed Amount \$8.07 \$16.16	 Patient Responsi \$0.00 \$0.00 \$0.00 ,

Key Information

The claim status detail screen will provide you with the following details:

- Claim Status Finalized/Payment, Finalized/Denial, or Pending/In Process
- Check/EFT Number clicking on the Check/EFT Number will bring you to the Remittance Advice detail for the check number. The claim at the top is the claim that you are reviewing. The other claim numbers under the check will appear below the original claim.
- Claims are processed in stages and may not be reflected accurately when viewed in the provider portal prior to final adjudication. Please rest assured that this is normal and that we are committed to processing your claims with utmost care and accuracy.
 - A finalized claim without a payment number or payment date might still have their status changed before the next payment run occurs
 - Until there is a payment date and payment amount, the status of the claim could change to any other status if the claim has a finalized status the claim is "set to pay" or "set to deny"

Remittance Advice/Claim Payment Search From Office Management

1. Select the Claims link from Office Management and then select the Remittance Advice tab.

0	FFICE MANAGEM	ENT	ADMINIST	TRA	
	Eligibility Authorizations & Referrals Claims	k Notificati	ions		
	Claim Status	Remitta	ance Advice	Add Claim	

2. Search for the Remittance Advice by Provider, Patient, Patient Account Number, Remittance Advice (Check Number or Claim Number) or by Date and select Search.

Reminder: If you receive EFT	payments you can	view that informati	on by clicking the Pay	Span link below and loggin	g into your accou
PaySpan					
Remittance Adv	ice				
		-			
By Provider	SELECT PROVIDE	8			
By Patient	SELECT PATIENT				
By Patient Account Number					
By Remittance Advice	Check Numbe				
,	Gileck Humbe				
By Date	Check Date	• From:	To:		

3. This will then bring you to the Remittance Advice Search Result screen. Click on the Check Number to get the Remittance Advice Detail.

Remittance Advice Search Results Screen



Remittance Advice Detail Screen

eturn to the Search Re	sult									
D						X 0	TALO			
kemittance /	Advice Det	all for	Cnec		ber 300	02	Iotal Cla	ims Paid:	208	
Check Date	Total Paid	Pay	yor	Vendor I	Name		Vend	lor Address		
4/14/2020	¢7 702 20			POSTON		SOCIATES	PO BC	DX 414		
6/16/2020	\$7,783.29			BUSTON	MEDICAL AS:	SOCIATES	BOST	ON, MA 02241		
									VIEW AU	DIT
							Si	ort By: Pationt/M	ombor Nam	
								Tateno M		
							1 - 5 of 2	268 Page 1	•	()
Claim Numh	er 200602654	22								
Claim Numb	er 200603654	32								
Claim Numb	Patient	32		Patient	Account Nu	mber	Mem	ber ID Number		
Claim Numb Provider Mary Smith	Pet 200603654 Patient WONG. MAI	<u>32</u>		Patient BP14641	Account Nu	mber	Mem HPK23	ber ID Number 456700		
Claim Numb Provider Mary Smith DOS Proced	Pet 200603654 Patient WONG. MAI	<u>32</u> POS	Units	Patient BP14641 Billed	Account Nut Allowed	mber o Withhold	Mem HPK23 Patient Responsibility	ber ID Number 456700 Disallowed	Paid	EOF
Claim Numb Provider Mary Smith DOS Proced 4/29/2020 <u>99442</u>	Pet 200603654 Patient WONG, MAI	932 POS	Units 1	Patient BP14641 Billed \$305.00	Account Nut Allowed \$81.18	o Withhold \$0.00	Mem HPK23 Patient Responsibility \$0.00	ber ID Number 456700 Disallowed \$0.00	Paid \$16.95	EOF 65
Claim Numb Provider Mary Smith DOS Proced 4/29/2020 <u>99442</u>	Pet 200603654 Patient WONG, MAJ	<u>роз</u> н11	Units 1 Totals	Patient BP14641 Billed \$305.00 \$305.00	Account Nur Allowed \$81.18 \$81.18	withhold \$0.00	Mem HPK23 Patient Responsibility \$0.00 \$0.00	ber ID Number 456700 Disallowed \$0.00 \$0.00	Paid \$16.95 \$16.95	EOF 65
Claim Numb Provider Mary Smith DOS Proceed 4/29/2020 99442	Pet 200603654 Patient WONG MAI	POS H11 5: Claim/line	Units 1 Totals	Patient BP14641 Billed \$305.00 \$305.00	Account Nut Allowed \$81.18 \$81.18	wber Withhold \$0.00 \$0.00	Mem HPK23 Patient Responsibility \$0.00 \$0.00	ber ID Number 456700 Disallowed \$0.00 \$0.00	Paid \$16.95 \$16.95	EOF 65
Claim Numb	Patient WONG.MAI	POS <u>H11</u> 5: Claim/line	Units 1 Totals e has been	Patient BP14641 Billed \$305.00 \$305.00	Account Nut Allowed \$81.18 \$81.18	wber Withhold \$0.00 \$0.00	Mem HPK23 Patient Responsibility \$0.00 \$0.00	ber ID Number 456700 Disallowed \$0.00 \$0.00	Paid \$16.95 \$16.95	EOF 65
Claim Numb Provider Mary Smith DOS Proced 4/29/2020 99442	Petr 200603654 Patient WONG, MAI lure Modifier EOP 6	POS H 11 5: Claim/line 3721	Units 1 Totals e has been	Patient BP14641 Billed \$305.00 \$305.00	Account Nut Allowed \$81.18 \$81.18	mber Withhold \$0.00	Mem HPK23 Patient Responsibility \$0.00 \$0.00	ber ID Number 456700 Disallowed \$0.00 \$0.00	Paid \$16.95 \$16.95	EOF 65
Claim Numb Provider Mary Smith DOS Proceed 4/29/2020 99442	Pet 200603654 Patient WONG. MAI Iure Modifier EOP 6 Pet 200604M33 Patient	POS H11 5: Claim/line 3721	Units 1 Totals	Patient BP14641 Billed \$305.00 \$305.00	Account Nur Allowed \$81.18 \$81.18 "	mber Withhold \$0.00 \$0.00	Mem HPK23 Patient Responsibility \$0.00 \$0.00	ber ID Number 456700 Disallowed \$0.00 \$0.00	Paid \$16.95 \$16.95	EOF 65
Claim Numb Provider Mary Smith DOS Proced 4/29/2020 99442 Claim Numb Provider Kash, Karra	Peti 200603654 Patient WONG.MAI Iure Modifier EOP 6 Peti 200604M33 Patient <u>Vince, Johr</u>	POS <u>H11</u> 5: Claim/line 3721	Units 1 Totals e has been	Patient BP14641 Billed \$305.00 \$305.00 paid.	Account Nur Allowed \$81.18 \$81.18 "	mber Withhold \$0.00	Mem HPK23 Patient Responsibility \$0.00 \$0.00 Membe HPE 3456	ber ID Number 456700 Disallowed \$0.00 \$0.00	Paid \$16.95 \$16.95	EOF 65
Claim Numb Provider Mary Smith DOS Proceed 4/29/2020 99442 Claim Numb Provider Kash, Karra DOS Proceed	Petr 200603654 Patient WONG. MAI Iure Modifier EOP 6 Petr 200604M33 Patient Vince. Johr	POS H 11 5: Claim/line 3721	Units 1 Totals e has been B Units	Patient BP14641 \$305.00 \$305.00 n paid. Patient Accoo P14629 Billed	Account Nur Allowed \$81.18 \$81.18 " bunt Number Allowed	mber Withhold \$0.00 \$0.00	Mem HPK23 Patient Responsibility \$0.00 \$0.00 \$0.00 Membe HPE 3456 Patient Responsibility	ber ID Number 456700 Disallowed \$0.00 \$0.00 \$0.00	Paid \$16.95 \$16.95	еоғ 65 ,
Claim Numb Provider Mary Smith DOS Proced 4/29/2020 99442 Claim Numb Provider Kash, Karra DOS Proced 4/28/2020 99443	Pet 200603654 Patient WONG.MAI Iure Modifier 200604M33 Patient Vince.John Iure Modifier	POS H11 5: Claim/line 3721 POS H02	Units 1 Totals e has been B Units 1	Patient BP14641 Billed \$305.00 \$305.00 n paid. Patient Accco P14629. Billed \$446.00	Account Nur Allowed \$81.18 \$81.18 " bunt Number Allowed \$118.67	mber Withhold \$0.00 \$0.00	Mem HPK23 Patient Responsibility \$0.00 \$0.00 Membe HPE 3456 Patient Responsibility \$0.00	ber ID Number 456700 Disallowed \$0.00 \$0.00 tr ID Number 7700 Disallowed \$0.00	Paid \$16.95 \$16.95 Paid \$22.97	еоғ , еоғ 65

Key Information

- The Remittance Advice can be sorted by Patient/Member Name, Claim Number, Provider, Member ID and Patient Account Number
- The data on the Remittance Advice Screen cannot be used to post your payment. You must either use the paper EOP or electronic remittance advice to post.