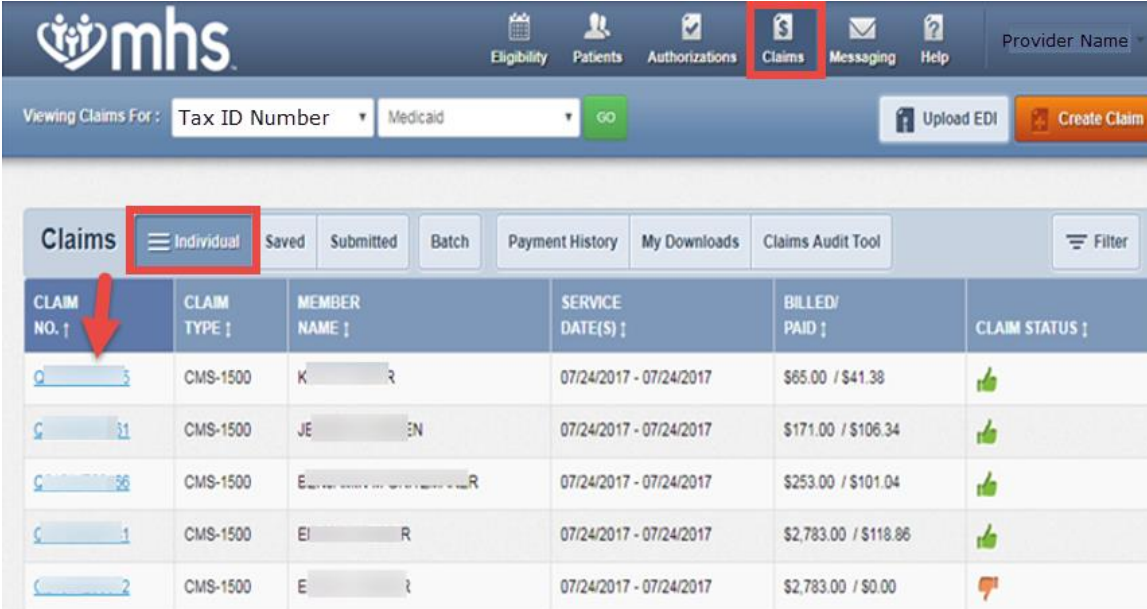


Secure Provider Portal: Claim Corrections

Providers have the ability to correct a claim using the MHS Secure Portal.

Review the steps below to see the process for correcting a claim.

1. Log into the Secure Provider Portal: <https://provider.mhsindiana.com>
2. Use the Navigation bar at the top to select the **Claims** feature.
3. Select **Individual** in the Claims toolbar.
4. Click the **Claim Number** in the **CLAIM NO.** column for the specific claim that needs to be corrected.



CLAIM NO. ↑	CLAIM TYPE ↑	MEMBER NAME ↓	SERVICE DATE(S) ↓	BILLED/ PAID ↓	CLAIM STATUS ↓
Q1	CMS-1500	K [REDACTED] R	07/24/2017 - 07/24/2017	\$65.00 / \$41.38	👍
11	CMS-1500	JE [REDACTED] EN	07/24/2017 - 07/24/2017	\$171.00 / \$106.34	👍
36	CMS-1500	E [REDACTED] R	07/24/2017 - 07/24/2017	\$253.00 / \$101.04	👍
1	CMS-1500	EI [REDACTED] R	07/24/2017 - 07/24/2017	\$2,783.00 / \$118.86	👍
2	CMS-1500	E [REDACTED] R	07/24/2017 - 07/24/2017	\$2,783.00 / \$0.00	👎

5. Once the claim is opened, select **Correct Claim** from the details page to being claim correction. Please note: Claims with a Status of **PAID** or **DENIED** can be corrected online. Claims with a **PENDING** status cannot be corrected until adjudicated.




Back to Claims **Correct Claim** Copy Claim Claim No.: Q1

Ref/Acct No.: P [REDACTED]
 Member ID: 1 [REDACTED] 9
 Member Name: [REDACTED]
 Member DOB: 1 [REDACTED]
 Servicing Provider: S [REDACTED] T
 Servicing NPI: 1 [REDACTED] 5
 DOS Range: 05/25/2017 - 05/25/2017

Received Date: 06/29/2017
 Billed Amount: \$99.00
 Payment Amount: \$0.00
 Payment Date: 07/10/2017
 Status: DENIED

LINE	DOS	PROC	DX	MODIFIERS	PLACE OF SERVICE	CHARGED	PAYMENT AMOUNT	PAYMENT DATE	CHECK NO.	STATUS	STATUS DESCRIPTION
1	05/25/2017	73110	S62101 A	TC, RT	11	\$99.00	\$0.00	07/10/2017	09004 13973	DENY	DUPLICATE CLAIMS OR MULTIPLE PROVIDERS BILLING SAME/SIMILAR CODE(S)

7. On the **Diagnosis Codes** page you will need to verify any Diagnosis Codes. If a code is incorrect please **Remove**.
8. Select **Add Coordinator of Benefits** for additional insurance information.
9. Click Next.

Professional Claim for **A** **Y** Your Progress 

THIS SECTION:
Diagnosis Codes
 Diagnosis Code and Additional Insurance information.

You are correcting a claim for R **7**

← Back
Next →

* Required field

ICD Version Indicator* ICD 10 Please note that for the claim statement dates entered, valid ICD-10 codes only are accepted.

Diagnosis Codes* Add (Enter diagnosis code and click on Add button)

21.

H6690 -- OTITIS MEDIA UNSPECIFIED UNS EAR

Remove X

Add Coordination of Benefits

← Back
Next →

Primary Insurance x Remove

Notice: If the Member has more than one primary insurance (Medicaid would be the 3rd payer), the claim cannot be submitted through the Web.

Carrier Type* 9d

Policy Number* 9a

← Back
Next →

10. On the **Service Lines** page, click on **Save/Update** to update each service line details as necessary, and click **Next** when complete.

Professional Claim for
Your Progress

THIS SECTION:
Service Lines
 Enter maximum of 50 service lines.

You are correcting a claim for R

← Back
Next →

Total: \$125.00

+ New Service Line

PROCEDURE / CHARGES

1: 99213 / \$125.00

* Required field

Now Viewing Line 1: 99213 / \$125.00

Dates of Service* From 03/21/2018 To 03/21/2018 24.a

Place of Service* 11 – PROVIDERS OFFICE 24.b

Procedure Code* 99213 24.d

Modifiers XX Add Please enter the modifier and click the Add button. 24.e

Diagnosis Code(s)* H6690 - OTITIS MEDIA UNSPECIFIED UNS EAR 24.f

Charges* 125.00 24.g

Units / Minutes / Days* 1.0 Type* UN - Units 24.h

Family Planning Yes No EPSDT Select... NDC

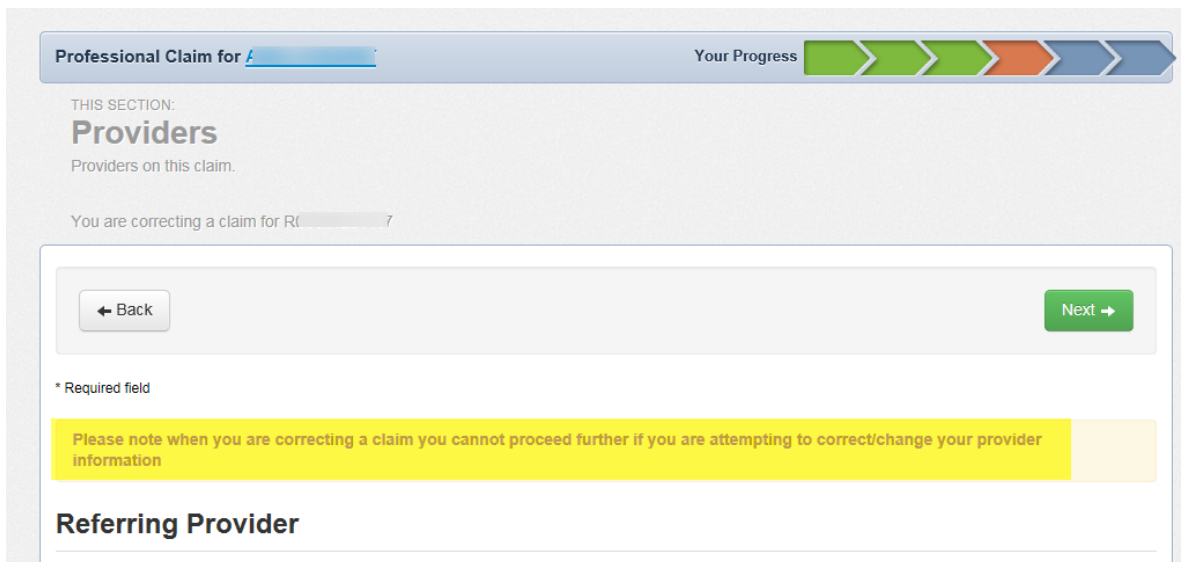
NDC NDC NDC

Supplemental Information Supplemental Information

Delete Save / Update

← Back
Next →

11. **Provider information** will remain the same from the original claim. Click **Next**.



Professional Claim for [redacted] Your Progress [Progress bar]

THIS SECTION:
Providers
Providers on this claim.

You are correcting a claim for R[redacted] 7

← Back Next →

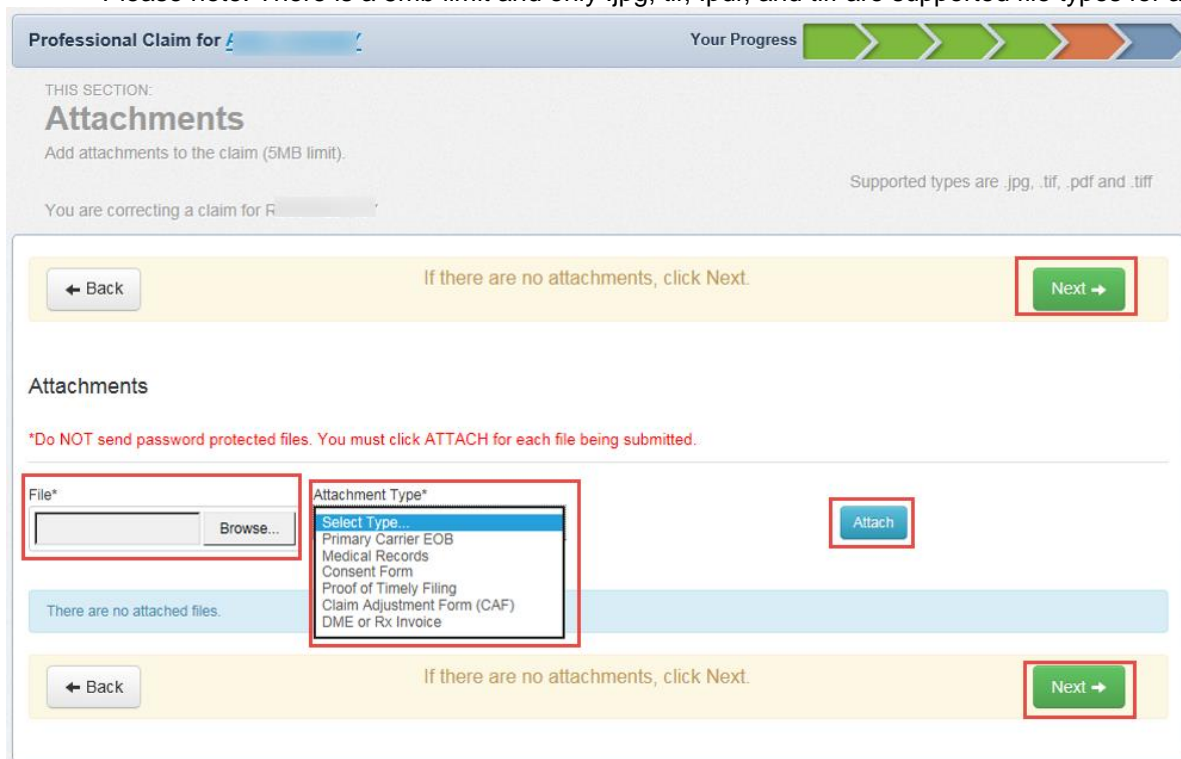
* Required field

Please note when you are correcting a claim you cannot proceed further if you are attempting to correct/change your provider information

Referring Provider

12. On the **Attachments** page, click **Browse** to attach supporting documentation.
Please note: Attachments are optional if submitting correct claims.

13. Select the **Attachment Type** and then click **Attach**. The attachment file name will appear when it has been successfully uploaded to the claim.
Please note: There is a 5mb limit and only .jpg, tif, .pdf, and tiff are supported file types for attachments.



Professional Claim for [redacted] Your Progress [Progress bar]

THIS SECTION:
Attachments
Add attachments to the claim (5MB limit). Supported types are .jpg, .tif, .pdf and .tiff

You are correcting a claim for R[redacted] 7

← Back If there are no attachments, click Next. Next →

Attachments

*Do NOT send password protected files. You must click ATTACH for each file being submitted.


File* Browse... Attach

Attachment Type*
 Select Type...
 Primary Carrier EOB
 Medical Records
 Consent Form
 Proof of Timely Filing
 Claim Adjustment Form (CAF)
 DME or Rx Invoice

There are no attached files.

← Back If there are no attachments, click Next. Next →

14. Click **Remove** to withdraw the attachment, when necessary.

Professional Claim for A Y Your Progress 

THIS SECTION:
Attachments
Add attachments to the claim (5MB limit). Supported types are .jpg, .tif, .pdf and .tiff

You are correcting a claim for R 7

[← Back](#) If there are no attachments, click Next. [Next →](#)

Attachments

**Do NOT send password protected files. You must click ATTACH for each file being submitted.*

File* [Browse...](#) Attachment Type* [Attach](#)

Attachment Name	Type	
IN_IN_1002663_Secure_Portal_FAQ.pdf	Primary Carrier EOB	Remove X

[← Back](#) If there are no attachments, click Next. [Next →](#)

