

## MHS Provider Portal Enhancement (Effective 4/3/2020)

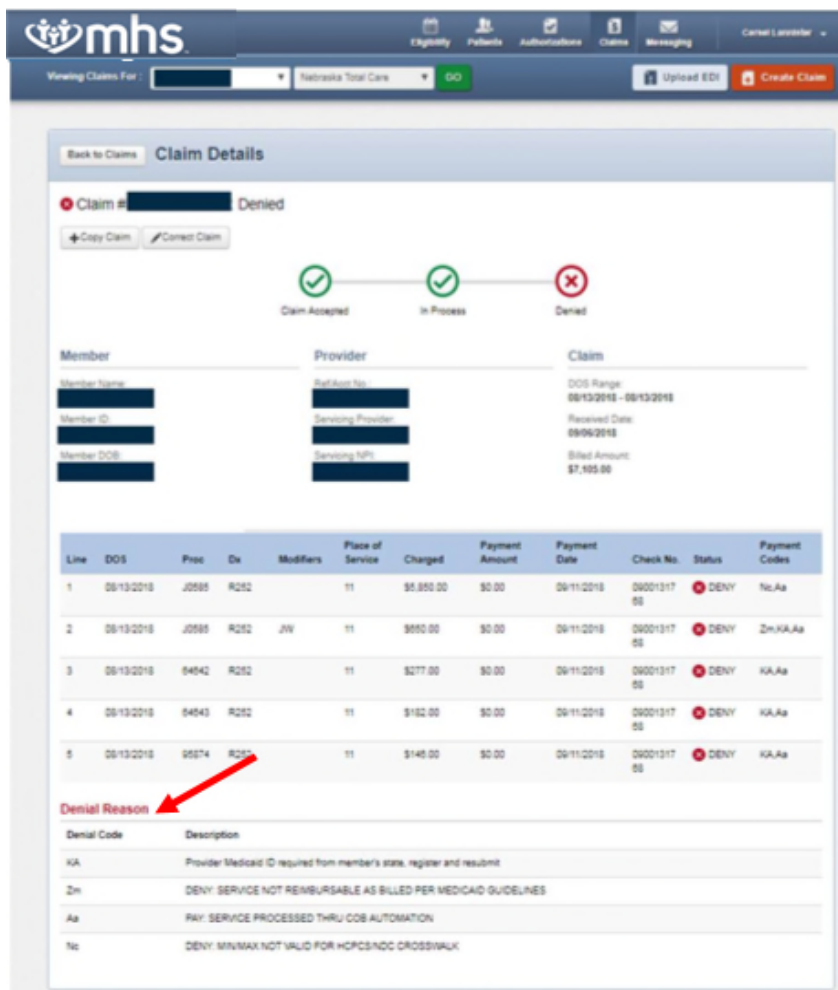
### Claim Reconsiderations & Denial Explanations

Enhancement features include:

- Payment Code Description
- Filter Functionality
- Submit Reconsiderations
- Claims Payment Details

### Add Denial Reason Descriptions

New table at the bottom of the current screen that contains pertinent Denial Reason code descriptions enabling a provider to see the descriptions without the need to click and open each individual claim line.



**Claim Details**

Claim # [REDACTED] Denied

Claim Status: Claim Accepted → In Process → Denied

**Member**

Member Name: [REDACTED]  
 Member ID: [REDACTED]  
 Member DOB: [REDACTED]

**Provider**

Referral to: [REDACTED]  
 Sending Provider: [REDACTED]  
 Sending NPI: [REDACTED]

**Claim**

DCS Range: 08/13/2018 - 08/13/2018  
 Received Date: 09/06/2018  
 Billed Amount: \$7,105.00

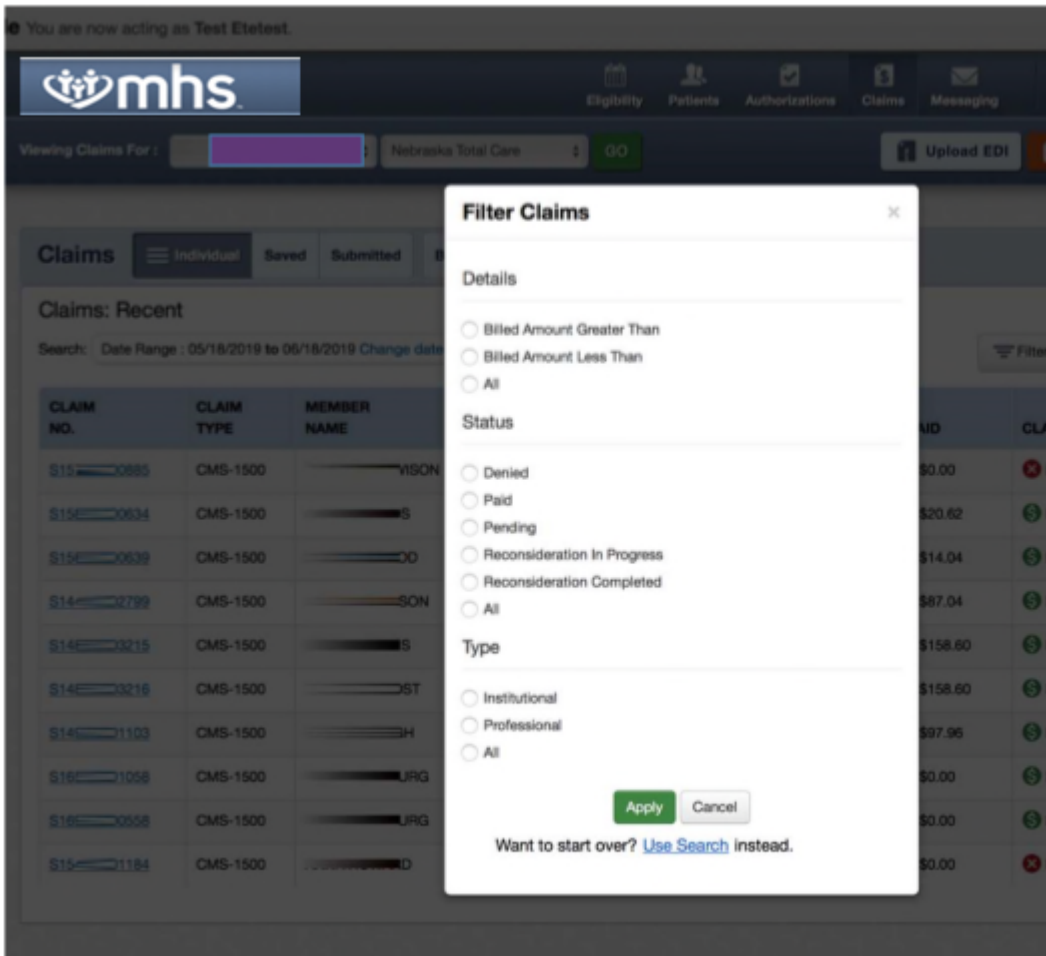
Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Payment Amount	Payment Date	Check No.	Status	Payment Codes
1	08/13/2018	J0585	R252		11	\$5,850.00	\$0.00	09/11/2018	09001317 05	DENY	Nc,Aa
2	08/13/2018	J0585	R252	JW	11	\$650.00	\$0.00	09/11/2018	09001317 05	DENY	Zn,KK,Aa
3	08/13/2018	94542	R252		11	\$277.00	\$0.00	09/11/2018	09001317 05	DENY	KA,Aa
4	08/13/2018	94543	R252		11	\$182.00	\$0.00	09/11/2018	09001317 05	DENY	KA,Aa
5	08/13/2018	95874	R252		11	\$146.00	\$0.00	09/11/2018	09001317 05	DENY	KA,Aa

**Denial Reason**

Denial Code	Description
KA	Provider Medicaid ID required from member's state, register and resubmit
Zn	DENY: SERVICE NOT REIMBURSABLE AS BILLED PER MEDICAID GUIDELINES
Aa	RAY: SERVICE PROCESSED THRU COB AUTOMATION
Nc	DENY: MIN/MAX NOT VALID FOR HCPCS/NDC CROSSWALK

## Filter Claims Functionality

- Ability to filter by Billing Amount Greater Than or Billing Amount Less Than •
- Ability to filter for Reconsideration status



The screenshot shows the MHS Claims management interface. A modal window titled "Filter Claims" is open, allowing users to filter claims based on various criteria. The background shows a table of recent claims with columns for CLAIM NO., CLAIM TYPE, MEMBER NAME, and BILLING AMOUNT.

**Filter Claims**

**Details**

- Billed Amount Greater Than
- Billed Amount Less Than
- All

**Status**

- Denied
- Paid
- Pending
- Reconsideration In Progress
- Reconsideration Completed
- All

**Type**

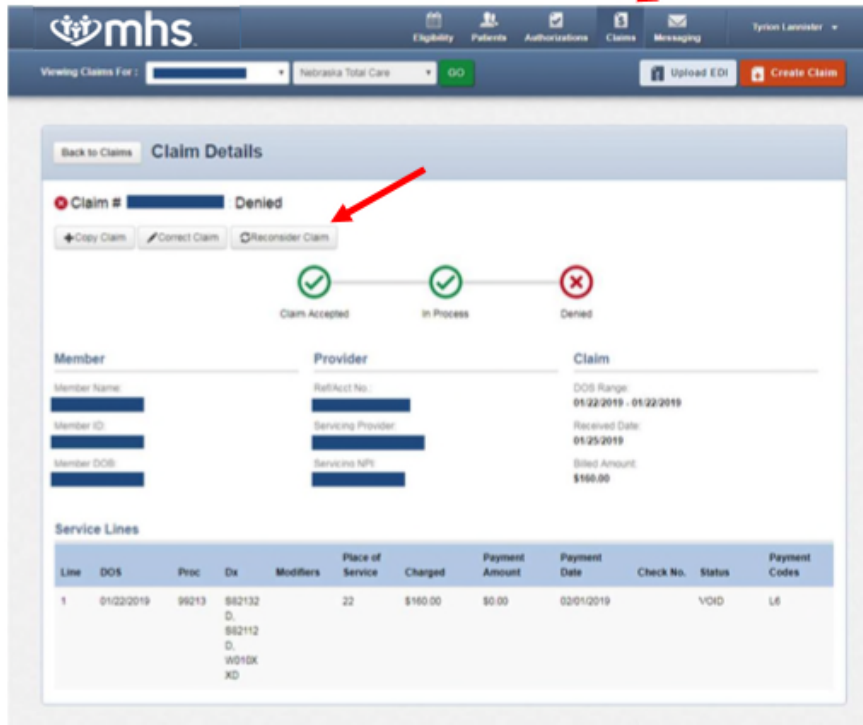
- Institutional
- Professional
- All

Want to start over? [Use Search](#) instead.

CLAIM NO.	CLAIM TYPE	MEMBER NAME	BILLING AMOUNT	STATUS
\$15-0680	CMS-1500	YSON	\$0.00	Denied
\$15-0634	CMS-1500	S	\$20.62	Paid
\$15-0639	CMS-1500	OD	\$14.04	Pending
\$14-2799	CMS-1500	SON	\$87.04	Paid
\$14-3215	CMS-1500	S	\$158.60	Paid
\$14-3216	CMS-1500	ST	\$158.60	Paid
\$14-1123	CMS-1500	H	\$97.96	Paid
\$18-1058	CMS-1500	JRG	\$0.00	Paid
\$18-0658	CMS-1500	JRG	\$0.00	Paid
\$15-1184	CMS-1500	D	\$0.00	Denied

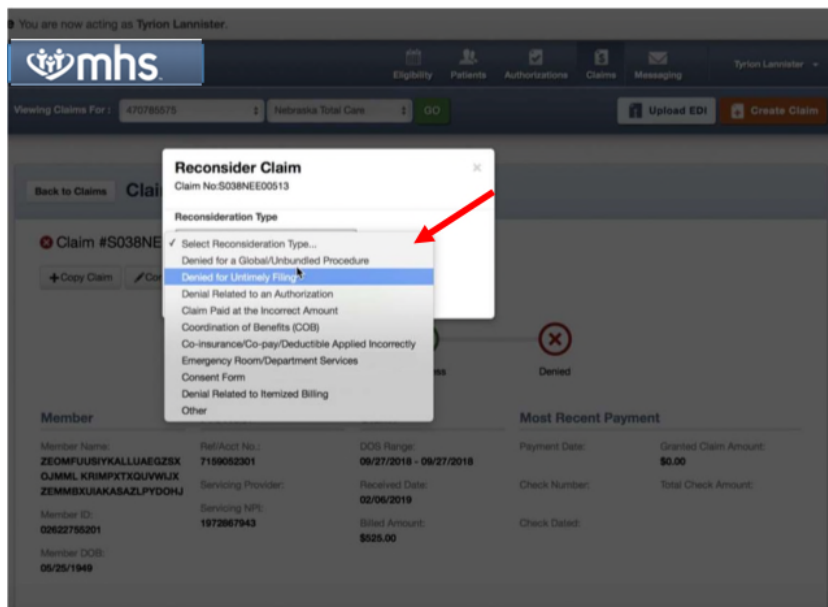
## Submit Reconsideration

Within the Claims tab, a denied claim opens up the Reconsider Claim option.



## Reconsideration Pop-up Window

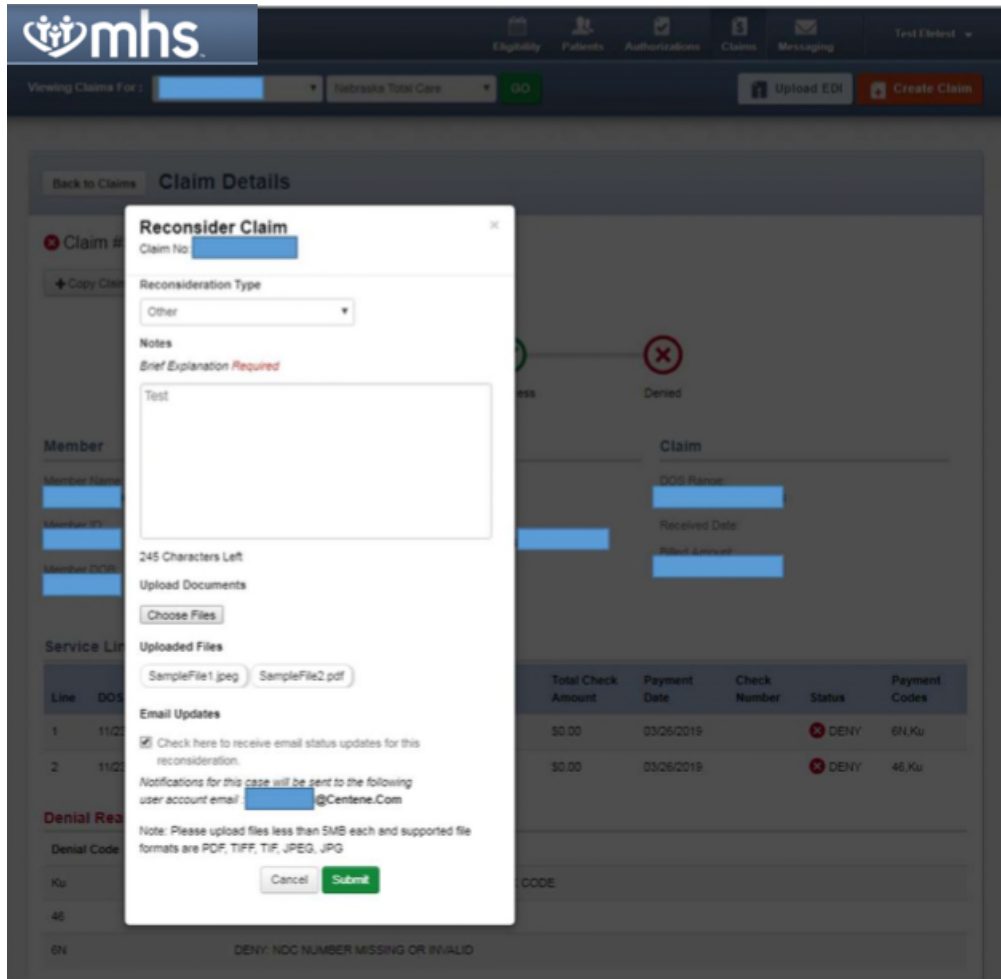
When Reconsider Claim is selected, the pop-up window appears, offering the dropdown pick list of Reconsideration Types for the provider to select from.



## Notes, Attachments, and Email Notifications

Upon selecting the Reconsideration Type, a Notes field is available for comments.

- A provider may also Upload Documents.
- A provider may opt in to receive Email Updates for the specific case



The screenshot shows the 'Reconsider Claim' modal form. The background is a 'Claim Details' page for a denied claim. The modal contains the following elements:

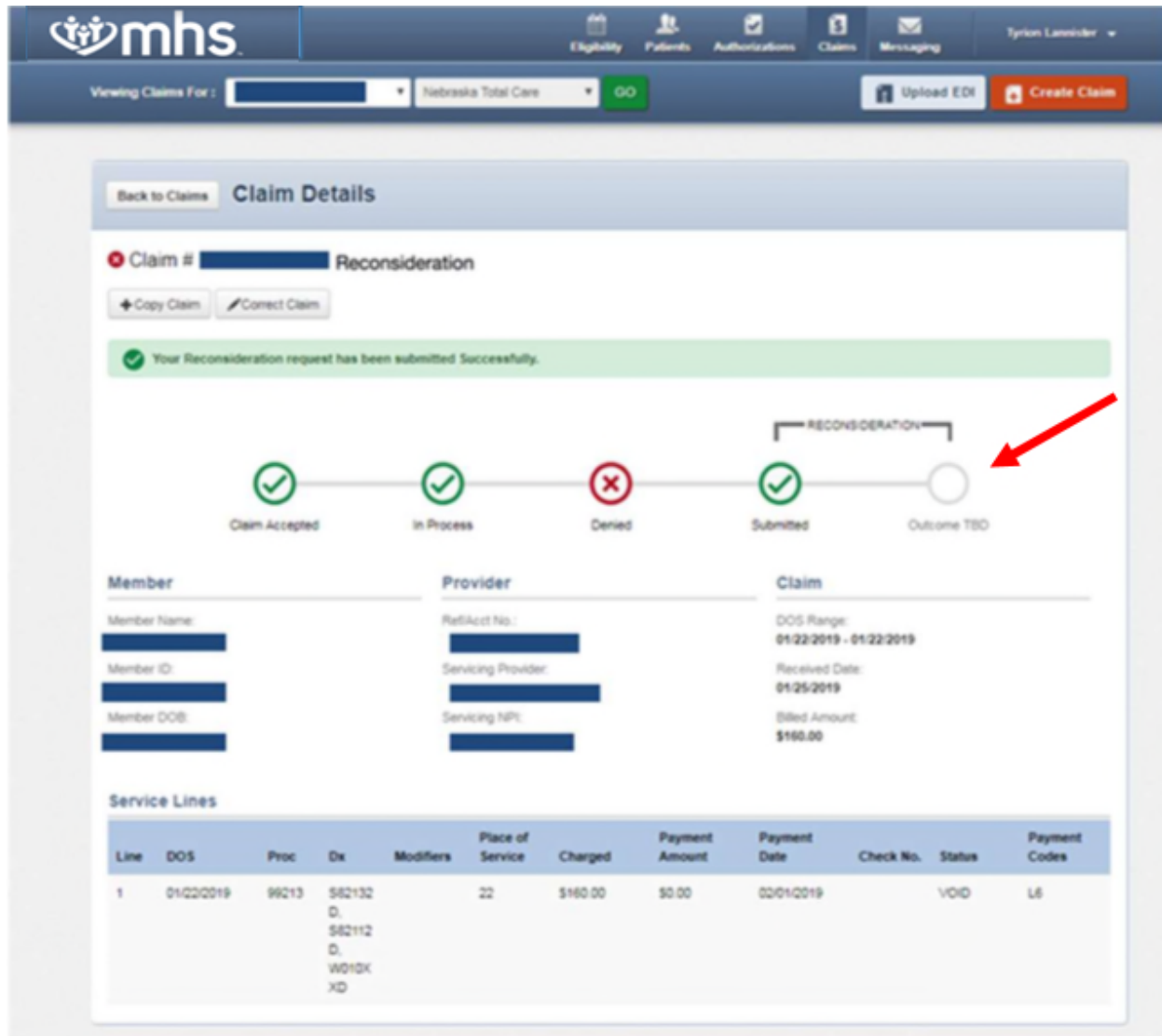
- Claim No:** [Redacted]
- Reconsideration Type:** Other (dropdown menu)
- Notes:** Brief Explanation *Required*. Text input field containing 'Test'.
- Upload Documents:** Choose Files button.
- Uploaded Files:** SampleFile1.jpeg, SampleFile2.pdf
- Email Updates:**
  - Check here to receive email status updates for this reconsideration.
  - Notifications for this case will be sent to the following user account email: [Redacted]@Centene.Com
- Note:** Please upload files less than 5MB each and supported file formats are PDF, TIFF, TIF, JPEG, JPG
- Buttons:** Cancel, Submit

The background 'Claim Details' page shows a 'Denied' status with a table of payment information:

Total Check Amount	Payment Date	Check Number	Status	Payment Codes
\$0.00	03/06/2019		DENY	6N,Ku
\$0.00	03/06/2019		DENY	46,Ku

## Reconsideration Tracker

- The tracker graphic will be updated to reflect that a reconsideration is in progress.
- While a Reconsideration is "Open" or "In Progress" Status , the Reconsider Claim button will not be available.



**Claim Details**

Claim # [REDACTED] Reconsideration

Copy Claim Correct Claim

✓ Your Reconsideration request has been submitted Successfully.

RECONSIDERATION

Claim Accepted In Process Denied Submitted Outcome TBD

**Member**

Member Name: [REDACTED]  
 Member ID: [REDACTED]  
 Member DOB: [REDACTED]

**Provider**

Ref/Act No.: [REDACTED]  
 Servicing Provider: [REDACTED]  
 Servicing NPI: [REDACTED]

**Claim**

DOS Range: 01/22/2019 - 01/22/2019  
 Received Date: 01/25/2019  
 Billed Amount: \$160.00

**Service Lines**

Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Payment Amount	Payment Date	Check No.	Status	Payment Codes
1	01/22/2019	99213	S62132 D, S62112 D, W010X XD		22	\$160.00	\$0.00	02/01/2019		VOID	L8


## View attachments, correspondence and payment

- The **Reconsideration Details** section is viewable to provide status and details.
- **Tools** section allows easy View of included attachments or correspondence letters and the option to add additional attachments to an open reconsideration case still in process.
- The **Most Recent Payment** will display the details of the last check or EFT that was made on the claim.

Claim # [redacted]: Denied

+ Copy Claim / Correct Claim

✓ Your Reconsideration request # [redacted] has been submitted successfully.



**Reconsideration Details**

Created Date	Type	Current Status	Reference Number	Tools
06/11/2019	Denial Related to an Authorization	OPEN	[redacted]	[Tools icon]

**Member**      **Provider**      **Claim**      **Most Recent Payment**

Member Name: [redacted]	Ref/Acct No.: [redacted]	DOS Range: [redacted]	Payment Date: [redacted]	Granted Claim Amount: [redacted]
Member ID: [redacted]	Sending Provider: [redacted]	Received Date: [redacted]	Check Number: [redacted]	Total Check Amount: [redacted]
Member DOB: [redacted]	Servicing NPI: [redacted]	Billed Amount: [redacted]	Check Dated: [redacted]	

**Service Lines**

Line	DOS	Proc	Dx	Modifiers	Place of Service	Charged	Total Check Amount	Payment Date	Check Number	Status	Payment Codes
1	06/13/2019		Q099, N319, R32, K592		12	\$381.92	\$0.00	06/11/2019		DENY	L6,Ku

**Denial Reason**

Denial Code	Description
L6	DENY: BILL PRIMARY INSURER 1ST RESUBMIT WITH EOB
Ku	INFORMATIONAL-RE-ADJUDICATION PROCESS EX CODE