NEHENLite Claim Status Inquiry Training Manual

Document Revision History

Version	Date	Author	Description
1	June 2002	Tracey Miller	Initial version of document
2	June 17, 2004	Laurance Stuntz	Updated formatting, minor edits

Table of Contents

Introduction ... 3
Launching the Application ... 4
Security ... 5
Navigating Through the Application ... 6
Sending a Claim Status Inquiry ... 9
Claim Status Review Screen ... 11
Explanation of Columns and Features ... 12
Sorting the Claim Status Inquiry Responses ... 13
Claim Status Response Screen ... 15
Result Codes ... 16
Online Help ... 17

INTRODUCTION

Online Claim Status Inquiry is a tool used to inquiry on claims with the insurance company. The Web Application gives users the ability to check a claim's status. The information entered onto the screen is sent to the insurance company and a response is sent back indicating the status of the claim. The response could also include the payer claim ID, check number, and check date.

This training document is intended to show how to request and receive claim status information real-time using the web application. This manual will detail how to perform a new claim status request and view the response, what happens when you make a request, as well as how to view previously sent requests and responses.

- Helpful Hints are marked with this icon: 
- System prompts and messages in text are shown in italics (i.e. *Function*).
- User input in text is shown in **Bold**.
- Text inside angle brackets indicates a specific key on the keyboard. <Enter>

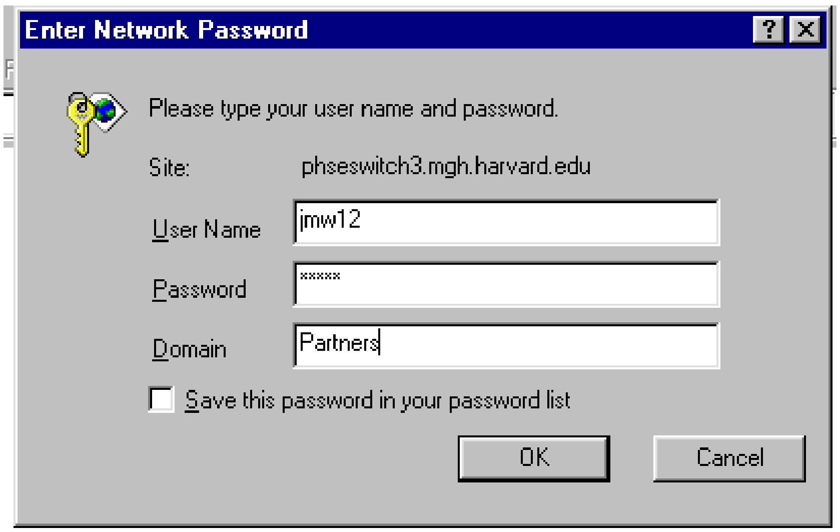
LAUNCHING THE APPLICATION

The NEHENLite application is an intranet site that can only be accessed when a user is logged onto the network. Each provider will provide access to NEHENLite in different ways. An icon can be added to the users desktop that will launch NEHENLite when double clicked. NEHENLite can also be added to the Favorites with Internet Explorer.

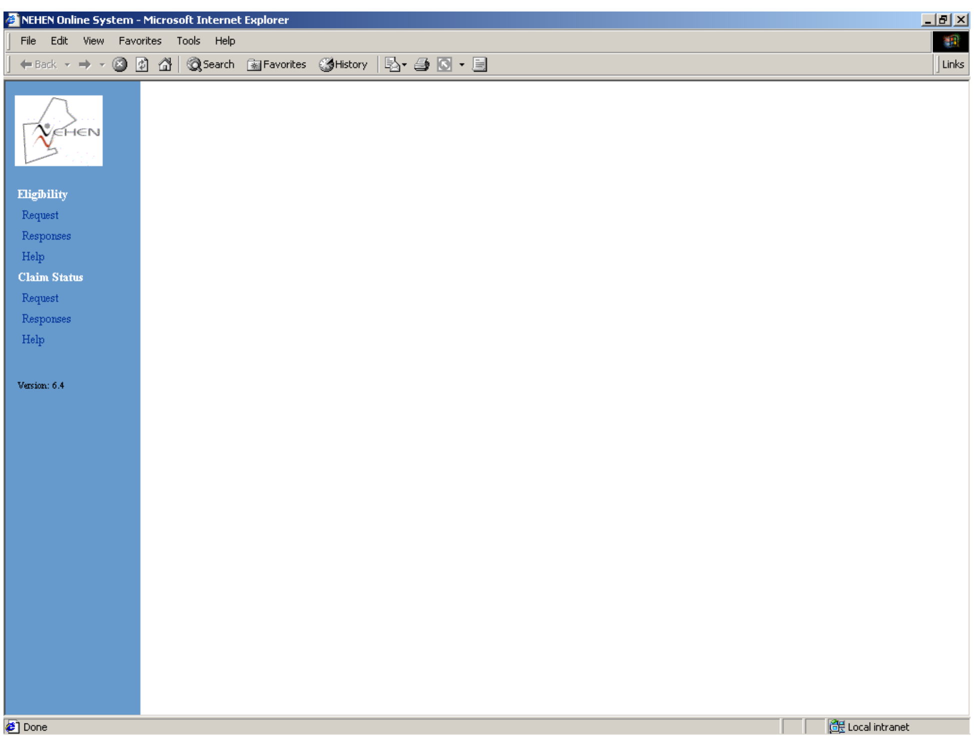
NEHENLite can be launched by opening either Internet Explorer or Netscape Navigator. The NEHENLite intranet site should be typed into the address field. An example of the web site address would be: http://XXXXX\nehen. Where XXXXX is the name of the NEHEN server.

Access to the application is tied to your network log-in username and password.

Depending on how the network is set-up, after launching the application a dialogue box may appear. Type in your **username**, your **passwor**d and the **domain**. This is the same username, password, and domain that is used to log onto the network.

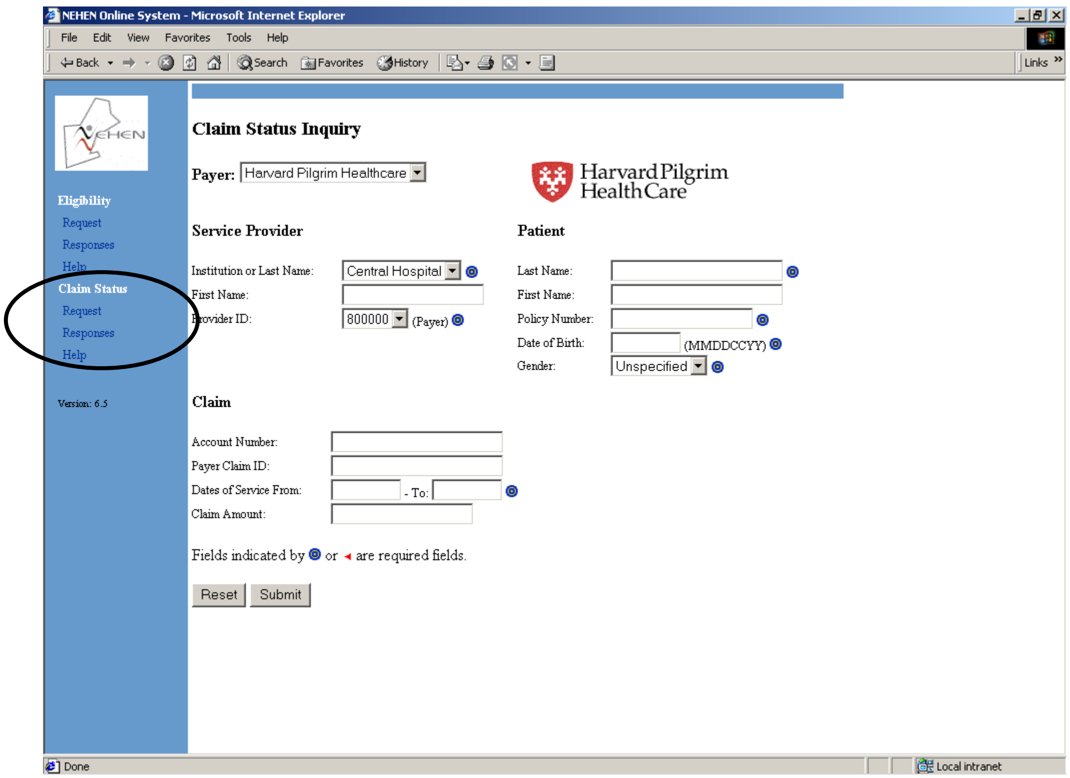


This will allow you access to the application. The following web page will appear.

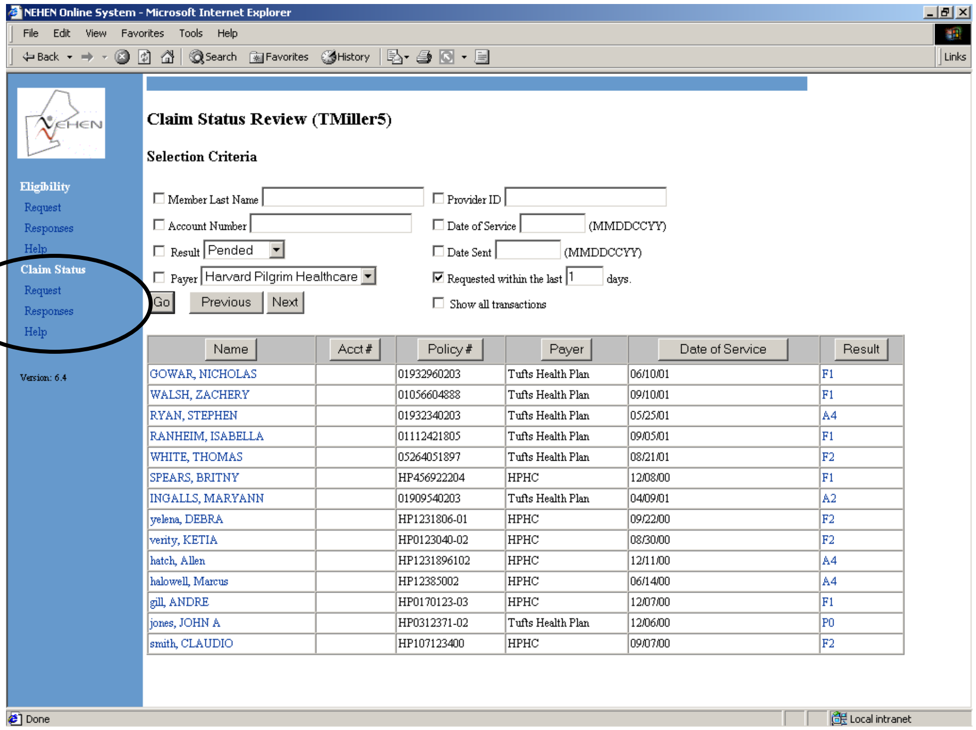


NAVIGATING THROUGH THE APPLICATION

The Side Bar, located on the left side of the screen, is used to access the various parts of the application. As the cursor is passed over the prompts, it will change to a hand. Select <**Request**>. This will open the Claim Status Inquiry screen. For an explanation of the Claim Status Inquiry screen, please refer to the "Sending a Claim Status Inquiry" section of the manual.



On the side bar, select <**Responses**>. The following is an example of the Claim Status Review screen. This screen will list all the transactions sent that meet specific criteria. For an explanation of the Claim Status Review screen, please refer to the "Claim Status Review Screen" section of the manual.

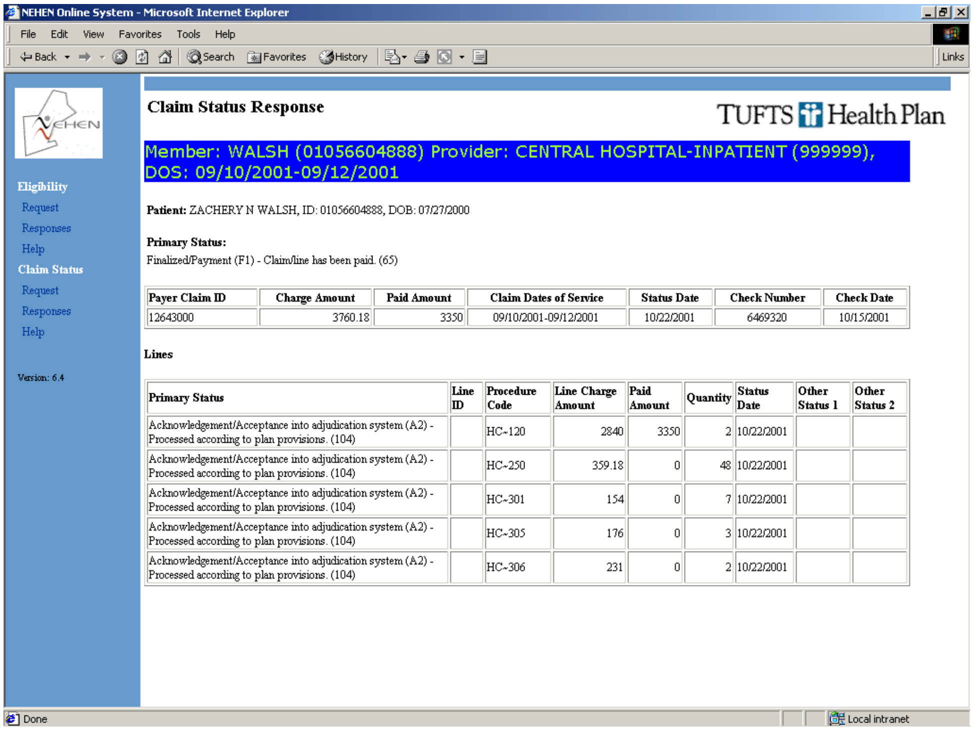


Name	Acct #	Policy #	Payer	Date of Service	Result
GOWAR, NICHOLAS		01932960203	Tufts Health Plan	06/10/01	F1
WALSH, ZACHERY		01056604888	Tufts Health Plan	09/10/01	F1
RYAN, STEPHEN		01932340203	Tufts Health Plan	05/25/01	A4
RANHEIM, ISABELLA		01112421805	Tufts Health Plan	09/05/01	F1
WHITE, THOMAS		05264051897	Tufts Health Plan	08/21/01	F2
SPEARS, BRITNY		HP456922204	HPHC	12/08/00	F1
INGALLS, MARYANN		01909540203	Tufts Health Plan	04/09/01	A2
yelena, DEBRA		HP1231806-01	HPHC	09/22/00	F2
verity, KETIA		HP0123040-02	HPHC	08/30/00	F2
hatch, Allen		HP1231896102	HPHC	12/11/00	A4
halowell, Marcus		HP12385002	HPHC	06/14/00	A4
gill, ANDRE		HP0170123-03	HPHC	12/07/00	F1
jones, JOHN A		HP0312371-02	Tufts Health Plan	12/06/00	P0
smith, CLAUDIO		HP107123400	HPHC	09/07/00	F2

The cursor will change to a hand when it is passed over a hyperlink. Selecting a hyperlink will open the page that contains the response from the payer.

If the transaction you wish to view does not have a blue hyperlink, select the <Go> button. This will refresh the screen. Depending on the response time, the <Go> button may need to be selected several times.

To view a specific response, select the blue hyperlink on the specific transaction. The following is an example of a Claim Status Inquiry response from a payer.



Payer Claim ID	Charge Amount	Paid Amount	Claim Dates of Service	Status Date	Check Number	Check Date
12643000	3760.18	3350	09/10/2001-09/12/2001	10/22/2001	6469320	10/15/2001

Lines

Primary Status	Line ID	Procedure Code	Line Charge Amount	Paid Amount	Quantity	Status Date	Other Status 1	Other Status 2
Acknowledgement/Acceptance into adjudication system (A2) - Processed according to plan provisions. (104)		HC-120	2840	3350	2	10/22/2001		
Acknowledgement/Acceptance into adjudication system (A2) - Processed according to plan provisions. (104)		HC-250	359.18	0	48	10/22/2001		
Acknowledgement/Acceptance into adjudication system (A2) - Processed according to plan provisions. (104)		HC-301	154	0	7	10/22/2001		
Acknowledgement/Acceptance into adjudication system (A2) - Processed according to plan provisions. (104)		HC-305	176	0	3	10/22/2001		
Acknowledgement/Acceptance into adjudication system (A2) - Processed according to plan provisions. (104)		HC-306	231	0	2	10/22/2001		

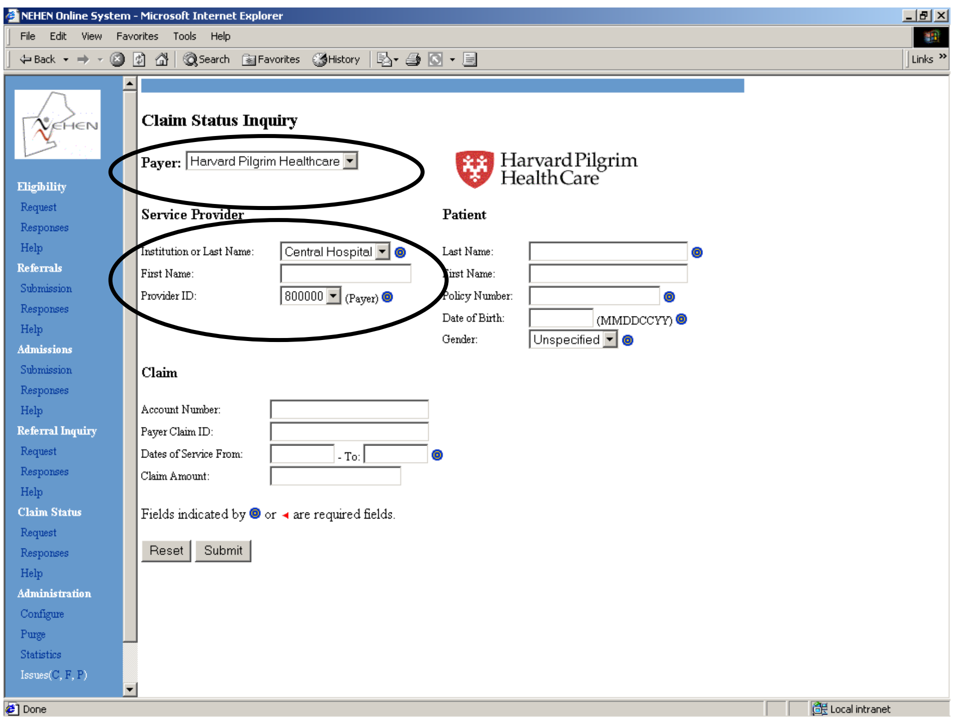
The <**Back**> button can be used to access a page previously viewed. For example, after viewing a response from a payer, the <**Back**> button can be used to return to the Claim Status Review Screen.

The following describes how to submit a claim status inquiry request transaction.

1. Access the Claim Status Inquiry screen by selecting <**Request**> on the side bar. This opens the request screen.

2. Choose a payer. The payer to whom the request will be submitted is chosen from a drop-down menu located at the upper left corner of the request screen. Select the down arrow and choose the payer.

3. Choose the institution name and provider ID. The institution name and provider ID are chosen from a drop-down menu located under the Service Provider header. Select the down arrow and choose the institution name and then choose the provider ID. There can be more than one valid provider ID number per institution name.



To navigate between fields, the <Tab> key on the keyboard as well as the mouse can be used.

When a payer is chosen from the menu, the name of the payer appears at the upper right hand corner of the request screen. Always verify that the correct payer has been chosen.

The provider ID values will change when the payer is changed since each payer has its own provider ID numbers.

Claim Status Inquiry information can be accessed in only one way regardless of the payer. There are only two payers that accept Claim Status Inquiry transactions – Harvard Pilgrim Healthcare and Tufts Health Plan. The following table lists the fields that are needed to send a claim status inquiry transaction.

	Tufts	HPHC
Institution Name	Required	Required
First Name	Required	Required
Provider ID	Required	Required
Patient Last Name	Required	Required
Policy Number	Required	Required
Date of Birth	Required	Required
Gender	Required	Required
Date of Service	Required	Required

When all the information has been entered into the fields, select the <**Submit**> button. The following message appears if the transmission was successful.

Transmission Succeeded

If the transmission did not succeed, an error message will appear. The following is an example of an error message. If this occurs, select the <**Back**> button. This will take you back to the original request. The required information must be completed. Once complete, select the <**Submit**> button.

Transmission Failed

Incomplete Data specified - please complete mandatory fields.

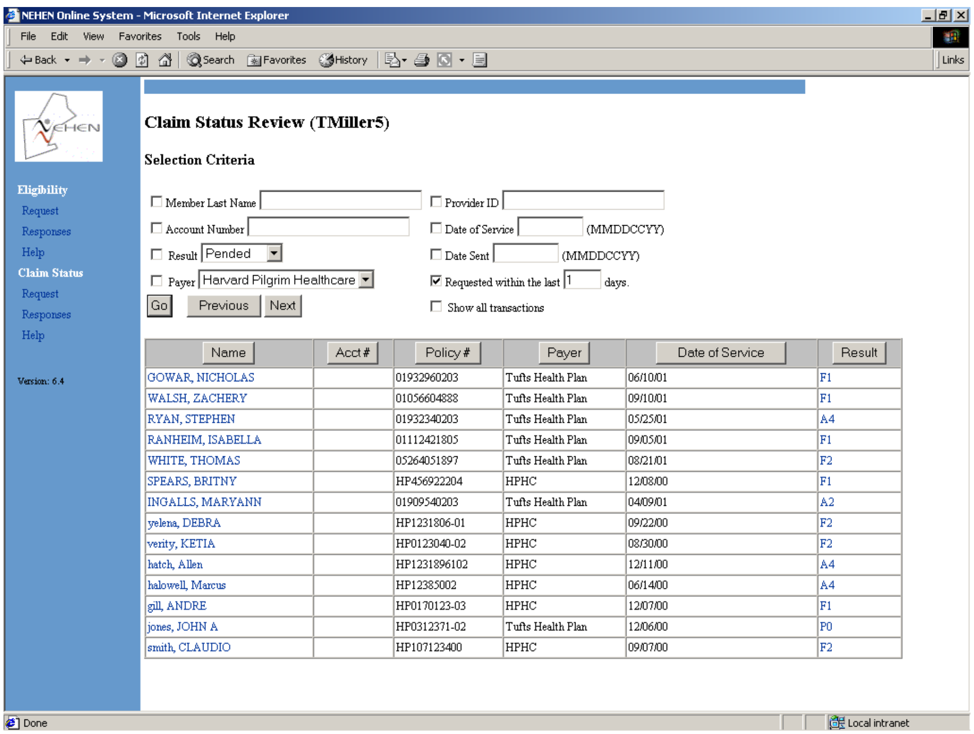
Response time will vary by payer, but most payers return a response in under 20 seconds

CLAIM STATUS REVIEW SCREEN

The Claim Status Review screen is used to access responses for each transaction. The screen is accessed by selecting <**Responses**> on the side bar.

This screen lists the transactions that were requested by a specific user. It also provides a link to the response page, which contains the claim status inquiry information from the payer.

The list of responses can be sorted in multiple ways. When the screen is first displayed, the transactions that have been sent within the last one (1) day are automatically listed as the default. See the Sorting the List of Transactions section in this manual for additional ways to sort the data.



Name	Acct #	Policy #	Payer	Date of Service	Result
GOWAR, NICHOLAS		01932960203	Tufts Health Plan	06/10/01	F1
WALSH, ZACHERY		01056604888	Tufts Health Plan	09/10/01	F1
RYAN, STEPHEN		01932340203	Tufts Health Plan	05/25/01	A4
RANHEIM, ISABELLA		01112421805	Tufts Health Plan	09/05/01	F1
WHITE, THOMAS		05264051897	Tufts Health Plan	08/21/01	F2
SPEARS, BRITNY		HP456922204	HPHC	12/08/00	F1
INGALLS, MARYANN		01909540203	Tufts Health Plan	04/09/01	A2
yelena, DEBRA		HP1231806-01	HPHC	09/22/00	F2
verity, KETIA		HP0123040-02	HPHC	08/30/00	F2
hatch, Allen		HP1231896102	HPHC	12/11/00	A4
halowell, Marcus		HP12385002	HPHC	06/14/00	A4
gill, ANDRE		HP0170123-03	HPHC	12/07/00	F1
jones, JOHN A		HP0312371-02	Tufts Health Plan	12/06/00	P0
smith, CLAUDIO		HP107123400	HPHC	09/07/00	F2

EXPLANATION OF COLUMNS AND FEATURES

The Claim Status Review screen columns contain information specific to each transaction.

- Name — Patient Name
- Account Number – This is the patient's account number. A value is only displayed if the account number is filled in on the original claim status request
- Policy Number — Patient's policy number
- Payer – HPHC and Tufts
- Date of Service — This is the claim's date of service
- Result — Indicates the claim status result code (see Result Code section for a full list of all the valid result codes)

The responses can be sorted based on any of the columns (Name, Acct #, Policy Number, Payer, Date of Service, or Result). The column currently being used to sort is marked and indicates whether the field is being sorted in ascending or descending order. To select a column, place the cursor on the column header and select the column. Selecting the same column twice will change the sort order (ascending to descending.).

The screen also contains a <**Go**>, <**Previous**>, and <**Next**> buttons.

- The <**Go**> button is used to retrieve the claim status inquiry transactions based on the selection criteria and to refresh the page.
- The <**Previous**> button moves forward (page down) in the list of transactions.
- The <**Next**> button moves backward (page up) in the list of transactions.

SORTING THE CLAIM STATUS INQUIRY RESPONSES

The user has the ability to select one or multiple radio buttons to adjust the selection criteria. The application will display the transactions matching the selection criteria. The following outlines the different search fields.

1. To view only those transactions for a specific patient, the patient's last name or account number can be used.

   - To view by last name, click the box next to "Member Last Name" and type in the last name of the patient in the text box. Select the <**Go**> button.

     ☑ Member Last Name Smith

   - To view by account number, click the box next to "Account Number" and type in the account number of the patient in the text box. Select the <**Go**> button.

     ☑ Account Number 4590234

2. To view transactions by their result code (pended, not found, paid, or denied), click on the box next to "Result" and choose the result code from the drop down menu. Select the <**Go**> button.

   ☑ Result Pended

3. To view only those transactions from a specific payer, click on the box next to "Payer" and choose the payer from the drop down menu. Select the <**Go**> button.

   ☑ Payer Harvard Pilgrim Healthcare

4. To view only those transactions by the institution's provider ID number, click on the box next to "Provider ID" and type in the institution or hospital's provider ID number. Select the <**Go**> button.

   ☐ Provider ID 99999

5. To view only those transactions that were for a specific date of service, click on the box next to "Date of Service" and type in the date. Select the <**Go**> button.

   ☑ Date of Service 09142001 (MMDDCCYY)

6. To view only those transactions that were sent on a specific date, click on the box next to "Date Sent" and type in the date the request was sent. Select the <**Go**> button.

   ☑ Date Sent 02032002 (MMDDCCYY)

7. To view only those transactions that were requested within a specific number of days, a specified number of days can be used. To view by number of days, click the box next to "Requested within the last 1 days" and type in the number of days. Select the <**Go**> button.

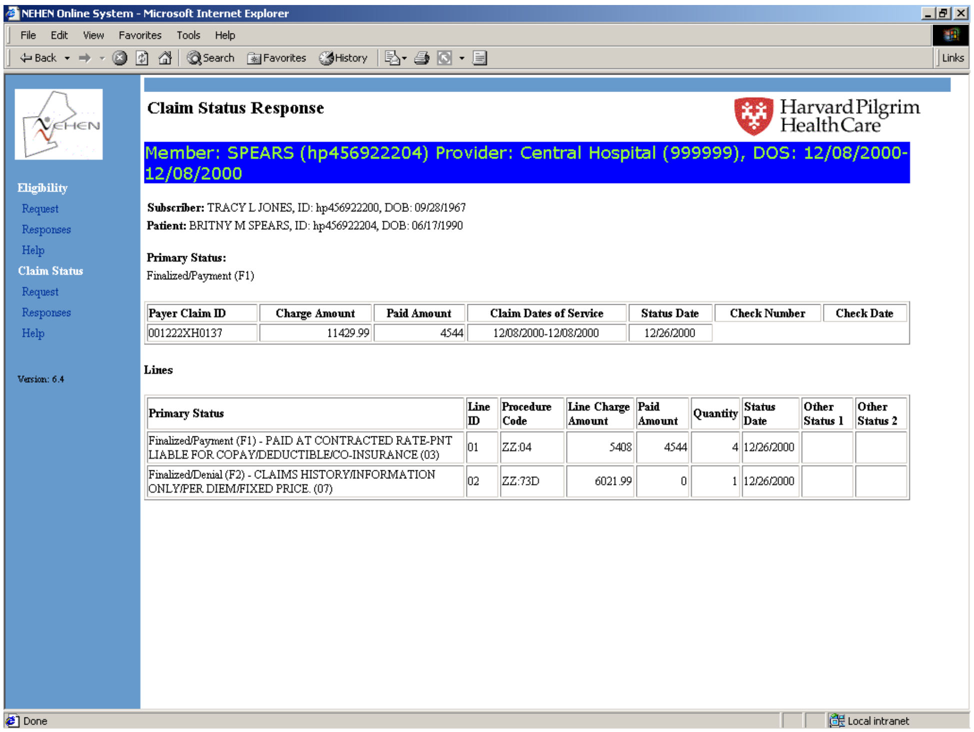
☑ Requested within the last 10 days.

8. To view all the transactions that were submitted by an entire group or department, click on the box next to "Show all Transactions". Select the <**Go**> button.

☑ Show all transactions

CLAIM STATUS RESPONSE SCREEN

The Claim Status Response screen contains the information that was received from the insurance company. The amount of information contained in the response varies by payer. The following is an example of a response from HPHC. The blue "bleed" bar shows the information that was included in the original **request** to the payer.



The information presented is divided into sections.

1. **Subscriber** – includes the subscriber's name, policy number and date of birth (DOB). If the subscriber is also the patient, then this section will not appear on the screen.

2. **Patient** —includes the patient's name, policy number, and date of birth (DOB).

3. **Primary Status**—includes the overall status of the claim, payer claim ID, total charge amount, total paid amount, dates of service, status date, check number and check date.

4. **Lines**—includes the primary status, line ID, procedure code, line charge amount, line paid amount, quantity, status date, other status 1 and 2 (these are used for additional status information if provided by the payer). All the information at this level is for each individual line of the claim.

Each line on the claim status can have a different status than the overall status of the transaction.

RESULT CODES

The following table lists all the valid result codes that could be returned by a payer:

Result Code	Description
A0	Acknowledgement/Forwarded
A1	Acknowledgement/Receipt
A2	Acknowledgement/Acceptance into Adjudication System
A3	Acknowledgement/Returned as Unprocessed Claim
A4	Acknowledgement/Not Found
E0	Error in Submitted Request Data
E1	Response Not Possible
F0	Finalized
F1	Finalized/Payment
F2	Finalized/Denial
F3F	Finalized/Forwarded
F3N	Finalized/Not Forwarded
F4	Finalized/Adjudication Complete
F5	Finalized/Cannot Process
P0	Pending/Adjudication Details
P1	Pending/In Process
P2	Pending/In Review
P3	Pending/Requested Information
P4	Pending/Patient Requested Information
R0	Requests for Additional Information/General Requests
R1	Requests for Additional Information/Entity Requests
R3	Requests for Additional Information/Claim Line
R4	Requests for Additional Information/Documentation
R5	Requests for Additional Information/More Specific Detail

ONLINE HELP

The Online Help function provides quick access to information about the application. This information includes high-level overviews and explanations of the different screens and fields within those screens. The information includes the following.

- Claim Status Inquiry Overview
- Claim Status Inquiry
- Claim Status Review
- Claim Status Response
- Error Returns

Selecting <**Help**> located on the sidebar menu under Claim Status will bring up the Help Section.