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*NEHENLite Claim Status Inquiry Training Manual*

***Document Revision History***

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Description</b>
1	June 2002	Tracey Miller	Initial version of document
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## INTRODUCTION

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Online Claim Status Inquiry is a tool used to inquire 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>

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## LAUNCHING THE APPLICATION

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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.

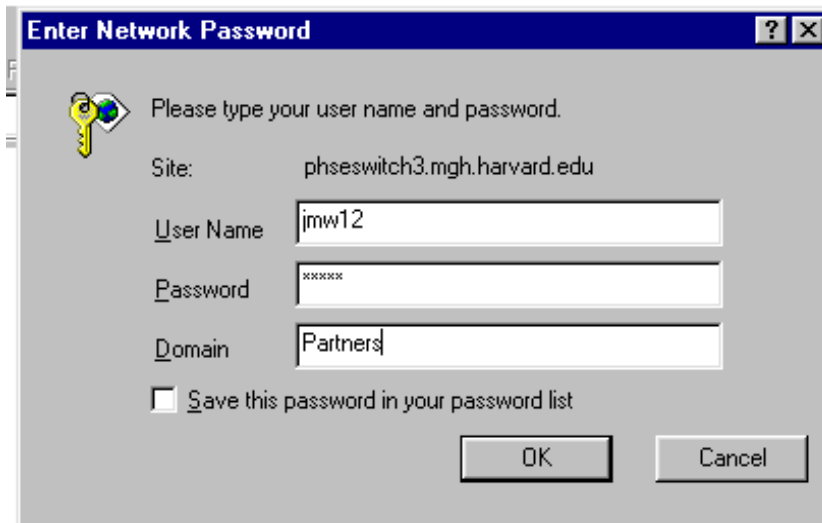
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## SECURITY

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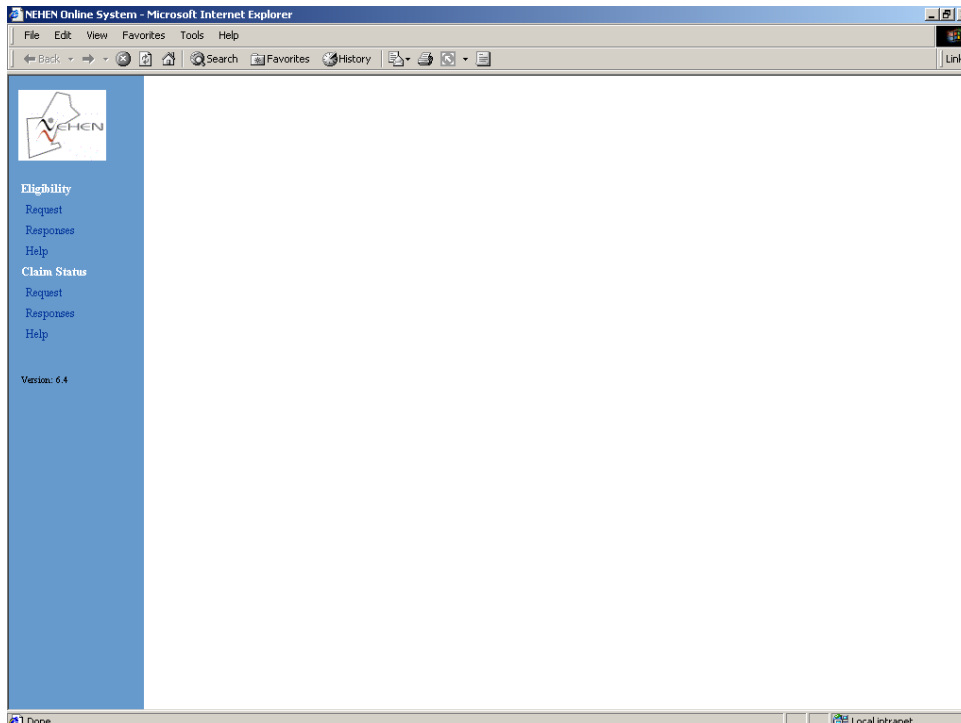
Access to the application is tied to your network log-in username and password.

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



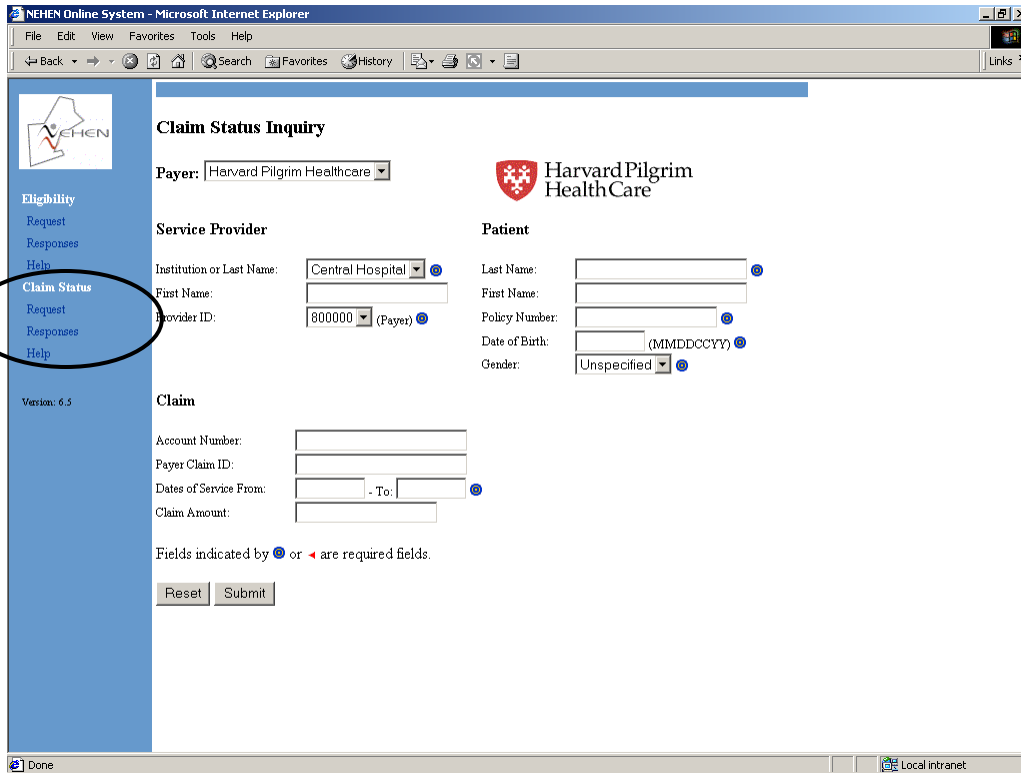
The image shows a Windows-style dialog box titled "Enter Network Password". It contains a key icon and the text "Please type your user name and password." Below this, there are three input fields: "Site:" with the value "phseswitch3.mgh.harvard.edu", "User Name" with the value "jmw12", and "Password" with the value "\*\*\*\*\*". The "Domain" field contains the value "Partners". At the bottom, there is a checkbox labeled "Save this password in your password list" which is unchecked. There are "OK" and "Cancel" buttons at the bottom right.

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.




**NEHEN Online System - Microsoft Internet Explorer**

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites History Print Refresh

Links »

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Eligibility

Request

Responses

Help

Claim Status

Request

Responses

Help

Version: 6.5

### Claim Status Inquiry


**Payer:** Harvard Pilgrim Healthcare ▼

**Service Provider**

Institution or Last Name: Central Hospital ▼

First Name:

Provider ID: 800000 ▼ (Payer)



**Patient**

Last Name:

First Name:

Policy Number:

Date of Birth:  (MMDDCCYY)

Gender: Unspecified ▼

**Claim**

Account Number:

Payer Claim ID:

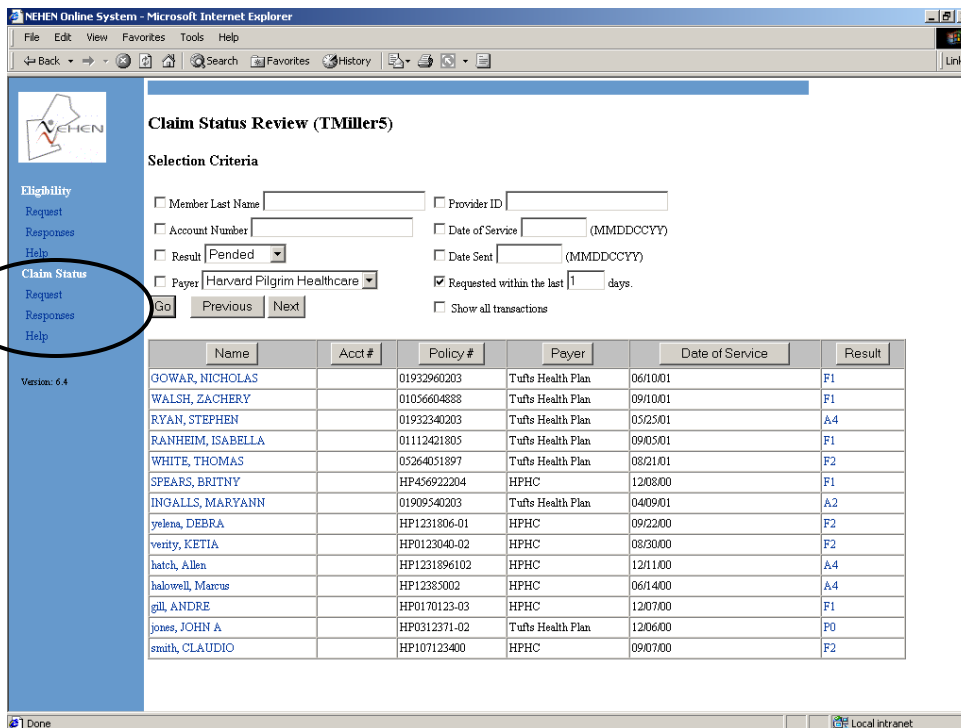
Dates of Service From:  - To:

Claim Amount:

Fields indicated by ● or ◀ are required fields.

Reset Submit

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.



**Claim Status Review (TMiller5)**

**Selection Criteria**

Member Last Name      Provider ID   
 Account Number      Date of Service  (MMDDCCYY)  
 Result  Pending     Date Sent  (MMDDCCYY)  
 Payer: Harvard Pilgrim Healthcare     Requested within the last  days.  
 Show all transactions

Go Previous Next

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
vestly, 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

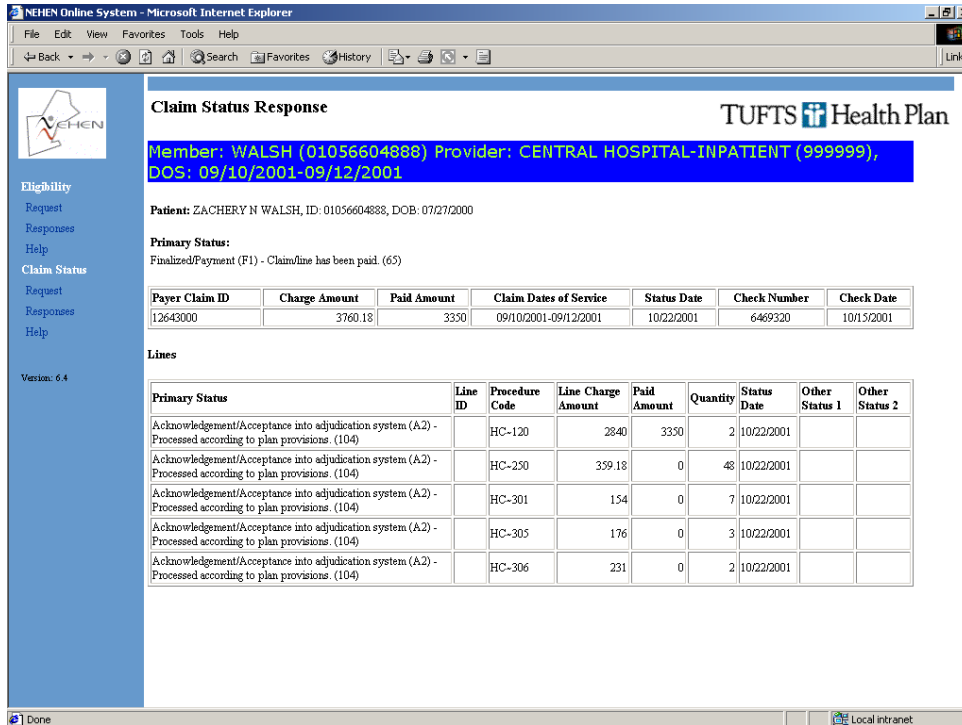


The cursor will change to a hand when it is passed over a hyperlink. Selecting a hyperlink will open the page that contains the response from the payer.



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.



**Claim Status Response** TUFTS Health Plan

**Member: WALSH (01056604888) Provider: CENTRAL HOSPITAL-INPATIENT (999999), DOS: 09/10/2001-09/12/2001**

**Patient:** ZACHERY N WALSH, ID: 01056604888, DOB: 07/27/2000

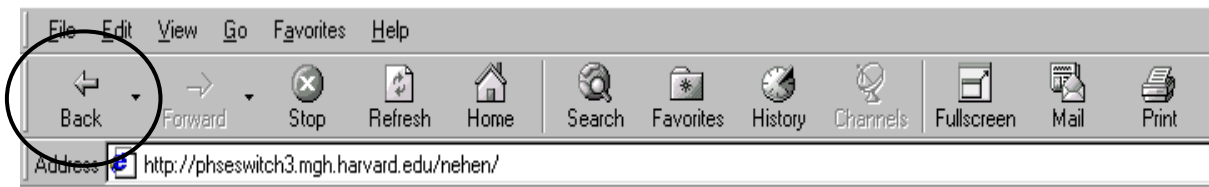
**Primary Status:**  
Finalized/Payment (F1) - Claim/line has been paid. (65)

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
Acknowledgment/Acceptance into adjudication system (A2) - Processed according to plan provisions. (104)		HC-120	2840	3350	2	10/22/2001		
Acknowledgment/Acceptance into adjudication system (A2) - Processed according to plan provisions. (104)		HC-250	359.18	0	48	10/22/2001		
Acknowledgment/Acceptance into adjudication system (A2) - Processed according to plan provisions. (104)		HC-301	154	0	7	10/22/2001		
Acknowledgment/Acceptance into adjudication system (A2) - Processed according to plan provisions. (104)		HC-305	176	0	3	10/22/2001		
Acknowledgment/Acceptance into adjudication system (A2) - Processed according to plan provisions. (104)		HC-306	231	0	2	10/22/2001		

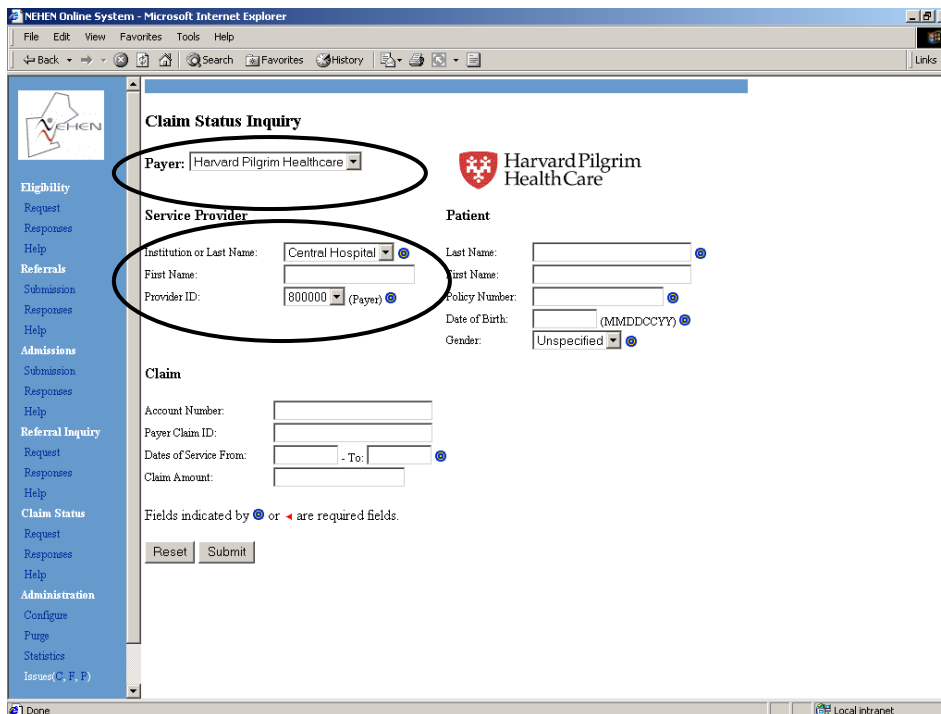
The **<Back>** button can be used to access a page previously viewed. For example, after viewing a response from a payer, the **<Back>** button can be used to return to the Claim Status Review Screen.



## SENDING A CLAIM STATUS INQUIRY

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.

	<b>Tufts</b>	<b>HPHC</b>
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.*



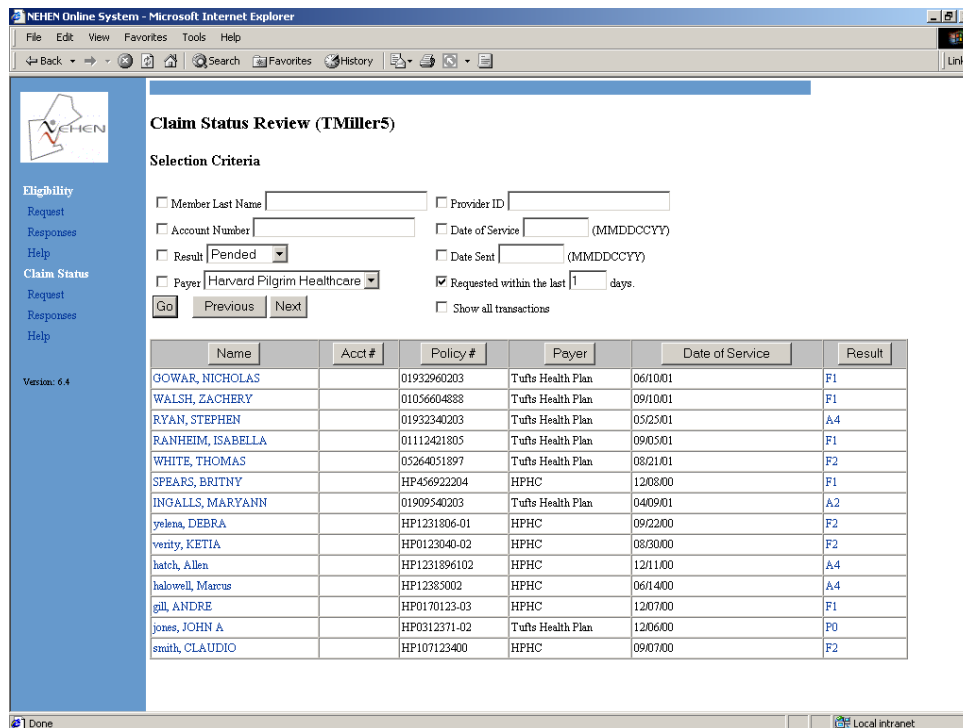
**Response time will vary by payer, but most payers return a response in under 20 seconds**

## 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.



**Claim Status Review (TMiller5)**

**Selection Criteria**

Member Last Name      Provider ID   
 Account Number      Date of Service  (MMDDCCYY)  
 Result      Date Sent  (MMDDCCYY)  
 Payer      Requested within the last  days.  
 Show all transactions

Go Previous Next

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
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SPEARS, BRITNY		HP456922204	HPHC	12/08/00	F1
INGALLS, MARYANN		01909540203	Tufts Health Plan	04/09/01	A2
yeleza, 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		HP12383002	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

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## EXPLANATION OF COLUMNS AND FEATURES

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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.

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## SORTING THE CLAIM STATUS INQUIRY RESPONSES

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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.

- 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

- 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

- To view transactions by their result code (pending, 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

- 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

- 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

- 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  (MMDDCCYY)

- 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  (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.

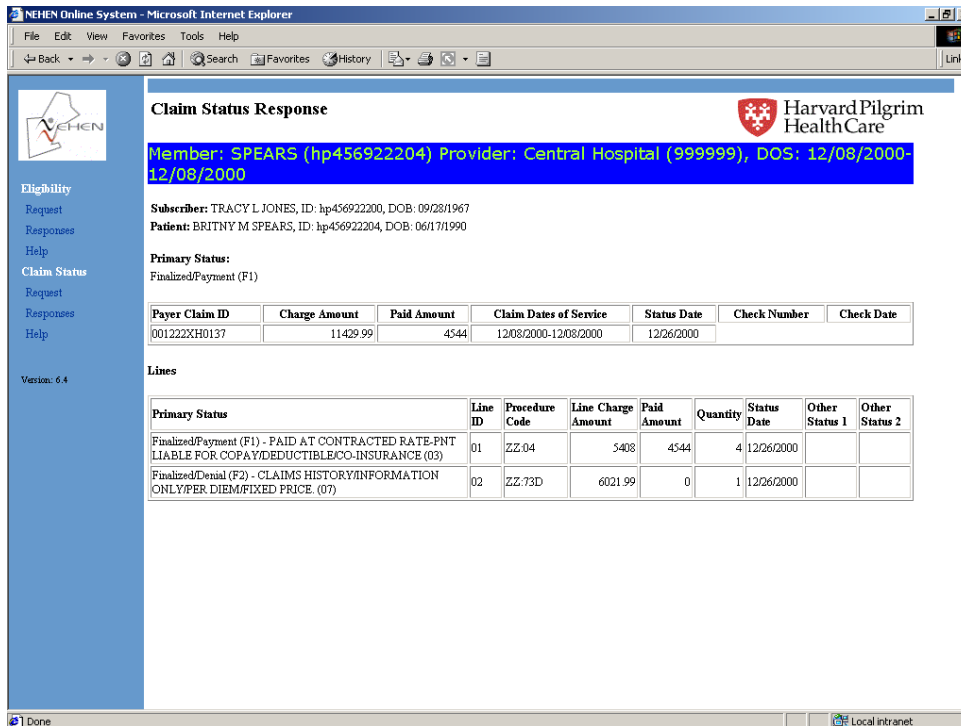
Requested within the last  days.

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.



**Claim Status Response**

Member: SPEARS (hp456922204) Provider: Central Hospital (999999), DOS: 12/08/2000-12/08/2000

Subscriber: TRACY L JONES, ID: hp456922200, DOB: 09/28/1967  
 Patient: BRITNY M SPEARS, ID: hp456922204, DOB: 06/17/1990

**Primary Status:**  
 Finalized/Payment (F1)

Payer Claim ID	Charge Amount	Paid Amount	Claim Dates of Service	Status Date	Check Number	Check Date
001222XH0137	11429.99	4544	12/08/2000-12/08/2000	12/26/2000		

**Lines**

Primary Status	Line ID	Procedure Code	Line Charge Amount	Paid Amount	Quantity	Status Date	Other Status 1	Other Status 2
Finalized/Payment (F1) - PAID AT CONTRACTED RATE-FNT LIABLE FOR COPAY/DEDUCTIBLE/CO-INSURANCE (03)	01	ZZ-04	5408	4544	4	12/26/2000		
Finalized/Denial (F2) - CLAIMS HISTORY/INFORMATION ONLY/PER DIEM/FIXED PRICE (07)	02	ZZ-73D	6021.99	0	1	12/26/2000		

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.**

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**RESULT CODES**

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

<b>Result Code</b>	<b>Description</b>
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

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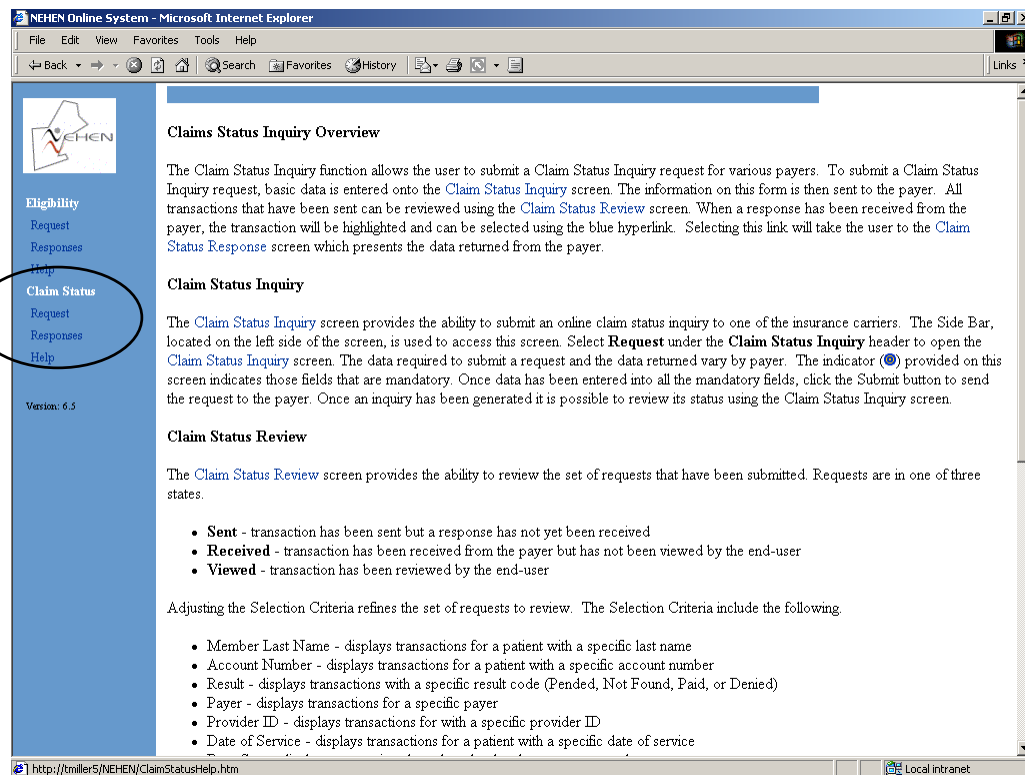
## ONLINE HELP

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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.



The screenshot shows a web browser window titled "NEHEN Online System - Microsoft Internet Explorer". The address bar shows "http://tmiller5/NEHEN/ClaimStatusHelp.htm". The page content includes:

- Claims Status Inquiry Overview**: A paragraph explaining the function allows users to submit a Claim Status Inquiry request for various payers. It mentions that basic data is entered on the Claim Status Inquiry screen, and information is sent to the payer. All transactions sent can be reviewed using the Claim Status Review screen. When a response is received, the transaction is highlighted and can be selected using a blue hyperlink to the Claim Status Response screen.
- Claim Status Inquiry**: A paragraph explaining the screen provides the ability to submit an online claim status inquiry to one of the insurance carriers. It notes that the Side Bar on the left is used to access this screen. Under the Claim Status Inquiry header, the 'Request' option is selected. The data required to submit a request and the data returned vary by payer. An indicator (a blue circle) on the screen indicates mandatory fields. After entering all mandatory fields, the Submit button is clicked to send the request.
- Claim Status Review**: A paragraph explaining the screen provides the ability to review the set of requests that have been submitted. Requests are in one of three states:
  - **Sent** - transaction has been sent but a response has not yet been received
  - **Received** - transaction has been received from the payer but has not been viewed by the end-user
  - **Viewed** - transaction has been reviewed by the end-user

Below the states, it says "Adjusting the Selection Criteria refines the set of requests to review. The Selection Criteria include the following":

- Member Last Name - displays transactions for a patient with a specific last name
- Account Number - displays transactions for a patient with a specific account number
- Result - displays transactions with a specific result code (Pended, Not Found, Paid, or Denied)
- Payer - displays transactions for a specific payer
- Provider ID - displays transactions for with a specific provider ID
- Date of Service - displays transactions for a patient with a specific date of service

The sidebar menu on the left includes: Eligibility, Request, Responses, Help, Claim Status, Request, Responses, Help. The 'Help' link under 'Claim Status' is circled in red.