

ProviderInfoSource[®]



Provider User Guide

Claim Status

Chapter 5

HealthLink[®]



ProviderInfoSource is an online tool that gives you and your staff immediate access to information pertinent to your practice

<http://providerinfosource.healthlink.com>

5.0 CLAIM STATUS

5.1 Overview

The Claim Status feature allows you to access claim status and payment information online.

Click the Claim Status tab to get started (Figure 1). By the end of this Claim Status section, you should be able to do the following:

- a. Successfully retrieve the claim information for a patient
- b. Successfully request and receive an update from the Payor for a patient (a Payor's response should generally be available in 24-48 hours or less).
- c. Successfully view previous claim inquiries.

5.2 How to Look Up Claim Status.

- a. On *ProviderInfoSource's* Secured Home Page, click the tab labeled Claim Status (Figure 1).

Click the Claim Status tab.

The screenshot shows the ProviderInfoSource Home Page. At the top, there is a navigation bar with the date 'January 1, 2015', a 'Welcome' message, and links for 'Home', 'Contact Us', 'Contact My Network Consultant', and 'Logout'. The main header features the 'ProviderInfoSource' logo and the 'HealthLink' logo. Below the header is a navigation menu with tabs for 'Home', 'Claim Status', 'Payment Status', 'Programs and Services', 'Forms and Manuals', 'Policies and Procedures', and 'Utilization Management'. The 'Claim Status' tab is highlighted. The main content area is divided into several sections: 'Physicians, Hospitals, and other Healthcare Professionals', 'Important Updates' (with a link to 'Health Alliance and HealthLink, Inc. Network Agreement Termination'), 'My Requests' (showing '1 Pending Requests', '0 Unviewed Requests', and '0 Viewed Requests (within last 14 days)'), 'My HealthLink Messages' (with 'Inbox: 0 messages, 0 unread' and 'Sent: 0 messages'), 'My Network Specialist' (listing Holly Jarvis, Network Consultant, Outstate Northwest Missouri, Office: 314-923-4785), 'Customer Service Hours' (Monday-Friday 8:00 AM - 5:00 PM (CST), Saturday-Sunday Closed, Holidays Closed, TOLL FREE 800-624-2356), and 'Fee Inquiry' (stating 'As an Ohio provider contracted with HealthLink, Inc. (HealthLink), you have the right to request your fee schedule(s) as...'). A 'Please note' section at the bottom of the Customer Service Hours section states: 'To keep your login account from going inactive, logon at least once every 30 (thirty) days. Thank you for your support and cooperation.'

Figure 1. Claim Status–Home Page Link.

- b. When *ProviderInfoSource* opens the Claim Status window (**Error! Reference source not found.**), you can enter dates of service (mm/dd/yyyy) or use calendar icons, then click **Submit**.

Figure 2. Claim Status–Search Selection.

- c. The Claim Status window

HealthLink Claim Number	Status	Patient Name	Provider Name	Provider TIN	Date of Service	Claim Actions	Last Action	
HE123456789	Finalized by Payer (Paid)	Jane Doe	John Doe	987654321	12/01/2014	<input type="checkbox"/> Request Status Update from Payor	Not Available	
\$205.00	\$149.65	123456	Healthlink Hm	\$119.65	9876543	* 07/20/2015	<input type="checkbox"/> Resend Claim to Payor	Not Available
Click here to access the current State of Illinois provider reimbursement information.								
HealthLink Claim Number	Status	Patient Name	Provider Name	Provider TIN	Date of Service	Claim Actions	Last Action	
HE123456789	Finalized by Payer (Paid)	Jane Doe	John Doe	987654321	12/01/2014	<input type="checkbox"/> Request Status Update from Payor	Not Available	
\$36.00	\$26.28	123456	Healthlink Hm	\$26.28	9876543	* 07/20/2015	<input type="checkbox"/> Resend Claim to Payor	Not Available

- d. Figure 3) displays claims that match your search criteria, and includes information about each claim.

Note: When the window opens, you can check the status of your previous requests by clicking [Previous Claim Inquiries](#). You can also click to display more information about State of Illinois provider reimbursement, as shown (Figure 3). Results displayed are based on data on file at HealthLink and may not accurately represent patient or claim details. Check with the Payor for complete information, contact information is available by rolling over the Payor’s name.

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Claim Status

For the claim details click on the HealthLink Claim Number. Click the column heading arrows to sort.

- Explanations of Benefits for State of Illinois HealthLink Members, can be accessed by clicking on the Adobe PDF icon next to the HealthLink Claim Number.
- Payor pricing sheets for all other HealthLink Members, can be accessed by clicking on the Adobe PDF icon next to the HealthLink Claim Number.

For groups 160000, 160001, 160002, and 160003:
 *Future Check Dates represent estimated payment dates.
 *Past Check Dates represent actual payment dates.

Refine your search criteria

Look up another claim

This page displays 181 to 190 of 250 results.

Print displayed results
Print all results

HealthLink Claim Number	Status	Patient Name	Provider Name	Provider TIN	Date of Service	Claim Actions	Last Action
HE123456789	Finalized by Payer (Paid)	Jane Doe	John Doe	987654321	12/01/2014	<input type="checkbox"/> Request Status Update from Payor	Not Available
						<input type="checkbox"/> Resend Claim to Payor	Not Available

Click [here](#) to access the current State of Illinois provider reimbursement information.

HealthLink Claim Number	Status	Patient Name	Provider Name	Provider TIN	Date of Service	Claim Actions	Last Action
HE123456789	Finalized by Payer (Paid)	Jane Doe	John Doe	987654321	12/01/2014	<input type="checkbox"/> Request Status Update from Payor	Not Available
						<input type="checkbox"/> Resend Claim to Payor	Not Available

Click for info on previous requests.

Click for State of Illinois reimbursement info.

Figure 3. Claim Status–Search Results.

e. Electronic Funds Transfer and Electronic Remittance Advice (EFT and ERA)

1. When you enroll in EFT and ERA with HealthLink’s vendor, Emdeon, your claim search results screen will display as shown (Figure 4):

This page displays 181 to 190 of 250 results.


HealthLink Claim Number	Status	Patient Name	Provider Name	Provider TIN	Date of Service	Claim Actions	Last Action			
HE123456789	Finalized by Payer (Paid)	Jane Doe	John Doe	987654321	12/01/2014	<input type="checkbox"/> Request Status Update from Payor	Not Available			
Billed Amount	Allowed Amount	Vendor	Payor	Claim Submitted to Payor	Payor Claim Number	Paid Amount	Check Number	Check Date		
\$205.00	\$149.65	123456	Healthlink-Hm			\$119.65	9876543	* 07/20/2015	<input type="checkbox"/> Resend Claim to Payor	Not Available

[Click here to access the current State of Illinois provider reimbursement information.](#)

HealthLink Claim Number	Status	Patient Name	Provider Name	Provider TIN	Date of Service	Claim Actions	Last Action			
HE123456789	Finalized by Payer (Paid)	Jane Doe	John Doe	987654321	12/01/2014	<input type="checkbox"/> Request Status Update from Payor	Not Available			
Billed Amount	Allowed Amount	Vendor	Payor	Claim Submitted to Payor	Payor Claim Number	Paid Amount	Check Number	Check Date		
\$36.00	\$26.28	123456	Healthlink-Hm			\$26.28	9876543	* 07/20/2015	<input type="checkbox"/> Resend Claim to Payor	Not Available

Figure 4. Claim Status–Search Results.

- a) The Check Date field will be null when the claim is first processed by HealthLink.
 - b) The date in the Check Date field will change to the future release date as per the State of Illinois payment delay.
 - c) Upon payment release, the Check Date will change to the actual payment date, allowing you to track when payment has been made.
2. When you click the [Click here](#) link in the results window, the current State of Illinois provider reimbursement information displays (Figure 5).



Provider Reimbursement Information

HealthLink will continue to process claims for benefit determinations for all State plans without interruption and will post regular updates to its website at www.healthlink.com

As of October 23, 2013 – State of Illinois account update:

- Group **160000 (State of Illinois)** 31 week delay in payment;
- Group **160001 (Local Government)** releasing payment weekly;
- Group **160002 (Teachers Retirement)** releasing payment weekly
- Group **160003 (College Insurance)** 4 week delay in payment; began a progressive payment hold to reach a 40 week payment delay. Payments are being released intermittently during the progressive hold.

Notice: HealthLink Members may receive an explanation of benefits (EOB) prior to Providers receiving remittance advice (EOP) due to the funding delay. The remittance advices will be released with each check.

If you are in need of an EOB for secondary submission prior to release of a check; you may access EOBs on ProviderInfoSource at <https://providerinfosource.healthlink.com>.

Figure 5. Claim Status–Provider Reimbursement Information.

5.3 How to View Additional Claim Details

- a. On the Secured Home Page, click the Claim Status tab, and when the Claim Status window displays, enter your criteria and click **Submit**.
- b. When the search results display (Figure 6), find the desired claim and click the HealthLink Claim Number.

Note: If the HealthLink Claim Number does not function as a hyperlink, no additional details are currently available for the claim.

Click the HealthLink Claim Number.

This page displays 181 to 190 of 250 results.

HealthLink Claim Number	Status	Patient Name	Provider Name	Provider TIN	Date of Service	Claim Actions	Last Action
HE123456789	Finalized by Payer (Paid)	Jane Doe	John Doe	987654321	12/01/2014	<input type="checkbox"/> Request Status Update from Payor	Not Available
Billed Amount	Allowed Amount	Vendor	Payor	Claim Submitted to Payor	Payor Claim Number	Paid Amount	Check Number
\$205.00	\$149.65	123456	HealthLink-Hm			\$119.65	9876543
							Check Date
							* 07/20/2015
						<input type="checkbox"/> Resend Claim to Payor	Not Available

Roll over the Payor's name for contact information.

Figure 6. Claim Status–Search Results.

- c. Following is the additional details report for a claim (Figure 7).

Claim Status « Previous

Link to Related Claim Expand All

Date Created: 03/03/2015 Date Received: 03/04/2015

Please use the up and down arrows at the right to expand and collapse the panes of information below.

Control Information

ISA Sender ID 900010001
 ISA Receiver ID TransSend277
 GS Sender ID 900010001
 GS Receiver ID TransSend277

General Information

Health Plan		Receiver
Name	HEALTHLINK HMO-HLHMO	ABC CLINIC
Identifier	HLHMO	123456789

Claim Status

(P1) Pending/In Process-The claim or encounter is in the adjudication system.
 (3) Claim has been adjudicated and is awaiting payment cycle.

Patient / Subscriber

	Patient	Subscriber
Name	DOE, JANE	DOE, JANE
Date of Birth	07/04/1976	07/04/1976
Gender	Female	Female
ID	12345678901	12345678901
Patient Account		
Trace Number	HE123456789	

Claim Information

Payor's Claim Number: HE123456789
 Claim Charged Amount: \$123.45
 Claim Paid Amount: \$0.00
 Status Effective Date: 01/01/2015
 Claim Service Period: 01/01/2015 - 01/01/2015
 Medical Record Number: 12345678A00
 Service Provider: DOE, JENNIFER
 Service Provider Number: 123456

Service Details

Additional Claim Information

Payor's Claim Number: HE123456789
 Medical Record Identification Number: 12345678A00
 Service: 01/01/2015 - 01/01/2015
 Status Category Code (P1) Pending/In Process-The claim or encounter is in the adjudication system.
 Status Code (3) Claim has been adjudicated and is awaiting payment cycle.
 Status Information Effective Date: 01/01/2015
 Total Claim Charge Amount: \$123.45
 Claim Payment Amount: \$0.00

Figure 7. Claim Status–Additional Details.

5.4 How to View a Pricing Sheet

- a. On the Secured Home Page, click the Claim Status tab.
- b. When the Claim Status window displays, enter your search criteria and click **Submit**.
- c. When the Claim Status window displays (Figure 8), find the desired claim and click the PDF icon next to the HealthLink Claim Number.

This page displays 181 to 190 of 250 results.

HealthLink Claim Number	Status	Patient Name	Provider Name	Provider TIN	Date of Service	Claim Actions	Last Action				
HE123456789	Finalized by Payer (Paid)	Jane Doe	John Doe	987654321	12/01/2014	<input type="checkbox"/> Request Status Update from Payor	Not Available				
Billed Amount	Allowed Amount	Vendor	Payor	Claim Submitted to Payor	Payor Claim Number	Paid Amount	Check Number	Check Date	<input type="checkbox"/> Resend Claim to Payor	Not Available	
\$205.00	\$149.65	123456	Healthlink Hm			\$119.65	9876543	* 07/20/2015			
Click here to access the current State of Illinois provider reimbursement information.											
HealthLink Claim Number	Status	Patient Name	Provider Name	Provider TIN	Date of Service	Claim Actions	Last Action				
HE123456789	Finalized by Payer (Paid)	Jane Doe	John Doe	987654321	12/01/2014	<input type="checkbox"/> Request Status Update from Payor	Not Available				
Billed Amount	Allowed Amount	Vendor	Payor	Claim Submitted to Payor	Payor Claim Number	Paid Amount	Check Number	Check Date	<input type="checkbox"/> Resend Claim to Payor	Not Available	
\$36.00	\$26.28	123456	Healthlink Hm			\$26.28	9876543	* 07/20/2015			

Figure 8. Claim Status–Search Results.

- d. Following is an example of the pricing sheet for a PPO claim (Figure 9).

HEALTHLINK PRICING SHEET

PRINT DATE: 13 Jan 2012
PRICING DATE: 29 SEP 2011
PROCESSOR: ELEC

CARRIER/TPA: ABC HEALTH
Address: PO BOX 1234
ST. LOUIS, MO, 65432

EMPLOYER INFORMATION:
Group Number: PSGEHA/GEHA4HEALTH
Group Name: GOVERNMENT EMPLOYEES HEALTH AS

CLAIM INFORMATION:
Claim Number: E123456789 (E)
Remit To: ABC HEALTH CTR
Provider Name: ABC HEALTH CTR
Provider Network: OA Participating Status: H
Taxonomy/Speciality Code: 123R00000Y
Effective Date: 01/01/01 Tax Id#: 123456789
Termination Date: N/A
NFI: 1234567890
Patient Account #: 1234567890

EMPLOYEE INFORMATION:
Employee Social Security #: 123-45-6789 Plan: ABC123
Policy #: 12345678
Member ID: 12345678
Employee Name: DOE, JOHN
Patient Name: DOE, JOHN
Relationship: EMP Date of Birth: 07/04/1976
Patient Elg. Status: ACT Date: 01/01/01
Provider Plan: HL

UTILIZATION REVIEW INFORMATION


Diagnosis: 719.41

Flc Of Sev	Date of Service	Revenue/ RVS Code	Unit Description	Charge	HEALTHL Contracted Amount	Code
22	09/22/11	320 LI73030	1 RADIOLOGY-DIAGNOSTIC-GEN	XXX.XX	XX.XX	
-----TOTALS:				XXX.XX	XX.XX	

CODE(S):
CODE(S):

Figure 9. Claim Status–Pricing Sheet PPO.

e. Following is an example of the pricing sheet for a HMO claim (Figure 10).



Explanation of Benefits

This is not a bill

*** THIS IS A REPRINT OF AN ORIGINAL EOB ***

HealthLink HMO
 P.O. Box 411580
 St. Louis MO 63141
 (800) 624-2680

Claim ID
HE123456789

Subscriber
JANE DOE
123 ANYSTREET
ANYTOWN, MO 65432

Group
160001

Patient ID
JANE DOE 12345678A00

Provider of Service
ABC CLINIC

Deductibles and Limits

HMO Benefit Level	Individual	Family
Annual Deductible Requirement:	-	-
Deductible applied:	-	-
Out of Pocket Maximum:	\$6000.00	\$12000.00
Out of Pocket applied:	\$123.00	\$321.00

* Deductible and out of pocket totals are based on claim activity at the time of EOB processing and apply to the level of benefits used.

Services

Date of Service	Type of Service	Amount Billed	Amount Allowed	Amount Non-Covered	**	Deductible	Copay	Co-Insurance	Other Insurance
11-01-14	MEDICAL SERVICES	\$123.00	\$0.00	\$123.00	**				
11-01-14	MEDICAL SERVICES	\$123.00	\$0.00	\$123.00	**				
11-01-14	MEDICAL SERVICES	\$123.00	\$0.00	\$123.00	**				
Total		\$369.00	\$0.00	\$369.00					

Payment Information

Total Patient Responsibility: \$369.00

Messages

029 - Line(s) 1,2,3 - Member not eligible for benefits on the date of service.

THIS IS AN ADJUSTMENT OF CLAIM #HE123456780

Figure 10. Claim Status–Pricing Sheet HMO.

5.5 How to Get a Payor Update (or Resend to Payor).

- b. On the Secured Home Page, click the Claim Status tab.
- c. When the Claim Status window displays, enter your criteria and click **Submit**.
- d. When the Claim Status window displays (Figure 13), find the desired claim, check one or both of the checkboxes (see table for descriptions), and click **Submit**.

HealthLink Claim Number	Status	Patient Name	Provider Name	Provider TIN	Date of Service	Claim Actions	Last Action	
HE123456789	Finalized by Payor (Paid)	Jane Doe	John Doe	987654321	12/01/2014	<input type="checkbox"/> Request Status Update from Payor <input type="checkbox"/> Resend Claim to Payor	Available Not Available	
Billed Amount	Allowed Amount	Vendor	Payor	Claim Submitted to Payor	Payor Claim Number	Paid Amount	Check Number	Check Date
\$205.00	\$149.65	123456	Healthlink Hm			\$119.65	9876543	* 07/20/2015

Figure 11. Claim Status–Claim Actions.

Table 1. Claim Status–Checkbox Descriptions.

Checkbox	Description
Request Status Update from Payor	If you check this checkbox, <i>ProviderInfoSource</i> will send your request to the Payor. The following conditions must be met for this checkbox to be enabled: 1.) You must not have made an update request on this claim in the past 3 business days. 2.) The Status field must not state “Pending HealthLink Pricing”. 3.) The Payor must be participating with <i>ProviderInfoSource</i> . If not, then the option to “Request Status Update from Payor” will be shaded gray and the checkbox will be disabled. 4.) The claim must not be a HealthLink HMO claim.
Resend Claim to Payor	If you check this checkbox, <i>ProviderInfoSource</i> will resend the claim to the Payor. This is only allowed one time per claim. In order for you to be able to check this checkbox, the Status field must not state “Pending HealthLink Pricing”.

- e. The Request Confirmation window (Figure 12) will notify you that your request has been submitted.

Note: Once a request has been made, the Payor’s response should generally be available in 24 hours or less. When a Payor response is received, it will be available under *ProviderInfoSource*’s My HealthLink Messages feature on the Secured Home Page.

Claim Status

Your request for a claim status update has been successfully submitted to the payor(s). The information will become available in 24 hours or less. Please check My Requests on the home page for notification of payor responses. Thank you!

Claim Action	Patient Name	Provider Name	Date of Service
Request Status Update from Payor	Mclean, Peggy	Dimondo, John	02/26/2015
	Doe, Jane	Doe, Jennifer	11/01/2014

Go back to search results
Look up another claim

Figure 12. Claim Status–Request Confirmation.

- f. When you login approximately 24 hours later, go to the My Requests section on the Secured Home Page. If there is a response from the Payor, it will be in the Inbox.

Table 2. Claim Status–My Requests Values.

Value	Description
Pending	Requests that have been submitted to the Payor and are pending information from the Payor.
Unviewed	Responses from the Payor that you have not yet viewed. This is information the Payor provided back to <i>ProviderInfoSource</i> for your review. Unviewed responses are retained within My Requests for 30 days.
Viewed	Responses that you have previously viewed. Viewed requests are available in My Requests for 14 days. You may print the Payor Responses for your records.

- g. Click a heading (i.e. Unviewed Requests) to expand the My Requests window, and click the request you submitted (Figure 13).



Figure 13. Claim Status–My Requests.

- h. When the window displays, click the [HealthLink Claim Number](#) (Figure 14).

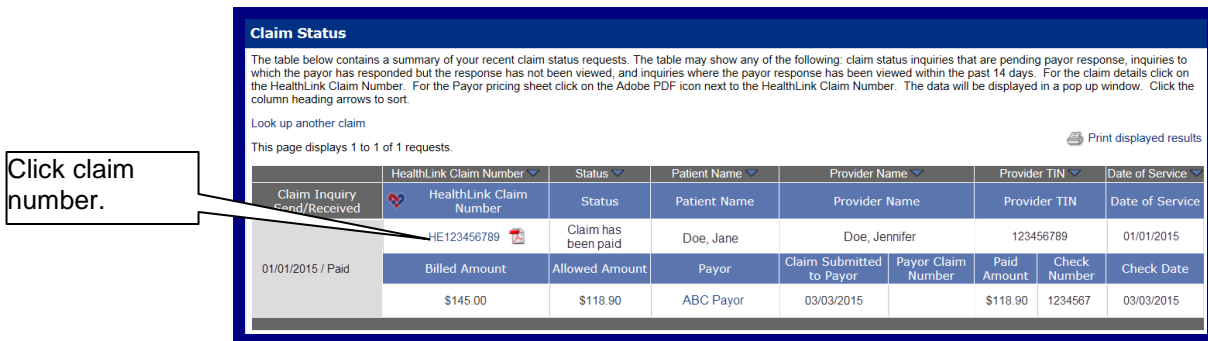


Figure 14. Claim Status–Payor Update Reponse Selection.

i. Following is the response from the Payor (Figure 15).

Note: The Claim Status Inquiry Response from the Payor looks very similar to the additional claim details generated by *ProviderInfoSource*. The response from the Payor includes the actual amount they paid, and includes additional information like adjudication finalized date, remittance date, and remittance trace number/check number.

Claim Status << Previous

Link to Related Claim

Date Created: 03/03/2015 Date Received: 03/04/2015 Expand All

Please use the up and down arrows at the right to expand and collapse the panes of information below.

Control Information

ISA Sender ID 900010001
 ISA Receiver ID TransSend277
 GS Sender ID 900010001
 GS Receiver ID TransSend277

General Information		Health Plan	Receiver
Name	HEALTHLINK HMO-HLHMO	ABC CLINIC	
Identifier	HLHMO	123456789	

Claim Status

(F1) Finalized/Payment-The claim/line has been paid.
 (65) Claim/line has been paid.

Patient / Subscriber		Patient	Subscriber
Name	DOE, JANE	DOE, JANE	
Date of Birth	07/04/1976	07/04/1976	
Gender	Female	Female	
ID	12345678901	12345678901	
Patient Account			
Trace Number	HE123456789		

Claim Information

Payor's Claim Number: HE123456789
 Claim Charged Amount: \$123.45
 Claim Paid Amount: \$0.00
 Status Effective Date: 01/01/2015
 Claim Service Period: 01/01/2015 - 01/01/2015
 Medical Record Number: 12345678A00
 Service Provider: DOE, JENNIFER
 Service Provider Number: 123456

Service Details

Additional Claim Information

Payor's Claim Number HE123456789
 Medical Record Identification Number 12345678A00
 Service 01/01/2015 - 01/01/2015
 Status Category Code Finalized/Payment-The claim/line has been paid.
 Status Code Claim/line has been paid.
 Status Information Effective Date 01/01/2015
 Total Claim Charge Amount \$123.45
 Claim Payment Amount \$0.00
 Adjudication Finalized Date 01/12/2015
 Remittance Date 01/14/2015
 Remittance Trace Number(Check Number) 1234567

Figure 15. Claim Status–Payor Update Response.

5.6 How to View Previous Claim Inquiries

- a. Click the Claim Status tab on the Secured Home Page.
- b. When the window displays, click [My Previous Claim Inquiries](#) (Figure 16).



Figure 16. Claim Status–Link.

- c. The My Previous Claim Inquiries window (Figure 17) displays a summary of your recent requests. Records with “Pending” in the Sent/Received column have been submitted to the Payor and are pending a response. As soon as your inquiry receives a response, the record will have a received date.



Figure 17. Claim Status–My Previous Claim Inquiries.

Note: Information displayed in the My Previous Claim Inquiries window is based on data on file at HealthLink. Payors also maintain data regarding claim inquiries. To ensure current information is accurate, please check with the Payor for complete claim status information. Payor contact information is available by rolling over the Payor’s name.

5.7 How to View the Payor's Full Information

- a. To view the Payor's full information, roll your cursor over the Payor's name (Ex. "HealthLink Hmo-Hlhmo"). The Payor's contact information displays in a pop-up window (Figure 18).

Claim Status

The table below contains a summary of your recent claim status requests. The table may show any of the following: claim status inquiries that are pending payor response, inquiries to which the payor has responded but the response has not been viewed, and inquiries where the payor response has been viewed within the past 14 days. For the claim details click on the HealthLink Claim Number. For the Payor pricing sheet click on the Adobe PDF icon next to the HealthLink Claim Number. The data will be displayed in a pop up window. Click the column heading arrows to sort.

Look up another claim Print displayed results

This page displays 1 to 1 of 1 requests.

Claim Inquiry Send/Received	HealthLink Claim Number	Status	Patient Name	Provider Name	Provider TIN	Date of Service	
01/01/2015 / Paid	HE123456789	Claim has been paid	Doe, Jane	Doe, Jennifer	123456789		
	Billed Amount	Allowed Amount	Payor	Claim Submitted	Payor ID Number	Check Number	Check Date
	\$145.00	\$118.90	ABC Payor	03/03/2015		1234567	03/03/2015

Figure 18. Claim Status–Full Payor Information.

- b. The pop-up window (Figure 19), displays the following information:
 1. Payor's Full Name
 2. Payor's Customer Service Phone Number
 3. Payor's Web Site Address (if available)

Healthlink Hmo-Hlhmo

Customer Service: 314-925-6200

The main customer service number above may differ from specific support numbers set up by this payor to support your provider organization.

Figure 19. Claim Status–Payor Information.

Note: If you are unable to see this window with the Payor's full contact information, please check if you have pop-up blocker software. Depending on the type of software, you can modify the settings to allow pop-up windows for *ProviderInfoSource's* website address.

5.8 Field Descriptions

Following are descriptions of the fields that are displayed in the Claim Status windows.

a. Fields – Search Selection (Figure 20)

Figure 20. Claim Status–Search Selection Fields.

Table 3. Claim Status–Search Selection Fields.

Field	Description
My Previous Claim Inquiries	Click this link to display previous your claim status inquiries.
Date of Service From/Calendar	Allows you to enter a starting date of service when searching for claims. (The starting date must be no later than today’s date, and no more than 12 months in the past). You can also pick a date by clicking the Calendar icon and then selecting a date from the pop-up calendar.
Date of Service To/Calendar	Allows you to enter an ending date of service when searching for claims (The starting date must be no later than today’s date, no more than 12 months in the past and greater than or equal to the starting Date of Service From date). You can also pick a date by clicking the Calendar icon and then selecting a date from the pop-up calendar.
Patient Last Name	Allows you to enter the last name of the patient you are requesting claim information for.
Patient First Name	Allows you to enter the first name of the patient you are requesting claim information for.
Subscriber ID	Allows you to enter the subscriber’s identification number (2-30 characters in length).
HealthLink Claim Number	Allows you to enter the 11-digit HealthLink claim number.
Physicians/ Providers	A drop-down list of all the physicians, hospitals or health care professionals to which you have access to view claim information. The menu is listed in alphabetical order by physician, hospital or health care professional’s last name (if no selection is made, <i>ProviderInfoSource</i> defaults to “All”).
Payor	The Payor’s name.
Claim Status	A drop-down list containing the following claim status options (if none is selected, the value defaults to “All”). Available options are:

	<p>All (sorted oldest to newest) – This option will show all claims.</p> <p>Pending HealthLink Pricing (sorted oldest to newest.) – This option will show claims HealthLink has received, but have not yet been priced by HealthLink.</p> <p>Repriced and Sent to Payor (sorted oldest to newest) – This option will show claims HealthLink has priced and sent to the Payor.</p> <p>Finalized by Payor (sorted oldest to newest) – This option will show claims the Payor has processed and provided remittance information to <i>ProviderInfoSource</i>.</p> <p>Denied by Payor (sorted oldest to newest) – This option will show claims the Payor has processed and were denied by the Payor.</p> <p>Rejected by HealthLink or Payor (sorted oldest to newest) – This option will show claims that were rejected by HealthLink or the Payor.</p> <p>Not on File with Payor – This option will show claims that the Payor did not receive.</p>
Submit Button	Click this button to Submit your claims search request.
Reset Button	Clears any text entered and resets the pull-down menu back to the defaults on the window.
Note	“Note: Claim history is only available for the past nine months.”
Disclaimer	Legal Disclaimer: “HealthLink makes no warranties or representations as to the accuracy of the content on this site and HealthLink assumes no liability or responsibility for any errors or omissions in the content on the site.”

b. Fields – Claim Status (Figure 21)

HealthLink Claim Number	Status	Patient Name	Provider Name	Provider TIN	Date of Service	Claim Actions	Last Action
HE123456789	Finalized by Payor (Paid)	Jane Doe	John Doe	987654321	12/01/2014	<input type="checkbox"/> Request Status Update from Payor	Not Available
\$205.00	\$149.65	123456	Healthlink-Hm			<input type="checkbox"/> Resend Claim to Payor	Not Available

Figure 21. Claim Status Fields.

Table 4. Claim Status Fields.

Field	Description
HealthLink Claim Number	HealthLink’s unique claim number (DCN) (displayed as a link). When clicked, a pop-up window displays additional claim details for the patient (if no additional details are available, the claim number displays as text only). A drop-down arrow allows you to sort the results in ascending or descending order.
Status	<p>A drop-down arrow allows you to sort the results in ascending or descending order. Displays the claim’s status, with one of the following items:</p> <p>All (sorted oldest to newest) – This option will display all claims.</p> <p>Pending HealthLink Pricing (sorted oldest to newest) – This option displays claims HealthLink has received, however, have not been priced by HealthLink.</p> <p>Repriced and Sent to Payor (sorted oldest to newest) – This option displays claims HealthLink has priced and sent to the Payor.</p> <p>Finalized by Payor – This option displays claims the Payor has processed and provided remittance information to <i>ProviderInfoSource</i>.</p> <p>Denied by Payor – This option displays claims the Payor has processed and denied.</p> <p>Rejected by HealthLink or Payor (sorted oldest to newest) – This displays claims</p>

	rejected by HealthLink or the Payor. Not on File with Payor – This option will display claims the Payor did not receive. Error – Displays claims that contain an error.			
Patient Name	The patient's name (Last Name, First Name.)			
Provider Name	The provider's name (Last Name, First Name). A drop-down arrow allows you to sort results in ascending or descending order.			
Provider TIN	The provider's tax identification number.			
Date of Service	The date of service of the claim.			
Claim Actions (Checkboxes)	Provides available actions on the claim, including the following items: <table border="1" style="width: 100%;"> <tr> <td>Request Status Update from Payor checkbox - This feature allows you to request claim status information from the Payor.</td> </tr> <tr> <td>Resend Claim to Payor checkbox - This feature allows you to resend the claim to the Payor. One claim may only be resubmitted once to the Payor through <i>ProviderInfoSource</i>.</td> </tr> </table>	Request Status Update from Payor checkbox - This feature allows you to request claim status information from the Payor.	Resend Claim to Payor checkbox - This feature allows you to resend the claim to the Payor. One claim may only be resubmitted once to the Payor through <i>ProviderInfoSource</i> .	
Request Status Update from Payor checkbox - This feature allows you to request claim status information from the Payor.				
Resend Claim to Payor checkbox - This feature allows you to resend the claim to the Payor. One claim may only be resubmitted once to the Payor through <i>ProviderInfoSource</i> .				
Last Action	Displays the last action that was taken on the claim, including the following possible values: <table border="1" style="width: 100%;"> <tr> <td>Not Available</td> </tr> <tr> <td>Blank</td> </tr> <tr> <td>Sent (mm/dd/yyyy)</td> </tr> </table>	Not Available	Blank	Sent (mm/dd/yyyy)
Not Available				
Blank				
Sent (mm/dd/yyyy)				
Billed Amount	The total billed amount of the claim.			
Allowed Amount	The amount that HealthLink priced the claim.			
Payor	The Payor's name.			
Claim Submitted to Payor	The date HealthLink submitted the claim to the Payor.			
Payor Claim Number	The Payor's unique claim number.			
Paid Amount	The amount that was paid by the Payor.			
Check Number	The number of the payment sent to the provider.			
Check Date	The date the check was issued. *Future Check Dates represent estimated payment dates. *Past Check Dates represent actual payment dates.			
Submit	Click this button to submit your request.			

c. Fields – My Previous Claim Inquiries (Figure 22)

Claim Status

The table below contains a summary of your recent claim status requests. The table may show any of the following: claim status inquiries that are pending payor response, inquiries to which the payor has responded but the response has not been viewed, and inquiries where the payor response has been viewed within the past 14 days. For the claim details click on the HealthLink Claim Number. For the Payor pricing sheet click on the Adobe PDF icon next to the HealthLink Claim Number. The data will be displayed in a pop up window. Click the column heading arrows to sort.

Look up another claim Print displayed results

This page displays 1 to 1 of 1 requests.

HealthLink Claim Number	Status	Patient Name	Provider Name	Provider TIN	Date of Service
HE123456789	Claim has been paid	Doe, Jane	Doe, Jennifer	123456789	01/01/2015

Billed Amount	Allowed Amount	Payor	Claim Submitted to Payor	Payor Claim Number	Paid Amount	Check Number	Check Date
\$145.00	\$118.90	ABC Payor	03/03/2015		\$118.90	1234567	03/03/2015

Figure 22. Claim Status–My Previous Claim Inquiries Fields.

Table 5. Claim Status–My Previous Claim Inquiries Fields.

Field	Description
Information icon and Help	Click this link to open the Help pop-up window.
Printer Friendly icon	Click the Printer Friendly icon to print the Claim Status Inquiry.
Claim Inquiry Sent / Received	The date the claim inquiry was sent and received.
HealthLink Claim Number	HealthLink’s unique claim number.
Status	The status of the claim.
Patient Name	The patient’s name (Last Name, First Name).
Provider Name	The provider’s name (Last Name, First Name).
Provider TIN	The provider’s tax identification number.
Date of Service	The date of service of the claim.
Claim submitted to Payor	The date HealthLink submitted the claim to the Payor.
Payor	The Payor’s name.
Payor Claim Number	The Payor’s unique claim number.
Paid Amount	The amount that was paid by the Payor.
Check Number	The check number of the check payment sent to the provider.
Check Date	The date the check was issued.
Billed Amount	The total billed amount of the claim.
Allowed Amount	The amount that HealthLink priced the claim.

Note: Information displayed in the My Previous Claims Inquiries window is based on data on file at HealthLink. Payors also maintain data regarding claim inquiries. To ensure current information is accurate, please check with Payor for complete information. Payor contact information is available by rolling over the Payor’s name.

5.9 Frequently Asked Questions (FAQ)

If you were not able to complete a Claim Status task, this Frequently Asked Questions (FAQ) section offers you assistance. This section describes possible scenarios in which you may not be able to complete a task, along with the solutions to those scenarios.

Question:

What if no claims are found? When I am performing a claim status inquiry, no claims are found. Our office has submitted claims to HealthLink within the dates I specified. What could be wrong? (Figure 23).

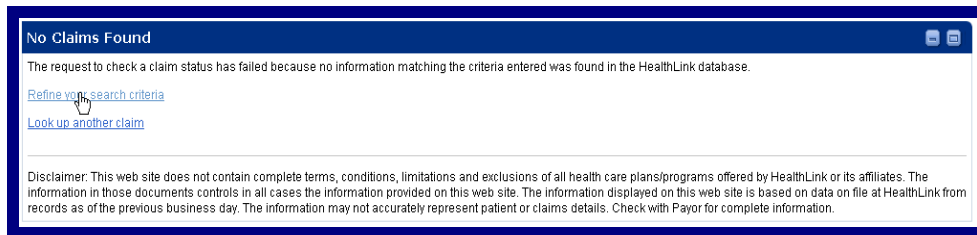


Figure 23. Claim Status—No Claims Found.

Answer:

If the claim status inquiry window displays **No Claims Found**, perhaps you were too specific with your search criteria. Try requesting a broader search that includes “All” claims for “All” providers. If you expand your search criteria, you can increase your results. The more specific you are with your search criteria limits the number of claims returned.

1. **Step 1** – Click the [Refine your search criteria](#) link.
2. **Step 2** – When the **Claim Status – Search Selection** window displays, refine and re-enter the criteria you want to use to search for claims. Then click the **Submit** button.

Question:

What if the claim I am viewing has incorrect information?

Answer:

If you believe the claim you are viewing is not priced correctly, please verify the HealthLink network program provided by the enrollee’s health plan (i.e., Open Access I, II, III, HMO or PPO) with your HMO and/or PPO fee schedule located in your HealthLink contract.

Here are some helpful tips for verifying pricing among the different HealthLink plans:

Open Access I (HMO only) network programs allow at your HMO contracted fee schedule rate if you are contracted with the HMO line of business. If you are contracted only with the PPO line of business, an in-network discount is taken

because the OA I plan provides benefits for covered services from HMO contracted physicians, hospitals and health care professionals only.

Open Access II (HMO and out-of-network tiers) network programs allow at your HMO contracted fee schedule rate if you are contracted with the HMO line of business. If you are contracted only with the PPO line of business, no discount is taken because the OA II plan provides benefits for covered services from HMO and out-of-network physicians, hospitals and health care professionals only.

Open Access III (HMO, PPO and out-of-network tiers) network programs allow at your HMO contracted fee schedule rate if you are contracted with the HMO line of business. Enrollees of health plans that offer the Open Access III network program are eligible for the highest level of benefits if covered services are performed by an HMO participating physician, hospital or health care professional.

If you are contracted only with the PPO line of business, services for enrollees of plans that use the OA III network program price at your PPO contracted rate. Please note, some OA III network programs offer an in-network PPO deductible for OA III enrollees. The PPO in-network deductible may vary among employer groups or may not apply for various employer groups. It is best to verify the patient's plan benefits with the Payor prior to services being rendered.

If you are an out-of-network physician, hospital or health care professional, no discount is taken and the OAIII network program provides benefits for covered services performed by out-of-network physicians.

PPO plans allow at your PPO contracted fee schedule rate.

HMO Classic plans allow at your HMO contracted fee schedule rate.

Question:

What if the claim I am viewing does not match what is in *ProviderInfoSource*?

Answer:

If a claim's CPT/HCPC/Revenue Codes, ICD-9 codes or patient information displayed on *ProviderInfoSource*'s claim status inquiry feature is different from the claim you have on file, please resubmit a corrected claim to HealthLink. If you have any questions, you may send a secured message to HealthLink's Customer Service Department through the My HealthLink messages feature, located on *ProviderInfoSource*'s Secured Home Page.