

ProviderInfoSource®



Provider User Guide

Payment Status

Chapter 6

HealthLink®



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

<http://providerinfosource.healthlink.com>

6.0 CLAIM STATUS

6.1 Overview

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

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

- a. Successfully retrieve the payment information for a patient.

6.2 How to Look Up Payment Status.

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

Click the Payment Status tab.

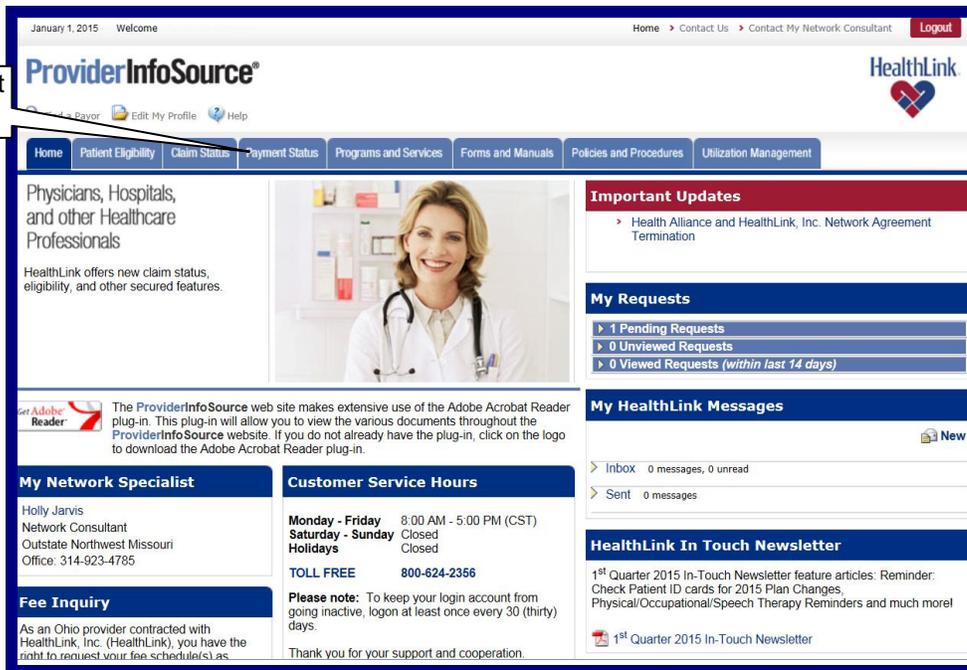


Figure 1. Payment Status–Home Page Link.

- b. On the *Payment Status* tab, type in the Check Number and/or the Check Amount and click **Submit** (Figure 2).

Note: Please do not enter the \$ symbol or commas in the Check Amount (i.e., \$6,543.21 would be “6543.21”).

Figure 2. Payment Status–Search Selection.

- c. The *Payment Status* results screen (Figure 3) displays the Check Number, Check Date, Check Amount, Payee Name, Payee Street Address, City, State, and Zip Code.
- d. You can see remittance details by clicking the linked Check Number.

Click the Check Number.

| Check Number | Check Date | Check Amount | Payee Name |
|-------------------------|------------|--------------|------------|
| 0123456 | 01/01/2015 | \$6,543.21 | ABC HOSP |
| Payee Street Address | | City | State |
| P O BOX 123456 | | SAINT LOUIS | MO |
| | | Zip Code | 65432 |

Figure 3. Payment Status–Search Results.

- e. The Remit Check View window (Figure 4) displays details about the remittance. At the bottom of the window is a list of associated claims, including primary claims as well as provider level adjustments. The list is ordered from most recent claim to least recent claim.
- f. In the list, you can click each ID to see more information about each associated claim.

Notes: If the section is hidden, click the  icon to expand. The Total Check Amount in the Remit Check View is the total of all the Total Claim Paid Amounts in all the associated claims.

Remit - Check View Expand All

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

Check Information ▶

Check or EFT Trace: 0123456
 Total Check Amount: \$6,543.21
 Check or EFT Issue Date: 01/01/2015
 Transaction Type: (C) Payment Accompanies Remittance Advice
 Payment Method: (CHK) Check

Payer Information ▶

Payer Name: ABC Payer
 Payer Address 1: P O BOX 123456
 Payer City/State/Zip: SAINT LOUIS, MO 65432
 (2U) Payer Identification Number: 12345
 (2U) Payer Identification Number: 12345
 (EO) Submitter Identification Number: 1234567
 (EO) Submitter Identification Number: 1234567

Payer Financial Information ▶

Payer Financial ID Number: 1234567890
 Payer (405) Production Date: 01/01/2015

Payee Financial Information ▶

(EV) Receiver Identification Number: 123456789

Remit Claim List ▶

| ID | Claim Control Number | Claim Status |
|-------------|----------------------|------------------------------|
| 4123456789 | AB123456780 | Processed as Primary |
| -0123456788 | AB123456781 | Reversal of Previous Payment |
| -0123456787 | AB123456782 | Processed as Primary |

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Click the claim ID.

Click to expand the section.

Figure 4. Payment Status–Remit Check View.

- g. Clicking a linked ID will open the Remit Claim View window (Figure 5), which displays more details about each associated claim.

Remit - Claim View << Previous

Expand All

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

Patient / Subscriber Information

(QC) Patient Name: DOE, JANE
 (QC) Patient (MI) Member Identification Number: 12345678A00

Claim Remittance Information

Claim Status: (1) Processed as Primary
 Claim Control Number: AB123456780
 Patient Account Number: 123456789
 Claim Filing Indicator: (12) Preferred Provider Organization (PPO)
 Total Claim Charged Amount: \$200.00
 Total Claim Paid Amount: \$100.00

Service Line 1

| Service Date | Revenue Code | Procedure Code | Procedure Modifier (s) | Service Quantity | Billed Procedure Code | Billed Procedure Modifier(s) | Billed Service Quantity |
|--------------|--------------|----------------|------------------------|------------------|-----------------------|------------------------------|-------------------------|
| 01/01/2015 | | 300 | | 1 | | | |

| | |
|-------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Service Line Charge Amount: | \$200.00 |
| Total Service Line Level Adjustment Amount: | \$100.00 |
| 1: (CO) Contractual Obligations: (45) Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. | \$100.00 |
| Total Service Line Paid Amount: | \$100.00 |

Total Amount Paid: \$100.00

Service Line Detail Information 1

Informational Reimbursement Data

These amounts are informational only and do not influence the balancing of the remit
 (B6) Allowed - Actual: \$100.00

Additional Service Line Information

(BR) Provider Control Number: 1

Claim Remittance Detail Information

Claim Level Service Provider

Name: ABC HOSP
 (XX) Health Care Financing Administration National Provider Identifier: 1234567890

Additional Claim Information

(050) Received: 01/01/2015

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Figure 5. Payment Status–Remit Claim View (Primary).

h. Following is an example of an adjustment (Figure 6).

Remit - Claim View
<< Previous

Expand All

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

Patient / Subscriber Information

| |
|-------------------------------------------------------------|
| (QC) Patient Name: DOE, JANE |
| (QC) Patient (MI) Member Identification Number: 12345678A00 |

Claim Remittance Information

| |
|--------------------------------------------------------------------|
| Claim Status: (22) Reversal of Previous Payment |
| Claim Control Number: AB123456781 |
| Patient Account Number: 123456789 |
| Claim Filing Indicator: (12) Preferred Provider Organization (PPO) |
| Total Claim Charged Amount: (\$20.00) |
| Total Claim Paid Amount: (\$10.00) |

Service Line 1

| Service Date | Revenue Code | Procedure Code | Procedure Modifier (s) | Service Quantity | Billed Procedure Code | Billed Procedure Modifier(s) | Billed Service Quantity |
|--------------|--------------|----------------|------------------------|------------------|-----------------------|------------------------------|-------------------------|
| 01/01/2015 | | 200 | | 1 | | | |

| | |
|------------------------------------------------------------------------------------------------------------------------|-----------|
| Service Line Charge Amount: | (\$20.00) |
| Total Service Line Level Adjustment Amount: | \$10.00 |
| 1: (OA) Other Adjustments: 45) Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. | |
| \$10.00 | |
| Total Service Line Paid Amount: | (\$10.00) |

Total Amount Paid: (\$10.00)

Service Line Detail Information 1

Informational Reimbursement Data

These amounts are informational only and do not influence the balancing of the remit

(B6) Allowed - Actual: (\$10.00)

(6R) Provider Control Number: 1

Claim Remittance Detail Information

Claim Level Service Provider

Name: ABC HOSP
 (XX) Health Care Financing Administration National Provider Identifier: 1234567890

Additional Claim Information

(050) Received: 01/01/2015

Repriced Claim Information

(9C) Adjusted Repriced Claim Reference Number: AB123456782

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Figure 6. Payment Status–Remit Claim View (Adjustment).

6.3 Field Descriptions

Following are descriptions of the fields that are displayed in the PaymentStatus windows.

a. Fields – Search Selection (Figure 7)

Figure 7. Payment Status–Search Selection Fields.

Table 1. Payment Status–Search Selection Fields.

| Field | Description |
|--------------|----------------------------------------------|
| Check Number | The number of the payment sent to the payee. |
| Check Amount | The amount of the payment. |

b. Fields – Search Results (Figure 8)

Figure 8. Payment Status–Search Results Fields.

Table 2. Payment Status–Search Results Fields.

| Field | Description |
|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Check Number | The number of the payment sent to the provider. |
| Check Date | The date the payment was issued. *Future Check Dates represent estimated payment dates. *Past Check Dates represent actual payment dates. |
| Check Amount | The amount of the payment. |
| Payee Name | The entity receiving payment (Organization Name or Last Name, First Name). |
| Payee Street Address | The street address of the payee. |
| City | The city of the payee. |
| State | The state (abbreviated) of the payee. |
| Zip Code | The zip code of the payee. |

c. Fields – Remit Check View (Figure 9)

The screenshot shows a web interface titled "Remit - Check View" with an "Expand All" button. Below the title is a instruction: "Please use the up and down arrows at the right to expand and collapse the panes of information below." The interface is divided into several expandable panes:

- Check Information:**
 - Check or EFT Trace: 0123456
 - Total Check Amount: \$6,543.21
 - Check or EFT Issue Date: 01/01/2015
 - Transaction Type: (C) Payment Accompanies Remittance Advice
 - Payment Method: (CHK) Check
- Payer Information:**
 - Payer Name: ABC Payer
 - Payer Address 1: P O BOX 123456
 - Payer City/State/Zip: SAINT LOUIS, MO 65432
 - (2U) Payer Identification Number: 12345
 - (2U) Payer Identification Number: 12345
 - (EO) Submitter Identification Number: 1234567
 - (EO) Submitter Identification Number: 1234567
- Payer Financial Information:**
 - Payer Financial ID Number: 1234567890
 - Payer (405) Production Date: 01/01/2015
- Payee Financial Information:**
 - (EV) Receiver Identification Number: 123456789
- Remit Claim List:**

| ID | Claim Control Number | Claim Status |
|-------------|----------------------|------------------------------|
| -0123456789 | AB123456780 | Processed as Primary |
| -0123456788 | AB123456781 | Reversal of Previous Payment |
| -0123456787 | AB123456782 | Processed as Primary |

Figure 9. Payment Status–Remit Check View Fields.

Table 3. Payment Status–Remit Check View Fields.

| Field | Description |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Check or EFT Trace | The number of the payment sent to the provider. |
| Total Check Amount | The total amount of the payment, including all the paid amounts in all the associated claims. |
| Check or EFT Issue Date | The date the payment was issued. *Future Check Dates represent estimated payment dates. *Past Check Dates represent actual payment dates. |
| Transaction Type | A description of the transaction (i.e., "Payment Accompanies Remittance Advice"). |
| Payment Method | The type of payment (i.e., "Check"). |
| Payer Name | The names of the payer. |
| Payer Address | The street address of the payer. |
| Payer City/State/Zip | The city, state, and zip code of the payer. |
| Payer Identification Number | The five character identification number of the payer. |
| Submitter Identification Number | The seven character identification number of the person or entity who submitted the payment. |
| Payer Financial ID Number | The ten character financial identification number of the payer. |
| Payer Production Date | The date the payer's production system issued the payment. |
| Receiver Identification Number | The nine character financial identification number of the payee. |
| ID | HealthLink's internal number used to identify each claim associated with the payment. |
| Claim Control Number | HealthLink's unique claim number. |
| Claim Status | Shows the state of the claim. Values include: Processed as Primary – Handled as a new claim. Reversal of Previous Payment – Claim has been adjusted to address a previous payment. |

d. Fields – Remit Claim View (Figure 10)

The screenshot shows a web-based interface for viewing claim remittance information. It includes sections for Patient/Subscriber Information, Claim Remittance Information, Service Line 1 (with a table of service dates, revenue codes, and procedure codes), Service Line Charge Amounts, Total Service Line Level Adjustments, and Service Line Detail Information (including informational reimbursement data and additional service line information). The total amount paid is shown as \$100.00.

Figure 10. Payment Status–Remit Claim View Fields.

Table 4. Payment Status–Remit Claim View Fields.

| Field | Description | | |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Patient Name | The patient’s name (Last Name, First Name). | | |
| Patient Member Identification Number | The patient’s identification number assigned by HealthLink. | | |
| Claim Status | Shows the state of the claim. Values include: <table border="1" style="width: 100%;"> <tr> <td>Processed as Primary – Handled as a new claim.</td> </tr> <tr> <td>Reversal of Previous Payment – Claim has been adjusted to address a previous payment.</td> </tr> </table> | Processed as Primary – Handled as a new claim. | Reversal of Previous Payment – Claim has been adjusted to address a previous payment. |
| Processed as Primary – Handled as a new claim. | | | |
| Reversal of Previous Payment – Claim has been adjusted to address a previous payment. | | | |
| HealthLink Claim Number | HealthLink’s unique claim number. | | |
| Patient Account Number | The patient’s account number assigned by HealthLink. | | |
| Claim Filing Indicator | The product or line of business under which the claim was filed. | | |
| Total Claim Charged Amount | The total amount that was charged on the claim. | | |
| Total Claim Paid Amount | The total amount that was paid by the payer on the claim. | | |
| Service Line | Detailed information about each service line on the claim, including | | |

| | |
|--------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | details such as Service Date, Revenue Code, Procedure Code, Procedure Modifier, Service Quantity, as well as charge amounts and paid amounts for the service line. |
| Service Line Detail Information | For each service line, a separate section lists additional service line information. |
| Claim Remittance Detail Information | Claim-level information, including the provider's Name, National Provider Identifier (NPI), and the date the claim was received. |

6.4 Frequently Asked Questions (FAQ)

If you were not able to complete a Payment 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 payments are found? When I am performing a Payment Status inquiry, no payments are found. Our office has submitted claims to HealthLink within the dates I specified. What could be wrong? (Figure 11).

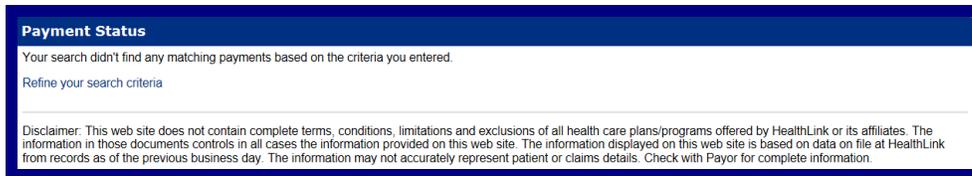


Figure 11. Payment Status–No Claims Found.

Answer:

If the Payment Status inquiry window displays no payments found, first verify the check number is correct. Next, check the State of Illinois provider reimbursement schedule, as it may be possible that the payment has not yet been released to the provider at this time.

Question:

What if the payment I am viewing has incorrect information?

Answer:

If you believe the payment you are viewing is not correct, please contact Customer Service at **800-624-2356**.