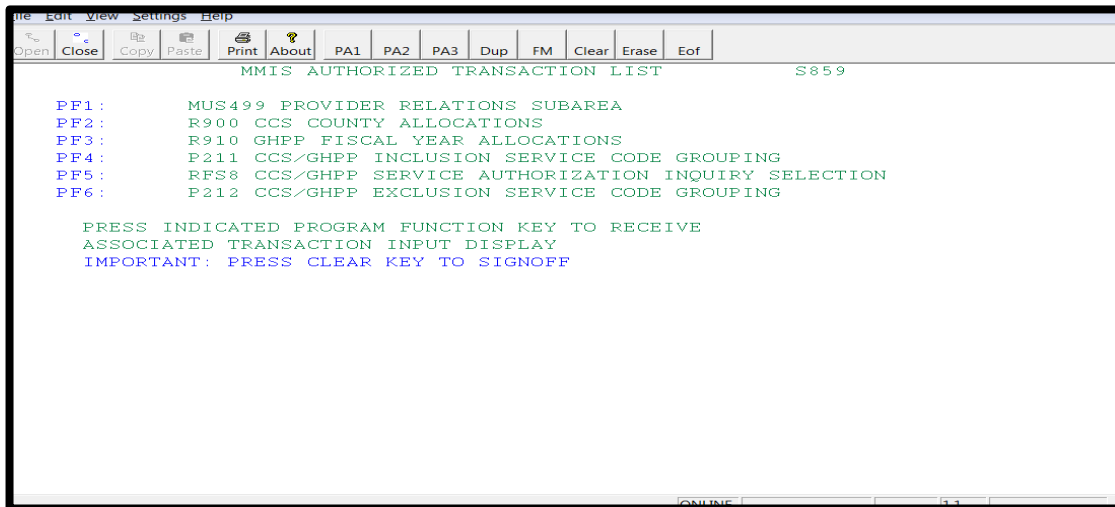


This addendum to the ASCNet manual covers how to view up to 12 weeks of payment and denial history. It is useful for tracking problem claims for a provider and allows you to discover if a claim has paid or not before the provider receives the EOB. This can sometimes help a provider keep a claim timely.

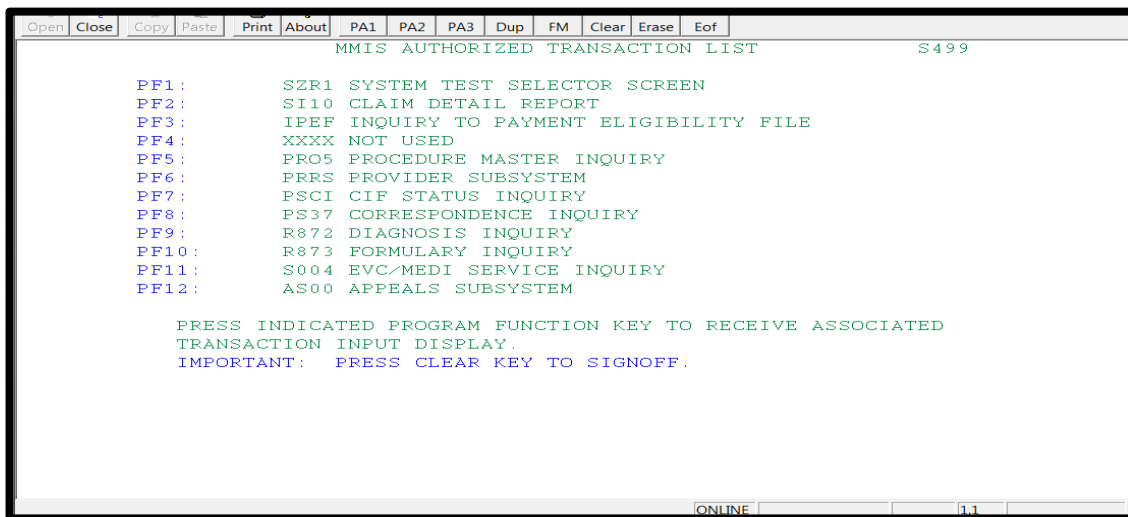
It is also helpful for tracking MTC physician payments and will give you the warrant number and date of payment.

12 Week Payment History

1. Select PF1 Provider Relations Subarea



2. Select PF 6 Provider Subsystem



- Enter the providers NPI #, Option N (Name) and the CCS client's last name. It is ok if the entire name cannot be entered.

```

MMIS COMMON INQUIRY MENU PSS300
I. PROVIDER ID: REQUIRED WHEN USING OPTIONS A, D, F, L, N, P OR S.
II. SEARCH OPTION: IF NO OPTION WAS ENTERED, FUNCTION KEYS ARE DEFAULTS:
    OPTION L = PF2 - PF4. OPTION P = PF1. OPTION X = PF3
    THERE ARE 16 OPTIONS
    A AMOUNT - CLAIMS SELECTED BY BILLED AMOUNT
    B BENEFICIARY - BENEFICIARY 12 WEEK PAID CLAIM HISTORY
    C CCN - CLAIM CONTROL NO (OR DATE, BATCH, SEQ)
    D DATE - CLAIMS SELECTED BY DATE OF SERVICE
    E EXTENSION - EXTENSION TAR NO (FIELD OFFICE OR TAR)
    F FISCAL - FISCAL DATA OF PROVIDER
    L LIST - LIST OF ALL CLAIMS OR TARS OF PROVIDER
    M MNEMONIC - MNEMONIC CODE OF PROVIDER
    N NAME - NAME OF RECIPIENT OR PROVIDER
    O OHC DENIAL- MEDICAL SUPPLY OHC ATTACHMENT HISTORY
    P PROVIDER - PROVIDER NUMBER / OWNER / LOCATION
    Q TYPE - PROVIDER TYPE
    R RECIPIENT - RECIPIENT ID (CURRENT SSN OR SPACE)
    S SUMMARY - SUMMARIZED AGED PROVIDER DCC DATA
    T TAR - TAR NO (FIELD OFFICE OR TAR)
    X CALPOS - CALPOS CLAIM MENU / DUR ACTIVITY MENU
III. SEARCH ARGUMENT: ALWAYS REQUIRED EXCEPT FOR OPTIONS F, L, P, S, OR X.
PROVIDER 999999999 OWNER LOC OPTION N SRCH ARGU Last Name CHDP
PF1=PROVIDER PF2=PENDED PF3=ADJUDICATE PF4=TAR
ONLINE 2267
    
```

- Enter. Select PF3 to see adjudicated (either paid or denied) claims.

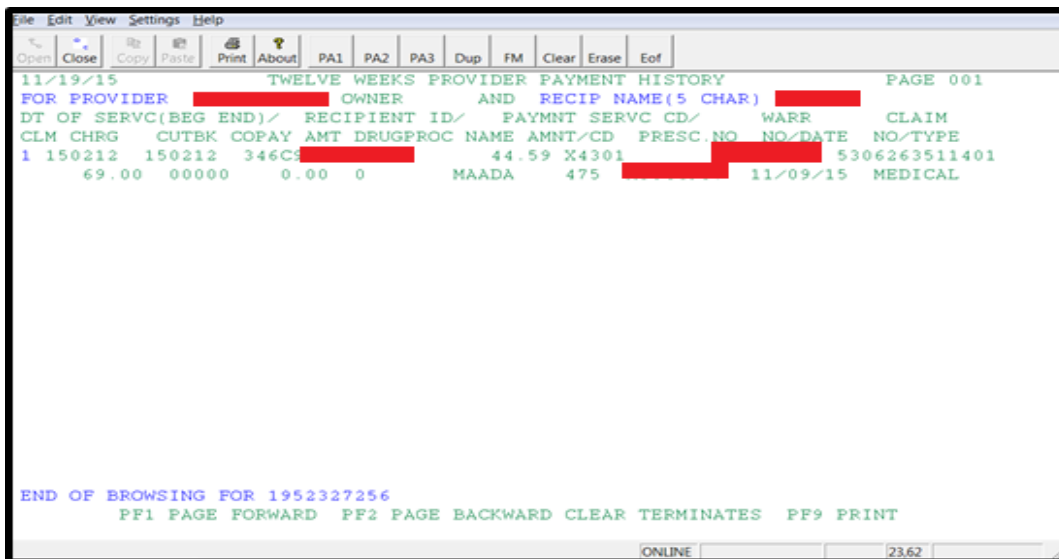
```

MMIS COMMON INQUIRY MENU PSS300
I. PROVIDER ID: REQUIRED WHEN USING OPTIONS A, D, F, L, N, P OR S.
II. SEARCH OPTION: IF NO OPTION WAS ENTERED, FUNCTION KEYS ARE DEFAULTS:
    OPTION L = PF2 - PF4. OPTION P = PF1. OPTION X = PF3
    THERE ARE 16 OPTIONS
    A AMOUNT - CLAIMS SELECTED BY BILLED AMOUNT
    B BENEFICIARY - BENEFICIARY 12 WEEK PAID CLAIM HISTORY
    C CCN - CLAIM CONTROL NO (OR DATE, BATCH, SEQ)
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    E EXTENSION - EXTENSION TAR NO (FIELD OFFICE OR TAR)
    F FISCAL - FISCAL DATA OF PROVIDER
    L LIST - LIST OF ALL CLAIMS OR TARS OF PROVIDER
    M MNEMONIC - MNEMONIC CODE OF PROVIDER
    N NAME - NAME OF RECIPIENT OR PROVIDER
    O OHC DENIAL- MEDICAL SUPPLY OHC ATTACHMENT HISTORY
    P PROVIDER - PROVIDER NUMBER / OWNER / LOCATION
    Q TYPE - PROVIDER TYPE
    R RECIPIENT - RECIPIENT ID (CURRENT SSN OR SPACE)
    S SUMMARY - SUMMARIZED AGED PROVIDER DCC DATA
    T TAR - TAR NO (FIELD OFFICE OR TAR)
    X CALPOS - CALPOS CLAIM MENU / DUR ACTIVITY MENU
III. SEARCH ARGUMENT: ALWAYS REQUIRED EXCEPT FOR OPTIONS F, L, P, S, OR X.
PROVIDER [REDACTED] OWNER 00 LOC 000 OPTION N SRCH ARGU [REDACTED] CHDP
PRESS APPROPRIATE FUNCTION KEY TO ACCESS FILES.
PF1=PROVIDER PF2=PENDED PF3=ADJUDICATE PF4=TAR
    
```

- This is a multi-hit screen and can have several records per page. It will bring up all patients the provider has treated with the same last name. Be sure to verify the correct Medi-Cal #.

This process only goes back 12 weeks.

This is the payment history screen:

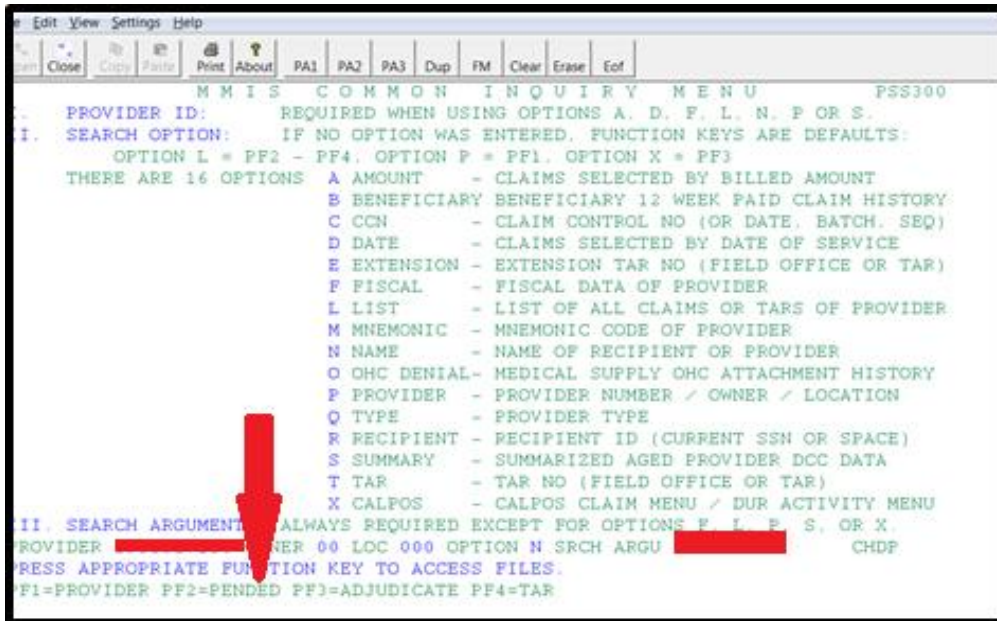


The easiest way to analyze this screen is to print it and use a ruler to underline each section. It can be difficult to read when there are multiple lines.

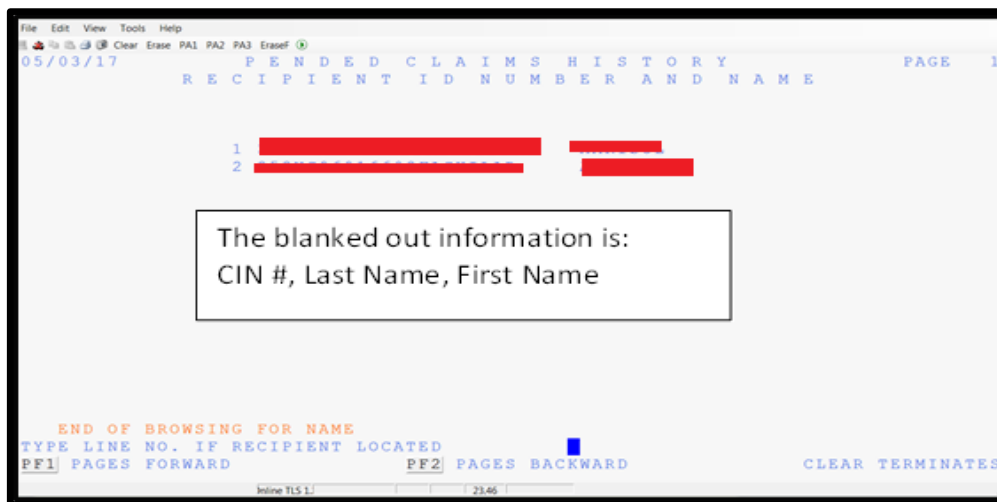
Line 1		Line 2	
1.	Billed for DOS 02/12/2015	1.	Paid billed 69.00
2.	Billed through DOS 02/12/2015	2.	Cutback 0000
3.	Client Nubmer is blocked	3.	Co-pay amount 0.00
4.	Billed Paid 44.59	4.	Client's last name
5.	Code billed is X4301	5.	RAD code
6.	Warrant Number is 037907457	6.	Rx Number
7.	CCN Number is 5306263511401	7.	Warrant Date 11/09/2015
		8.	Claim Type - Medical

Pended Claims

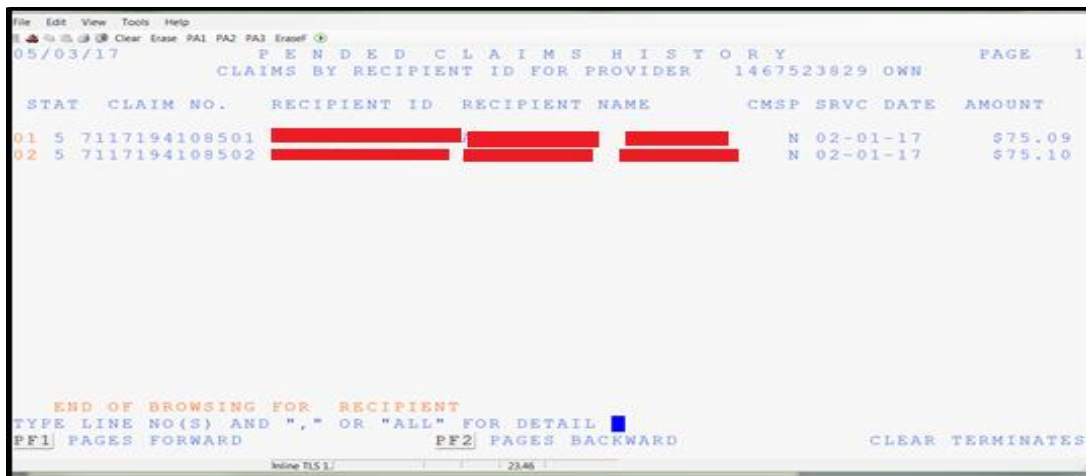
1. Repeat steps 1 – 3.
2. When at step 4, select option F2: Pended



3. Each line item is a separate claim which has been pended for the provider



- Type in the line item you want to open at the cursor; enter



The first client we selected to look at has 2 pended claims. We can look at the details for each.

- Open each line by typing the line number at the cursor; enter



Claims in pending status have been kicked out of the scan system and are read manually by a person.

The information on this screen, down to Disposition, is all standard – client and claim information. Below Disposition you can see Errors with the RAD code listed. In this case, the claim is being adjudicated for denial based on RADs 432 and 636.

It is no unusual to see claims pending adjudication for payment.

If you see claims with no adjudication, that just means they are still pending review by a person.