Claims Search

This page enables the user to perform a claim search by either entering up to ten (10) claim numbers at one time or narrowing the search criteria by clicking on the advanced search. The advanced search criteria differ between professional and ancillary/facility providers. Searches conducted with data elements other than date range only, can search for up to seven years of claims.

Advanced Search Criteria

Professional Providers
The following are the data elements required to conduct an advanced search:

1. Selecting the location
2. Member information
   a. Affinity Member ID
   b. Medicaid / CIN ID
   c. Last Name
   d. Date of Birth (DOB)
3. Check number
4. Patient Control Number
   and/or
5. Date range – searches only will return up to 18 months of data

The following control buttons performs the function:

1. Search - Clicking on the button shall perform the search against the backend system
2. Cancel - Clicking on the button shall enable the user to navigate to the home page
3. Clear – Clicking on the button shall clear the entries

![Claims Search](image-url)
Facility Providers

The following are the data elements required to conduct an advanced search:

1. Select the Link Groups
2. Select the Provider
3. Member information
   a. Affinity Member ID
   b. Medicaid / CIN ID
   c. Last Name
   d. Date of Birth (DOB)
4. Check number
5. Patient Control Number
   and/or
6. Date range

The following control buttons perform the function:

1. Search - Clicking on the button shall perform the search against the backend system
2. Cancel - Clicking on the button shall enable the user to navigate to the home page
3. Clear - Clicking on the button shall clear the entries
Claims Search - Result

This section enables the user to view the details of the claims search conducted. The claim search results are displayed at the bottom of the claims search page.

Listed below are the lines of business an end user can perform a search for:

1. Medicaid (ME)
2. Child Health Plus (CHP)
3. Essential Plan (EP)
4. Enriched Health (HARP)
5. Medicare Advantage (MA)
6. Qualified Health Plan (QHP)

The following fields are displayed:

1. Claim # - hyperlinks to the details of the claim
2. Member Name – hyperlinks to the member eligibility details page
3. LOB (Lines of Business)
4. Service Date
5. Servicing Provider – hyperlinks to the provider details page
6. Claim Status
7. Location
8. Charged Amount

The user can scroll back and forth thru pages by clicking on any of the various options provided

1. “Arrow” buttons (“<”) (“>”)
2. “Previous” and/or “Next”
3. Select one of the numbers

Note: The “Back to Search” button allows the user to return to the “Claim Search” page.
Claims Search Details
This page enables the user to view detailed information for the claim selected in the results page.

The following fields are displayed within each section:

Claims Detail Section
1. Claim #
2. Service Date
3. Billed Amount
4. Status of Claim
5. Processed Date
6. Check Number
7. Check Issue Date

Servicing Provider Section
1. Provider Name – hyperlinks to “Provider Details” page
2. Provider Type
3. NPI
4. Street Address
5. City
6. County
7. State
8. ZIP
9. Office Phone
10. Other Phone
11. Fax

Member Details Section
1. Member Name – hyperlinks to “Member Details” page
2. Affinity Member ID - will be 9-digits alpha-numeric for MA, ME, EP, and HARP, and 11-digits for QHP
3. Date of Birth
4. Gender
5. Medicaid/CIN#
6. Account Number
7. Medical Record Number
Service Lines Information Section

1. Svc Ln – Service Line
2. Service Date
3. Diag – Diagnosis Code
6. Mod 1 – Modifier to the procedure code
7. Units
8. Charge Amount
9. Denied Amount
10. Allowed Amount
11. Copay
12. Payment Amount
13. Remark Code

Remarks Explanation

2. Remark Code Description

**Note:** The “Back to Search” button allows the user to return to the “Claim Search” page.