# L.A. Care Provider Portal Claims Search & View Reference Guide



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For All of L.A.

# Provider Claims Search & View Quick Reference Guide

The Provider Portal Claims Search & View Reference Guide is a tool created to assist providers though the step-by-step process of searching, viewing, managing, and tracking claims on the portal.

## **Table of Contents**

Search & View Claims – Homepage	3
Claims Search & View – Errors	6
Search & View Claims – Member360	8

#### Search and View Claims – Homepage

Claims functionality allows providers to search and view claims, manage and track claims details on the Provider portal. Note that Claims detail is **only visible by users with a Billing /MSO / Claim User role assigned**.

Step 1: Click the **Claims** menu item on the Provider Portal Homepage to access the Claims Search page.



Step 2: The Claim Search page displays. Here, you can enter search criteria in the Claim ID, Billed Amount, Date of Service From, Date of Service Through, Check Number, Check Date, Member ID, Member Name, and Member Date of Birth fields.

<u>Note</u>: The **Date of Service From** and **Date of Service Through** fields are mandatory and the date range entered in these two fields should not exceed one year.

Step 3: Click **Search** to view the search results. You can click **Reset** to reset the values in all the fields to default values.

My Profile	Interactions	Secure Messages	Authorization	s R	esources	Claims	Users	Reports	Ouick Actio	ons 🗸	
		0									
Claim Search											
											4
Claim ID					Billed Amou	int					
Enter a Value					Enter a V	falue					
Date of Service From					Date of Serv	vice Through					
10-18-2023				Ē	10-18-20	24					Ē
Check Number					Check Date						
Enter a Value					Choose a	a Date					<b></b>
Member ID					Member Na	ime					
Enter a Value					Enter a V	/alue					
Member Date of Birth											
Enter a Value				=							
										Reset	Search
	1					1					

Please note that you will have access to the claim details for the Claim IDs where the logged in user account is listed as the Pay to Provider. For all other claims, the links to access the claim details will be disabled.

Step 3: Based on the search criteria entered, the search results appear under the Search Criteria fields. Click the **Claim ID** from the search result to access the **Claim Details** page and view the claim details.

Enter a Value     Enter a Value       Date of Service     Date of Service       Claim Type     Date of Service		Billed Amount
Date of Service     Date of Service     Date of Service     Date of Service     Status	Enter a Value	Enter a Value
10-18-2022     10-18-2023       Check Number     Check Oate       Enter a Value     Choose a Date       Member ID     Enter a Value       Enter a Value     Enter a Value       Member Date of Birth     Enter a Value       Enter a Value     Enter a Value	ate of Service From	Date of Service Through
Check Date     Check Date       Enter a Value     Choose A Date       Member D     Enter a Value       Enter a Value     Enter a Value	10-18-2022 🗰	10-18-2023
Enter a Value     Choose a Date       Member ID     Member Name       Enter a Value     Enter a Value	ieck Number	Check Date
Member ID     Member Name       Enter a Value     Enter a Value       Member Date of Birth     Enter a Value       Enter a Value     Enter a Value	Enter a Value	Choose a Date
Inter a Value     Enter a Value       Member Date of Birth     Enter a Value       Enter a Value     Enter a Value       Claim ID     Claim Type     Date of Service     Billed Amount     Provider Name     Status     Check Date	ember ID	Member Name
Member Date of Sinth       Enter a Value     Enter     Enter     Enter     Enter       Claim 1D     Claim Type     Date of Service     Billed Amount     Provider Name     Status     Check Date	Enter a Value	Enter a Value
Enter a Value            Enter a Value         Image: Calar Status         Reset         Sear           Claim ID         Claim Type         Date of Service         Billed Amount         Provider Name         Status         Check Date	ember Date of Birth	
Reset         Sear           Claim ID         Claim Type         Date of Service         Billed Amount         Provider Name         Status         Check Date	Enter a Value	
	Claim ID Claim Type Date of Service Billed Amo	ount Provider Name Status Check Date
23310000004 PROFESSIONAL Nov 18, 2022 \$200.00 KIM, MEE SOOK PAID Jan 10, 2023	17250000004 DDOEECCIONAL New 19, 2022 4200.00	KIM, MEE SOOK PAID Jan 10, 2023
22355E100301 PROFESSIONAL Nov 19, 2022 \$200.00 KIM, MEE SOOK PAID Jan 10, 2023	2310000004 PROFESSIONAL NOV 18, 2022 \$200.00	KIM, MEE SOOK PAID Jan 10, 2023
22312E022518 PROFESSIONAL Oct 28, 2022 \$2,500.00 KIM, MEE SOOK DENIED Nov 14, 2022	CADITIONAL         NOV 18, 2022         \$200.00           12355E100301         PROFESSIONAL         Nov 19, 2022         \$200.00	
22312E022478 PROFESSIONAL Oct 28, 2022 \$250.00 KIM, MEE SOOK PAID Nov 28, 2022	PROFESSIONAL         NOV 19, 4022         \$20000           233550100301         PROFESSIONAL         Nov 19, 2022         \$200.00           23126022518         PROFESSIONAL         Oct 28, 2022         \$2,500.00	KIM, MEE SOOK DENIED Nov 14, 2022
22312000108 PROFESSIONAL Oct 28, 2022 \$250.00 KIM, MEE SOOK DENIED Dec 20, 2022	Database         Provession/null         Nov 19, 2022         \$20000           2335E100301         PROFESSIONAL         Nov 19, 2022         \$20000           2312E022518         PROFESSIONAL         Oct 28, 2022         \$2,500.00           2312E022478         PROFESSIONAL         Oct 28, 2022         \$250.00	KIM, MEE SOOK         DENIED         Nov 14, 2022           KIM, MEE SOOK         PAID         Nov 28, 2022
	Nov TR, AXAZ         PROFESSIONAL         Nov TR, AXAZ         \$20000           22355E100301         PROFESSIONAL         Nov 19, 2022         \$20000           2312E02218         PROFESSIONAL         Oct 28, 2022         \$25000           2312E022478         PROFESSIONAL         Oct 28, 2022         \$25000           2312E022108         PROFESSIONAL         Oct 28, 2022         \$25000	KIM, MEE SOOK         DENED         Nov 14, 2022           KIM, MEE SOOK         PAID         Nov 28, 2022           KIM, MEE SOOK         DENED         Dec 20, 2022

The **Claims Details** page displays to users with the Billing / MSO / Claim User role assigned. Here, you can view details of the selected claim in different sections.

- 1. Highlights Panel: You can view Claim Header, Date of Service, Pay to Provider, Claim Status, Member Name, Billed Amount, Paid Amount, and Date Received.
- 2. Header: You can view Patient, Patient Control #, Member ID, Date of Birth, Claim ID, Authorization ID, and Member Plan.

Claim Header	0339						
Date of Service 2022-11-18	Pay to Provider	Claim Status PAID	Member Name	Billed Amount \$200.00	Paid Amount \$0.00	Date Received 2022-11-18	
Detail							
∨ Header							
Patient			Patient Cor	ntrol #			
Member ID			Date of Birt	th			-
			2000-05	-17			
Claim ID			Claim Statu	15			
22355E100339			PAID				
			Benefit Pla	n			
Authorization ID							

### L.A. Care Provider Portal Claims Search & View Reference Guide

- 3. Billing / Payment Details: You can view Vendor No, Vendor Name, TIN, Check No, Check Amount, Check Date, Tax Withhold, Offset Amount, Total Net Amount, and FFS/CAP.
- 4. Claim Payment Details: You can view Provider, Member Responsibility, Vendor No, Total Net Billed Amount, Total Net Affordable Amount, Total Net Deductible, Total Net Co-Ins, Total Net Co-Pay, Total Net Interest / Other Adjustments, Total Net Amount, Procedure Code, Procedure description and other claim payment related details.
- Payment Offset Amount Details : You can view Member ID, Patient Name, Claim ID, Requested Amount, Offset Amount, Collected To Date, Offset Amount, and Outstanding Amount.

			Vendor Name			
TIN			Check No			
			50218765			
Check Amount			Check Date			
\$74.64			2023-01-10			
Tax Withhold			Offset Amount			
\$0.00			\$0.00			
Total blas American			ETE (CAD			
\$37.22			FFS			
<ul> <li>Claim Payment Detail:</li> </ul>	S					
Provider			Member Respon	sibility		
			\$0.00			
Amount	Adj Reason Code		Claim Adj Group Co	de		Units
Page Size: 5			Showing 1 of 1 Paga(s)	Next > Last w		Total Ra
· ·						
Vendor No						
Line #	DOS From DT	DOS Thru DT		Serv Code	Mod Code	Rev
1	2022-11-18	2022-11-18		99238		
4						
Page Size: 🖕 🔺			Showing 1 of 1 Press/	Net S. Let u.		Total B
•						local to
Total Net Billed Amount			Total Net Allowal	ble Amount		
\$200.00			\$37.22			
			Total Net Deduct	ible		
Total COB Amount						
Total COB Amount			\$0.00			
Total COB Amount			\$0.00			
Total COB Amount Total Net Co-Ins \$0.00			\$0.00 Total Net Co-Pay \$0.00			
Total COB Amount Total Net Co-Ins \$0.00			\$0.00 Total Net Co-Pay \$0.00			
Total COB Amount Total Net Co-Ins \$0.00 Total Net Interest / Other Adjustn \$0.00	tents		\$0.00 Total Net Co-Pay \$0.00 Total Net Amour \$37.22	a		
Total COB Amount Total Net Co-Ins \$0.00 Total Net Interest / Other Adjustn \$0.00	rents		\$0.00           Total Net Co-Pay           \$0.00           Total Net Amoun           \$37.22	a		
Total COB Amount Total Net Co-Ins \$0.00 Total Net Interest / Other Adjustm \$0.00 Procedure Code	rents Procedure Description		\$0.00 Total Net Co-Pay \$0.00 Total Net Amour \$37.22	đ		

#### **Claims Search & View – Errors**

When entering the search criteria, it is crucial to ensure that you input accurate and complete information. Failure to do so will result in the following errors:

• The search criteria doesn't match with any record in the system.

	actions Secure Messages	Authorizations Re	esources Claims Users	Reports Quick Actions	~
laim Search					
laim ID			Billed Amount		
Enter a Value			Enter a Value		
ate of Service From			Date of Service Through		
10-18-2023		<b></b>	10-18-2024		苗
heck Number			Check Date		
Enter a Value			Choose a Date		苗
			Member Name		
/lember ID			Enter a Value		
Vember ID Enter a Value					
Aember ID Enter a Value Iember Date of Birth					
Aember ID Enter a Value Aember Date of Birth Enter a Value		ä			
tember ID Enter a Value tember Date of Birth Enter a Value		ä			
tember ID Enter a Value tember Date of Birth Enter a Value					Reset Search
lember ID Enter a Value lember Date of Birth Enter a Value		ñ			Reset Search

• The date entered in the **Date of Service From** field is a future date.

My Profil	e Interactions	Secure Messages	Authorizations	Re	sources	Claims	Users	Reports	Quick Actio	ons 🗸		
laim Search												
laim ID					Billed Amou	nt						
Enter a Value					Enter a V	alue						
ate of Service From					Date of Serv	ice Through						
10-18-2025			i	<b></b>	10-18-202	24						i
heck Number					Check Date							
Enter a Value					Choose a	Date						i
fember ID					Member Na	me						
Enter a Value					Enter a V	alue						
lember Date of Birth												
Enter a Value			i	i								
										Re	set Sear	ch

• The date range entered in the **Date of Service From** and **Date of Service Through** fields exceeds one year.

<ul> <li>My Pro</li> </ul>	file Interactions	Secure Messages	Authorizations	Reso	urces Clair	ns Users	Reports	Quick Action	s 🗸	
Claim Search										
Claim ID				BI	ed Amount					
Enter a Value					inter a Value					
Date of Service From				Da	e of Service Thro	ugh				
10-18-2022				86 T	0-18-2024					
Theck Number				Ch	rck Date					
Enter a Value					hoose a Date					ä
Member ID				Me	mber Name					
Enter a Value					inter a Value					
Member Date of Birth										
Enter a Value										
									Reset	Search

• The date entered in the **Date of Service Through** field is a future date.

<ul> <li>My Profile</li> </ul>	Interactions	Secure Messages	Authorizations	R	esources	Claims	Users	Reports	Quick Acti	ons 🗸		
Claim Search												
Claim ID					Billed Amour	nt						
Enter a Value					Enter a Va	lue						
Date of Service From					Date of Servi	ce Through						
10-18-2024				88	10-18-202	15						8
Check Number					Check Date							
Enter a Value					Choose a	Date						=
Member ID					Member Nar	ne						
Enter a Value					Enter a Va	lue						
Member Date of Birth												
Enter a Value				8								
											Reset	Search

When a user logs into the Provider Portal and the selected account has either a TAX ID or NPI, the user will be able to search for claims. However, if the account lacks both an NPI and a TAX ID, the user will encounter the highlighted error message as shown below.

n My P	rofile Interactions	Secure Messages	Authorizations	Resources	Claims U	Jsers Re	ports Quid	Actions ~		
Claim Search										
Claim Search										
Claim ID				Billed Arr	ount					
Enter a Value				Enter	Value					
Date of Service From	2			Date of S	ervice Through					
09-24-2021				B 09-24	2022					8
Check Date				Member	D					
Choose a Date				Enter a	Value					
Member Name				Member	Date of Birth					
Enter a Value				Enter a	Value					8
									Reset Se	earch
Claim ID	Claim Type	Date of Servi	ce Billed A	Amount	Provider Na	sme	Status	c	seck Date	
<										>

#### Search and View Claims – Member 360

When you search a member, you will land on the Member 360 page where you can navigate to the **Claims** tab and perform the following steps to view the Claim details:

Step 1: Under the Claims tab, on the Claims Search page, enter the search criteria in the Claim ID, Billed Amount, Date of Service From, Date of Service Through, Check Number, and Check Date fields.

<u>Note</u>: The **Date of Service From** and **Date of Service Through** fields are mandatory and the date range entered in these two fields should not exceed one year.

2 Member Info	ormation	Person Account						
Birth Date	Gender Female	Primary Phone	Resident Address New York, NY 10011 United States					
🖻 Plan Card		Detail Member	Plan Coverage Claims	Aut	thorizations Do	cuments		
Plan Name LA Care Medicare PLUS		Claim Search	1					1
Relationship to Subscriber	Member ID	Enter a Value			Enter a Value			
PCP/Clinic Name	CAP Hospital Name	Date of Service From	1		Date of Service Throug	h		
	CALL THE CAR	10-18-2023	1	i	10-18-2024		-	
MSO Name	Auth Fax	Check Number			Check Date			
Claims Address	Rx BIN	Enter a Value			Choose a Date		8	
Rx PCN NVTD	Rx Group LDSNP					Reset	Search	
Medi-Cal Eligibility Type	Dual Eligibility	Cision ID	Claim Trans		the offernion	Billed Amount	Bernide	
		claim ID	claim type	Da	ite of service	Billed Amount	Provide	
						Previous 1	Next	

Step 2: Click Search to view the search results. Then, click the Claim ID from the search result to view the Claim Details page.

Birth Date	Gender Female	Primary Phone	Resident Address New York, NY 10011 United States			
🛛 Plan Card		Detail Member Pl	an Coverage Claims	Authorizations D	locuments	
Plan Name LA Care Medicare PLUS Relationship to Subsorber PCIVCInic Name Claims Address Re PCN NVTD Medi-Cal Blabbity Type	Member ID CAP Hospital Name Auth Fax Re BIN Br Group LDSNP Daat Biphiny	Claim Search Claim ID Enter a Value Date of Service From 10-18-2023 Check Number Enter a Value	1	Billed Amount Enter a Value Date of Service Thro 10-18-2024 Check Date Choose a Date	Reset	iii iii Search
		Claim ID	Claim Type	Date of Service	Billed Amount	Provid
		20318E023677A1	PROFESSIONAL	Sep 16, 2020	\$1,457.00	

On the **Claims Details** page, you can view details of the selected claim in different sections.

- 1. Highlights Panel: You can view Claim Header, Date of Service, Pay to Provider, Claim Status, Member Name, Billed Amount, Paid Amount, and Date Received.
- 2. Header: You can view Patient Details such as Patient, Patient Control #, Member ID, Date of Birth, Claim ID, Claim Status, Authorization ID, and Benefit Plan.
- 3. Billing and Payment Details: You can view Vendor No, Vendor Name, TIN, Check No, Check Date, Check Amount, TAX Withhold, Offset Amount, Total Net Amount, and FFS / CAP.

Date of Service 2022-11-18	Pay to Provider	Claim Status PAID	Member Nam	e Billed Amount \$200.00	Paid Amount \$0.00	Date Received 2022-11-18	
Detail							
∨ Header							
Patient				Patient Control #			
Member ID				Date of Birth			
				2000-05-17			
Claim ID				Claim Status			
22355E100339				PAID			
Authorization ID				Benefit Plan			
Authorization ID				Benefit Plan MCLA Medi-Cal Benefit Pla	in		
Authorization ID				Benefit Plan MCLA Medi-Cal Benefit Pla	in		
Authorization ID	ent Details			Benefit Plan MCLA Medi-Cal Benefit Pla	in		
Authorization ID	ent Details			Benefit Plan MCLA Medi-Cal Benefit Pla	in		
Authorization ID V Billing / Paymer Vender No	ent Details			Benefit Plan MCLA Medi-Cal Benefit Pla Vendor Name	in		
Authorization ID	ent Details			Benefit Plan MCLA Medi-Cal Benefit Pla Vendor Name	in		
Authorization ID V Billing / Payme Vender No	ent Details			Benefit Plan MCLA Medi-Cal Benefit Pla Vendor Name Check No 50218765	in		
Authorization ID  V Billing / Payme Vender No  TIN	ent Details			Benefit Plan MCLA Medi-Cal Benefit Pla Vendor Name Check No 50218765	in		
Authorization ID   Billing / Payme Vender No  TIN  Check Amount \$74.64	ent Details			Benefit Plan MCLA Medi-Cal Benefit Pla Vendor Name Check No 50218765 Check Date 2023-01-10	in		
Authorization ID  Billing / Payme Vender No  TIN  Check Amount \$74,64	ent Details			Benefit Plan MCLA Medi-Cal Benefit Pla Vendor Name Check No 50218765 Check Date 2023-01-10	in		
Authorization ID  Billing / Payme Vender No Check Amount \$74,64 TAX Withhold \$0.00	ent Details			Benefit Plan MCLA Medi-Cal Benefit Pla Vendor Name Check No 50218765 Check Date 2023-01-10 Offset Amount 50.00	in 		
Authorization ID  Billing / Payme Vender No  TIN  Check Amount \$74.64  TAX Withhold \$0.00	ent Details			Benefit Plan MCLA Medi-Cal Benefit Pla Vendor Name Check No 50218765 Check Date 2023-01-10 Offset Amount \$0.00	in		

- 4. Claims Payment Details: In this section, you can view Provider, Member Responsibility, Vendor No, Procedure Code, Procedure Description and other claim related details.
- 5. Payment Offset Amount Details: In this section, you can view Requested Amount, Collected To Date amount, Offset Amount, Outstanding Amount related to patient claim. You can use horizontal scroll bar to view complete details.

rovider			Member Responsibility \$0.00		
Amount	Adj Reason Code	c	laim Adj Group Code	Units	
Page Size: 5	K Fin	st < Previous Show	ving 1 of 1 Page(s) Next >	ast »	Total Records: 0
/endor No					
Line #	DOS From DT	DOS Thru DT	Serv Code	Mod Code	Rev Code
1	2022-11-18	2022-11-18	99238		
Page Size: 5	« Fin	st < Previous Show	Total Net Allowable Amount	ast »	Total Records: 1
\$200.00			\$37.22		
(etal COR Amount			Total Net Deductible		
our cop whom			\$0.00		
for a large for large			Teaching Co. Dec.		
\$0.00			\$0.00		
			Territoria		
\$0.00 storest / Other Adjus	stments		\$37.22		
Procedure Code	Procedure Description				
99238	Hospital inpatient or observa	tion discharge day manageme	ent		
Page Size: 5	< Fir	st < Previous Show	ning 1 of 1 Page(s) Next > L	ast »	Total Records: 1
<ul> <li>Payment Offset Ame</li> </ul>	ount Details				
Member ID	Patient Control #	Patient Name	Claim ID	Requested Amount	Offset Amo
				\$200.00	\$0.00
<					
Page Size: 5	< Fin	st < Previous Show	ring 1 of 1 Page(s) Next >	ast »	Total Records: 1

