



## Guide to the Redesigned Claims Feature of Medical Mutual's Provider ePortal

### 1. Why was a change made?

Medical Mutual has enhanced the Provider ePortal claims look-up features. The updates make it easier to find data and claim remits. Additionally, the data now displayed is consistent with other electronic transaction records that are provided for claims.

### 2. How to Find the Claims Feature

The way you access claims data on the Provider ePortal has been streamlined. You can now access claims data from a single Claims tab, located in the Claims & Eligibility section of the website. Prior to March 3, 2016, claims data was separated on two tabs, depending on the status of the claim.

Note: If you experience any issues getting a page to load, make sure to check your pop-up blocker settings and allow access to pop-ups from this website.

PROVIDER HOME >> DASHBOARD

News & Information | **Claims & Eligibility** | Fee Schedule | Update Your Records | Organization Administration

Eligibility & Benefits | **Claims** | Claims Tools

**Claims** \*Required

Please enter the required information below.

Tax ID (TIN):\*

Sort Provider Name  Sort Provider NPI

Service Provider NPI:

Please select a Search Option: \*

- Please select
- Check Number
- Claim Number
- Invoice Date
- Invoice Number
- Member
- Remit Date

Next

### 3. New Options for Searching for Claims Information

The Search Option you select from the drop-down will determine what type of information is returned.

To review the status of a claim, you can now search by inputting a member's information or by claim number. Choose one of those options from the Search Option drop-down.

To view a remit for a claim, you can now search by check number or remit date. Choose one of those options from the Search Option drop-down.

To view an invoice, you can now search by invoice number or invoice date. Choose one of those options from the Search Option drop-down.

The screenshot shows a web interface titled "PROVIDER HOME >> DASHBOARD". At the top, there are navigation tabs: "News & Information", "Claims & Eligibility" (which is highlighted), "Fee Schedule", "Update Your Records", and "Organization Administration". Below these are sub-tabs: "Eligibility & Benefits", "Claims" (highlighted), and "Claims Tools". The main content area is titled "Claims" with a "\*Required" label. A message says "Please enter the required information below." There are two dropdown menus: "Tax ID (TIN):\*" with the value "010101010 - JANEDOE DERMATOLOGY LLC" and "Service Provider NPI:" with the value "Select a Provider (Optional)". Below these is a "Please select a Search Option: \*" dropdown menu with a list of options: "Check Number", "Claim Number", "Invoice Date", "Invoice Number", "Member", and "Remit Date". A "Next" button is located to the right of the search options.

#### 4. Researching the Status of a Claim

After browsing to the Claims feature of the website, choose the option to search by member or by claim number.

The results page will show all available information about the claim's status. You can view the CARC/RARC codes and their definitions or view the MMO Remark Codes for the claim, if applicable, by clicking the appropriate link.

You can also choose to print the information.

If you do not see the full claims view with the "Print Claim Info" button, try searching for the claim with the claim number or member's information. If you searched using check number, remit date, invoice number or invoice date, you will not see this screen and will instead view remit information or invoice information.

You may need to resize your window if the page loads in a larger view.

Eligibility & Benefits | **Claims** | Claims Tools

### Claims

**Tax ID (TIN):** 010101010 - JANEDOE DERMATOLOGY LLC  
**Service Provider NPI:** Not Selected

[Print Claim Info](#)  
Printing is best in landscape mode

Patient				Subscriber			
<b>Name:</b> Bar, James	<b>DOB:</b> 01/27/1959	<b>Gender:</b> Male		<b>Name:</b> Bar, James	<b>ID Number:</b>		

There may be more than one Member Identification Number associated with each patient. Please ask patients to present their current ID card at each visit.

Provider of Service				Payto Provider			
<b>Name:</b>	<b>NPI:</b>	<b>Address:</b>		<b>Name:</b> JANEDOE DERMATOLOGY CLINIC	<b>Tax ID:</b> 010101020	<b>Number:</b> 010101020005	

### Claims

**Claim Number:** 1677123432000

<b>Payer Name:</b> Medical Mutual <b>Payer Contact:</b> 800.362.1279	<b>First Date of Service:</b> 03/07/2012 <b>Total Charge:</b> \$554.00 <b>Total Paid:</b> \$119.57 <b>Paid Date:</b> 03/13/2012 <b>Check Number:</b> E060100
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**MMO Remark Codes**

Revenue Code	HCPCS	Submitted HCPCS	Modifier	Billed Charges	CARC/RARC	Allowed Amount	Deductible	Copay	Coinsurance	Additional Patient Responsibility	Total Patient Responsibility	Med/Other Ins. Paid	Adj
59000				\$554.00	PR_2 M39	\$232.68	\$99.83	-	\$13.28	\$0.00	\$113.11	-	

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[Cancel](#) [Back](#) [Submit Inquiry](#)

Tax ID (TIN): 010101010 - JANEDOE DERMATOLOGY LLC | **\* JANE DOE MODE \*** | [Print Claim Info](#)

Service Provider NPI: Not Selected

Printing is best in landscape mode

Patient				Subscriber			
<b>Name:</b> Bar, James	<b>DOB:</b> 01/27/1959	<b>Gender:</b> Male		<b>Name:</b> Bar, James	<b>ID Number:</b> 311886373928		

There may be more than one Member Identification Number associated with each patient. Please ask patients to present their current ID card at each visit.

Provider of Service				Payto Provider			
<b>Name:</b>	<b>NPI:</b>	<b>Address:</b>		<b>Name:</b> JANEDOE DERMATOLOGY CLINIC	<b>Tax ID:</b> 010101020	<b>Number:</b> 010101020005	

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59000				\$554.00	PR_2 M39								

Code	Description	Class
PR	PATIENT RESPONSIBILITY	
2	COINSURANCE AMOUNT	
M39	CONSULT OUR CONTRACTUAL AGREEMENT FOR RESTRICTIONS/BILLING/PAYMENT INFORMATION RELATED TO THESE CHARGES.	

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[Cancel](#) [Back](#) [Submit Inquiry](#)

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- Helpful Tips for Patients
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**Diversity**

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[Feedback](#)

## 5. Finding and Viewing a Remit

After browsing to the Claims feature of the website, choose the option to search by check number or remit date.

The results of your search will display on the website. You can choose to sort the column headers by clicking on the titles.

To view summary information about the claim, click on the check number hyperlink.

When a remit is available, a link labeled View will show in the Select column. Click the link to view the remit.

**Remit Search Results**

Number	Provider Name	Date	Amount	Select
E060100	JANEDOE DERMATOLOGY CLINIC	03/13/2012	\$17,509.68	<a href="#">View</a>
E823500	JANEDOE DERMATOLOGY CLINIC	06/19/2012	\$232.77	<a href="#">View</a>

## 6. Viewing and Working With a Remit

After you click View in the search results (see Step 5), the Remittance Details will display with the Adjustment Summary tab open.

You can view and work with the data on the website by clicking on column titles to sort, or you can choose to export the data to Excel. If you are not able to load the excel file, check your pop-up blocker settings and allow access to pop-ups from this website.

To view a Summary page of information, click the check number link.

You can choose to toggle between inpatient, outpatient and professional information (when those options are available).

**Remittance Details**

**Provider**  
 Number: 010101020  
 Name: JANEDOE DERMATOLOGY CLINIC

**Check**  
 Number: E060100  
 Date: 03/13/2012  
 Amount: \$17,509.68  
 Interest: \$0.00  
 Overpayment/Unspecified: \$0.00

**Adjustment Summary** | Inpatient | Outpatient

Claim Number	Patient Name	ID Number	Patient Billing Number	Adj. Code	Adj. Type	Date of Service	Paid Date	Refund Returned Check No.	Original Balance	Prior Balance	Today's Recovered Amount	Recovered Amount	Balance Due
135603728000	Bellamy, Vince	254284627056	1134825644	T82	A	11/03/2012	10/28/2013	1234	(\$866.02)		\$886.02	\$886.02	\$0.00
4123852523000	El Gallo, James	341690654925	3422456534		M	11/12/2012	10/28/2013		(\$21,954.68)		\$21,954.68	\$21,954.68	\$0.00
4251852671000	Hucklebee, Gary	341690654925	1552457854	T21	A	11/12/2012	10/28/2013	4321	(\$1,452.32)		\$1,452.32	\$1,452.32	\$0.00

## 7. Asking a Question About a Claim (Submit Inquiry)

To submit a question about a claim to Medical Mutual, search for the Remit (Step 5) and toggle to the Inpatient, Outpatient or Professional tab to find the claim line. Then, click the Submit Inquiry button.

Remittance Details

MEDICAL MUTUAL

Close    Export to Excel

Provider	Check
Number: 010101020 Name: JANEDOE DERMATOLOGY CLINIC	Number: <a href="#">E060100</a> Date: 03/13/2012 Amount: \$17,509.68 Interest: \$0.00 Overpayment/Unspecified: \$0.00

**Provider appeal process:** If you do not agree with a claim decision, you or the patient has the right to appeal. The Provider ePortal features a Claim Inquiry Form accessed directly from your Electronic Remittance Advice (eRA) statement, which allows you to securely attach medical records, photos, x-rays or other documentation. A completed Provider Action Request (PAR) Form may also be submitted to Provider Inquiry, P.O. Box 94917, Cleveland, OH 44101-4917. Provider appeal requests, along with supporting documentation, must be received within 180 days from the date of receipt of this notice.

Adjustment Summary    **Inpatient**    Outpatient

Claim Number	Patient Name	ID Number	Subscriber Name	Patient Billing Number	Date of Admission	Date Of Discharge	Paid Amount	Facility Code	
3453434540000	Prenta, Halle	1020304050	Prenta, Halle	314555643980	02/07/2012	03/13/2012	\$8,461.67	13	<a href="#">Submit Inquiry</a>
6914448320000	Walts, Stephanie	333020448	Walts, Stephanie	224334818009	03/10/2012	03/11/2012	\$7,627.46	13	<a href="#">Submit Inquiry</a>

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## 8. Viewing and Working With an Invoice

After browsing to the Claims feature of the website, choose the option to search by invoice date or invoice number.

The results of your search will display on the website. You can view and work with the data on the website by clicking on column titles to sort, or you can choose to export the data to Excel.

Invoice Details

MEDICAL MUTUAL

Close    Export to Excel

Provider	Invoice
Number: 010101030 Name: JANEDOE DERMATOLOGY LLC	Number: 3301-00034 Date: 10/28/2013 Amount: \$72,816.93

**Provider appeal process:** If you do not agree with a claim decision, you or the patient has the right to appeal. The Provider ePortal features a Claim Inquiry Form accessed directly from your Electronic Remittance Advice (eRA) statement, which allows you to securely attach medical records, photos, x-rays or other documentation. A completed Provider Action Request (PAR) Form may also be submitted to Provider Inquiry, P.O. Box 94917, Cleveland, OH 44101-4917. Provider appeal requests, along with supporting documentation, must be received within 180 days from the date of receipt of this notice.

**Inpatient**    Outpatient

Claim Number	Patient Name	ID Number	Subscriber Name	Patient Billing Number	Date of Admission	Date Of Discharge
2223334444000	MECK, KENNETH	222333444561	MECK, KENNETH	H222333444	02/11/2013	02/13/2013

Billed Charges	Non-Covered Charges	Remark Code	Allowed Amount	Deductible/Copy	Coinsurance	Med/Other Ins. Paid	Paid Amount	Patient Responsibility	Contractual Obligation	Payment Type	DRG Code	Adjustment Reason
(\$68,594.18)		<a href="#">E03</a> <a href="#">S15</a> <a href="#">EMI</a>	(\$58,285.51)	(\$250.00)	(\$1,103.43)	\$0.00	(\$56,955.08)	(\$1,353.43)	(\$10,285.67)	H	247	<a href="#">I82</a>
\$68,594.18		<a href="#">I12</a>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$68,594.18	000		<a href="#">I82</a>

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